



ROYAL E. S. HAYES, M. D., PRESIDENT

PROCEEDINGS

of the

Forty-Seventh Annual Session

of the

INTERNATIONAL
HAHNEMANNIAN
ASSOCIATION



Held at Hotel Bellevue-Stratford
Philadelphia, Pa.

July 1-3, 1926

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PROCEEDINGS OF THE BUSINESS SESSIONS OF THE
FORTY-SEVENTH ANNUAL MEETING,
HOTEL BELLEVUE-STRATFORD, PHILADELPHIA PA.,
JULY 1ST TO 3D, 1926

The forty-seventh annual convention of the International Hahnemannian Association was held at the Hotel Bellevue-Stratford, Philadelphia, Pa., July 1st-3d, 1926.

The first session was called to order at 10:30 by the President, Dr. Royal E. S. Hayes, on Thursday, July 1st.

The reading of the minutes of the last meeting was dispensed with.

The report of the Secretary was read and ordered incorporated in the Transactions.

The report of the Treasurer was read and ordered referred to an auditing committee. The President appointed Dr. Wilson, Dr. Olds and Dr. Nelson as the auditing committee.

Secretary Roberts presented the resignations of Dr. Tabor and Dr. Conrad Wesselhoeft, which were accepted.

It was voted that the election of officers should be postponed until the following afternoon (Friday) and that the President appoint a nominating committee to facilitate matters. The President appointed Dr. Dienst, Dr. Sloan and Dr. Clark on this committee.

The report of the Necrologist was read and ordered incorporated in the Proceedings.

Dr. Boger, chairman of the Board of Censors, reported the following as applicants for membership:

Dr. H. C. Schmidt, Los Angeles, Calif.

Dr. Augustus Angell, Millbrook, N. Y.

Dr. Percy R. Vessie, Greenwich, Conn.

Dr. Heinrich Meng, Stuttgart, Germany.

Dr. T. J. Clark, Gainesville, Texas.

Dr. Guy Manning, San Francisco.

Dr. T. S. Davis, Dallas, Texas.

Dr. Alexander B. Arthur, Philadelphia, Pa.

Dr. Elizabeth Wright, Boston, Mass.

Dr. E. R. Wallace, Aurora, Ind.

Dr. Irving L. Farr, Montclair, N. J.

Dr. C. A. Baldwin, Peru, Ind.

The Secretary was instructed to cast one ballot for the names as read.

The chairman of the Board of Censors presented the following names for Honorable Seniors:

Dr. Minnie R. Bishop.

Dr. Amelia L. Hess.

Dr. Josephine Howland.

Dr. Warren B. Klinetop.

Dr. James W. Krichbaum.

The motion was made and carried that all these members should be placed on the list of Honorable Seniors when they are clear on the books.

It was voted upon the recommendation of the Treasurer that a committee of three be appointed to assist the Treasurer in raising the finances of the Association, the committee to be appointed by the Treasurer.

It was voted to defer the President's address until after the election of officers.

It was voted to send Dr. Brown a message of regrets upon hearing of his sickness, and his inability to be present.

A telegram was received from Dr. Richard M. Field, and it was voted to have the Secretary send him a message of condolence.

The Secretary announced that there were exhibitors in the next room and asked that the members show them due attention, inasmuch as they were adding to the revenue of the Association by taking exhibition space.

Dr. Dienst, chairman of the Nominating Committee, reported the nominations for officers as follows:

Dr. D. E. S. Coleman, for President.

Dr. Charles A. Dixon, Vice-President.

Dr. Herbert A. Roberts, Secretary-Treasurer.

Dr. Julia M. Green, Corresponding Secretary.

Dr. R. F. Rabe, member of the Publication Committee for three years.

Board of Censors were reelected.

The Secretary was instructed to cast one ballot to elect these officers, which he did and they were severally declared elected.

It was voted to leave the selection of the meeting place for the convention next year to the Executive Committee, with the suggestion that they consider the middle west as suitable.

The Board of Censors through Dr. Boger presented the following proposed by-law :

“Practitioners of any legalized form in their respective states may be admitted to associate membership, without voting rights, upon recommendation of the Board of Censors, confirmed by a two-thirds vote in open meeting.”

The report of the Committee on the President's Address was accepted and ordered placed on file.

It was unanimously voted to accept and print in the Proceedings the reports of the Committee on Electronic Theory, and to continue the committees.

The meeting adjourned at 1:45 p. m., July 3rd, 1926.

H. A. ROBERTS, M. D.,

Secretary.

REPORT OF THE SECRETARY.

Last year we had 170 members. We added 18 at our last meeting. We have lost three members by death, making a total of 185 members. Of these, eight are Honorary and 17 are Honorable Seniors, so that we have 160 members who should be paying dues; at \$5.00 per year, this would make a total income from dues of \$800.

Last year you gave the Secretary-Treasurer leave to raise money as best he could. I have succeeded in collecting the dues much better. There are 11 members who are three years or more in arrears. Our By-Laws provide that we should drop a member who becomes more than two years in arrears.

We have three members who are three years in arrears;

two members who are two years in arrears; 15 who owe only for this last year. It seems to me that this is a good showing for the condition that many of the members were in, some paying as much as five years so as to be placed in good standing.

The benefits that are derived from the Association membership are valuable to those who keep in good standing.

It should be noted by this Association that we have lost by death the last charter member, Dr. Edward Rushmore, whose memory we all revere.

This year we have changed the mode of publishing the program by interleaving the same with advertisements, and have met with considerable success in that we have secured \$120 worth of advertising, and in so doing have been enabled to send the programs well in advance of the meeting to the members and about 1,000 Homœopathic physicians. This helped to increase interest, and indeed has already shown it in orders that we have already received for publications.

The programs cost us to mail and print \$84.00, so that we have made a profit of \$36.00. We have published the "Times of Remedies" by Boger, and have sold more than enough to pay for all that we have on hand. We have also reprinted the Abrams committee report, and sold more than enough to pay the expense.

Your Secretary was authorized to secure an emblem for the individual members, which we have done. Had we got a general response from the members for the emblems, we could have secured them for \$1.50 each, but we were not warranted in ordering over three dozen, which made the price \$2.00 apiece. Orders can be received at this rate.

The Executive Committee has fixed a price on the past volumes of the Proceedings from 1881-1912 of \$25.00 per volume; from 1912 to date of \$5.00 per volume. Very few years up to 1912 have more than five volumes. Since 1912 there is quite a supply for each year.

We have departed this year from our usual custom in that we are having some exhibitors. It would seem to me that we could increase our revenue quite considerably in this way, and I bespeak your patronage at their booths in the next room.

I want to recommend that an active committee of three be appointed to assist the Treasurer in the raising of funds so that we can carry on our work to better advantage.

The office of the Secretary has been unusually active, and we have tried to keep the correspondence and activity of the Association constantly before the members. We have, during the last twelve months, sent out 2,846 letters, showing the correspondence is no small matter, and we believe will show its results in added membership and usefulness of the Association.

Respectfully submitted,

HERBERT A. ROBERTS,
Secretary.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION

In Account with

HERBERT A. ROBERTS, TREASURER,

For the Year Beginning June 1, 1925.

Cash on hand June 16, 1925.....	\$ 241.77
Received for dues	681.00
Received for contributions	72.50
Received from pamphlets	161.15
Received from publications	93.00
Received from Proceedings	30.00
Received from advertising	175.00
Received from emblems	66.00
Emblems on hand	6.00
	<hr/>
	\$1,526.42

DISBURSEMENTS

Stereopticon	\$ 5.00
Emblems	72.00
Rose Mark, reporting convention	215.56

Stationery	\$ 10.50
Postage, telephone and telegraph.....	92.59
Reprinting and publication	186.00
Writer press	14.00
Emerson Bros., printing Proceedings, etc.....	778.60
	<hr/>
	\$1,374.25
Cash on hand in bank.....	152.17
	<hr/>
	\$1,526.42

Respectfully submitted,

HERBERT A. ROBERTS,
Treasurer.

This certifies that the foregoing account has been audited and found correct.

F. W. BEARDSLEY,
Auditor.

Shelton, Conn., June 9th, 1926.

REPORT OF THE NECROLOGIST.

By JULIA M. GREEN, M. D.

MEMORIAL NOTICE OF EDW. RUSHMORE.

Dr. Rushmore was the son of Stephen and Matilda Powel Rushmore, both members of old Long Island Quaker families. He grew up on a farm, attending the district school, and completed his formal secondary education in the Brooklyn Polytechnic Institute. In 1873 he received his doctorate in medicine from the Jefferson Medical College in Philadelphia, and took an internship in Bellevue Hospital, New York. Through the influence of Dr. Edward Bayard, of New York, he became interested in Homœopathy of which he was ever an enthusiastic and con-

scientious advocate to the end of his life, devoted strictly to the tenets of Hahnemann.

He began his practice in Corning, N. Y., associated with Dr. Andrew Ingersoll, and later, lived a year in Rochester, N. Y. He moved to Plainfield, N. J., in 1878.

His practice was characterized by conscientious attention to the ills of those in the more modest walks of life, and by the gifts of fruits and flowers from his garden to cheer their loneliness. His least thought was a recompense for his services.

Intellectually he was a keen student, and a non-conformist, almost as a matter of principle, yet he was deeply religious. In order that he might better read the Bible, which he valued above all other books, he studied Latin and Greek, Hebrew and Arabic. His affiliations were with the Plymouth Brethren.

In 1873 he married Clara Sidney, daughter of Dr. William Riley. Surviving are four children, Mrs. Peter J. McKeon, of Scarsdale, N. Y.; Dr. Stephen Rushmore, of Boston; Mrs. Henry C. Wells, of Plainfield; and William R. Rushmore of New Rochelle, N. Y.

OBITUARY OF EDWARD RUSHMORE, M. D.

(Contributed)

In the passing on November 24th, 1925, of Dr. Rushmore of Plainfield, New Jersey, the Association loses the last of the sixteen physicians who met in Milwaukee, Wisconsin, on June 17th, 1880, and formally organized the International Hahnemannian Association. A preliminary meeting had been held the day before (June 16th) at which they had adopted a Preamble and Resolutions, and a Constitution and By-Laws which had been prepared by a committee appointed at an informal meeting.

From that day forward Dr. Rushmore was a regular attendant at its annual meetings and a loyal upholder of the principles for which the Association has always stood. He served as its President in 1903, and for many years was its Necrologist. He contributed many papers to its meetings which are preserved in the Transactions.

Edward Rushmore was born in Westbury, Long Island, N.

Y., May 18th, 1845, of Quaker parentage. He was son of Stephen and Matilda (Powel) Rushmore. He was educated in Brooklyn Collegiate and Polytechnic Institute; Bellevue Hospital Medical College, N. Y.; receiving his M. D. from Jefferson Medical College of Philadelphia, 1872; married Clara S. Riley of Baltimore, Feb. 6th, 1873.

Dr. Rushmore began practice in Corning, N. Y., in 1872. Removed to Plainfield, N. J., 1877, where he remained until his death. He was a member of the American Institute of Homœopathy, New Jersey State Homœopathic Society and the New York County Homœopathic Medical Society.

Tall, slender, spare, bearded, blue-eyed, courteous, kindly, quiet, modest and gentle in spirit and calm in demeanor, thoughtful and sober, deferential as a listener, elevated in thought, deliberate in speech, precise in diction, smoothly flowing in delivery, clothing his thought in choicest English, he spoke and wrote always briefly but strictly to the point. His speeches were little gems of thought and phraseology, and he was always listened to with closest attention. His presence was a benediction.

For more than fifty years as a disciple of Hahnemann, whose doctrine and personality he revered and in whose philosophy he was deeply versed, he ministered to the needs of the sick with signal success.

His venerable personality will never be forgotten by those who knew him.

STUART CLOSE.

MEMORIAL NOTICE OF CHARLES H. OAKES, M. D.

Dr. Charles H. Oakes was born in Farmington, Maine, December 1st, 1844. He was educated in the public schools of the town and through an extensive course of reading. He was for a time a telegraph operator for the Maine Central R. R. He married Juliette Haines of Farmington in 1878, has one son, Carrol H. Oakes of Woodfords, Maine, and five grandchildren. Dr. Oakes was graduated from Boston University School of Medicine in June, 1883, but continued his studies with the counsel and advice of some of the leading Hahnemannians of the country, and was always a strict believer in and follower of the

teachings of Hahnemann. He practiced a short time in Farmington, for ten years in Massachusetts and for twenty-nine years in Livermore Falls. He died suddenly on November 3rd, 1925, of hemorrhage of the aorta. He was a devoted husband, father and friend, and a Christian gentleman.

MEMORIAL NOTICE OF G. OSCAR ERNI, M. D.

G. Oscar Erni, M. D., was born at Orleans, Indiana, March 13, 1857, and died at New Albany, Indiana, October 17, 1925, after a practice of more than forty years. After the usual pre-medical work common at that time, he graduated from the School of Medicine of the University of Louisville in 1885. After further study in the Chicago Homœopathic Medical College he located in New Albany, Indiana. He was professor of anatomy at the Southwestern Homœopathic Medical College, and at one time its president.

Aside from his active work in the practice of medicine he was interested in civic affairs. He served on the city council four years (for two two-year terms) and was president of the city board of health for an equal time. He was house physician at the Culberson Old Ladies' Home for more than twenty years. Dr. Erni made the supreme sacrifice. He died that another life might be realized and another life saved. It was at the bedside of a mother with a new-born child that he suddenly expired.

Dr. Erni was a member of the International Hahnemann Association, the American Institute of Homœopathy, the American Foundation for Homœopathy, the Falls Cities Homœopathic Medical Society. He was a member of the Masonic fraternity and the Presbyterian church. He is survived by his widow, Elizabeth Pralle Erni; two sons, Oscar Gary Erni, of Clark county, Indiana; Senator C. Pralle Erni of New Albany, Indiana, and two daughters, Miss Bessie Erni and Mrs. Theodore Rhodes.

CERTAIN BODY REFLEXES
In Their Relation to
CERTAIN RADIANT ENERGIES
and a
THIRD REPORT
of the
International Hahnemannian Committee
on the
ABRAMS METHOD OF DIAGNOSIS AND TREATMENT

Your committee, after four years of investigation and experimentation presents herein its third report on the Abrams method of diagnosis and treatment. The work has carried us far beyond the original purpose of our appointment.

The committee, when appointed in 1922 consisted of Eugene Underhill, M. D., of Philadelphia; Henry Becker, M. D., of Toronto; Harry B. Baker, M. D., of Richmond; Benjamin C. Woodbury, Jr., M. D., of Boston; Harvey Farrington, M. D., of Chicago, and Guy Beckley Stearns, M. D., of New York city, chairman.

At the annual meeting held in 1924, the committee was authorized to add to its membership electrical engineers and technicians and an additional number of physicians. We were fortunate in being able to obtain William J. Sheetz, M. E., Sc. D., consulting engineer; Willard C. Palmer, M. D.; John Ten Eyck Hillhouse, electrical engineer; T. Proctor Hall, M. D.; Abraham Beekman Cox, B. A., mechanical engineer; Charles P. Bryant, M. D.

This report deals with the basic phenomena; with the historical data; and with Abrams diagnostic and treatment method. In order to divide the labor of the committee, different sections

have been compiled by different members. Each compiler has had full authority over the committee as a whole, in relation to the work he has undertaken and then the work of each has been confirmed by the entire committee.

The engineers of our group have naturally not passed upon the medical data but have been observers of the basic phenomena and advisors and consultants regarding the significance of the phenomena and methods for their manifestation by mechanical means.

As various discoveries have partially clarified some of the phenomena, the first section will, in order to make it complete to date, deal with all phenomena that we have observed, even though repeating portions of former reports.

PHENOMENA—BIOLOGICAL AND PHYSICAL

The phenomena consist of two factors—the biological and the physical. The biological factor has to do with the response of living cells to certain forms of energy. The physical factor has to do with certain forms of energy that have hitherto not been generally recognized. The first section of this report will be confined to reactions of the human body to these energies.

During the investigation of the last year, several problems have been worked out that somewhat clarify the nature of the biological factor and further enable us to classify the reactions themselves under three different types. The first type has to do with effects that are caused at a distance. The other two types have to do with reactions that occur when substances are brought in direct contact with the body or in indirect contact by means of a metallic conductor.

The energy with which this investigation is concerned passes through glass and other inorganic material and some form of it, at least, acts across a gap of many feet. Both animal secretions and drugs give off these energies, the latter particularly after they have been diluted according to the Homœopathic method. All of the phenomena to be described have been observed while experimenting with drugs in their relations to the reactions.

FIRST TYPE OF REACTION

EXPERIMENT I—ORIENTATION REFLEX

The first experiment to be described is basic for these phenomena and can be performed by any one in any place who is able to perform percussion. The technique of percussion is exactly the same as that used by a physician when examining a patient's chest. The knack of percussing can be learned by a layman with a little practice. Piano players can usually accomplish it very quickly. It is not necessary to do the percussing on the bare skin. In fact, a fairly heavy coat does not interfere, as it acts as a pad that somewhat diffuses the resonance and apparently aids, rather than detracts from, the accuracy of the experiment.

Have the individual who is to be the subject stand with his arms hanging at his sides, facing west. The experimenter now begins to percuss over the upper part of the chest to the right of the sternum, working out toward the shoulder until the resonant note becomes high-pitched. This will be at the outer edge of the lung, near its apex. Now, have the subject turn slowly toward the south, continuing percussion while the subject turns. As soon as he has turned but a short distance out of the east-west position, the dull percussion-note becomes resonant.

Have the subject continue to turn and continue the percussion until he faces east, when the dull note will return. As the subject continues to turn towards the north, the note becomes resonant, remaining so until he is again facing west, when the dullness returns. This demonstrates the reflex of orientation.

Now, with the subject facing west, and the experimenter percussing, have the subject turn his head or twist his body slightly toward the north or south, without moving the feet, and the dullness is replaced by resonance.

The cause of this orientation-reflex probably has to do with the south-to-north magnetic earth-currents. The cells of the body appear to react to the lines of magnetic force, much as does the needle of the compass. There is one other energy that may have to do with this reflex. As the earth turns on its axis, the surface of the earth at the equator travels about nineteen miles

a second. This exerts a tremendous centrifugal energy and, were it not for gravitation, everything on the earth would be thrown off into space.

EINSTEIN'S THEORY

Einstein, the propounder of the theory of relativity, presents the theory that the axis of a moving body becomes shortened in the direction of its movement relative to its speed. Light travels 186,000 miles a second. According to Einstein's theory, if the speed of a moving body be accelerated until it becomes equal to the speed of light, its axis will have disappeared and the body will manifest itself as light. Assuming that this theory is operative, when the subject is facing east or west, the thickness of the body is diminished. Of course, neither the centrifugal nor the magnetic energies necessarily explain the phenomena of orientation. Regardless of the cause, the fact is demonstrable by percussion that a change of pitch occurs in the percussion note over a certain area of the chest when an individual facing east or west varies his position by turning toward the north or south.

EXPERIMENT II—"SHORTCIRCUITING" OR "DETUNING" EFFECTS

Now, with the subject facing west, have him close one thumb into the palm of the hand. The dull area becomes resonant just as it does with the turning movements. Have him bring his hands together prayer-fashion. The same thing occurs. Now, have him place the palms of the hands together, with the fingers turned in opposite directions. Instead of dullness becoming resonant, it remains the same as before or becomes even a little more dull.

Now, have the subject touch with the tips of the fingers of his left hand the area where percussion is being performed. The dullness remains. Let him move his fingers across the chest toward the left. As he gets a short distance to the left of the area where percussion is being performed, dullness changes to resonance. Let him continue until he reaches the heart-region and dullness recurs. Let him carry his hand over the lower border of the liver, dullness returns. Now, instead of the sub-

ject touching the different parts of his body as just described, have an assistant connect various parts of the body with the area that is being percussed, by means of a wire connected with two electrodes. When the second electrode is placed over the heart region or the liver-region, or certain other parts of the body, the dullness remains. If, however, it is moved off these areas and on to areas that are normally resonant, resonance takes the place of dullness. If percussion be performed in a location on the left chest corresponding to that just used on the right, or at the border of heart-dullness or at the border of liver-dullness, or over dull areas which can, by trial, be found on the abdomen, the same differences in pitch can be observed when turning from the east or west, or by performing any of the other manoeuvres described. If another person approach the subject, pointing his outstretched fingers at the subject's forehead, the dull note becomes resonant when the fingers are still a few inches away.

LIGHT ANNULS THE REFLEX

Light thrown on the subject through colored glass will annul the reflex. Not every color affects every individual the same, for each person responds only to a certain group of colors, these being for each individual in a definite section of the spectrum.

The fact that certain reactions occur, due to orientation, was probably first observed by Dr. George Starr White. At any rate, there is evidence that he called the attention of Abrams to this effect. White observed a shifting of the position of dullness at the border of the liver, of the stomach and of the heart when an individual turned from the north or south position to the east or west. In describing the phenomena, his directions are to connect the subject with earth and to work in a darkened room. He also described the effect of colors on the orientation-reflex and bases a method of treatment with colors on this fact.

CHANGE OF TONUS

The chairman of this committee, when first experimenting with this phenomenon, observed dull areas in the supra-scapular region on both sides and close to the spine, that became resonant

when the subject "short-circuited" himself. Further experiments revealed that dullness likewise occurred on the front of the chest, at the outer edge of the apices, the upper part of the sternum, as well as at the edge of the cardiac dullness, all of which areas became resonant on "short-circuiting." The first inference was that, in the east-west position, the lungs receded a little and that, on "short-circuiting" or turning out of the east-west position, they expanded. When a deep breath is taken, resonance replaces these dull areas, but there appears to be a different quality of resonance than occurs from "short-circuiting," etc. His opinion at present is that it is due to a change of tonus of the tissues.

EXPERIMENT III—EFFECTS FROM RADIATION OF DRUGS

In the third experiment, a few Homœopathic dilutions of drugs, or even crude drugs, should be placed together at the opposite side of the room from the subject. The reflexes occur when the subject sits, just the same as when he stands, so, if one desires, this experiment can be performed with the subject sitting.

Have the subject orientated east and west, and begin percussing over one of the dull areas. While percussing, have a third person pick up one of the drugs and approach the subject. When he comes within a certain distance, the reflex is annulled. The distance at which this occurs depends on the susceptibility of the subject to that particular drug. For instance, one drug may cause the reflex to disappear when brought within five feet while another may influence the reactions from across the room. It has not been determined at how great a distance drugs will annul the orientation-reflex. It apparently depends entirely on the susceptibility that an individual has for a particular drug. The effects have been observed at a distance of over 80 feet.

ENERGY PASSES THROUGH MASONRY, BRICK AND GLASS

This energy passes through masonry, brick and glass. It will not pass through a living human being. Experiments have not yet been concluded to determine how readily this energy passes through metals. The highest Homœopathic dilutions give off this energy. When the susceptibility of a subject has been estab-

lished regarding the distance at which each of a group of drugs affects his reflexes, the relative distance remains fairly uniform for different tests, provided the conditions for the experiment are favorable. The experimenters must learn the technique of percussion and must also live with the phenomena long enough to become familiar with them, before attempting crucial tests.

SIGNIFICANCE OF THE DRUG EXPERIMENT

During the early experiments with other than the orientation-reflexes, it was observed that drugs that were symptomatically Homœopathic affected the reflexes at a distance of many feet. When testing drugs, as described in our report of last year, it was observed that different remedies had a varying degree of influence on the reactions then being used. When experiments were begun with the orientation-reflex, it was observed that the drugs having the greatest influence on the other reactions also affected this reflex at a greater distance than drugs having less influence on the other reactions. This made available a method of measurement. Further experimentation has shown that the more susceptible an individual is to a drug the farther that drug influences the orientation-reflex. Boyd, in his method of drug-testing, stated that when a remedy is grounded, the air-gap traversed by drug-emanations is shortened in the direction opposite to the grounding. The distance at which a drug will annul the orientation-reflex is not affected by connecting the remedy with earth. Not only this, but a drug will affect a subject placed within the shielding-cage that contains the Boyd machine at as great a distance as it will affect the subject outside the cage.

THE NATURE OF THE RADIATION

In considering the nature of the radiations involved in the phenomena, it is well to first consider radiant energy as a whole. Radio-active bodies give off three emanations. One, called the Alpha ray, is composed of particles which are positively charged—that is, they can be deflected by the negative pole of an electromagnet. These have slight penetrating power. A second, called the Beta ray, is negatively charged and has much greater penetrating power than the Alpha ray. A third, called the Gamma ray, is not deflected by either the positive or negative pole and

it has enormous penetrating power, as it will pass through several feet of lead.

All matter is composed of protons and electrons that are bound together into the ninety-two different combinations that constitute the elements. When any disturbance occurs in the relationship of electrons and protons, radiation in the form of heat or light is liberated. When atoms are in their stable form, this radiant energy is not manifested as heat or light but holds the electrons in their orbits around the protons. Thus, radiation may be considered as the "mortar" holding the ultimate elements—electrons and protons—together.

Unlike protons and electrons, radiant energy appears to be capable of infinite sub-division. In the form of light, radiation has actual weight and is thus substance in the same sense as matter. It is conceivable that the "mortar" (radiant energy) binding the electrons and protons together, has in every element its own vibratory frequency and that the Homœopathic method of diluting drugs simply frees some of this energy, and that it is this and not electrons or protons that are continued in the higher potencies. It is possible that the radiation utilized by Boyd has different characteristics than the one under discussion.

ANALOGY WITH THE GAMMA RAY

There is a certain analogy between the effects of the energy that annuls the orientation-reflex and the Gamma ray. Both pass through massive material. This energy, however, is completely blocked by a person's body. When a vial of a drug is held in the closed hand, the energy will affect the reflexes at only a very short distance, showing that it penetrates the thickness of a hand. Its similarity to the etheric waves used in radio-transmission is also apparent. Much experimenting must yet be done to isolate the different types of energy or to determine if there is only one type involved.

UTILIZATION OF THE ORIENTATION PHENOMENA IN REMEDY-SELECTION

The Homœopathic relation of a drug to an individual depends on the susceptibility of that individual to the drug. Since

distance serves as a measure of susceptibility in connection with these phenomena, this offers a method for selecting curative remedies. In order to utilize it, one must first establish a distance at which a remedy known to be Homœopathic will affect the reflex. To find if any in a group of remedies are curative, the whole group should be at a distance equal to that established for a known Homœopathic remedy. When a group of drugs are assembled together in a receptacle the effects of individual drugs are not manifested. This may be due to the fact that the radiations of the different drugs interfere with each other. When, however, one of these remedies is picked out from the rest, if it is within its radius of effect it will immediately annul the reflex. A darkened room is better for the experiment than a light one and no reflected colors should be present.

A METHOD FOR TESTING REMEDIES

A convenient method for testing remedies with the orientation-reflex is as follows: Have the patient sit in an armchair facing east or west, with the hands resting comfortably on the chair-arms. The experimenter can sit in front and to the left, if right-handed, and in front and to the right, if left-handed, and percuss over a convenient dull area on the chest, or he can stand behind the patient, slightly to one or the other side in a convenient position to reach over one of the patient's shoulders in front so as to percuss at the outer border of one or the other lung apices.

To find the best location on the area, start percussing and have the patient close one of the thumbs into the palm. Select the spot where there is the greatest contrast in tone between the dull area when the patient's hand is open and the same area when the patient's thumb is turned in. Now the remedies are brought toward the patient one at a time, and the ones that annul quickest and at the farthest distance are the ones to be re-checked. If the distance selected is great enough, it will be found that not over a fifth or a sixth of the remedies tested will affect the reaction at that distance. This can be taken as a standard distance. It will be found that the greatest trouble is to get far enough away.

Quickness of response to the radiation also is a factor in determining susceptibility to a drug. The instant the drug is picked up from the group being tested, the fact should be signalled with a buzzer. With some remedies, the reflex occurs on the instant, while with others, there is a longer or shorter interval before it occurs. Occasionally, two will be found so nearly alike as regards both available distance and quickness of response that it is impossible to determine which is the better. Undoubtedly, if a great enough distance is available, any two can be differentiated by this method of mensuration.

THE MOST CURATIVE REMEDIES

In re-checking, all that have annulled the reflex at the "standard" distance are tested and re-tested until the one out of the whole group that affects the reaction quickest and farthest has been determined. This will be the most curative of the remedies in the group. At the present time, these tests are being made with the remedies in one room and the patient in another, so as to give a distance of approximately fifty feet. This distance is not arbitrary but happens to be the greatest available in your chairman's office at present.

TESTS DUPLICATE THEMSELVES WITH UNIFORMITY

The assistant signals with a buzzer when a remedy is started in the direction of the patient. The experimenter, by a like signal, indicates when the percussion-note changes. There are heavy walls of masonry intervening between these two rooms, and these do not appear to prevent the energy passing through. On the other hand, if the vial containing the remedy is held in the closed hand so that it is completely covered, the assistant must come close to the patient for the reflex to be affected. If an individual stands between the patient and the remedy, its influence is entirely cut off. While experimenting in a suite of rooms 90 feet long, it was found that the reflexes of an individual at one end of the suite were affected by a drug at the opposite end. But the effect was lost when the remedy was taken into a room leading off from the main hall, thus demonstrating that walls plus

distance will cut off the energy. Repeated tests with a large number of drugs duplicate themselves with remarkable uniformity.

DISCUSSION OF THE FOREGOING FACTORS

It is evident that two types of factors influence the orientation-reflex. One has to do with the subject himself. The other has to do with outside influences. Of those having to do with the subject himself, let us discuss the ones described as "short-circuiting."

When the subject closes his thumb into his palm, or places his hands prayer-fashion, or touches resonant areas on his body and thus causes the dull areas to become resonant, and when he connects all the dull areas and they remain dull, it indicates opposite qualities of some sort in the dull and resonant areas. It is as though the dull areas represent one polarity and the resonant parts another, or as though there are two reservoirs oppositely charged. When these two are connected ("short-circuited"), the opposite charges are neutralized and the tonus of the two areas becomes alike. When separated, the difference of "polarity" of the two areas is represented by a difference in tonus.

Of course, it must be understood that the terms "polarity" and "short-circuit" in connection with this are used simply because they are terms with which we are familiar, and furnish familiar concepts with which to compare these phenomena. As a matter of fact, the phenomena have to do with an entirely unfamiliar energy to which the term polarity may not apply.

A TUNED CIRCUIT

Another concept is that certain parts of the body taken together form a tuned circuit when an individual is facing east or west, and that the resonance of this circuit is upset by the various manoeuvres described. This concept fits in with what is known of radio science and is possibly the most satisfactory of all. Thus, the dull areas are all a part of a single resonating mechanism and every individual's "circuit" has its special quality of selectivity.

LIFE ENERGY

If this concept is true, there is a form of directional radiation for which every one's "circuit" is resonated. There are various special radiations that interfere differently for different individuals. When a person approaches the subject with outstretched fingers, he emanates an interfering radiation. It is reasonable to suppose that drugs, light and human beings radiate an energy having wave-lengths within a definite range of frequencies and within the same range of frequencies is a band of directional energy. Or these energy-waves may bear a harmonious relationship to each other. They may be closely related to life-energy itself.

THE BIOLOGICAL FACTOR

As regards the biological factor of the phenomena, represented by the reflexes, all of these appear to occur in tissues controlled by the autonomic nervous system. Certain forms of radiation reach our consciousness through special mechanisms. The optic nerve conveys the impression of light-radiations. Through familiarity, we take this for granted without realizing the wonderful delicacy of the functions which enable us to distinguish light-intensity, varying from the brilliancy of a mid-summer noonday to the light of a distant star that began its journey many hundred years ago.

THE AUTONOMIC NERVOUS SYSTEM

We hear—we feel—because of energy-radiations that reach our consciousness through the voluntary nervous system. The autonomic nervous system controls the multitudinous and intricate life-processes, independent of our consciousness. We are not aware even of the nature of the energy that it utilizes when it reverses usual tendencies of chemical reactions by building complex chemical structures from simple ones. The autonomic nerves have under their control all of the smooth muscle-fibres of the body. When any nerve is stimulated by any means whatsoever, the part that it supplies will respond in greater or lesser

degree, according to the intensity of the stimulus, but never in a way different from its normal function.

If the autonomic nervous system is sensitive to the various radiations mentioned, it is conceivable that the part of it that responds is that which innervates that portion of the contractile tissues that has to do with tonus.

LOCATING EAST AND WEST WHEN LOST

These orientation-phenomena should be very useful for persons who become lost and are without a compass. A person alone cannot make use of it as he "short-circuits" himself or "detunes his circuit" when percussing his own chest, but if two people are together, one can percuss the other and an east-west position be established. Of course, by this means alone, one would not know whether he was facing east or facing west but, at least, an established direction could be maintained instead of traveling in a circle.

MIGRATING BIRDS AND FISH

Probably, this phenomenon also serves to explain the orientation of birds and fish when migrating. It is the most reasonable of all known phenomena for explaining the remarkable migration of the larval form of eels from their birthplace far off in the Atlantic ocean to the respective rivers on both sides of the Atlantic whence came their ancestors. These creatures are probably sensitive not only to the directional orientation but to special influences related to their hereditary environment.

In radio-language, all eels from a given locality are born with circuits tuned both directionally and qualitatively to that location. Their motor-mechanism is connected in some manner with this radio-mechanism. This is no stranger than the fact that eels in the larval form drop to considerable depths during daylight and rise toward the surface at night.

ENERGY AS VIBRATIONS

Energy is known to exist as vibrations and different forms of energy have different frequencies of vibration. Between the

highest and lowest frequencies are certain energies such as light, heat and sound to which we constantly respond through special organs and nerves, and which we accept as a matter of course.

OUR TWO-DIMENSIONAL EXISTENCE

Our organs and the five senses have developed in relation to these energies in accord with the needs incident to our two-dimensional existence. Our concepts of the activating functions of all other forms of life are also the result of the limitations of this two-dimensional existence. This is exemplified by descriptions of the behaviour of birds, animals and fish. Extravagant adjectives are used to accentuate the description of their keenness of sight and smell, with rarely a hint that they may have other faculties unfamiliar to us.

THREE-DIMENSIONAL EXISTENCE

The first forms of terrestrial life were probably in the sea. These life-forms naturally utilized all the forces in nature that were applicable to their three-dimensional form of existence. Although we are land animals, we are essentially aquatic, for the greater part of our body is composed of water, containing in solution the salts of the sea in practically the same proportion as they occur in the ocean. The blood-cells swim freely in this internal sea and thus live in a three-dimensional world. It is suppositional, at least, that the blood-cells and perhaps all cells of the body retain sensitiveness to energies that are useful to the inhabitants of the water and of the air, but that have ceased to have apparent importance in our present existence.

TRANSCENDING ANYTHING HERETOFORE KNOWN

It is not necessary to assume even that these newly recognized energies are unimportant. They may in their relation to life have an importance transcending anything heretofore known.

Sir Jagadis C. Bose has demonstrated that certain plants are sensitive to minute changes in the intensity of light unnoticed by the human eye and that they also respond to etheric waves at both ends of the spectrum far beyond those recognized by human beings.

SECOND TYPE OF REACTION

Reflexes from

DIRECT OR INDIRECT CONTACT WITH DRUGS

EXPERIMENT I—DIRECT CONTACT EFFECTS

The subject may stand or sit. East or west orientation is not necessary, though better. Also, subdued light is better than bright light. Have the subject's abdomen bared. Rub the skin of some area on the abdomen—for instance, just above the navel—smoothly and gently with some dielectric substance in order to become accustomed to the way the skin feels normally. A glass or hard-rubber or bakelite rod can be used. The handle of a hard-rubber fountain pen can be used; also, the finger-tips. When using the finger-tips, if they are shellacked and allowed to dry thoroughly, the reactions can be detected more easily than with the uncoated fingers. Your chairman has found that a 5-16-inch thin-walled dielecto-tubing gives the best satisfaction. This should be polished until smooth, with the finest grade of sand-paper.

RESISTANCE DETECTED ON THE SKIN

This experiment can be done with only a subject and the operator, but it is better to have an assistant. Now, while rubbing the skin, have several vials of Homœopathic remedies placed, one at a time, in one of the subject's hands. It will be observed that when certain remedies are placed in the hand, almost instantly a slight resistance will be detected on the skin, which does not occur with certain other drugs. Now, select another area—for instance, across the navel—and repeat the above procedure. Here, a reaction will occur, not necessarily from the same drugs. Go over several areas and it will be found that a reaction over certain areas will be caused by one drug and reaction over other areas by other drugs.

If a drug known to be Homœopathic to the individual is used, this drug will cause a reaction over the whole abdomen, the fore-arm and chest, and over other areas of the body. Drugs to which the individual is less susceptible will cause reactions on

only a few areas, the degree of susceptibility being represented by the greater number of areas affected. In other words, drugs when brought into contact with the patient cause a reaction-pattern on the surface of the body. The more susceptible an individual is to a drug, the more this pattern covers the whole skin-surface.

If the skin is oily or moist with perspiration, stickiness will result that masks the reaction. Plain soap-stone powder dusted on the skin will correct this source of error. Some rare individuals can feel certain remedies without the skin being rubbed. No special study of these sensitives has yet been made in connection with the phenomena.

THE AUTONOMIC NERVE-FIBRES

Probably, the autonomic nerve-fibres respond to some radiant effect of drugs and it is a reasonable deduction that different fibres respond to different qualities of this energy. We know that certain nerves respond only to certain types of stimuli. For instance, the optic nerve responds to light; the auditory nerve to sound; certain sensory nerves to heat or cold; and others to touch. The autonomic fibres do not respond to any of the above or, at least, we are not conscious that they do, but either these nerve-cells or certain other cells of the body respond to something that radiates from drugs.

UTILIZATION OF THE SKIN-PHENOMENA FOR REMEDY-SELECTION

At the time of our report a year ago, this reflex was the one being used for remedy-selection. The following technique had been worked out. The patient, with bared abdomen, is seated in an arm-chair with his arms resting on the chair-arms, his right hand palm up. An east or west orientation, although not necessary, is better. The room should be darkened and all sources of reflected color removed.

The operator sits directly in front of the patient and the assistant sits in front and to the right of the patient, with three receptacles on a convenient stand in front of him, the remedies to be tested being in the center receptacle. Unless the number

of remedies to be tested is narrowed down to a small group through repertorial analysis, a large number of drugs must be tested. This has its drawbacks, for when a large number of drugs, with their different reaction-patterns, have to be tested, it becomes tiring both to the patient and to the operator. Besides, there are various sources of error connected with the experiment which necessitate re-checking the test in various ways, thus multiplying each individual test many times. In using this method, neither time nor patience should be spared. The reactions are very delicate and one must practice hundreds of times to become adept at their detection.

TESTING THE REMEDIES

The operator begins to stroke the skin with the rod two or three inches above the navel, so as to become accustomed to the normal reaction of the skin. The assistant places the remedies, one at a time, in the patient's hand. If a remedy causes a reaction, this will be apparent instantly by the resistance of the skin, and the remedy is put in one of the empty receptacles; if it does not cause a reaction, it is put in the other empty receptacle. All remedies are tested in this way. Before proceeding further, test again on this same area all remedies that have not caused a reaction, so as to pick up any that were missed the first time; those remedies which still cause no reaction are permanently discarded from this test.

Then, test all the good ones on an area across the navel. As in the first test, re-check over the same area all those that do not cause a reaction and reject from further test all that do not. Continue this process of elimination, always with a re-check of the discards, over an area below the navel, then one a couple of inches to the left of the navel, then one to the left and below the navel, and then one to the right and below the navel.

All remedies, whether they cause reactions or not, after the third area, are kept for further testing, which will be described later.

At the end of the sixth area, there will usually be three to five remedies that have come through as good. These should be recorded, then mixed with all of the remedies that came through

as far as the fourth area, and re-tested over the same six areas again, and all that came through to the end recorded.

This same group should now be tested over the surface of the right fore-arm, those not causing a reaction being rejected and the good ones being kept and tested on the left fore-arm, re-checking as above; then, on the right upper chest; then, on the left upper chest; the ones that come all the way through are to be recorded. The same group should then be tested on the four corners of the abdomen, re-checking as over the other areas, and those that come through should be recorded.

Now, take the six or more remedies that are running best through these four tests and test them in the following way: Test the group, one at a time, on any area, noting the intensity of the reaction. Say that the intensity is designated thus: 1, 2, 3, and 5 are stronger on the first area. Now, test them on any second area and call off the stronger ones as above. Take them thus over a half-dozen or more areas, the assistant keeping track of those that come best, second-best, etc., by always laying them in the same relative position.

Since all of this is done in a darkened room, neither the assistant nor the operator knows what remedies are coming through at any time. If a superlative remedy is in the group, it comes out ahead in each of these tests. Lesser degrees of susceptibility are represented by a four out of five ratio. Anything below that it is best to discard and make another test with other remedies.

THE POSSIBILITY OF CHANCE REDUCED

All precaution must be taken that suggestion does not enter into the test. With the room darkened so that the names of the remedies cannot be distinguished, and the re-checking with a large number each time—usually from twelve to thirty remedies in the four re-checks—the possibility of chance entering in is reduced and the likelihood of the reactions causing the result is greatly enhanced.

Probably any other group of areas, provided enough were taken to fairly represent the whole body, would do as well.

This multiple re-checking produces results with a very high percentage of accuracy. The fact that so many re-checks are

necessary indicates the number of sources of error in this work. This may be easily understood when we realize that energies are given off from everything in the neighborhood of the patient. Also, the mechanism of the reactions is constantly responding to various internal stimuli, both psychic and physiological. The operator's skill of detection varies. The weather has some effect because, on rainy and foggy days, the tests are not as successful as they are in clear weather.

The percentage of preponderance of influence that the remedy energy has over other energies is what makes it possible to use this method for remedy-selection.

THE REACTION—THE SENSATION

When making the test, the reaction may often be observed as the remedy approaches and before it reaches the patient's hand. Some patients are quite sensitive to the reactions while others have difficulty in detecting them. The usual sensation is described as a feeling as though the rod was pressed a little harder. Others describe a slight pricking sensation and others a sensation as though the rod clung to the skin, and still others a feeling as though the rod penetrated deeper. To the one who manipulates the rod, there is a sensation as though the rod clings harder to the skin. Oily or moist skin causes the rod to stick and it is difficult to detect the reaction on that kind of skin. Plain unscented soap-stone powder dusted on the skin with a bit of cotton will do away with this difficulty. Occasionally, a patient will be able to detect a suitable remedy as soon as it is placed in his hand, without the rod being used at all. Not enough observation has been made of these rare individuals to justify any more than a statement of the fact. The reactions can be detected also through silk or woolen cloth laid over the skin when the rod is rubbed over this.

EXPERIMENT II—REACTION CAUSED BY INDIRECT CONTACT

It is not necessary, in order to make the above tests, to bring the remedy in contact with the patient. If an electrode be strapped to the patient's forehead, and from this a wire be led

to another electrode, and the remedy be brought in contact with the latter, the reaction will be caused exactly as if the remedy were brought directly in contact with the skin.

Your chairman constructed an apparatus consisting of a board on which were mounted in rows forty-five-calibre empty cartridges at a distance of one inch apart each way. A screw was passed through the primer hole and through the board and a nut and a washer were put on the under-side so as to draw the cartridge down tight. In this bank of miniature mortars were placed 344 of the unusual remedies, consisting of all the acids, the elements, and the inorganic materials carried by Boericke & Tafel. The remedies were in short, straight vials which just fitted the cartridges and which were short enough to allow the bulging cork to fit tightly in the end of the cartridge so as to prevent the vial from falling out. The corks were then cut flat with the top of the cartridge. Instead of names of the drugs, numbers were pasted on the board opposite each vial.

These 344 remedies can be tested as quickly by means of a small electrode which is quickly placed over one and then over another, and the energy then thus conveyed to the patient by wire, as half the number can be tested by placing the remedies in the hand of the patient. It has the advantage, also, of not contaminating the vials and corks.

On the other hand, the introduction of even this much apparatus appears to reduce the accuracy of the result and it is advisable to re-check by the direct contact when the group is reduced to twenty-five or thirty remedies.

Some adaptation of this idea may be utilized in the future when some more convenient method of remedy-testing has been worked out. Since developing the orientation method, the above is rarely used, although both methods always check up on each other.

SIGNIFICANCE OF THE FOREGOING

Before describing the third type of reactions, it is well to consider the significance of the phenomena already described.

It is at once apparent that the only relation the foregoing bears to Abrams and his claims is that the basis of fact in his

claims has been followed along lines of simple experiment until certain of the basic phenomena have been clarified and reduced to such simple means of identification that any one with a desire to try can demonstrate them for himself.

The biological factor, as it relates to human reflexes, has been under critical observation during the past year by a competent technician. The results not only demonstrate graphically the skin reactions but reveal the reflexes in many other tissues even more plainly than in the skin. This work is incomplete and is not available for this report.

CURATIVE QUALITIES IN DRUGS

The significance of the radiations from drugs in their relation to therapeutics is worthy of deep thought. One of the deepest instincts is that there are curative qualities in drugs. All primitive people have this belief and use herbs with a certain degree of skill. The simple herbs of our grandparents were not without virtue.

Pharmaceutical sophistication has got away from the simple herbs of the past, and has brought with it drug nihilism.

The Homœopathist, through the law of similia, has learned how to utilize the curative properties of drugs but the method involves exacting effort. In the radiations from drugs, we have a quality that all can utilize, and by means of them, the drug to which an individual is susceptible can be worked out by any one.

CURES ACCOMPLISHED

The methods that have been described are to be considered only as research experiments. They are useful because they accomplish cures and they utilize the phenomena in their simplest forms. They must, however, not be considered as blind experiments with unknown elements, for drugs are worked out with exactness and cures are brought about in conditions that baffled previous efforts.

During all of the last three years, the chairman has checked up, by means of the reactions, every prescription made in his office and in no case has a remedy proved satisfactory that did not

work out in the tests as described. On the other hand, where a suitable remedy can not be found by the old method, it can be found by means of the tests. He has not hesitated to test as many as 800 drugs in some difficult cases.

In most cases, when the same group of remedies is rechecked at intervals of two to three weeks, the same remedy comes out best in the test, with the next six or eight following in the same sequence as at first.

Occasionally, re-checks of only a few days apart come out differently. The reason for this is not always easily determined. By persistently testing with new groups of drugs, a remedy is eventually found that holds for subsequent tests.

IT REPLACES DEDUCTIVE AND HAPHAZARD METHODS

The principle utilized is sound, in fact much in advance of any other used for drug selection for it replaces present-day deductive and haphazard methods with a method where something in the patient can be exactly matched by something in a remedy. The results for the patient are what they should be. For the physician, the method is laborious, exacting, time-consuming and unremunerative. The satisfaction to the physician at present is his knowledge of what this means for mankind and that this work will help to develop instruments of precision to replace the drudgery of the hand-work of the pioneer. The next section describes instruments for using the phenomena.

THIRD TYPE OF REACTION

Reactions Inherent in One Person Caused on a Second Person
by Direct or Metallic Contact with the First
Person, His Blood or Saliva

Instruments for Analyzing the Energy Devised by
Abrams—Boyd—Ellis

ABRAMS' MACHINE

Abrams observed many years ago that when percussing over the lungs, areas of higher-pitched percussion note occur, not accounted for by demonstrable pathology. He later observed that

certain diseased conditions are accompanied by a high-pitched percussion note over the abdomen or chest, in areas unrelated to the site of the disease. Later still, he observed that when such an individual is in contact with another, a similar effect will be induced on the second person in the same location as on the first. He discovered further that when the person is connected by a metallic conductor to another person, these reactions will be produced on the second person. He observed that the individual is not necessary for the production of these reactions but a few drops of his blood, brought in relation to the second person, will produce the same effect, and that the effects can be demonstrated not only by percussion but by rubbing the skin as described in the previous section. Further, he found that when coils of different lengths of wire are introduced between the blood-specimen and the second person, reactions occur in different parts, depending on the length and size of the intervening wire. In other words, that something radiating from the individual or his blood can be conveyed to another person and that different effects occur when coils of wire of different sizes and lengths are used to convey this radiation.

After a great amount of experimenting, Abrams claimed that it is different disease-energies that are conveyed by different lengths of wire and that each disease causes a reaction at a definite location on the abdomen of the second person when conveyed to him over the appropriate length and size of wire. It was this set of phenomena on which Abrams based his method of diagnosis by means of the blood of a patient.

ABRAMS' DIAGNOSTIC SET

His diagnostic set consists of three elements: first, a healthy subject on whose abdomen the radiations from a patient's blood are to be registered; second, two boxes exactly alike with coils of fine wire mounted on the under side of the tops, the coils being connected with each other in series and also with metallic contact-points on the upper side of the covers, these points being in such position that a switch will bring into a circuit any portion of the wire desired (these boxes he called reflexophones and, in general, they resemble the well-known "resistance box"); third, a

container for the blood specimen that is being examined. This last he called a dynamizer and it consists of a round composition box with a divided metallic bottom, the two parts of the bottom extending through the sides of the box so they can be earthed. The cover of the box consists of two aluminum plates separated by a slight space. The amount of wire in the reflexophones is measured in units of resistance, each reflexophone having a total of 61 ohms resistance, the coils being arranged in three divisions. One division has a resistance of 50 ohms with taps every 10 ohms. The second division has a resistance of 10 ohms with taps at every ohm, and the third has a resistance of 1 ohm with taps at every 1-25 ohm.

THE HOOK-UP

The hook-up is as follows: The subject stands on earthed metallic plates facing west. He holds on his forehead an electrode connected with a wire passing to one of the resistance boxes. This box is connected in series with the second resistance box and this in turn with the dynamizer, this also being earthed. For making a diagnosis, a small piece of blotting-paper, on which a few drops of the patient's blood have been absorbed, is put in a protective folder and placed in the dynamizer.

TESTING FOR DISEASE ENERGY

The physician sits in front of the subject. Both resistance boxes are set at zero. Now, the switch on the reflexophone next to the dynamizer is moved on to one of the contact-points that bring in the amount of wire that is supposed to convey some specific disease energy. For instance, if testing for cancer, it is set at 50, it being claimed that a wire having 50-ohm resistance will conduct cancer-energy. 50 is known as the vibratory rate of cancer.

The physician now percusses on the abdominal area where the cancer reaction occurs. If dullness is present, the switch on the second rheostat is moved along, peg by peg, until the reaction disappears. The reading on the second rheostat is supposed to indicate the intensity of the disease which is expressed in ohms.

Other diseases are tested for by turning the switch on the first reflexophone to the appropriate number indicating its vibratory rate, always with the second reflexophone at zero. The appropriate area on the abdomen is percussed and its intensity determined by the second reflexophone.

A GREAT ACHIEVEMENT

The evolution of such an instrument by Abrams is a great achievement, second only to his observation of the delicate body-reflexes and the discovery of the unknown form of energy that causes them.

His theories regarding the functioning of his diagnostic apparatus do not stand up under technical analysis. Also, no one has been able to prove scientifically any of Abrams' deductions by means of the apparatus itself. Between scientific proof and reasonable proof, however, there is a wide gap. All advancement in knowledge is made by the following of positive evidence. *One successful experiment by a competent observer outweighs numberless failures.*

Abrams followed up his positive findings and from the accumulation of these, he drew conclusions some of which were too sweeping. He accepted the conventional pathological concept of diagnosis and related his findings to this concept. This concept (which is only partly true), the imperfect adaptability of his apparatus, together with factors of interference, known and unknown, taken all together, made infallibility impossible.

BOYD'S MACHINE

Among those who could duplicate enough of the phenomena described by Abrams to be convinced that he was basically right, was Dr. William E. Boyd of Glasgow. He was working on the problem of Homœopathic dilutions under the auspices of the Beit Foundation for Homœopathic Research, when he heard of Abrams' theories. He procured Abrams' diagnostic outfit and was satisfied that the basic idea was right, but that there were many fallacies in Abrams' reasoning, and that the apparatus was

too crudely constructed for its intended purpose. He recognized that Abrams had constructed a resonating mechanism and set about to devise one embodying correct electrical principles. He called the instrument that he devised the Emanometer.

This consists of a single coil in series with a variable condenser. From the condenser, a metallic conductor leads to an electrode that is strapped on the subject's forehead. At the end of the coil distal from the variable condenser is a plate for receiving the energy. Extending beyond this plate is a track about a metre long and on this track is a sliding specimen-holder. Thus, an air-gap is introduced into the circuit, between the specimen and the coil, that can be varied at will. The specimen-holder is grounded but has a mechanism whereby it can be disconnected from earth, if desired.

THE BOYD HOOK-UP AND TECHNIQUE

The hook-up of the Boyd instrument is as follows: The subject stands facing west on metal plates that are earthed and with the electrode connected with the condenser strapped to his forehead. The physician sits in front of the subject, also grounded. The specimen-holder is moved up a short distance from the receiving-plate and the specimen is placed in it. Both the coil and the variable condenser are at zero.

The physician begins to percuss over the abdomen of the subject, while the subject slowly rotates the coil until an area of dullness occurs. The subject ceases turning the coil when the maximum point of dullness for that area is reached. Now, the variable condenser is rotated in order to obtain a sharper tuning. The specimen-holder is moved back on the track until a point is reached where dullness disappears. The length of the air-gap indicates the intensity of the energy.

The findings for this energy having been recorded, the variable condenser is turned back to zero, the specimen-holder is moved nearer to the coil, and the subject further rotates the coil until another energy is picked up where its intensity is measured. This is continued until all important wave-lengths have been analyzed.

BLOOD SPECIMEN GROUNDED

Boyd discovered that the gap the energy from a blood specimen will traverse is lessened if the specimen be grounded. For this reason, and in order to have a practical length for the carrier track, the specimen-holder is earthed. For detecting very weak energies, the grounding can be thrown off. For purposes of refinement, Boyd introduced a second variable condenser parallel with the first circuit, thus furnishing two paths for the energy. A switch is arranged so that either circuit can be used independently, or both circuits can be thrown in together.

SCREENING TO SHUT OUT EXTRANEOUS ENERGIES

He discovered that many sources of error resulted from energies extraneous to the specimen and introduced screening to shut out all energies except those of the specimen. There is independent screening for each portion of his apparatus—one for the subject, another for the tuning-apparatus, another for the track. The specimen-holder has a screening shutter of its own. These independent screenings enable the physician to test each element of the apparatus independently and thus determine if any contaminating energies are present, thereby making it possible to eliminate all sources of error except such as may be due to contamination of the specimen itself.

SALIVA; BLOOD; VARIATIONS

Boyd observed that saliva does just as well as the blood of a patient for testing purposes.

The physician percusses the subject through flexible metallic armlets.

Boyd found that variations in the position of the subject and variations in the distance between his feet changed the results, so the lead from the tuning-apparatus to the subject's forehead is enclosed in stiff flexible metallic tubing, so as to prevent undue head movement, and the position of the feet is fixed by the use of pegs around them.

REALITY OF ENERGY AND REACTIONS PROVED

It was with this perfected apparatus that Boyd proved to the *Committee of British physicians and scientists that reported to the Royal Society of Medicine, the reality of the energy and of the reactions, which none of those who were using the Abrams original machine had succeeded in doing. It is of interest to Homœopaths to note that the substances used in the crucial tests before the British Committee were drugs in very high dilutions.

THE VITAL REACTION, THE "V-WAVE"

Through his ability to analyze the radiations from the blood, Boyd has made many interesting and important observations. He found that when a remedy Homœopathic to a patient is brought in relation to the patient's blood specimen which is being tested, the reactions caused by the blood are cancelled. The reason for this is supposed to be because the wave-lengths of energy from the remedy bear such a relationship to the wave-lengths from the energy of the blood that the effect of the latter is cancelled.

Boyd observed that as a patient improves, most of the energy waves become of less intensity and when the patient is entirely recovered, these waves become zero. He noticed, however, that a certain energy, instead of becoming weaker, became stronger as the patient recovered.

He inferred that the energies that disappear represent the disease while the energy that grows stronger represents the vital reaction of the patient. He named this last the "V-wave." He observed that the V-wave always "tunes in" within a narrow range on the Emanometer but that within this range each individual has his particular place.

*This Committee consisted of:

Sir Thomas Horder, Bart., M. D., B. Sc., F. R. C. P., chairman;
 M. D. Hart, A. M. I. E. E., M. Sc., D. I. C.;
 C. B. Heald, C. B. E., M. D., M. R. C. P.;
 Lt. Col. H. P. T. Lefroy, D. S. O., M. C., A. M. I. E. E.;
 W. Whately Smith, M. Sc.

Their Report was entitled:

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

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

EVERY INDIVIDUAL CLASSIFIED

By means of the V-wave, every individual can be classified into one of twelve divisions. Boyd observed that drugs have a similar wave and that every drug can be classified into one of the same twelve divisions as can individuals. Thus, an individual will require for cure a drug belonging to the same classification to which he belongs. After finding the V-wave, Boyd found that the Homœopathic remedy intensifies the V-wave and cancels all others.

SCIENTIFIC PROOF OF HAHNEMANN'S OBSERVATION

Boyd studied the effects of concussion on drugs when they are being diluted in accordance with Hahnemann's directions. When dilution of one part of the drug to ninety-nine of alcohol is made, and this is given one hard shock or "succussion," a slight difference is observed in the Emanometer reading. A second hard succussion causes a little more change in the reading, each succussion causing a slight change until ten or twelve have been given, after which time the reading remains the same, regardless of how many succussions are given. If however, from this dilution, a second dilution is made of one to a hundred, every succussion up to ten or twelve causes a slight change in the Emanometer reading, and this holds good for any dilution, no matter how high.

It is interesting to Homœopaths to see the scientific proof of Hahnemann's accuracy of observation, for his last directions were that every dilution should be succussed ten times.

BOYD'S DEDUCTIONS AND CONCLUSIONS

Boyd approached the study of his subject singularly free from bias. He worked out his technique by himself, as he was entirely self-taught. His deductions are all made from original experimenting. His conclusions regarding the significance of the reactions caused by an individual's blood are summed up in the instruction-book that comes with his Emanometer, to wit: "The Emanometer is not diagnostic of disease-names or causes but analytical of the state of the body." He furnishes a "Table of Reactions Provided for Research Purposes Only."

He groups certain reactions, "one or more of which are found abnormally marked in practically every untreated case." He has drawn certain conclusions based on a great number of clinical observations. One group of reactions indicates sensitivity toward proliferation, prolonged irritation, degeneration, etc. Another group indicates sensitivity toward inflammatory and irritative states, maybe with sepsis or sometimes with fever. Other types of reaction indicate sensitivity of the nervous system; others sensitivity of the alimentary canal; others of the ear, the throat and respiratory system. There are groups of reactions covering all the general tissue-systems in the body.

SUSCEPTIBILITY A COMPELLING ATTRACTION

Boyd's deductions rationalize the phenomena of the reactions due to blood-radiations much better than did Abrams' deductions. They fit in with the concept of susceptibility rather than pathology as the important factor in diagnosis. When this susceptibility is very high, it is usually accompanied by the actual disease, for high susceptibility may be translated into a compelling attraction.

ONE OF THE FOREMOST PIONEER WORKERS

Of all the investigators in this field, none has been more painstaking or more scientific than has Boyd and to him will belong the credit of being one of the foremost of the pioneer workers.

ELLIS' MACHINE

F. C. Ellis, of Chicago, an electrical engineer, has devised an apparatus for analyzing human secretions by means of the reactions, with certain fundamental differences from either the Abrams or the Boyd instruments. Instead of using either a coil or a condenser, he uses two parallel wires for "tuning." At one end, these wires are connected with two closely-spaced plates. Between these plates, the blood specimen is placed. Near the other end of the parallel wires, a movable short-circuiting bridge

is affixed. Near the end connected with the plates for holding the blood specimen is a movable bridge spanning the parallel wires but not in metallic contact with them, for collecting the energy. From one side of this bridge, a wire leads to a metallic plate on which the subject stands. From the other end of the bridge, a wire leads to one plate of a variable air-gap mechanism. The plate at the other side of the air-gap is connected by wire with an electrode which is strapped to the subject's forehead. This air-gap serves to measure the intensity of the energy that is being examined.

With this apparatus, a subject does not have to be grounded and can face in any direction. The operator, however, should be grounded.

THE ELLIS LAY-OUT FUNDAMENTALLY DIFFERENT

The fundamental difference between this apparatus and the other two described, to quote Ellis, is as follows:

"The Form of the Circuit—As shown, the general form of the Abrams and the Boyd circuits is identical in that each is a *single circuit*—one in which the instruments, the blood-sample and the subject are connected directly in *series*. Also each circuit is grounded, possibly for different reasons, and the subject is faced west.

"On the other hand, the form of the Ellis lay-out is distinctly and fundamentally different from either of the other two. It actually is made up of *two circuits* connected in *parallel*:

"(a) A primary resonant circuit containing only the blood specimen—a circuit embodying virtually no electrical losses;

"(b) A secondary circuit containing the subject and the intensity-measuring device."

Some of the reasons why Ellis claims superiority of this apparatus over that of Abrams and Boyd are because the energy from the blood, instead of being forced through the various impedances of the coils, etc., is all conserved and is utilized for causing the reactions on the subject. Furthermore, in the Abrams and Boyd machines, a certain amount of the energy leaks out through the ground connections, whereas there are no ground connections in the Ellis machine. In this latter apparatus,

the operator is grounded, however, and since he is not connected with the other two circuits, his own energy—which in the other two mechanisms is carried into the circuit—is not carried to the subject and thus does not mingle with that of the specimen.

Ellis claims that with his air-gap mechanism the wavelength of the energy can be actually measured. He gives various other reasons for superiority in his book, in which he describes his apparatus. Technically, Ellis' writings are very illuminating.

ELLIS ACCEPTED ABRAMS' CONCEPT

In the matter of diagnostic significance, Ellis has accepted Abrams' concept. He carried out a great number of experiments with known pathological specimens and pure cultures and calibrated his instrument in accord with these. He also accepted Abrams' electronic concept. He has not reconciled this concept with the fact that drugs in dilution far beyond the possibility of a single electron remaining still radiate the specific quality of that drug.

ANALYSIS AND INTERPRETATION OF RADIATIONS

The purpose of all three mechanisms primarily is for the analysis and interpretation of radiations from human secretions. The great drawback with all of them is that a human subject must be used as a detector. It is because of this drawback that the original work undertaken by this committee has been directed to experimenting with and studying the naked phenomena without any apparatus.

REVIEW AND COMPARISON OF THE THREE GENERAL TYPES OF REACTION

FIRST TYPE OF REACTION

The first type consists of changes in the state of certain parts of the body, detected by percussion when an individual is facing east or west, the percussion note being higher pitched. The parts of the body affected are apparently all affected alike because if they are connected, the percussion note remains the

same pitch. If they be connected with another part of the body, the dull note becomes low-pitched. If the individual turns out of the east-west position, the percussion note changes from high pitch to low pitch. If drugs, particularly when diluted according to the Homœopathic method, are brought within a certain number of feet of the individual, the high-pitched note becomes low-pitched. Color and light will cause the same effect.

SECOND TYPE OF REACTION

In the second type of reaction, when a drug is placed in an individual's hand, a slight change results in the skin over certain areas of the body which can be detected by rubbing the skin lightly either with the fingers or a dielectric rod. Certain drugs will affect more areas than others and some will cause this change to occur over a large part of the body. Effects can be observed at the same time in other tissues besides the skin. These effects are more easily produced in subdued light and better with the patient facing west or east, although this is not necessary.

THIRD TYPE OF REACTION

In the third type of reaction, the blood or saliva of one individual is used to induce on a second individual reactions representing the state of the first individual. The energy from body secretions can be conveyed by metallic conductors. Various wave-lengths of this energy can be isolated by means of mechanism embodying the principles used in radio reception apparatus.

DISCUSSION OF THE TYPES OF REACTION

The first question that arises is whether the same type of energy is involved in all of these phenomena. In the first type, the energy of drugs is effective over many feet and passes through thick walls. It will also pass through a metallic screen designed to intercept electrical magnetic radiations.

The energy in the second type acts on contacts or at least within a very short distance of the subject. This energy can be conveyed by metallic conductor. This at least is probably of the

same nature as that utilized in the third type. The mechanism in the body is probably the same in all cases.

In the first type, several parts of the body taken together react probably because they resonate with some form of directional terrestrial energy. Certain other forms of energy have a quality that neutralizes the effect of the directional energy.

In the second type, the effects of drugs are similarly influenced by certain radiations, particularly light and colors.

In the third type, instead of several parts of the body acting together and being in resonance with some specific energy, smaller resonating circuits are used for isolating individual or closely related wave-lengths.

By means of one of the three types, drugs can be found that have a curative relation to patients. The first two types represent basic phenomena to serve as material for developing practical mechanical methods for use in diagnosis or treatment. The third type represents progress in one direction for the utilization of the phenomena.

Two paths are indicated. One leads to the study of the energy and the development of apparatus that will detect and analyze this energy without the use of the living detector. The other leads to a study of all effects that occur in a patient without the intervention of a subject and the use of these in diagnosis and treatment.

HISTORICAL ASPECT

Although the phenomena under discussion have had widespread attention for only a few years, various observers have both inductively and deductively considered them. The work of this committee and the work of Boyd have both been connected with the energy inherent in Homeopathic dilutions. In so far as the body reactions are concerned, they were probably first observed by Abrams and George Starr White. Whether both observed them independently or not, this committee has no way of knowing. So far as the energy is concerned, Hahnemann himself deduced some such quality in drugs. He considered his discovery of the presence of some sort of energy in high dilutions as the most important of his day. Early in his work, he observed

that dilutions would act by inhalation. He spoke of the inherent power in potentized drugs as a "spirit-like" force. The comparison "spirit-like" was as apt a term as he could use, for at his time, there were no physical properties known in nature to which he could compare that which he deduced to exist. He expressed himself more explicitly in the introduction to his proving of the magnet. His use of the term "dynamic power" conveys his concept and he elaborates his ideas more fully in the foot-note to Section 2 of the Sixth Edition of the "Organon."

In 1851, Reichenbach set forth his theory of an odic or odyllic force. His claim was that there are certain emanations which are emitted from objects such as magnets, crystals, the human body, metallic conductors, etc., which, when subjected to the sensibilities of certain sensitive persons, cause certain sensory reactions to be received and recorded. He conceived a negative and a positive phase of this force.

An instrument called the Odometer was devised by Dr. Herbert Mayo. The use of this was associated with factors that led to its abandonment because of the possibility that involuntary muscular effort was the cause of its action.

In 1867, Dr. Baylies of Brooklyn observed that he had the power of detecting the energies of some remedies when they were held in the hand. He informed Dr. Fincke of this and Fincke experimented with provings "by induction" whereby the vials containing the remedies were held in an individual's hand. Both Baylies and Fincke were deep students and careful observers. They had, however, no inkling of any recognized energy with which to compare their observations. It is reported that Dr. O. Buchanan of Albenleben, Germany, made inductive provings of mercury in the crude substance sealed in green medicine bottles. The symptoms obtained lasted in one case two or three weeks.

A French physician and naturalist, Dr. J. Luys, submitted several hypnotized patients to the influence of medical substances, enclosed in tubes, and brought near them without actual contact. Dr. Luys was able to produce convulsions, hallucinations, alteration of the pupils, acceleration and retardation of the pulse.

Dr. Baylies was familiar with these various experiments and, in conversation with a lay scientist who was a patient of his, of-

ten remarked that some day we would be able to find the natural vibration of a patient and would be able to duplicate that mechanically and bring about cures without the use of remedies. Dr. Baylies observed many instances of provings by induction both in hypnotized and non-hypnotized subjects.

Dr. Fincke made further observations which he reported fully. As a result of all that he observed, he was led to experiment with the Galvanometer in order to determine whether it showed any effects of the reactions of Homœopathic dilutions upon galvanometric currents. In this field, the results were uncertain.

Both Fincke and Swan were confident of the power of emanations from the sun, the moon and even from different areas of the spectrum to penetrate a neutral menstruum such as sugar of milk, and they potentized the sugar of milk that had been impressed by these substances and made provings of them. Hahnemann had already proved the poles of the magnet. These substances were called "the imponderables." Later, the X-ray was proved in the same manner.

Modern observations show these men to have been far in advance of their day because only recently it has been proved that foods treated by the ultra-violet ray will cure rickets. It has also been found that moonlight is polarized light and that there is apparent basis of truth in the old observation that moonlight affects certain individuals adversely.

Fincke was a mathematician and a scientist, as well as a physician and he defended his observations and the reality of high dilutions with prophetic deductions based on the best accepted science of his day.

Thus, these early savants knew that they observed some basic phenomena but had not available today's advancement in physical knowledge to make their discoveries complete. They may be considered as prophets who went before. The real work began with Abrams.

THE ABRAMS METHOD OF TREATMENT

The treating instrument devised by Abrams he named the Oscilloclast. Perhaps a more heated controversy has been

waged regarding the value of this machine than in respect to any other of Abrams' claims.

This controversy may have been accentuated by the way in which the instrument was put upon the market, the excessive charges made for it and, in addition, the unreasonable monthly royalties demanded by the manufacturers.

Your committee felt that it would not be adequately discharging its obligations if it did not secure and present to you such reliable data as was obtainable regarding the use of the machine as a therapeutic agent.

We have limited our investigations mainly to the value of the machine in the treatment of cancer, although there is abundant evidence that it has been used with marked success in well-nigh all forms of disease.

We have esteemed it our duty to confine ourselves to the facts and have not attempted to weigh the claims and counter-claims of contending factions.

AN UNKNOWN ENERGY

Some competent scientific investigators have declared that the effects produced by the machine represent the operation of an unknown energy. On the other hand, several well-known scientists have reported that the machine does not conform to the ordinary manifestations of electricity and is, therefore, of no value.

If we are dealing with an unknown energy and that energy is compared with a known energy, there is no ground for condemnation if the unknown does not behave in the same manner as the known energy. Nor is there, on that account, any justification for dismissing the matter with the simple announcement that the invention is a fake or fraud.

There are some stubborn facts to be reckoned with before we can accept such a pronouncement.

In concluding our first report, we took the liberty of reminding you that, "in physical science, what yesterday seemed impossible is today commonplace."

In 1878 a London newspaper called the telephone a great American humbug, and said it was far inferior to the old and

well-established system of speaking tubes. Daguerre was put in jail because he said he could reproduce the face of a man upon a tin plate, and Marconi was considered an idle dreamer when he proposed the wireless transmission of sound and speech.

A GREAT VARIETY OF CASES TREATED

Drs. Becker, Bryant, Hall, Baker, Underhill and Stearns of this committee have collectively used the machine on a great variety of cases. However, we have not thought it wise to confine our investigations to the members of the committee, but have obtained the experiences of several other physicians who have used it.

LACK OF UNIFORMITY

There is considerable diversity or lack of uniformity in the results obtained. For instance, one physician said his machine would cure Sarcoma but had no appreciable effect upon Tuberculosis. Another said with his machine he could cure Tuberculosis but was not successful with other maladies.

Possibly, these discrepancies may be accounted for, in part, by the character of the current which runs the machines or by the particular method in which the machine is hooked up. This suggestion is supported by J. H. Hallberg and other scientists who have critically examined the instrument and are convinced that it has potential elements for good of something like a radio wave nature which may be profitably studied with the hope of adapting it to wide uses with uniformity of results.

STANDARDIZATION; REMARKABLE RESULTS; SKILL OF PHYSICIANS

The machine may need modification and standardization in construction and use.

Dr. Hall suggests that every machine made should be tested in some standard way before it is sold, and those found to be superlative in value should be carefully examined and studied to find wherein the excellence lies.

The machines which have produced such remarkable results in the hands of Dr. Hall, Dr. Bryant and Dr. Underhill emphasize the importance of this suggestion.

Undoubtedly, also, the care, skill and experience of the individual physician is an important factor in the character of the results obtainable.

SUMMARY OF CANCER CASES TREATED

A small group of physicians, not members of the committee, report having treated 217 cases, with 59 deaths and 158 recoveries.

Members of this committee have treated 447 cases with 65 deaths, 324 apparent recoveries and 58 still under treatment.

Of those who died, the major portion had been treated by X-ray or radium and many of them severely burned by one or both of these agents; others had been the subjects of unsuccessful surgery, while, on some, all of these measures had been previously tried.

The details of cancer cases treated by members of the committee are as follows:

Dr. Becker reports having treated twenty cases.

Eight died. All but one, however, improved for a time and the one that did not improve as to the cancer, obtained much relief from pain.

Ten appear to have fully recovered. One of these, with mammary cancer, increased in weight from one hundred pounds to one hundred and fifty pounds. The growth sloughed off. Now, at 76 years of age, six years after the treatment, she appears well and fairly active.

One mammary case, under pressure from friends, had the breast removed and X-ray treatment given. In a few months, large secondary tumors appeared below the scar. Prognosis in this case is now very grave.

One with rectal cancer treated early in 1925 remains much the same, but although employed in a departmental warehouse and obliged to be on his feet much of the day is able to attend to his duties.

All of Dr. Becker's cases were confirmed by clinical diagnoses and six of those that recovered were confirmed by other methods.

Dr. Baker reports two cases, the diagnosis confirmed microscopically and both inoperable.

In one case, improvement continued for three months, in the other for six months. Both died.

Dr. Bryant has treated 42 cases, each presenting a clear clinical picture of the disease, and 32 of this group were verified as to diagnosis by the microscope, X-ray or previous surgery.

Six apparently fully recovered.

Nineteen were much benefited.

Four were not helped.

Thirteen died, the major portion of whom were well-nigh moribund when he began the treatment.

The most surprising feature in the treatment of these cases was the prompt relief from pain that practically every patient received.

Of the 42 cases, it seems almost sensational that only four received no benefit whatever. Of the six cured, four were gastric carcinoma, one carcinoma of the uterus and one carcinoma of the sigmoid. It seems strange that the greatest benefit should be received from the treatment of cancer of the internal organs where one would expect the greatest fatality.

Dr. Bryant's records are very clear and supported by unbiased laboratory findings of unquestioned value and reliability.

Dr. Hall has treated 55 cases.

Of this number, two were not improved.

Thirty-four appear to have entirely recovered.

Nineteen died. Most of those who died were taken for relief only or to see whether by any possibility some might be saved. All but two or three were hopeless from the start. Life was prolonged, pain relieved and insomnia cured.

Dr. Stearns reports six cases, all of which were inoperable, diagnoses confirmed by X-ray and microscopic examinations.

In four cases there was temporary relief.

In one case life was prolonged.

In the other case, the patient has lived two years beyond the time that his four surgeons estimated that he could, and is still living.

Dr. Underhill has treated 322 cases classified as cancer.

They had been previously diagnosed by other physicians as cases of undoubted and serious malignancy, and treated by other methods without benefit. Forty-six were verified as to diagnosis by the microscope, X-ray or previous surgery. All were critically ill.

Eighteen died. One of these, with malignancy in the pelvic cavity following pan-hysterectomy, had discontinued treatment because of outside influence.

Nineteen discontinued treatment on account of the controversy regarding the methods.

Twenty-one have not been heard from since discharged but seemed to be in good health at that time.

Fifty-four were greatly relieved and helped.

One hundred and fifty-two now, after a period varying from six months to three and a half years, appear to be well.

Fifty-eight are still under treatment. One of these, with cancer of the lip and right cheek, was previously operated and burned with radium and will probably die. Three were persuaded by friends to undergo operations and fatal endings are reported imminent. Two, due to the same influence, are being urged to enter hospitals for observation and possible operation. The others, under Dr. Underhill's treatment, appear to have a good chance for recovery.

The large number of cases treated by Dr. Underhill, and the very remarkable results obtained by him not only in cancer but in well-nigh all forms of chronic disease are accounted for, in part, as to the number of cases, by his having had the support of some large industrial interests and the personal cooperation of a group of public-spirited citizens, and as to the results, from the fact that he has been very conservative and discriminating in accepting cancer cases for treatment. However, to test the limits of the treatment and to see if by any possibility they might be saved, he has taken a few that were practically moribund and apparently fatal cases, some of which appear to have recovered.

OTHER METHODS USED IN CONNECTION WITH MACHINE

While giving due credit to the machine which he has used on all of his cases, Dr. Underhill believes that part of his success is due to other methods which he has used in connection with it.

As soon as he is satisfied as to diagnosis he puts the patient

under treatment with the Abrams machine and continues his study of the case, with the view of discovering the elements deficient or out of balance, and the paramount element which increases all the reactions given off by the patient's blood he esteems to be the constitutional remedy.

That element, or remedy, which cancels all the reactions, he believes to be a close similar.

Every case has improved for a time with the treatment machine alone. How long the improvement would continue has not been determined in all cases, for as soon as he is reasonably certain of the constitutional remedy, he prescribes it.

The treatment machine seems to enable the constitutional remedy to take hold more promptly and to prolong its beneficent effects.

Whenever there is a slump in the patient's condition he repeats the remedy, sometimes increasing the potency.

LIMITS OF THE TREATMENT NOT KNOWN

The limits of the treatment do not appear to be known and especially of this combination of the Abrams machine and constitutional remedy as used by Dr. Underhill.

CANCER A CONSTITUTIONAL DISEASE

Dr. Underhill's experience, observation and research have convinced him that cancer is a constitutional disease and not simply a local lesion as claimed by the American Association for Cancer Research and some individual investigators.

He has noticed a series of pre-cancer symptoms which occur and persist with more or less constancy for years prior to the appearance of any discoverable local lesion.

His observations and symptom records, extending back several years before the advent of the Abrams methods, indicate that in many subsequent cancer cases, malignancy might have been predicted with reasonable certainty a long time in advance of any local disturbance.

He believes that the pre-cancer symptomatology and the blood reactions elicited by the Abrams system are not only suggestive and helpful in establishing an early diagnosis, but that they offer valuable guidance in successful non-surgical treatment.

SURGERY, X-RAY AND RADIUM DEALING WITH RESULTS
RATHER THAN CAUSES

Dr. Underhill finds, also, that the removal of cancers by surgery, X-ray or radium is, in the main, dealing with results rather than causes; that whatever was operating to cause cancer is still operating even after its removal in these ways. This accounts for the early return of the growth after surgery, either to the same location or to another place.

That Dr. Underhill's conclusions are correct and that the disease is a constitutional disturbance rather than a local lesion are fully concurred in and endorsed by this committee.

Dr. L. Duncan Bulkley, a distinguished dean of investigators in this field, recognizes the constitutional nature of the disease and advocates the principle of non-surgical treatment.

THERAPEUTIC VALUE; NATURE OF ENERGY; UNIFORMITY

With such data and results, and the facts submitted to us by other conscientious and experienced physicians, your committee has reached the following conclusions:

1. That the Abrams machine possesses therapeutic value;
2. That an effort should be made to establish the nature of the energy and principles involved and the full value of their application and use in disease;
3. That the apparatus should be *standardized by competent physicists so that a uniformity of effects may be obtained.

Respectfully submitted,

EUGENE UNDERHILL, M. D.,	WM. J. SHEETZ, M. E., Sc. D.,
HENRY BECKER, M. D.,	<i>Consulting Engineer,</i>
HARRY B. BAKER, M. D.,	ABRAHAM B. COX, B. A.,
BENJ. C. WOODBURY, JR., M. D.,	<i>Mechanical Engineer,</i>
HARVEY FARRINGTON, M. D.,	JOHN TEN EYCK HILLHOUSE,
T. PROCTOR HALL, M. D.,	<i>Electrical Engineer,</i>
CHARLES P. BRYANT, M. D.,	WILLARD C. PALMER, M. D.,
GUY BECKLEY STEARNS, M. D.,	<i>Chairman.</i>

*As illustrating the need for standardization and as a disinterested commentary on the results obtainable and a recognition of the value of the machine as a therapeutic agent, the following letter from Lucien D. Clark, M. D., of Akron, Ohio, is of interest:

"In reply to your questionnaire on the Abrams treatment for cancer, I must say that I have had no experience in the treatment of that malady.

"My departure from my work to the field covered by the Abrams theory was to satisfy myself of the truth or falsity of claims made by both sides in the controversy.

"My experience with the Oscilloclast covered a period of two years, and I was both delighted and distressed with the results obtained.

"My most brilliant results were obtained in obstinate T. B. cases, where treatment as such had been abandoned, and naturally I was elated to see these patients come back to vigorous health.

"I was distressed to have cases whose reactions were negative, yet did not seem any better.

"Due to dissensions arising in the management of Dr. Abrams' affairs after his death, and abuses practiced even before he died, I have discontinued the use of the Oscilloclast. Personally, were I ill with a chronic ailment, I would insist on Abrams' treatment.

"I am sorry I have no data on cancer that would be of value to you, and trust that as time passes the medical profession will make an honest effort to know all there is in the treatment of infirmities as outlined by Abrams, and give it the place in science it justly deserves."

President's Address

ROYAL E. S. HAYES, M. D., Waterbury, Conn.

Another yearly cycle in the ceaseless eruption of events has swept over the earth adding its little quota of effects to the residue of previous life and experience. The convening of this Association is an annual marking point in our professional life. We, who have creative medicine at heart find this a little period of recuperation from the exactions of conscience, and work combined plus the distracts and distortions of modern civilized existence. Here one gets charged up in an atmosphere of solid and simple truth and reason and gets a good shove into the next year.

Your president for 1926 is unable to shower wisdom of the political sort upon your expectant heads. He is by disposition and experience incapable of approaching the affairs of organized Homœopathy. He personally believes in the loosest and most informal organization and administration possible for an association which is devoted to purely mental interests. For the purpose of organized bad manners, such as "drives" or of enforcing the will upon others for some so-called practical purpose such as the designs of commerce and government, for instance, discipline, close formation and subjugation of thought are desirable. But this Association, if I understand its make-up correctly, has no popular desire except the well being of all, no craving to get but an urgent desire to give. It does not aspire to mass influence or influence in any sphere but its own. Its desire and instinct is to permeate and influence medical thought and opinion. In this apparently nebulous, but highly tensioned and vibrant function lies its great strength and promise of permanence.

There is but one matter of policy about which I may pretend to speak. There appears to be quite a tendency to increase of membership. I believe the tendency to multiply should be reorganized as a sort of liability and dealt with by division or seriation or some formation that will keep it muscular and ac-

tive. The strength and influence of the I. H. A. in the past have sprung from the interaction of individual mental effort rather than by collective action or the mass sense. The membership being small each one has his quota of literary and discursive work to do. This has been a source of inspiration and facility in both professional and association work. The I. H. A. is one of the greatest sources for the vitality and endurance of Homœopathy in a world ridden and riddled by specialized though misguided medical sciences. Another result and one that we are appreciating more and more in an almost priceless literature of classic and practical Homœopathy. And we have in general a foundation for medical influence that at some future time may be as the hot sun in a misty atmosphere *provided* that spirit and quality keep up with members. An enlarged literary output may not in itself count most in an opportunity or crisis but the exercise of developing it is an induction of general strength and influence. With all hospitality to newcomers the I. H. A. needs them not merely as taxpayers but for constructive work in literature, conferences and clientele. We should find a way for quantity and quality of work to fill every expanding niche. The study and discussion of Homœopathics requires good teeth and a sound digestion. There are many in the regular school who possess these qualities. It is possible to interest and attract them if topics may be gotten to them; topics having piquancy and point. Recruits from the regulars become the strongest of Homœopathists.

That is all about politics. I would like to offer a little criticism concerning the status of Homœopathy as an art and science in general and organized Homœopathy in particular. There is an influential and able element in our school who seem to persist in trying to reduce Homœopathy to a material science. They break out into a cold sweat whenever a little hole in the clouds of materialism appears and keep close to the consoling arms of modern medical science.

Now, I believe that we should not only perceive but admit that Homœopathy is not a material science. No more than one would attempt to put a whole cow into a can for corned beef. The basis of Homœopathy in so far as it is material does, in-

deed, conform to the principles of science, but its theory is philosophical and its practice is cognitive. Recent physical researches, notably the electronic do confirm its obedience to natural laws exhibited in the material sphere and continued research is likely to further stabilize its practice and use. But aside from all this there is plenty of solidity and assurance for the modern medical scientist if he will but test the fundamental principles, that is, natural law. What may I ask, is more stable than a true mental science and philosophy? What, for instance, is more elemental and imminent than the law of individuality? Would not our creation fall through without it? Can the laboratories of institutions of modern medical science exhibit anything comparable to the law of the unit, to identity, location, balance, rythm, construction, and a score or so of other elements of being, the refractions of which constitute the vitality and stability of creation?

Let us, therefore, review our understanding of the place of Homœopathy in the general scheme of human knowledge, and, roughly, our conception of the mental processes in dealing with it.

First, we should have some conception of the extremes and conditions of being. The crystal may be said to be the lowest, the most inert condition of being. Pure impulse or so-called spirit the most fluent or potent. Living beings are suspended between these extremes as an electro-magnetic combination having the characteristics of both material and immaterial being. It is these polarizations with all their variations that we recognize as different grades of being in the scale of evolution.

As for man, as long as he remains alive he must have some sentiment and conscious relation to both potent and inert conditions of being. In so far as his senses explore about him does he build up perception, and in so far as his memory and reason relate the things which he perceives to each other or to these similarities does he get understanding. This is the process of intelligence.

Now, there is an intelligence of material things and affairs and an intelligence of similarities and stable relations in the unseen or immaterial world. This is the knowledge and use of law.

Let me illustrate how law extends from the material to the

immaterial. Man is the pattern of every article that can be found on earth whether in the natural state or formed by his own hand.

Perhaps this would be better stated by saying that everything on earth conforms either in a simple or elaborated state, to a similar pattern.

Therefore, every object is subject to the same laws of existence and the more developed or complex the object the more the similarities become evident.

Take a simple object like a lead pencil. It has a head and opposite end, a body of muscle and skeleton combined, also sides and when grasped in use the part grasped serves as the pelvis or pivot of balance when in action. When laid down the part which touches the table serves as feet. The cavity is the heart from which is discharged the graphite or blood which as usual incites and determines its functioning. The sharp point corresponds to the head, the opening of its cavity to the mouth and the leaden point to the eye. The glue corresponds to the ligaments, the opposition of its lateral halves to a joint, the paint to the skin and the labeling to its physiognomy or face, perhaps. That part projecting beyond the grasping fingers serves as the short arm or extremity and the part behind the fingers as the leg or long organ of leverage. Other similarities might be related.

Or take a chair. It has legs, feet, pelvis, ribs, scapule, shoulders, arms, head, buttocks, knees, anterior, posterior, lateral, upper and lower aspects and many other familiar parts. The face above its seat might be called its heart for here it determines the quality of its functions and fate.

There is not a thing created that does not correspond to definite and easily observed laws. It throws some light on the words of the seer, "And in His image created He them."

One of the most striking artificial similars is that peripatetic animal, the automobile. Besides similarities of its chassis it has also internal organs. There is similarity of gasoline, nozzle to the mouth; of the tank and carburetor to the stomach and digestion; of the intake manifold and exhaust manifold to the right and left auricle; of the cylinders to the right and left ven-

trices with intake and exhaust valves as in the heart. The cylinder cavities also act as lungs. Here oxygination occurs, heat is generated and energy is transmitted to the body. The pistons act as heart, muscle and lungs for the process of sucking in the mixture and discharging it by the manipulation of air pressure and chemical climaxis. The auto also has a nervous and cerebral system. The magnets correspond to the solar plexus; the primary wires to the sympathetic nerves; the tension coils to the brain and the secondary wires to the voluntary nervous system.

Even language, thoughts, emotions, conform to the same laws and produce similar patterns. One of the most striking examples of this likeness are the immaterial individualities produced by potentizing material substances. Here we have a science of production and an art of application of similars that affords opportunity for the most discriminating and extended perception and intelligence. I think I have said enough to suggest that Homœopathy is a mental and a vital science and art, not a material and mechanical art.

Do not the material experimentalists alias the modern medical scientists understand that Homœopathy rests on stable principles? That the principles extend into the creative, immaterial world and that our use of them is therefore creative medicine? Can even the wily phagocyte digest a healthy specimen of natural law? Probably an effect may sometimes gulp down a cause, but such instances are not very common. Why, gentlemen, when a natural law looks poor old modern medical science squarely in the eye it shrivels up as Charlie Chaplin's grizzly bear tragically collapsed into a parlor rug when he tapped it with his cane.

I have used the term creative medicine. How easy it is to slide over words without realizing their depth of import. Words are too often used as a convenient bridge to carry one's vision or desires from one familiar point to another without thought of the depths beneath or the possibilities above. Creative medicine! Does not the poet, the musician, the artist reach heights of vision and depths of emotion from which is expressed harmoniously and beautifully the ecstasy of exaltation or anguish. What is this deep well of being which is somehow compounded with and

a part of each self upon which is formed the crust of conscious life?

That we cannot know. But we do know that the spirit of man is greater than clay, that even in this pushing, pulsating, sentient suspension called life man may find depths and heights beyond his little residual self, and bring from their energy that quickens conscious life and enlightens its outlook. It is not mere shuffling of horizontal material but the range of consciousness from surface to depths or heights that make any art creative. We may expand this range by sincerity, concentration and independent thought. It is a favorite exclamation of a friend that "We do not know the limits of what Homœopathy may do." And this friend has a penetrating insight as to what the patient's life is and deep and fine idea as to what the simillimum is.

Creative medicine, then, reaches into and works in the very springs of life. With all just regard for those who with sincerity and persistence have made surface discoveries, inventions and manipulations we contend that this Homœopathic work is more radical and far-reaching in its effects. Because if one only works on the surface he will have only surface results or delirious results.

Samuel Hahnemann, to the contrary, discerned definite and comprehensive principles of vital and medicinal action, built up a system of applying them with direct and specific effect and reared an instrumentation of monumental proportions and permanency, truly, one of the most remarkable achievements known to man. Besides being a great achievement in itself there was a stupendous streak of good luck in it for humanity.

Though medical and surgical force and futility still unwittingly cast shadows of disappointment and despair over masses of humanity, yet, I prophesy, there are rifts of light in the clouds which shall not be closed in the present round of human existence; not until evolution itself withers and recedes. Homœopathic organizations may die a more or less well deserved death, but Homœopathy will not die because it is not the mere product of a season, or artifice from the hand of man.

It is an elemental and living projection of evolution itself.

ROYAL E. S. HAYES, M. D., *President.*

REPORT OF THE COMMITTEE ON THE PRESIDENT'S ADDRESS.

Fellow Members:

Your Committee on the President's Address has carefully studied his paper and delved into its various meanings. We have flown to the heights and sunk to the depths with him. We have been in his bubbles when they have been pricked and have come down, not with a thud—but have realized that he had deep meanings in his address.

We do not concur in his seeming suggestion that we loosen our organized body by easier admission to our ranks. The committee has no fear that increased membership will become a liability so long as the present tenets be adhered to.

We do concur in his statement that "this (Association) has no popular desire except the well-being of all—no craving to get, only an earnest desire to give."

We likewise endorse his effort to introduce the leavening influence of the I. H. A. into kindred societies.

We agree with the President that if Homœopathics can be presented with "piquancy and point," it will be possible to increase the number of good Homœopathists from the regular school or from any other source.

We agree with our President that any and all means possible to confirm our tenets, are desirable.

W. W. WILSON, M. D., *Chairman.*

R. S. FARIS, M. D.

LOUISE ROSS, M. D.

Bureau of Homœopathic Philosophy

HUGH PORTER SKILES, M. D., Chicago, Chairman

CURE AND SOME FACTORS TO THIS END NOT USUALLY CONSIDERED.

ALFRED PULFORD, M. D., Toledo, O.

The love of wisdom should actuate all true Homœopaths. As the editor of the Toledo Times truly stated: "Common sense is all that makes a college education valuable." We ourselves deem it more important to be intelligently ignorant than ignorantly intelligent, i. e., to be open to conviction rather than closed to conviction. The empty vessel is always available, the filled one never.

There are some factors absolutely necessary yet not usually brought out or considered, and more often seldom practiced, in most of our philosophy. They are: The knowledge of what constitutes a cure; the value of sticktoitiveness, of ignorance, of patience and of being unprejudiced.

It took us just forty years to prove to our own satisfaction just what constituted a cure in the true Homœopathic conception of the term. The term cure, as it is used, is quite variable in its meaning, elusive and very often misunderstood by those who should and are supposed to understand it best. To the surgeon elimination means cure. To the allopath, the modern Homœopath or the pantherapist suppression, diversion or elimination means cure. But to the true Homœopath a cure consists of but one thing, and that one thing is the eradication of the predisposition to the disease to be cured. When this, and this alone, is accomplished the disease can never return, neither can it be transmitted. This and this alone constitutes a true Homœopathic cure. We all talk freely and supposedly intelligently about the cures we make but mighty few of us could positively state that we had made a positive cure. It is a subject easier stated than proved.

The truly philosophical mind is the truly unprejudiced mind. The most flagrant mark of ignorance any being can display is to

close his mind to conviction. This one act alone cost us just thirty years of loss to ourselves and injury to our patients, a wrong we can never right. We have been dubbed intolerant and prejudiced because we would not hark back to the falsity we had left behind, but never by men who had anything better to offer. We are by no means wedded to Homœopathy and as soon as some one can convince us of something better we shall gladly embrace it. Much of the prejudice brought to bear against Homœopathy is brought by men who least understand it. Homœopathy is considered by them a finished product. Every curative agent according to their views has been thoroughly proved; Homœopathy has therefore been weighed and found wanting, and because they have failed in some particular cases in which they did not have the right remedy they blamed their failures on Homœopathy instead of blaming their own ignorance and this developed a prejudice to Homœopathy. As a result they start to shout from the housetops the limitations of Homœopathy. These men must have a wonderful insight. Suppose for one moment if the radio, the telephone, the automobile or the aeroplane had been treated when half completed as Homœopathy is now being treated would we be enjoying what we are enjoying today? Then why not destroy green-eyed prejudice and go on with the developing and perfecting of Homœopathy and put ourselves in a position to cure the cases that are baffling us today?

Now let us stress to you the value of ignorance in medicine—by this we mean the intelligent ignorance, the ignorance that maintains an open mind. It is this kind of ignorance that has enabled us to accomplish many things that our more fortunately (?) intelligent brethren failed to accomplish. On the one hand it made us more anxious to learn, on the other we were not so positive. The physician who does not know but is so positive that he does know seals far more deaths than the man who does not know and knows that he does not know. We have often taken a patient over a crisis because we did not know that the patient was moribund after the man who did not know, but was positive that he did know, had sealed the patient's doom in his own mind. We are frank to state to you right here that we do not know the limitation of Homœopathy and feel that no one

living has sufficient grasp of it in its entirety to define its limits. We are curing right along patients who are said to have passed the line of demarcation placed by those who are egotistical enough to think they know just where to place that mark. We are frank to state that we do not know when a case is or is not curable. We have had so many pleasant surprises that we are not surprised at anything any more excepting at the ignorance of men who are supposed to be intelligent.

Lastly, let me call your attention to two very important prerequisites for a Homœopathic physician. They are patience and sticktoitiveness. From lack of patience we lose most of our patients. Too many of us are looking for results, quick results at all costs; the cure being quite forgotten in the melee. In our haste and superintelligence we try to out-God God and override every known natural law. Like Arrowsmith's medical scientists we must discover the diphtheria germ today and promise a life immunity tomorrow, or like the inventor, we must discover a coat of paint that will never wear off. Anything for a name and fame and to get rich quickly. The patient? Oh, the patient be damned. We have not the time to wait for the remedy to act, or a cure to take place; we must get action. This is the idea of the modern doctor. Then with a lying heart he tells the bereaved that all that science can devise has been done for the patient and lets them get all the solace they can out of a spectacular funeral. All of this is revolting to the true physician. The true physician is born and not made and among his prerequisites are patience to study and await results and sticktoitiveness to make his work not only a success but a real pleasure. The greatest recreation we have found yet is whenever we have reached the goal in a real critical case and have restored to the bosom of the family the patient whose health they so honestly longed for.

DISCUSSION.

DR. SCHMIDT: It seems to me that one of the fundamental things in life and in study of any kind is to realize that all states are relative and relative only—it all depends on the balances that the individual puts on the words he uses. The doctor puts his

value of cure rightly, but he puts it so high, or he puts it where it belongs, but that is so high that it is absolutely impossible for any doctor to accomplish any cure in one life because to bring up a physiological constitution to a point where it is absolutely immune to any outside effect seems to me is a little bit high.

DR. PULFORD: The reason that I put that that way is the fact that I have watched that thing now for three generations and when a patient comes back to you after thirty years and tells you that they have never had any trouble with that malady since then, but it is now returning, it was never cured, as I have seen that come down, the same condition transmitted down from one generation to another, that were not cured even though the parents themselves were never bothered again by that condition, that cure is an elimination or a suppression, just as I said in the repetition of the dose, you get a physiological suppression, you don't get a cure where you have to repeat the dose so rapidly it suppresses the trouble and you think you have a cure, but you haven't—it cannot be done.

DR. STEARNS: The keynote of cure is constitutional change; I spoke a moment ago of the experiment with—the proof flies, in connection with Homœopathic remedies, your proof flies have a tumor—every second male fly inherits this tumor, none of the females inherits it. That means that it is passed on through the sex chromizone to the males and the sex chromizone of the male carries to half the males the infection, while the sex chromizone of the females does not transmit it, so the other half is free from the tumor. It comes back to constitution—the effects of certain remedies given to these flies caused the disappearance of this tumor in a certain number of the flies in whom it would have been expected to occur under normal conditions.

That is constitutional treatment as I conceive it, and as I believe as Homœopaths conceive it.

DR. WAFFENSCHMIDT: Mr. Chairman, in reference to the repetition of dosage it has been my experience that this is an individualistic matter. I find that in some cases it is necessary to repeat the dose more often until I get into the higher attenuations and then gradually less, the remedy acting and bringing a constitutional benefit to the patient which I believe is as beneficial as

it could have been had I given another remedy in the place of the one that has been given, so I don't know really how we could formulate a rule to decide this question that the doctor has brought up other than the rule of concentrated individualistic study in each case.

DR. KRICHBAUM: I don't know what they mean about a cure, whether it is permanent. You may cure him of a certain chronic condition, but that doesn't mean necessarily that he will forever stay well. Though he is cured he may be susceptible to something else right on top of that, just as much. Cures are never made unless you make a mummy out of them and they don't eat anything or take in any air. They are then cured. That is an ideal cure and the only cure we can possibly have.

Those are terms we get mixed up on. I never cured anybody neither did Dr. Pulford, nor anybody else in this room. Patients are never cured. Here we are, we are eating foods today our fathers' fathers didn't think about—our common meal was our big Sunday dinner. I can remember them yet—and what are you going to do? Overstimulation here, overstimulation there—now we had better get back to earth and see if we cannot pool our interest and find a working basis.

DR. PULFORD: If this were a business meeting I would move that the word "cure" be stricken out from this association and the words "restored to normal condition" replaced. That would express it.

DR. BOGER: There seems to be some sort of confusion here as to what constitutes a cure. It seems to me that we ought to know something about whether we do or not, and that is all cures proceed from above downward, except all the rest. And that is the rule by which you may know whether you have cured or not. If you have a family of hemophilacs who have been hemophilacs through four or five generations, a radical cure of that hemophalia isn't obtainable in a short time for several reasons. The first reason is because it takes a long period of time to prove it. That is the first reason. And the next reason is that the remedies you try to do it with are not very many, and that we have changed the fundamental basis which has caused the hemophalia. If that is what you mean by a cure—you see

we are coming right back to what you mean by the word "cure." What do you mean by cure? Do we mean change in the basis upon which diseases rest? Do you mean that by cure? Or do you mean the fact that we shall render our service and make ourselves capable of meeting every vicissitude of life on an even basis? Is that what you mean by cure? You have got to get down to brass tacks on these things and find out what we mean by these different terms we are using.

Now the highest form of cure that we can have is to put the body in such condition and the mind too in such condition, that we can meet all the exigencies of life on an even basis and come out as we were intended to come out by our Creator, victors in the race.

Then you have accomplished a cure, whether you are fighting against cholera or fits. And to do that it may be necessary to change the basis upon which—the psoric basis—upon which we rest, not really psoric, but we will use that term for want of a better one, and when you have done that we are next to angels.

DR. GREEN: The term "cure" seems in a good many people's minds to be in a physical sphere, but an ideal cure Homœopathically considered would be the thing that would make a man more efficient both mentally and spiritually, to do better service in this world.

DR. BALDWIN: Let me read to you the 17th paragraph of the Organon:

"In effecting a cure, the inner change of vital force, forming the basis of disease, that is the totality of disease, is always cancelled (8) by removing the entire complex of perceptible signs and disturbances of the disease. Hence it follows that the physician has only to remove the entire complex of symptoms in order to cancel and obliterate (9) simultaneously the internal change; that is, the morbidly altered vital force, the totality of disease, in fact, the *disease itself*. But disease obliterated is health restored, the highest and only object of the physician impressed with the significance of his calling, which does not consist in the use of learned phrases, but in bringing relief."

That is the fundamental—we are attempting to remove the

symptoms, which doesn't remove the susceptibility to all other influences that person may be subjected to.

DR. TOMLINSON: My attention is called to the disease that is cured apparently, say thirty years ago, and then comes up again. Now when does the remedy cease to act? When given thirty years ago or if it has continued to act for these thirty years? It is a question in my mind, whether it isn't still continuing to act and over-acted, and reproduced itself. That is one of the conditions that has condemned itself by the reproduction of the symptoms, and when you use it the second time it doesn't help but destroys.

THESE MANY YEARS.

By BENJAMIN C. WOODBURY, M. D., Boston, Mass.

Under the above title, Brander Matthews, professor of dramatic literature at Columbia University, has written a very interesting and delightful collection of essays by way of reminiscences.

"When a man squares himself at his desk," he writes, and for a moment stays his hand from the pen while he tries 'to squeeze the sponge of memory'—to borrow the apt phrase of Henry James—when he seeks to recall and to set in order his most salient recollections, he finds himself confronted by the duty of making a choice between the two kinds of autobiography, loosely so called: He must decide whether he will write about himself, bringing up to date the log of his own voyage through life, or whether he will not talk mainly about his fellow-passengers on that Noah's ark whereon we are all embarked as it drifts over the endless waters. If he shall choose rather to recall what he remembers about others than what he remembers about himself, the result will be only a book of reminiscences, and a true autobiography."

I should like to reminisce at this time of these many years—they really are but few in number—that I have had the honor of being a member of this Society (it is, in fact, but a dozen short

years). It is not however to speak of my own experiences, or of my own decades, but to go back over these many years bridging a century, to the introduction of Homœopathy into America—not entering into a discussion of all the interesting history of that period. In fact this period has already been reviewed most exhaustively and admirably by Dr. Stuart Close in his paper on “A Century of Homœopathy in America,” published in *The Homœopathic Recorder* for November, 1925. There are a few salient features pertaining to our discussions of Hans Burch Gramm and his associates that were not brought to light upon the occasion of the centenary celebration of the introduction of Homœopathy into America. Some of these points were singularly neglected if not in a great measure entirely overlooked; and it is to the consideration of some of these data that I wish to call the attention of the International Hahnemannian Association at this time.

The facts concerning Gramm himself, and his immediate associates, Dr. John F. Gray, Dr. R. B. Folger, his friend Mr. Wilsey (*Vide Trans. World's Homœopathic Convention, 1876, Pg. 440, et seq.*), Dr. A. G. Hull, the first student of Homœopathy in America, *et al.*, were comparatively well covered at that time. A few important points are, however, worthy of note.

First as to Gramm: As was generally known, he was the grandson of a wealthy sea captain of Copenhagen. His father, Hans Burch Gramm, was private secretary to the governor of the Danish island of Santa Cruz, who, while touring the United States, *en route* to his destination, in the year 1782 (or 1783), stopped in Boston at a well-known hostelry. Here he met and married (against his father's consent) a Miss Burdick, the daughter of the tavern-keeper. Resigning thereupon from his position, he remained in Boston until his father's death which occurred, in all probability in 1803, he himself died on the eve of his departure to Denmark to attend to his inheritance. For, as is always the case in well regulated romances, his dignified and worthy parent had repented his rash act of disinheriting his son, and upon reconsideration, had bestowed upon him the bulk of his property, which for the times, was a sizable legacy.

The son's story is soon told: On the death of his father (who

had earned a meager existence for himself and family as an organist and teacher of music; and while in Boston had lived at successive periods on Common street, and later on Cambridge street), Gramm left America in 1803 for Copenhagen, at the age of 18, to attend to his family estates, which were now descended to him. He was successful in recovering to a large extent the family inheritance, but not being content merely with the life of a gentleman of leisure, he resolved upon some useful pursuit. At the suggestion of his uncle, Dr. Fenger, who was a physician to the king, he began the study of medicine; and so gifted was he that he graduated from the University of Copenhagen with the highest of the three honors conferred, the degree of C. M. L., (chirurgical magister L'Mortes, (magister in surgery), and being held in high esteem in court circles, he soon acquired a distinguished practice. Hearing, however, of the salutary method of Hahnemann, he studied the new system carefully and methodically, and tested it clinically to his entire satisfaction. Imbued as he was with republican principles, he decided to introduce this method of therapeutics, which was rapidly gaining ground in Europe, into his native country. Accordingly, returning by way of Canada, where he landed in the springtime, he reached New York by early autumn (September 10th is the authentic date, though not generally mentioned), in the year 1825, where he had the honor of introducing Homœopathy to the new world.

Gramm's contributions to medicine consisted mainly of his translation of Hahnemann's "*Geist der Homœopathischen Heillehre*," a pamphlet of 24 pages, which he called "The Character of Homœopathia." This tract he distributed among his professional friends and acquaintances, of whom, with his excellent introductions from abroad, he soon had an extended and influential circle.

His efforts to convert his professional brethren, however, ended for the most part in failure. Although this pamphlet was dedicated to his friend, Prof. David Hosack, owing to his imperfect English, it failed to convince many of the truth of the method; and his efforts succeeded only in alienating what friends he now possessed. His personal efforts and especially his clinical results with Homœopathic remedies were more successful, and it

was from this source, more than from his writings that Gramm's influence spread.

In his "Dedication," Gramm had written that:

"The doctrines of Homœopathia are not in unison with those generally accepted and promulgated by medical men. The subject is a new one, tending not only to reformation in theoretical and practical medicine, but threatening to invalidate many of the doctrines, at present admitted to be correct, and propagated as indispensably necessary in the study and practice of medicine. This 'new doctrine' is already considerably advanced in Europe, and the number of its adherents is daily increasing. An examination of its principles will show that it is not to be condemned, but that it deserves serious consideration, especially so as its propagators contend that not only theory and reasoning but experience establishes its truth."

Soon after his arrival in New York, Gramm signed notes for his brother, involving him so seriously that he was thereafter financially embarrassed, hence his return to the practice of medicine.

Broken in health and disappointed in the reception accorded his efforts toward a much needed reformation in medicine, Gramm was not destined long to survive. His death occurred on February 26, 1840, three years before the death of Hahnemann, whom he had so faithfully and whole-heartedly served.

Gramm's only other contribution to the literature of Homœopathy was a paper entitled "*The Pharmaco-Dynamic Properties of Drugs,*" which, after writing, he placed in the possession of Dr. R. B. Folger. This manuscript was afterward lost, and is probably not now in existence. Thus did this modest and conscientious servant of Homœopathy make his apparently feeble, but all potent impress upon the medical profession of America. He suffered a paralytic attack while in North Carolina, and died in New York, where he is buried in Greenwood cemetery beside the remains of his friend and pupil, Dr. John F. Gray.

The particular point I wish to emphasize regarding Gramm, at this time, is the fact that there seems to be a good deal of obscurity regarding the actual date of his birth. Even so excellent and accurate an account as that given by Dr. Henry M. Smith

of New York (at the time of his death, one of the two surviving members of this Association) does not definitely fix this date, even though Dr. Smith was in touch with Mrs. Greenleaf, the sister of Gramm. The year of birth as given by Dr. Smith is 1786, and this is generally conceded to be the correct one. It singularly omits the exact date yet in one reference, it is stated that, according to Mrs. Greenleaf, it was the month of July. This obscurity of facts led me to believe that there was in all probability some disparity in this report, owing to the fact that no one had definitely investigated the records. It was also confirmed by noting that the tablet erected at Boston University School of Medicine presented by the Massachusetts Homœopathic Medical Society in 1908, also gives this same year—1786. I accordingly made an inquiry into the matter, during the summer of 1925, while president of the Boston district of the Homœopathic Medical Society, in view of a forthcoming meeting in September, commemorating Gramm's introduction of Homœopathy into America. It was at this meeting that the above-mentioned survey by Dr. Close was presented. The following facts were ascertained:

An extended search first of the historical records in the Massachusetts Genealogical Society at Ashburton place, later at the Massachusetts Historical Society at the old state house (with the kind assistance of Captain Clark, Mr. Graham and Mr. Smith, custodians of the society rooms), failed to throw any light upon the subject. The records at the Boston city hall were also consulted, through the courtesy of Mr. Edward McGlinnon, who informed me that undoubtedly if the birth of Gramm had been recorded, it must be found in the one small volume of records extending over the century (from 1700 to 1800) including the period of the Revolution, for prior to 1800 the city was not required to record them, they being found for the most part in parish books, or, as was for long the custom of recording them, only in family records. Furthermore, all the records contained in this one volume were obtained from this source. A careful search of the history of the Burdick family failed to note any marriage with a Gramm.

My first search through the city records was unsuccessful,

and I had about given up hope of reward, when a casual reference to this same volume at the Boston public library revealed the following notations:

“Hans Benj. (not Burch be it noted), son of Hans Gramm and Jane his wife, 13 July, 1787.”

“Joanna Burdick, d. of Hans Gramm and Jane his wife, 2 June, 1801.”

It is known that Gramm had at least one sister (according to Dr. Smith, possibly another beside Mrs. Greenleaf) and from the association of the name of Burdick, might it not be inferred this record is that of his younger sister? At any rate, the date here given—July 13, 1787 (instead of 1786) might easily be that of Hans Burch Gramm, despite the discrepancy in spelling, as children were frequently christened under a slightly different name from that recorded by the registrar of births. At all events my personal efforts have convinced me that the date here given is undoubtedly the correct one, especially as no such name as Gramm appears in the year 1786 or 1788. Hence the very definite entry in the year 1787, giving the month and actual day of the month cannot fail to be convincing.

Therefore, it seems only fitting that some definite record be made of this important date in the history of American Homœopathy, and likewise be given to the world. And to this end, I wish to present to the International Hahnemannian Association these brief data regarding Hans Burch Gramm, acquired in the city of his birth.

11 Marlborough street.

HOW AND WHY MEDICINES ACT.

PHILIP E. KRICHBAUM, M. D., Montclair, N. J.

It came into my mind—the definition of infection is the invasion of bacteria, not all given to John Palmer, but the invasion and growth of the pathogenic bacteria. I said: what does that mean? Well we have been taught here that bacteria had nothing to do with disease, they are only the product of disease, they are no such thing! And Homœopathy has been dealing with pre-

ventive medicine—immunology. We keep the soil in preparation to prevent the growth there of these bacteria, and there is no such thing in true disease without bacteria, and bacterial infection.

Now whether it is the cause or product of disease, it matters not. We are the only ones in preventive medicine today and that is all—95% of all Homœopathic medicine is preventive medicine. We have the advantage of them because we prevent everything. They have a few, such as diphtheria, scarlet fever, et cetera. We can't prove that they are doing any harm at all and for God's sake let them have it; they stole our thunder and tell them they stole it—that is Homœopathy, preventive medicine. We are immunologists. Immunology and Homœopathy are twin brothers, that is what we want to emphasize. I believe, now, this is just my thought, this is preliminary—now I am going to read a paper.

HOW AND WHY MEDICINES ACT.

I will confess at the beginning, that the title of this paper occurred to me after reading Dr. Morris Fishbein's exposition of Homœopathy contained in his recent book entitled "Medical Follies." Dr. Fishbein is or was, as you doubtless know, editor of the A. M. A. magazine. I do not propose to criticise his chapter on Homœopathy in its entirety. This has been very ably attended to by several members of our school. I simply aim to bring to your attention Section 29 of Hahnemann's Organon, which Dr. Fishbein's caustic pen has caught up and dissected to some purpose. That his criticism is justifiable, I for one, feel very sure, but I will quote the offending section, as it appears in his book.

"By administering a medicinal potency chosen exactly in accordance with the similitude of the symptoms, a somewhat stronger similar artificial morbid affection is implanted upon the vital powers deranged by the natural disease, this artificial affection is substituted, as it were, for the weaker similar natural disease against which the instinctive vital force now only excited to stronger effort by the drug affection, needs only to direct its increased energy, but owing to its brief duration it will soon be overcome by the vital force which liberated first from the nat-

ural disease, and then from the substituted artificial (drug) affection, now again finds itself enabled to continue the life of the organism in health."

For Dr. Fishbein's purpose in writing his little book on current medical follies, this quotation from Hahnemann's *Organon* was a master stroke, but the one amusing element in its introduction to his diatribe on the foolishness of Homœopathy, is the fact that its only too evident irrationality is as obvious to us Homœopaths as it is to Dr. Fishbein. The old inquiry of how and why medicines act, has always been an engrossing one, and has doubtless received far more attention than it deserves. Hahnemann tried at various times in the course of his voluminous writings to solve the question, and many of his friends pursued the same policy for years after his death. The simple existence of a feasible working hypothesis for the administration of medicines, led many adventurous and curious minds to seek further demonstrable data. Hahnemann's therapeutic rules had been tried and not found wanting. The next step was to follow the indicated remedy home, and view its real work in the patient's hidden interior. The suggested power of the infinitesimal caught the imagination of the old writers on Homœopathic philosophy, especially as the mysterious action in the attenuated dose of a given remedy, was held, in some way, to be an analogue or running mate of the etherealized vital physical force in the patient. Dr. R. E. Dudgeon once delivered a course of lectures on Homœopathy in London in 1852 and 1853, during which course he made an exhaustive study of this and many other phases of Hahnemann's teachings. A number of writers, brilliant in their various fields of research, figure in Dudgeon's review, but not one of these men evolved or set forth any acceptable explanation of the *how* and *why* medicines act. Dudgeon himself had a try at it, and perhaps scored a little higher in his offered hypothesis, than some of his colleagues, but still the whole question was left in a state of nebulous speculation. Coming down to our own generation, I find that the majority of writers on Homœopathic philosophy evade the issue. Even the late Dr. Kent whose mind elastic and nimble, and always ready to uphold the letter of the law as Hahnemann pronounced it, shied at section 29 of the *Organon*.

The general concession seems to be that given so clearly and unmistakably our knowledge of *how* and *when*, *what* and *why* to prescribe for a given patient, the great desideratum is achieved. This is doubtless true, as is also the old dictum that fools rush in where angels fear to tread. Speculation may lead us nowhere. Further the whole question, in its final analysis resolves itself into a series of individual conclusions. My thoughts on the subject, therefore, may never be your thoughts, but as clearly as I can phrase them I will now pass them on to you.

Taking a bird's-eye view of the living human organism, we divide its physiology into three branches, namely, the physiology of the sanguineous (blood), of the nervous, and of the muscular systems. These constitute what has been called the tripod of life, and are extensively linked or mingled together. A full appreciation of this interrelation is necessary when we attempt any study of man's vital processes as a whole. All this be it understood, occurs strictly on the plane of animal life. The integrity and preservation of this, the lowest phase of man's organism, is all that immediately concerns a prescriber of medicine.

However, if animal life was as simple and uncomplicated as test tube exhibitions would appear to indicate, and as absolute and unvarying in manifestation as the laws of chemical affinity would suggest to us, our task of establishing and maintaining harmony within the cell and from thence to the organism, would be as easy as the mixing of colors on a painter's palette. But alas, the mechanism with which we must deal, has many baffling aspects. In the present state of our knowledge how then may we conclude that medicines become curative agents? Hahnemann's one time explanation, the hypothesis that aroused Dr. Fishbein's mirth, of course cannot receive a moment's consideration. As I have stated, this has been very generally repudiated by all thinking Homœopaths. We do know, beyond any point of contradiction, that *force*, as a relative entity or energy quota, enters into every operation designated as a cure. This energy exhibition is composed of two opposing streams, one dealing with the disease phenomena *in* the patient, the other with the remedy power *outside* the patient. They must act in opposition. This very simple statement is the *how* of my thesis, and the entering of the argu-

ment. Present day medical scientists are quite agreed that the vital reaction of the organism has to do with resultant cures, and is brought about by direct stimulation and *increase* of the antibodies. Further, to my mind, the *incoming* force of the medicine is the concrete factor in this increase. The organism, already in a state of irritation, translated disease, is prodded to extra activity, and the effort does the trick. So far this is transparently plausible, but it must be remembered at this point, that our *human judgment is measuring these forces*. Witness the pitfalls of error that beset the prescriber. Troubles that arise from a too prolonged use of a medicine, or where too large a dose of the same, paralyzes or destroys the integrity of an organ or organs, to the extent of making it or them *susceptible to the action of the malignant microorganisms*.

This last dilemma and others akin to it, briefly known as the dose question, was gone into at some length by the writer in a paper entitled the "Remedy and the Dose," published in the Homœopathic Recorder in September, 1922.

Of course, Homœopathy's great contribution to the art of healing, lies in the irrefutable benefits to be derived from the application of the law of similars. This is the therapeutic keystone of the arch, and as unchanging as any other law of nature. With this law to guide us, we are enabled to direct our medication to the part irritated. As an illustration of the probable course of the procedure, consider a case of poison ivy poisoning. This poison enters the system and causes a revolution. Now if all organisms which are susceptible to poison ivy were alike and reacted alike, said reactions would be the same, and each poison case would call for the same antidote or remedy. The truth is there is no such identity of reaction, and no one medicine always indicated. However, whether the reaction is like *Rhus. Anacardium*, *Sul.* or what not, the vital dynamism is keyed to that pace. Increased irritation results in increased effort, which in turn, if exactly attuned, expels the invader or cures the case.

At this point I would have you note, that the real cause of the trouble went from *without in*, while the cure came from *within out*. In this connection, I would also like to emphasize a very important fact that has to do with the question of irritants within

the body. It is this: Every substance that enters the body which cannot be assimilated by the organism, acts as an irritant. Briefly then, we can now see a little of *how* medicines act; the main crux of the reason *why* they act, I believe to be contained in the axiomatic and vitally important statement that *organic bodies cannot assimilate inorganic substances*. To my mind, this apparently simple truth is most illuminating when we attempt to understand what constitutes a medicine. One step further, and the enigma loses more of its mystery. *Organic bodies can and do assimilate organic substances*. The iron in the living spinach goes home in the great process metabolism, while the drop dose of the solution iron, no matter how scientifically prepared, takes a side track through the economy, a futile irritant. All the various needed elements for the body's nourishment and repair are assimilated because of this great truth, while many unknown dangers are averted. So-called physiological medicine is also thus seen to be a misnomer.

The vital processes of life are absolutely under the control of the vital organism itself. Meddlesome interference from without, can only act through some agency which depletes this vitality. Digitalis in massive doses may awaken false vigor in a tired heart, pepsin may clear a slow acting stomach, and anyone of a dozen purgatives sluice out a loaded colon, but not one of such measures cures the condition, or ends otherwise than to the patient's detriment. Right here you may wish to remind me of the Endocrines, the serums, and the vaccines. These I reply are animal, hence organic substances. The actual part which any of them play, when employed as medicines, preventive or actual, is still a matter of serious conjecture. I am inclined to believe they act by addition. In any event they are out of the realm of Similar, for isopathy, which in principle, the application or use of these substances approaches, is not Homœopathy.

In conclusion I must say something of the infinitesimal in Homœopathic practice, though it is no longer necessary to apologize for any belief that we may hold in the extremely attenuated dose. Modern physics has entirely lifted the stigma. By divisibility you can destroy many if not all of the physical properties

of a drug, but you cannot destroy its dynamic aspect. All gradations of so-called potencies, however, are needed. Indeed, a potency, in any given case, should be as individual as the remedy itself. This phase of prescribing is rather untrodden ground, but it is a subject of vast possibilities. We are just scratching the surface of many vexed questions. How and why do medicines act? We may cure many patients knowing very little of the true answer to either phase of this interrogation, but the human mind has found countless keys to locked doors in the past. Even this mystery may not be unanswerable.

ABSTRACT HOMOEOPATHICS.

J. W. WAFFENSMITH, M. D., H. M., Guilford, Conn.

We are living in a cycle of materialistic excess, an era of caustic cynicism toward all which fails to be measured by its specific yard stick.

It is my intention to recognize and accept basic and rational facts proven by time and experience. On the other hand there are shades of difference in relationship, which brings us to the activity of the individual. This becomes an important characteristic in health and disease.

Man finds an environment of increasing social complexities. It becomes a matter of adaptation rather than correction under artificial conditions of living, in some cases environmental fatality. Powerful natural desires and aversions under such conditions form a perverted expression of function. Varying forms of heredity, and acquired disease activity form deep habit grooves. These must be modified and made as far as possible to fit in the environment without repeated shock to the organism.

Habit expressions often become our characteristic symptoms, the red strand of the case, the persistent expression of one or more of the three miasms. To interpret these properly for the selection of the indicated remedy requires more than the me-

chanical routine of study. All of that plus an enlarging degree of skill in analyzing, differentiating and determining shades of value in an orderly approach toward the solution of the particular problem under consideration. There should be freedom and originality in thinking, an unbiased perspective, and a masterful use of the various planes of drug action at our command.

Homœopathy, in its larger application cannot be confined within the narrow limits of any formula, which it may not oppose as far as it goes, but reaches out to utilize in its constructive work all the many finer and subtler combinations of the human mind. Though unclassified, these naturally fall into their logical place in the process of developing the indicated remedy. It ever acts as a stimulus to the individual mind seeking its abstract truths, opening new avenues of approach toward the remedy.

The monotony of routine practice is removed, giving a greater breadth of perception by directing toward the study of basic constitutional states.

There is a simplifying process of thought set in motion. Essentials assume the larger values and secondaries recede to the proper place.

Instead of frequent change one remedy is selected with confidence and permitted to do its work. Orderly repetition of varying potency to secure all the remedy will do is more clearly understood.

In fact under such handling of the patient the record becomes a work of art, clearly defined and readily grasped.

The inspiration of the single dose given plenty of time to act becomes a gratifying practice, performing its cycle of healing undisturbed.

One often observes a capacity to interpret in advance the subsequent remedy, the orderly series to fit the case. All of which brings satisfaction, and confidence in endeavoring to solve future disease problems.

SYPHILIS, ITS MANIFESTATIONS—EXAMINATION
OF PATIENTS.

By EUGENE UNDERHILL, M. D., Philadelphia, Pa.

PRIMARY STAGE.

Duration, six to twelve weeks or until the beginning of secondary symptoms.

Chancre or initial lesion appears in seven to forty-two days, usually at sight of a small abrasion, edge of glans penis, or adjacent tissues. In women, often on labia minora, but may be located in vagina or on cervix uteri. The disease is, therefore, seldom diagnosed in women during the primary stage and, in fact, its presence is rarely suspected before the appearance of secondary manifestations.

The chancre occurs at the point where the infection gained entrance to the body and may be located anywhere. It often appears on the lips, in the mouth, on the hands or at the sight of any wound, even though slight. Many vaccination wounds are infected with Syphilis either at the time vaccination is performed or at some time before healing.

Extra genital or innocently acquired Syphilis is much more common than was formerly supposed.

Any sore that persistently refuses to heal may be Syphilitic and may be an expression of the disease in any one of its stages.

Appearance of Chancre.

1. Hard, usually, and slightly elevated.
2. A reddish pimple or like a small wart.
3. Breaks down with irregular, hard margins.
 - (a) Depressed;
 - (b) Punched-out appearance;
 - (c) Seldom itches;
 - (d) Relatively painless.
4. Chancre is usually single but may be multiple.
5. Inguinal gland involvement (buboes) on same side as initial sore, later extends to the other side. The inguinal glands

seldom suppurate in Syphilis, whereas suppuration is quite frequent in chancroid or soft chancre.

NOTE—The appearance of the initial lesion may be totally altered when occurring in a vaccination wound (mixed infection) or in cases where the chancre is located in lacerated or bruised tissues and thus again the disease may not be suspected until secondary symptoms appear.

SECONDARY STAGE.

Duration, usually several months; some of the manifestations holding over into the third stage and persisting, or recurring, for years.

1. Sore throat.
2. Mucus patches or denuded areas
 - (a) On tongue;
 - (b) On other buccal membranes;
 - (c) On tonsils;
 - (d) In nose;
 - (e) In vagina and on cervix;
 - (f) Similar patches in moist locations—between the toes, in groin and axillae.
3. Roseolar rash—usually non-itching
 - (a) On back;
 - (b) On abdomen;
 - (c) On front of arms;
 - (d) Rarely on face. When on face, reddish, smooth, rubbed-off appearance;
 - (e) Rash has elusive appearance, requires quick glance at a little distance—patient sometimes may not notice it—best seen in daylight;
 - (f) Rash may resemble any skin disease, color changing to reddish-brown or coppery appearance. Often in groups. Duration one to several weeks with relapses, i. e., clears up and reappears for a long time.

4. Peculiar white spots, especially on back of neck. (Irregular deposits of pigment in the skin.)
5. Muddy pallor.
6. Yellowish tinge to conjunctiva.
7. Yellowish tinge to skin becoming copper-colored.
8. Sudden thinning of hair, especially in temporal region.
9. Enlargement of cervical, axillary, epitrochlear and inguinal glands, with some soreness.
10. Iritis—usually one eye, then the other,
 - (a) Photophobia;
 - (b) Contraction of pupil;
 - (c) Discoloration of iris.
11. In some cases, mild febrile reaction.
12. Slight malaise, draggy and achy like a mild attack of Grippe but seldom severe enough to compel patient to go to bed or even stop work.

THIRD STAGE.

Duration, indefinite.

1. Old, eroded, smooth skin eruptions on face or other parts.
2. Gummatous manifestations which begin at some point of irritation—in the skin, subcutaneous tissues, muscles, in the lungs, liver, spleen, eyes, ears, nose, throat, bone, rectum or other situation either superficial or deep. They are expulsive or eliminating efforts on the part of nature to get rid of the infection.
 - (a) They break down and often form chronic abscesses;
 - (b) Heal slowly;
 - (c) Leave hard, puckery scars;
 - (d) When occurring in throat or rectum the healing may markedly constrict the passages.

NOTE—Abscesses of rectum are usually either Syphilitic or Tuberculous.

It is the boast of modern syphilographers that Gummata are now rarely seen—due to their treatment which suppresses the Syphilis and paves the way for worse troubles.

An untreated case of Syphilis runs a more benign course

than when treated by ordinary Allopathic means. In other words, that treatment is worse than the disease.

3. Persistent bone pains—especially at night. The syphilitic aggravation is commonly at night and often from sunset until sunrise.

4. Frequent, intense, persistent or periodic unilateral, parietal and occipital headaches.

REMOTE MANIFESTATIONS.

Due to Syphilis plus suppressive treatment. May be years after first infection.

1. Aneurism;
2. Aortic heart disease;
3. Degeneration of blood vessel walls and sclerosis of vessels;
4. Locomotor Ataxia (Tabes Dorsalis) a syphilitic degeneration of posterior columns of the spinal cord.
 - (a) Paroxysms of intense pain;
 - (b) Muscular incoordination;
 - (c) Disturbance or loss of sensation;
 - (d) Altered reflexes, at first increased, later lost;
 - (e) Abdominal crises or acute paroxysms of abdominal pain;
 - (f) Failing sexual power;
 - (g) Sensation of rope or band around body.
5. Affections of stomach—symptoms of chronic Gastritis, Ulcer, Cancer;
6. Ulcers of nose and throat;
7. Bone and joint affections;
8. Blindness;
9. Insanity—commonly Paresis (general paralysis of the insane), Melancholia, Paranoia, Mania.

EXAMINING PATIENTS.

Look for any or all of above symptoms.

1. Inquire about skin rashes;
2. Sore throat (recurring or persistent);

3. Falling out of hair;
4. Look for old throat and skin lesions;
5. For old, copper-colored scars on legs;
6. Examine bones for nodes (knots or elevations), especially shin bones;
7. Look for scar of primary sore (may not find it);
8. For atrophy or hardening of testes;
9. In women, frequency of miscarriage is very suggestive;
10. Romberg's sign (eyes closed, swaying of body);
11. Test for Argyll Robertson pupil—it means little in respect to Syphilis but is so accepted;
12. Have Wasserman test made by a well-known and reliable laboratory.

NOTE—The Wasserman may be negative in the presence of Syphilis and positive in its absence.

This test is useful from the fact that it is accepted by some as an important diagnostic sign. Very few well-informed physicians really believe it to be of much value.

Salvarsan or similar arsenical preparations, Mercury, and Potassium Iodide only suppress the disease and force it to deeper levels and toward more vital structures so that the last state of that man is worse than the first.

Finally, record your findings and treat the patient, not the disease, in accordance with the law of cure.

DR. DIXON: If you are going to discuss it there are two or three angles I wanted to rise to my feet on.

The point I wanted to emphasize along my own lines is how necessary it is to get these patients before they have had the neo-salvarsan treatment. I believe syphilis is the easiest one of the miasms to handle successfully if we get them before they have been distorted by massive doses of arsenic and mercury. After they have had the arsenic and mercury it is always a problem to take care of them, sometimes a problem to hold your case because they really expect arsenic and mercury. I have lost a good many cases because they thought I wasn't doing anything for them with my little sugar pills, but if I can control my patients and get them before the neo treatment, so-called, I

think it is one of the most satisfying serious conditions we have to treat.

DR. STEARNS: I want to emphasize one or two points particularly looking for enlarged glands, which was not emphasized in the final examination. Examine the glands, find out what your patient does, because a shoemaker who is hurting his hands a good deal will have the enlargement of the glands.

In looking at the skin lesion of your patient, stand across the room in a good light rather than close to you. This ought to be reprinted and in the hands of every one of us as an aid for us at all times.

I want to call attention to a remedy—hypersenicum as a positive syphilitic remedy, because you find all through that remedy the enlargement of the inguinal glands and the axillary glands. I would like to call your attention to it as a possible remedy.

DR. CLARK: I have a case contracted about a year and a half ago. I gave him Merc. Prot. Iod. twice a day for three months. He had an enlargement of the inguinal glands (bubo) both sides, which soon subsided. He has had no skin eruptions or any secondary symptoms, and yet he has +4 Wasserman. What am I going to do for him?

DR. LOOS: In connection with vaccination—infection made at the time or after you would have to take into consideration congestion infection. I have a child vaccinated last summer, supposed to be ready to enter school in the fall. The vaccination sore is not yet healed. I am led to consider—the patient of this had notched teeth—the child herself is doing pretty well, but that sore has not yet healed.

DR. BOGER: Mr. Chairman, we have been accustomed mostly to use sulphur for curing up cases. Now if you want to develop a case, find out what is going on, you will be astonished to find out how many times syphilinum will wake up something and what it will do. I just put that out as a feeler, try, take in your practice, give syphilinum in an obscure case. If things don't clear up right away and you don't know what is going on exactly.

CO-ORDINATING THEOLOGY AND MEDICINE COGITATIONS OF A CONVALESCENT.

STUART CLOSE, M. D.

Question: "What is the chief end of man?"

Answer: "To glorify God and enjoy Him forever."

So runs the first paragraph of the old Westminster Shorter Catechism which some of us never heard of and others have forgotten since we were children. The first paragraph is all I remember, and that stuck by me, chiefly, I suppose, because I never understood just what "glorify God" meant, and I could not see how I could "enjoy Him forever" when He was always regarding me from His place up in the sky with a stern face and searching eye, ready to punish me for every little mistake I made and finally burn me up in the flames of hell if I wasn't good all the time. After a while I gave it up and tried not to think about it any more, because it took all the pleasure out of life and kept me in a constant state of terror. God was then an imaginary person, entirely external to me and to the world I lived in.

It was not until long afterward, when I had come to think for myself, that I began to realize I did not even know God, to say nothing about understanding and enjoying Him. Then began a search which lasted until middle age before I really found Him. I wanted to know Him, to be able to identify Him, to recognize Him in some form or relation that I could lay hold of and understand.

For a long time—many years—I was obliged to say "No" when asked by ministers, evangelists or religiously solicitous friends during "revival seasons" if I had "found God." I could not truthfully answer otherwise, even when I had attained to a seemingly pretty clear intellectual concept of the being and attributes of the Deity. It seemed to me that merely hearing and knowing something *about* God was not really either finding or knowing Him. I kept on hoping that the time would come when I should be able to say that I had really found Him and come to know Him—or, perhaps, that *He* had found *me*. Ultimately the time did come and I realized then not only what the first para-

graph in the catechism meant, but that it embodied a great fundamental truth. I came to see that the most important thing in the world is to be able to find and identify God; to be able to see the Divine in every act and every relation in life; but above all to be able to identify that which is essentially Divine in one's self and cooperate with it; for there must be something recognizable in us which links and identifies us with the Supreme Being.

Here is the way I ultimately made that identification: Here am I, said I to myself, a living being, an individual, a sensate, thinking, feeling, willing, reasoning person. I have a mind and I have a body. With my mind I perceive, I think, I reason. With my body, obedient to my will, I exist and function in all my relations as a man. In one word, I have *Life*. My body, from varying points of view, is an organism, a mechanism, a chemical laboratory, a dynamo, an instrument, a tool, a workshop; but in that workshop and in every department of it *power* is being used intelligently, force is being applied purposefully and effectively to accomplish its ends. Every action that goes on within it, every thought and exertion of the mind, every breath, every pulsation of the heart, every act of digestion, assimilation, or elimination requires the use of power and the expenditure of force.

What and whence is this power? What is its source and nature? Chemists, physicists and biologists, in their respective fields are not able or willing to answer these questions. The power evidently is *one*, the forces many. In this most scientists agree, but they all, or nearly all, fail or refuse to identify the power as a real being or entity.

They evade answering the questions by discoursing learnedly of chemical and physical actions and reactions, of ions and protons, of "energy" and "force," which latter two "weasel words" they wrongly use synonymously, to the confusion of many, in their attempt to avoid any admission that involves the recognition of acceptance of the idea of the Supreme Being. The power which they deny is *Life*.

Life is the fundamental power or principle which rules not only the individual organism but the whole universe. Life is a

real thing, an entity, a being, the original source and sum of all the forces in all realms of existence. Life is in God and of God, for Life is God and God is Life. "In Him was life, and the life was the light of man."

As this truth gradually became clearer to me I saw a great light, a light in which was revealed to me my exact relation to the Supreme Being. I saw that the life which I have is a part of His Life, one and inseparable. I live because He lives in me. The power that is in me is mine only by virtue of my participation in the Divine Life, for there is but one life, one power, one energy in all the universe. In identifying this power I identified God, identified myself with Him, and thus came to a realization of what it means to "glorify God and enjoy Him forever."

In all reverence and humility, may we not ask? Was not this substantially the identification made by the Great Physician, Son of Man and Son of God, when He said: "I and My Father are One," and thus brought life and immortality to light?

Beginning in the last week of March, this year, a severe attack of lobar pneumonia with pleuritis suddenly laid me low, and afforded me an opportunity again to test the validity of certain medico-theological theories of mine in a decidedly intimate and personal way. Nothing equals the personal test in its power to convince one of the truth or falsity of one's pet theories, previously tried out only on others. "The proof of the pudding is in the eating of it."

It is good for a physician to be withdrawn from the world occasionally even if it be by serious illness—indeed, one may say *especially* by serious illness; because that, if realized, brings one squarely and forcibly face to face with the "Eternal Verities." It may, or should lead to a serious reexamination of one's ideas, beliefs, theories, principles and mode of practice.

During March and April of this year pneumonia took rather more than its usual toll of victims. Among them were many distinguished men and women. In the majority of fatal cases death came quickly—three or four days from the beginning of the attack. The deaths of two noted men, Joseph Pennell, the artist, author and critic, and Henry Miller, the actor, manager and producer, came home to me with peculiar poignancy. Pen-

nell was my fellow-townsmen, Miller a New Yorker. I had followed the career of both men with special interest, not only because of their prominence in their chosen professions, but because both men were my own age, born the same year. Pneumonia seized all three of us, but I alone survived. Why, I wondered? Some reason besides that of chance must have existed. During my convalescence I had time and the inclination to ponder over this question—and many other things.

My attack came suddenly without premonitory symptoms other than a sense of lassitude for a day or so. I had been working harder than usual during the winter and there had been some extra strain and loss of sleep shortly before. I felt tired, but not more so than I had been many times before without serious consequences. Sunday, two days before my attack, I spent in subways and railroad trains, (favorite resorts of pneumococci and their friends) traveling to and from a New Jersey city and making three difficult examinations, thus losing my usual weekly rest. On Monday I was fatigued, but did my usual day's work. During the evening I felt chilly and depressed, but slept all night. On Tuesday morning I rose as usual, but soon felt so tired and sleepy that I laid down and slept off and on all day. I ate nothing and my wife observed that my eyes "looked strange." I slept heavily all night, roused occasionally by thirst. On Wednesday morning I woke with severe pains in my chest. These increased rapidly until breathing became almost impossible. I was in agony, with the sense of suffocation and impending death. I realized fully then that I had pleuro-pneumonia and that I was in great danger. I was not frightened, although (I was told afterwards) I presented that appearance as I gasped and struggled for breath.

My state of mind at this time, and during the following three days was peculiar. I was only dimly conscious of my surroundings, but keenly alive within. I had the sensation of duality, or *double personality*, very strong and clear—always an ominous symptom in serious illness. It was as if my ego, my inner self, was detached and standing apart, calmly looking at the struggles of my body. Perhaps it actually was. Who knows? Inwardly there was not the slightest feeling of distress or fear; but, on the

contrary, a feeling of perfect confidence and peace, with a peculiar sense of exaltation or exhilaration, much like that of the first stage of ether anaesthesia, which I have experienced. I had a feeling of interest, or curiosity, as I watched apart, wondering how long it would last. By an effort of the will I could recall myself for short periods and function normally as an individual.

My long-time friend and surgeon, Dr. J. Hubley Schall, had been sent for when the pains began. I remember jesting with him (as well as I could with my scant breath) about the absurdity of sending for a *surgeon* to treat a case of pneumonia. (Schall ordinarily takes no medical cases and pretends to know nothing about materia medica; but I know that he carries a lot of it packed away in his long head. He was taught in "Old Hahnemann" of Philadelphia by Chas. G. Raue and Joseph C. Guernsey in the long ago, and no student of theirs ever got away without some good working knowledge of materia medica.)

Schall looked me over, heard what I had to say and prepared some medicine in a glass. He got even with me for my gibes by refusing to tell me what it was, but I didn't care much just then. I dutifully took the medicine and in a couple of hours was in a profuse warm perspiration and nearly free from pain and dyspnoea.

Of course, he gave me Aconite—in the 2x dilution—as he confessed two days later when I guyed him about his "crude prescribing" and demanded my rights. From that time on we worked out the remedies together. It was a perfectly clear and simple case, as such cases usually are for the Homœopathician. The guiding symptoms stood out clear and distinct. Bryonia 200 followed for two days; then a dose of Kali carb. 200 for "stitching pains in the right lung, with aggravation of all symptoms at 2 a. m." Finally a dose or two of phosphorus 200 and the cure was complete. It is a simple tale quickly told. No adjuvants were used except a friendly hot water bag.

In ten days from the beginning of the attack my temperature was normal, (it had reached 104 and then dropped as low as 96 in the meantime), pulse normal, sputum clear of blood and resolution complete. During the third week I was sitting up in bed reading detective stories, and toward the end of it was up

and dressed. The fourth week I spent in Atlantic City, and at the beginning of the fifth week I resumed practice as good as new, though still a little "weak in the legs." Since then I have felt and looked better—so they say—than I had for months before my illness.

By a singular coincidence the first case of acute disease I was called upon to treat after I resumed practice was one of pneumonia, in a man of very nearly my own age. He has been my loyal friend and patient for more than thirty years and has implicit faith in Homœopathy as I practice it. He is a stationary engineer, of average intelligence, good physique, regular habits and simple living. He appeared at my office one morning in an almost fainting condition, breathing with great difficulty and complaining of pain in the chest. "Pneumonia" was stamped all over him. He had not felt well for two days, had taken a street car almost at his door, walked one block to my office and nearly collapsed. He was very much frightened. I gave him Aconite 30, and sent him home in a taxicab. Two days later I gave him Bryonia 200 and later one dose of Phosphorus 45m. It was a simple, typical case of lobar pneumonia. In ten days it was all over except for weakness. By the end of the third week he was up and dressed. He took one week's vacation and then went back to work.

Here, then, were four cases of pneumonia in men about sixty-five years of age. Two of them, under "modern scientific treatment," promptly died. Two others under Homœopathic treatment almost as promptly got well. How about it?

During the month of seclusion (after the first three days) I had ample time for observation, meditation and reflection, undisturbed by outside affairs. Naturally, having had in my own person such a demonstration of the curative power of Homœopathic medicines in the disease with the highest mortality of all, my thoughts revolved largely around that subject.

As I analyzed my condition and reflected upon it, it became renewedly clear to me that other things besides curative medication (important though it be) make for the successful treatment and cure of a serious case. It had been so with me and with my

patient. First, there is *the mind*—"the man himself." The state of the mind always stands first with the Hahnemannian, with whom it is an axiom: "Mental symptoms rank highest." Consciously or subconsciously the mind governs the body, giving form and character to all its parts and functions.

It is the living man as an individual, the finite personification and embodiment of Infinite Spirit-Life-Mind, the "*Dynamis*" of Hahnemann, who reacts alike to all physiological, pathogenic and therapeutic impressions. The character of his actions and reactions, therefore, is governed by the peculiarities of his mental and psychical, as well as his physical make-up—in one word by his morphology; for he exists and functions as an individual organism. An individual is *one*, a unit, composed of many vitally related parts. Every individual is unique in his own peculiar, exact combination of organic degree and type of development, and of his physical and mental traits and qualities. He is united in his constituent organs or parts, united with his fellows, and united with the cosmos by the universal, spiritual principle of Life-and-Mind, which is common to all finite beings and binds them all together in mutual obligations to each other. We live in a universe of "give and take," of inter-relation and reciprocity, not only between all individuals and their parts, but between all realms, kingdoms, worlds and spheres, all permeated with the energy which in the last analysis is Life, all mediated by the universal principle of reciprocal action, or *similia*, formulated by Newton in his third law of motion.

What manner of man, then, am I? I asked myself. Symptomatically similar remedies, acting favorably upon me by reason of their affinity for my own peculiar morphological make-up—(favorably *because* they were similar and *assimilable*—plus certain mental or spiritual states, have brought me out, while my friends who did not receive their similar medicines, and perhaps for other reasons, passed quickly on into and through the "valley of the shadow of death."

First, then, as to my mind and its beliefs; for beliefs govern conduct. Conduct influences organic actions and by a universal law of nature, actions govern reactions. Upon the nature

and kind of its reactions depends the type and degree of development of the organism and all its parts, plus or minus. Hence, the importance of considering our beliefs in relation to our condition, sick or well.

Well, to put it very simply, in the old-fashioned way, *I believe in God*. But that apparently trite and simple statement means a great deal more to me than it does to one who has not analyzed and sounded it to its depths. For me it is absolutely fundamental. It comprises my entire philosophy as well as my religion. It includes my philosophy of medicine in general and Homœopathy in particular.

I know it is not customary—is considered reprehensible by conventionally minded scientists—to mix or identify religion or theology with science. “Science” is godless, avowedly and sometimes boastfully so; but not all scientists are godless, nor ashamed to avow their belief and faith in God. Their concepts of God, of course, vary greatly. In this matter I speak for myself alone.

From my point of view, Homœopathy—the science and art of curative medication—cannot be separated from certain fundamentals of theology without destroying not only the unity of its comprehensive and well rounded philosophy, but its real scientific foundation, as well as the highest incentive to loyalty and enthusiasm in its practice.

Homœopathy is founded on the bed-rock of a belief in and recognition of the Living God, set forth but not fully explained by Hahnemann in the *Organon* in his doctrines of Life and “The Life Force.” This statement may be questioned, but I believe it can be substantiated. It is, of course, largely a matter of interpretation of certain passages, some of which are more or less obscure, but clear enough to the initiated.

The doctrine of the “Life Force” did not originate with Hahnemann as many suppose. In making it the foundation of his system of therapeutic philosophy, Hahnemann merely identified himself with that great school of philosophic and religious thought which had its origin in Monotheism—the doctrine of the *One God* of Moses, Jesus, and Mahomet; and back of them, of the High Priests of Egypt, from whom, historically, they derived it.

Moses, it is recorded, "was instructed in all the wisdom of the Egyptians," among whom he was brought up from infancy as the adopted son of the royal princess. This undoubtedly included instruction in the secret doctrine of the One God as the primary source of all life, all power and all force. Hence, the spiritual-vital-dynamical doctrine of Hahnemann and the old philosophers, as opposed to the materialistic or mechanistic philosophy of modern times.

Modern science, in its desire to get away from the theological idea which seems so repugnant to it, speaks no more of "God," but only of a blind, unintelligent, dead "Energy," or "Force," the terms being used interchangeably. It denies the existence of a "life force" because it cannot identify any force in the living organism which differs in any respect from chemical or electrical force. Constructively it denies the existence of life itself as an entity; that is, as an originating and controlling power or principle; and here is the head and front of its offending. It regards and speaks of life only as a state or condition—an effect for which no cause is assigned—or ignores it altogether. (See any modern textbook of biology or physiology.)

Science is entirely right in assuming the existence of "one universal energy" with many forms of manifestations. But science is entirely wrong in refusing to recognize that in all its workings and manifestations, *and by its obedience to law*, this "energy" displays intelligence, reason, purpose, volition and will—attributes all and only of life-and-mind; and in its cosmic aspect, of Infinite Life and Mind; hence, of the *Supreme Being*. There is one universal, originating and controlling energy or power and only one—Life-Mind-Spirit—The Supreme Being—operating alike in the three realms of nature as differentiated forces. Why deny Him recognition in His every form and mode of manifestation? Why refuse Him submission and allegiance? Why refuse even to name Him?

By virtue of its essential being, nature and attributes, all energy is living energy, and hence, all force is life force. All power is in and of the Supreme Being, Who alone is absolute Spirit-Life-and-Mind, infinite and eternal. It varies only in its mode, form and degree of manifestation. It is differentiated only

as it is individualized; but in being differentiated it does not lose its essential character or identity. Gold always remains gold, no matter how many chemical transformations it undergoes. The elemental forces, Gravity, Chemical Affinity and Vitality, each in its own department, remains always the same, unchangeable into the others; but all are only different modes of manifestation of the One Primary and Absolute Energy—all in one and one in all—a Trinity in Unity. Each operates under its own unchangeable laws, but all have their source in one Infinite and Universal Power.

That, I believe, is a true, fair and comprehensible statement, and a reconciliation of differences long in controversy. I am not ashamed, therefore, nor do I hesitate, to take my stand with those brave and loyal men of science and of Homœopathy, who believe in God and affirm it, even when they are unable, perhaps, to state it clearly as a doctrine, or explain just how the doctrine is related to their particular field of science.

Here, then, in its fundamentals, as related to medicine, is

MY CREED

(always subject to revision or modification).

I believe in the Supreme Being, self-existent, infinite and eternal, Maker and Ruler of the universe. I cannot fully comprehend Him, but I recognize Him, broadly, as the transcendent, imminent and infinite spirit, mind, life, power, person and principle of the universe, operating alike in the three realms of nature.

I believe that in Him and by Him, literally, we "live and move and have our being;" that the life which we have, the innate power or principle by virtue of which we exist and function as living organisms, is an individualized portion of the Universal Divine Life, derived originally and flowing continuously from Him into and through us with every breath we draw—the "Indwelling Christ," or God manifested in the flesh.

I believe that there is but *one life*, in many forms and degrees of manifestation, and that we, and all things in their respective degrees, are partakers of it.

I believe that in the last analysis, and primarily, all life, all

energy, all power, is in God, and, in its manifestations and applications as force, is derived from Him.

I believe that all the processes of life-in-organism are conducted intelligently; that every living cell, every fiber, every organ and tissue of the living organism is an embodiment of mind and endowed with the attributes of mind, having each in its own degree, consciousness, memory, purpose, volition and will, all cooperating under the ruling central power—the “subliminal self” of the psychologist, the *Dynamis*, or life principle of Hahnemann—which has its source in and is a manifestation of The Supreme Being.

I believe that the conscious recognition and realization of this basic truth, and my surrender to it, under the guidance of reason, brings me into virtual harmony with the universe and its Ruler, and establishes a relation in which I may consciously cooperate with Him if I will and desire to do so.

I believe that my real success and well-being in life, as a man and a physician, physically, mentally and spiritually, here and hereafter, is proportionate to the degree of my recognition, comprehension and realization of this basic relation, and of my willingness to maintain it. For my failures I have no one to blame but myself.

I believe that in His essential nature and purposes the Supreme Being is good, loving and benevolent in and toward all His creatures, a Father indeed; and hence that the portion of His life which is embodied and functioning in me is of the same essential character.

The incarnate life principle, complete, perfect and divine in itself, is always trying to maintain and protect the integrity of the living organism it inhabits, even when, as a result of ignorance or disobedience to the laws of health I obstruct it and become “sick.” Physiologically, we know that the living organism is always reacting against and resisting injurious agencies and influences from without. This constitutes what we, in medicine, call susceptibility, reaction, resistance and immunity. It is the organic principle of growth, nutrition and repair. It is the basis of all cures of disease. These all, as phenomena and results, have their origin in the life principle of the organism, which prin-

ciple is at the same time spirit, mind and life; for these three are one; since nothing can be predicated of one that is not true of the others. They are synonymous terms.

This view of the subject leads to an interpretation of symptoms which differs radically from that usually made by medical men. It is characteristic of Homœopathy and is implied, if not always clearly expressed in the Organon, and in the teaching and practice of all its ablest representatives. It is also the view of many modern representatives and advanced thinkers in general medicine and in philosophy, a statement which could be substantiated here by many quotations if time and space permitted.

From this point of view, all the phenomena of disease represent the reaction and resistance of the organism to the inroads of Pathogenetic or destructive agents. Pain, fever and inflammation, for example, are such signs of defensive organic reactions and counter attacks. Disease, therefore, is not an evil thing in itself. It represents the struggle of the individual organism to live normally and maintain itself in harmony with the laws of its being. It is successful in proportion to its recognition by the rational mind, its reinforcement by the will of the individual, and his compliance with the law of cure.

The physician's duty is to recognize the power which does this and cooperate with it along the same lines and in the same direction in which it is acting; hence, to apply the principle: *Similia Similibus Curantur. Simplex, Simile, Minimum.*

Believing thus, I could maintain an inward calm when my body was racked with pain and physical death seemed imminent. No experienced physician will deny that a receptive state of mind and a compliant will are favorable to recovery, nor that the organism of such an individual reacts more readily to curative remedies. The prognosis is vastly better than it would otherwise be. Results prove it, even in cases not treated Homœopathically. It accounts for many *recoveries* which are not *cures*.

I am not saying that a reasoned faith, logically worked out by one who is capable of analyzing and expressing it in conventional

terms, is essential to cure, or to the operation of the healing principle. Fortunately, a reasoned faith has its equivalent in that simple faith exemplified in animals and little children, who trustfully resign themselves to nature, or to the ministrations of those who are caring for them. These, and their like, reacting subconsciously, always respond beautifully to the Homœopathic remedy. Others recover in spite of their shortcomings and bad treatment because their remaining life force is still superior to the pathogenetic agency.

For its fullest and freest operation, however, it is requisite that the medicinal measures used should be in harmony with the law of cure, *Similia, Similibus Curantur. Simplex, Simile, Minimum*. This means, first, that the symptoms of the patient must be regarded as the language of nature, revealing the sufferings of the organism as it rouses itself to resist an attack, appealing for help and cooperation and pointing the way to victory. They are not themselves the enemy, nor the true object of counter-attack by the physician. They are but guides. In truth, they represent a counter-attack by the organism itself already begun in which we are to cooperate. Pain, therefore, should not be forcibly subdued by narcotics, fever should not be quenched by antipyretics, weakness should not be treated by stimulants, artificial immunity should not be acquired at the expense of natural resistance. Symptoms must not be suppressed. Nature's defenses must not be broken down by artificial inoculations. "That way madness lies." To do so is contrary to nature and a violation of nature's laws, for which a severe penalty is exacted in the end. Nature, rightly understood, is a good friend but a bad enemy. Recognizing symptoms as signs by the wayside indicating the road and the direction in which nature (the life principle) is developing her counter-attack and resistance, we take the same road, follow the signs and bring up reinforcements. In other words, we give a medicine which has the power to produce symptoms similar to those of the sick, previously ascertained by testing them upon persons in health, and strengthen the resistance by instructing the intellect in the principles of a true spiritual philosophy.

Such is my belief, and thus I coordinate my theology with medicine.

With Shakespeare I can say:

“Here we feel but the penalty of Adam,
The season’s difference; as the icy fang
And churlish chiding of the winter’s wind,
Which, when it bites and blows upon my body,
Even till I shrink with cold, I smile and say
‘This is no flattery; these are the counsellors
That feelingly persuade me what I am.’
Sweet are the uses of adversity;
Which, like the toad, ugly and venomous,
Wears yet a precious jewel in his head;
And this our life, exempt from public haunt
Finds tongues in trees, books in the running brooks,
Sermons in stones and *good in everything.*”

SHAKESPEARE, *As You Like It.*

HOMŒOPATHIC RESEARCH

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Why homœopathic research? Since homœopathy is part of general medicine, why a special kind of research?

The answer is: General medicine does not know that homœopathy is a part of itself and, therefore, has not devoted any research to its tenets. Homœopathy is a science of therapeutics and is only incidentally related to any other branch of medicine. The purpose of homœopathic research is to investigate this science and to facilitate its use. It must be done by homœopaths, not for sectarian reasons but because only homœopaths understand the factors to be investigated, and because no one else will do it for them.

THE HOMŒOPATHIC RESEARCHER.

The old masters in homœopathy were true geniuses at finding the curative remedy. There are geniuses today, in the same branch, especially among those who were trained a generation ago. Their knowledge of the action of drugs in the curative

sense is full and based on the concepts peculiar to homœopathy. The only thing that survives in homœopathy is the work of such geniuses, and their talents should be cherished.

The homœopathic researcher must have this same knowledge and must understand the homœopathic concept; in fact, he must be a homœopathist by temperament. He must learn the technique of homœopathic prescribing so as to be able to concentrate, in his research, on that which pertains to homœopathic science.

This ought to be self-evident. However, the problems of homœopathic research are so different from those of the dominant school that the above conveys only an abstract meaning to the conventionally-trained medical researcher.

Consider the usually accepted concept of why drugs are given, based as it is on active physiological response and represented by the nomenclature of drug classification such as anodynes, sedatives, cathartics, and so forth. Consider the size of the dose, limited as it is by lethal possibilities. With but few exceptions, drugs are given with no curative intent but for palliative purposes only. Contrast the above with the homœopathic concept of drug-giving, based on the selection of a drug which causes symptoms similar to those which the patient has. Also, the dosage, drugs being given in quantities so small as to have passed beyond physical measurements or material understanding. Drugs thus administered are expected both to give immediate relief and to cause actual cure, as well as so to affect the constitution as to remove susceptibility to disease.

Furthermore, keep in mind that the symptoms which indicate the homœopathic remedy are those that are never considered or, in allopathic prescribing, either are never considered or are deemed trivial. Reflect upon the subtleties of homœopathy.

A man aged fifty had malaria following a vacation with his wife at the seashore. Usual prescribing had failed. He was cured by *Staphisagria* given from the following deductive reasoning. A middle-aged man, under the double stimulus of release from business cares and bracing sea breezes, goes back to the conjugal activities of his early manhood, thus lowering the

threshold of resistance. A malarial infection followed. Staphisagria causes symptoms similar to the symptoms of sexual excess. It also causes the same kind of symptoms as this man's malaria produced.

A young boy received on the eyeball the full impact of a fall on the knob of a kitchen chair. Local treatment with heat, ice, leeches, and so on, failed to relieve the pain or to reduce the swelling. Aconite brought relief in a few hours.

A hard-living man of almost seventy years had stoppage of urine. All efforts to relieve had failed and he had lapsed into stupor. Operation had been decided on. During the preparation and while waiting for the surgeon, Conium was given the patient and the response was astonishing. First, there was general improvement; next, the urine began to dribble, and then it came in full flow, deluging the bed. The patient lived for several years afterward.

The above-cited cures were made with high potencies. The ability to select Conium for the "old sinner" and Aconite for the eye-injury, and Staphisagria for malaria following sexual excess illustrates the subtleties of homœopathy.

A homœopathic researcher must have the same sort of insight as that of the old-time prescribers in order to carry his research into all the intricate ramifications of the finest homœopathic indications. It is said that such prescribing is an art and not a science. Analysis of any expression of art shows it to be orderly relationship, which is science. The masterpiece in painting represents mathematical relationship among lines, angles and color-vibrations. From the art can be worked out the science.

DRUG-PROVING.

The study of drug-effects was the first homœopathic research. That which is established by experimental science becomes a part of the foundation of knowledge. This is why the old provings are standard for all time and the homœopathic materia medica and repertories that were compiled years ago are as up-to-date as though written today.

Provings should be under the control of a trained homœo-

pathic researcher. It is not possible for one without this training to develop the homœopathic picture of a proving. The laboratory worker and the specialist in diagnosis are not fitted, by temperament or training, for the major control of provings. Their place is important, but secondary.

The most valuable part of a proving is the effects expressed in sensations and such physical manifestations as are obvious to the unaided senses. Such symptoms and observations should be expressed in the simple language of everyday use.

A drug helps to cure because it arouses a reaction against the causes of the disease. These causes lie deep in the constitution of the individual and are expressed by general rather than by local indications. Such symptoms characterize them as are characteristic of the individual constitution. Thus, one patient perspires easily; another does not. One likes physical activity; another, only mental. One is sensitive to heat; another, to cold. The skilled conductor of a proving seeks to discover such general constitutional effects from a proving, for these major modalities dominate all lesser symptoms.

Each age brings its own addition to science, but it must be remembered that what is brought is an addition to, and not a replacement of, basic science. There are no better directions for drug-proving than those given by Hahnemann himself. But modern science has added new and improved methods of examination and the best technique of the day should be employed for interpreting modern provings. Alteration in secretions and changes in function can be determined that were not even known about at the time the older provings were made. That which belongs to the modern laboratory only serves to round out the basic knowledge obtained by the original method of Hahnemann. His provings are fully adequate for accurate prescribing. Include in a proving *only* laboratory-findings and the proving will be of little use for prescribing.

Most of the recent drug-research, under homœopathic control, has been directed to the effects of drugs on animals. Knowledge gained through animal-experimentation is of but little use in homœopathic prescribing. Such knowledge is worth while, nevertheless, for it points out the organs for which drugs have

affinities and the pathology which a drug causes. Its value is lost if it limits the vision to these gross effects.

The most important proving-effects are always physiological. Pathological changes represent the end-product—the last stand of nature. Any number of drugs may cause the same pathology, but the physiological effect of each drug will be different. It is contended that a drug, in order to be homœopathic, must be capable of causing the same tissue-pathology as that from which the patient suffers. The relationship of the homœopathic prescription to pathology is not settled by the consideration of tissue-pathology alone.

A high-strung young woman, who had had an unhappy childhood, was cured of pulmonary tuberculosis by Ignatia given by a master prescriber.

Another young woman, who had developed melancholia, after influenza, grew increasingly worse for a whole year. She was cured by Psorinum.

A researcher who does not feel an intellectual glow of appreciation of the subtlety of these two prescriptions should not undertake homœopathic research. The reasons for the prescriptions embody the true relationship between the curative remedy and the pathology. As well set a colour-blind expert watchmaker to sorting colours.

New provings have too long been neglected and they should again be systematically taken up. A logical start would be to prove all the known elements. The knowledge gained from the effects of this basic series of entities has far-reaching possibilities, for nature is always orderly and, when the factors in any natural group are found to bear a definite relation to one another, such relationship manifests itself in many ways. It is highly probable that the mathematical relation between elements that makes possible the foretelling of the qualities of elements not yet discovered, will show equally striking physiological relationships. In plant-drugs, the alkaloids make up an important natural group. The animal-poisons also can be grouped. Then there are the bacterial products, the nosodes and the endocrines. It is possible that in a few basic groups will be found all the medicines required for human ills.

COMPILING AND CORRELATING.

An important part of research is the compiling of results of all workers who have produced anything related to the subject under consideration. Many observers have made valuable discoveries which have not been recorded. Some of the older homœopaths have a store of knowledge which is priceless. This ought to be salvaged. A mass of precious material is buried in forgotten writings. All of these writings should be resurrected. Much information relating to occupational diseases lies in the archives of the Smithsonian Institute. Every occupational poisoning is an involuntary proving and points the way to a proper proving. Through collaboration of the best prescribers in the world, the drugs related to various diseases should be compiled and their indications be tabulated. Individual writers should be encouraged to put in printed form their experiences. The books produced by Case, Close, Edmund Carleton, Nash, Pierce, Rabe, Royal, Wheeler and others are shining examples of individual effort.

INVESTIGATING PRINCIPLES.

The foregoing, which applies to the gathering of facts about drugs, has a bearing on the daily work of the physician, but the function of research is not only to seek facts. Proving of all the remedies in the world will not enable a physician to cure a patient unless he knows how to select the right remedy. Definite principles must be followed in order to make a homœopathic prescription and it is the function of the homœopathic researcher to elucidate these principles.

This triad—the similar remedy, the single remedy and the minimum dose—is the basis for every homœopathic prescription and each component of this triad furnishes ample material for research in ways heretofore never undertaken.

The similar remedy means drugs which cause symptoms similar to those suffered by the patient. What is the significance of symptoms? Why is such a remedy curative? Broadly stated, all symptoms are the result of the various reactions caused by disease, and they represent the curative efforts of the body-cells.

To the patient, they are summed up in his uncomfortable sensations.

No one has treated the subject of "significance of symptoms" more intelligently than Sir James MacKenzie, but what he meant by this is vastly different to what is meant when the phrase is applied to the symptoms which form the basis for the homœopathic prescription. MacKenzie was always thinking in terms of diagnosis.

Timothy Field Allen is credited with the aphorism: "The more diagnostic a symptom, the less indicative is it for a homœopathic prescription; the less diagnostic, the more indicative is it of the remedy." The homœopathic researcher must, then, first know and be able to classify the symptoms which are useful for prescribing. To do this, he must have learned the art of prescribing. Then he is prepared to investigate symptoms from the angle of the homœopathist. The field covered by such research can be indicated by a few interrogations: Why is one person constitutionally sensitive to cold, and another to heat? Why is one person's condition aggravated by wet weather and another's by dry weather. Why do electrical disturbances affect one individual and the rays of the sun another? Why do people have cravings for special food, such as salt, sour, sweet, and so forth? Why do some drugs cause aggravations related to heat, to cold, to wet weather, to dry weather? Why does *Natrum Muriaticum* cause an aggravation of symptoms at 10 A. M. and *Arsenic* at 1 A. M.? Why do people, when ill, duplicate exactly the symptom-complex caused by drugs?

No biological exhibition is more impressive than a sick person who is presenting symptoms in the form and sequence of a drug-proving. A student of materia medica, on obtaining one strong keynote-symptom frequently can tell a patient all the rest of his symptoms. Take, for example, a woman with the well-known characteristic of *Sepia*—a yellow saddle across the nose. Anyone who knows *Sepia*, observing this, can tell her what are her menstrual symptoms, her state of mind, her digestive symptoms, and so on.

The similarity between drug-action and disease-action represents a law of life and the study of this law is worthy of the

efforts of the best researchers. The law can be expressed as follows: Any stimulus causes a reaction of the organism as a whole, each part reacting according to its own function, the total reaction being a protective effort. A stimulant which causes a reaction similar to that caused by disease helps to restore health. Different bacteria have special affinities for certain tissues. Drugs have the same sort of selective affinities. It has even been shown that certain drugs cause the same antibodies to be formed as are caused by different bacteria. When an infection occurs, the nature of the symptoms depends upon the tissues which are first attacked. From the point of attack, the effects ramify through the rest of the organism. The homœopathic remedy must have the same tissue-affinity as the infecting organism and the effects must develop in the same way through the organism. This selective affinity and the unity of action of all parts of the organism show the reason for both the similar remedy and the single remedy. A researcher working from the angle of the above law is bound to produce compelling evidence that will influence the trend of medicine.

THE MINIMUM DOSE.

The third member of the homœopathic triad—the minimum dose—has caused more controversy than any other problem in homœopathy. Its controversial aspect alone should have made it, years ago, a subject of research.

Many homœopaths quote Arndt's law to explain the action of homœopathic dilutions. This law may be expressed thus: A small amount of a drug stimulates reaction; a moderate amount modifies reaction, while a large amount suppresses reaction. In expressing this law, Arndt's concept of a small dose was different from the homœopaths' concept of a homœopathic dilution. Arndt was thinking in terms of quantity. The high dilutions are beyond anything describable in terms of quantity; in fact, the term "dose" as applied to a dilution is a misnomer.

Hahnemann considered that his discovery of the power inherent in high dilutions was the greatest discovery of the age. Our provings and clinical experiences during the past cen-

ture are sufficient proof to satisfy any reasonable mind of the validity of his discovery. Nobody has ever been able to refute the power of the infinitesimal, although nobody has ever been able to explain it *any more than he can explain gravitation*.

The homœopathic school has never made enough of it. Studying crude drug-effects is like studying the tracks of an unknown animal. The effects are only on one plane. Potentised drugs arouse reactions in deeper planes and thus reveal a third dimension in drug-action.

The extension of the specific qualities of a remedy into all degrees of dilution enables us to make cures which are not possible with the crude drug alone.

To be sure, no instrument has been devised sufficiently delicate to detect the 200th potencies. The fact that, thus far, only living organisms react to them simply indicates that the biological reagent is the only reagent known for their detection. Probably the response of living cells is the most delicate detector of energy in existence.

Milliken says: "Experimental science at least never takes anything back. It is an ever-expanding body of truth." Since experimental facts, as they relate to instruments of precision, fail to detect the potency in high dilutions, experiments must be expanded either in the direction already proved—that is to say, biologically or into the realm of physics.

A study of dilution, from the angle of physics, leads to a consideration of the ultimate properties of matter. To visualise the present-day concept of this, it is best to start with what Milliken characterises as "celestial mechanics." Everyone has some idea of the mechanism of our solar system and is accustomed to think of it as merely an insignificant unit amongst a great multitude of infinitely larger solar systems. We are accustomed to consider immense distances, such as are measured by light-years. For our concept to approximate atomic dimensions, we must imagine space as being as immensely small as light-years represent the immensely great. The usual concept of the atom is a group of negatively charged particles, called electrons, revolving about a central, positively-charged nucleus, much as the planets revolve about the sun. The earth travels around the sun

at a speed sufficient to balance the gravitational pull of the sun. The electrons revolve in their orbits at a speed great enough to overcome the pull of the nucleus. Their speed is comparable to that of light. The earth is a compelling fact to our senses and only intellectually do we realize that its bulk and its influence are infinitesimal as compared with that of the sun.

Similarly, the electrons are the compelling fact of the atom, because they are interposed between us and the nucleus. As a matter of fact, the nucleus is the dominant factor in the atom, just as the sun is of the solar system. Soddy expresses it like this: "We are led to view the atom as consisting essentially of a very small, dense nucleus at the centre of a relatively enormous and almost empty sphere of influence containing only electrons." Sir Oliver Lodge estimates that, if an atom be represented by a room 100 ft. square, the electron occupies the space of a punctuation period on a news-page. Imagine the nucleus, probably smaller than the electron, of such great density and carrying so large a positive charge as to compel its satellite-electrons within the radius of 50 feet to revolve at a speed of thousands of miles a second, in order to resist its centrifugal pull. Such is the mechanism that is conceived to compose the atomic structure.

The electrons are in intricate concentric orbits around the nucleus. The radii of the orbits, from within out, are in the ratio of the squares of 1, 2, 3, 4, 5, etc. The great speed with which they revolve almost makes every electron be in every part of its orbit at the same time. Thus, the atom is practically a solid, consisting of concentric rings of revolving electrons held in place by a central attraction so tremendous as to be, itself, essentially solid.

How do our homœopathic dilutions fit in to the theory of the structure of matter? Some attempt to explain them on the theory of dissociation of ions. Others use, as an explanation, the electronic structure. Neither of these explanations applies, because it can be mathematically proved that neither ions nor electrons are left by the time the 30th dilution is reached. Not only this, but the electrons are supposed to be all alike and to have none of the specific qualities of the elements of which they may have been a part. Quoting from Soddy: "It is the nucleus

and not the electron which impresses upon an atom its chemical character." It is most likely that the secret of high dilutions will be found in the nucleus, for metaphorically it is the nucleus that contains the soul of the atom. Either there is something in matter which can be infinitely attenuated or the process of attenuation imparts to a diluent certain of its peculiar qualities.

PRACTICAL APPLICATION.

The foregoing represents not merely a theoretical treatise on homœopathic research. In 1921, the Foundation for Homœopathic Research was established in New York for the purpose of approaching, in a scientific way, the problems of homœopathy. It has plodded along with its work, with only slight endowment, and has accomplished certain things. During two years it supported an experiment at the New York Homœopathic Medical College in which 212 guinea-pigs were used to determine if high dilutions of *Natrum Muriaticum* can affect healthy animals. The fact that they are affected was definitely proved.

The Foundation supported Dr. Mary Stark's work in connection with certain potencies given to a strain of fruit-flies which has hereditary lethal tumours. The result of this last experiment was very significant, for in a certain number of cases the tumours failed to appear among the progeny of the flies to which the remedies were given. The Foundation has always realized that experimental work in medicine is not complete unless it is checked up clinically and the Foundation therefore has a clinic at its disposal. In its clinic, it has been treating children who were affected with adenoids and diseased tonsils, in the endeavour to work out remedies which will cure these conditions and prevent the children having to resort to surgery. The Foundation is in touch with many allopathic physicians who, through the Foundation, have become interested in homœopathy. It also has done a certain amount of post-graduate teaching.

It is carrying on the work of compiling, through collaboration of physicians all over the world, the indications for remedies most useful in different disease-groups. One of the most important works conducted by some of its members is that re-

lating to radiant qualities inherent in dilutions. This work is not yet complete but, when sufficient experimenting has been done, it will prove conclusively and scientifically the presence of energy of a specific kind in each remedy in any dilution, no matter how high.

The Foundation seeks the friendly interest of all who are interested in the advancement of homœopathic principles.

SECRETARY ROBERTS: Mr. Chairman, this is a masterful paper and it seems to me that it is bearing right along the line that we have been working on or trying to work on. The foundation in Washington, the foundation in New York, and the foundations in other parts of the country associated together for this tremendous task for medical Homœopathic research, because it extends in so many fields, and is so extensive that no one group is going to compass it, but it requires the concerted effort of all scientific research people.

DR. GREEN: Mr. Chairman, Dr. Roberts said we have a foundation in Washington, and a foundation in New York. The foundation in Washington wishes to be national in scope and we hope that the foundations in other places may work along until when they can all combine together into the national with headquarters in Washington.

DR. STEARNS: I agree with the need of absolute cooperation in all of these works. I feel that every center has particular problems to meet and that they probably can best be worked out in those centers always with the feeling of absolute cooperation that all Christian people should have for each other in all their work.

There is one thing I wish to emphasize in connection with this paper, and that is the thing that I touched on at last, the fact that there is something in our remedies that is radiant in character and that will eventually be accepted as a scientific fact that will force our method of drug preparation on the attention of the scientific world. That is coming.

WHAT CONSTITUTES A HOMŒOPATHIC PHYSICIAN?

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

1. The remedy, Homœopathic?
2. The dose?
3. The repetition of the dose?

There is a common thought among the laity that if one prescribes a Homœopathic remedy—one prepared by a Homœopathic pharmacy—he is a Homœopathic physician. The public knows a few of the most common Homœopathic remedies—such as aconite, belladonna, nux-vomica, silica and others and when a physician prescribes or administers either one or all of them is he counted a Homœopathic physician?

But does the giving of a Homœopathic remedy constitute a Homœopathic physician? Will the giving of compounds, diuretics, chologogues, etc., constitute an Allopathic physician?

Is there no law by which either school practices therapeutics? Observation seems to say NO. The practice of many physicians seems to be based on personal opinion, and this opinion is based upon superficial reasoning, if perchance there is any reasoning at all. Time will not permit a discussion of both sides of the problem as it presents itself in a comparative study. Then to the question of what constitutes a Homœopathic physician. *Before a man can be a Homoeopathic physician he must accept, know and understand homoeopathy.*

Then what is Homœopathy? It is not a system of practice based upon opinion or clinical experience alone, no matter how valuable these may be. Opinion and experience are valuable only in so far as they are *based* upon accuracy, truth, logical reasoning. Hence some opinions are valuable, many are worthless. Nor is Homœopathy based on a shallow theory that the giving of a Homœopathic remedy constitutes a Homœopathic physician, for even a Homœopathic remedy may be given according to the theory of contraries. Let us carry our negations a bit farther:

1. Homœopathy is not a novelty. Nor is it, as an old Sanscrit proverb says, "It has been heard of all time in the world

that poison is the remedy for poison." Nor is Shakespeare correct when he says in Henry IV, part II, act I, scene I, "In poison there is physic: and these news, having been well, that would have made me sick: being sick, have in some measure made me well." It is not a toy to be tossed about by every novice.

2. Homœopathy is not quackery. The real issue of quackery is secrecy and Homœopathy, its science and art, is not a secret.

3. Homœopathy is not an uncertainty. On the contrary, it is one of the most exact of all sciences. It is built on the most stable facts in science. The old accusation against those practicing Homœopathy, "knaves or fools, swindlers or donkeys," does not and never did apply. Such accusations against the certainty of Homœopathy is made by them who know the least about it. To them we can reply in the words of Sir Isaac Newton to Dr. Halley, "I have studied these things—you have not." The more carefully and critically the law and practice are studied, the greater the certainty is made clear. We might proceed with many pages noting the negative side as sometimes applied against Homœopathy, but this is unnecessary.

POSITIVELY.

1. Homœopathy is a principle—a general fact, a law of nature, and as such is very true to principle and law, which change not. Homœopathy is a fact, a truth and though ridiculed, as many truths are, *when crushed to earth will rise again*. As a law, a principle, a truth, it is dependable, reliable, trustworthy. What it has done in the past it will do in the future. As a truth it establishes, encourages and maintains confidence. It is ever ready, when properly applied, to meet the most sanguine expectations of man. It responds readily to man's desires in healing the sick, if man is obedient to its laws. Even when disobeyed, it seldom causes harm. This cannot be said of any other method of therapeutics.

As a law it merits man's most careful study. It cannot be dealt with as if it were a novelty, or the outburst of some fruitful

imagination, which today may soar in the unsearchable azure, and tomorrow fall into unthinkable oblivion. As a principle it cannot be juggled to suit the fancies of an untrained mind, or the reasonings of a morbid mentality. Laws, especially those called natural, are unchangeable; and since the laws of Homœopathy are natural and meet practically every requirement in the therapeutic realm, it is therefore unchangeable.

What Pulsatilla did when properly administered one hundred years ago, it will do today under similar circumstances and because of this many lives have been relieved from suffering and death has been deferred because of the unchanging therapeutic law of Pulsatilla. As a law it merits—nay more—it demands the most careful study of man.

The day is at hand when in this age of progress and scientific development, no one can claim to be well informed who has not studied this law; and the fact remains that those who study it most carefully love it most intensely. *For it is but reasonable that men should love truth and obey it.* He who desires the respect and confidence of an intelligent public must know and obey truth. Without it he may deceive the people part of the time, but he cannot deceive all the people all the time. Above all, truth begets truth, and truth stimulates manhood and strengthens courage. A Homœopathic physician, then, is one who knows, obeys, and applies the laws of Homœopathy in the treatment of the sick.

DR. KRICHBAUM: Mr. Chairman, this is one time that I agree with Dr. Dienst in prescribing. That is not prescribed according to the law of simillimum is unhomœopathic, and I make about one Homœopathic prescription every seven years. The rest are mixed.

I think if I endeavored to give a definition of a Homœopathic physician, Homœopathic physician is one who prescribed a curative medicine in a minimum dose according to the law of similars.

HOMOEOPATHIC REACTIONS.

C. M. BOGER, M. D., Parkersburg, W. Va.

Vitality is measured by the ease with which living things adapt themselves to the vicissitudes and circumstances of life. Failure to do so spells discomfort, sickness, settled disease or even death. It is an inherent power, capable of being slowly augmented but can, on the other hand, be rapidly dissipated. It is strongly coherent, yet is very mobile and easily disturbed; acting somewhat like an electrified heavy gas.

Its vibrations are very sensitive to contacting matter, and even respond to the power of thought being as Hahnemann intimated of an ethereal or superphysical nature; a very indefinite term to be sure, but seeing that our ultra materialists have as yet not shown just how even crude substance is really activated in the living body, we ourselves need not feel greatly embarrassed. Reactions of this vital power may take on any degree of intensity but viewed from all angles it is soon apparent that it is violent in an inverse ratio to the benefit derived. Older Homœopaths realized this very well when they said, "Die milde Macht ist Gross!" which we now know as a fully proven theorem.

Commonly reactions occur between things occupying kindred states or planes; when these are overstepped more violent effects appear. A little reflection will soon convince you of this, as well as carry the implication that an irregularly acting vital force can be best stabilized on its own plane of action, all of which leads inferentially into the field of potency activity.

That potentised substances interact with the vital force may no longer be disputed; but to exhibit their highest possibilities requires a full understanding of all of the factors involved, as well as clear reasoning, before we can take full advantage of this mutual interaction. The older method of depending entirely upon memory severely handicapped the prescriber, leading almost involuntarily into empirism and crude drugging methods.

The use of the repertory, first by Hahnemann himself, has been a great help; but with a continuously growing symptomatology even it has become too time consuming. Coaptation of widely

separated rubrics was a troublesome business until the advent of one of the perforated card systems. These also afford a new and singularly efficient means for comparative study by the use of translucent cards of several tints. However, using the repertory only points toward some group of remedies from which the final choice must be made by careful comparison with the pathogenetic text.

In the recent past there has been too much running after individual symptoms to the neglect of the general trend or aspect of each case, to do really good work. Each symptom has its true place, but it is only as a component of a generally outlined picture. All of its parts go to make up the general and harmonious whole.

It is a mistake to get a reaction from but one or two organs; it savors too much of stimulation, as we see it in crude prescribing, and always leaves undesirable after effects. When the whole symptom phase is covered by a corresponding remedy a general reaction occurs, leaving only such remnants of the former state as may have some more permanent connection behind. A repetition of the once successful remedy, but in a different, often lower, potency, usually sweeps these aside also and the next vital storm may be awaited before considering a different remedy.

The last vestige of chronic diseases cannot be removed without attacking the fundamental miasms which are deeply rooted within the human economy, all of which leads us into quite another field of endeavor.

The length of a given reaction bears a close relation to its permanency. Slow and gentle improvement indicates final recovery, while a violent storm is soon over and does not accomplish much actual good. The earliest signs of genuine betterment are shown in a more cheerful frame of mind, the rest following in the reverse order of their appearance, although this recession may seem almost imperceptible.

Non-Homœopathic reaction is necessarily of a more or less violent nature and may even do vital damage. It often throws the symptom image into great disorder, overactivating non-essentials, suppressing others, etc., etc.

THE SELECTION OF POTENCY.

JOHN HUTCHINSON, M. D., New York.

Complaint is repeatedly made that Homœopathy does not progress at a pace that keeps time with dominant practice. The latter is, of course, materialistic in every sense of the word, treating the human patient, as it does forcefully, as a mechanism only, the workings of which are studied, hypothetically in detail, but not as a whole, so that a focus of disorder in respect to its location is accepted and treated as the disease.

Now, Homœopathy has nothing to do with this concept, except to reject it wholly and uncompromisingly. Were acceptance possible, on the other hand, there would be some sense in the increasing talk of laboratory foundations that propagate and promulgate the intensive study of sections of the body as providing a key to specific treatment. The laboratory of Homœopathy is the human patient in which laboratory no violence is enacted—the human individual even before he is a patient. It is only when the organism is in order that can be determined its needs when out of order.

There is no impropriety in reiterating this truism, axiomatic as it is with the Homœopathist, because it is the foundation of whatever success accrues to medicine. There is another timely reason for its reiteration and that is the fact that it entirely disposes of the plaint of non-progress. There is no lack of essential and brilliant progress wherever and whenever the Homœopathic prescription is made. Until medicine in general grasps and utilizes this truth, broadcasting of medical progress is an empty jest.

Progress in Homœopathy has been constant. Moreover, it is permanent. Adherence to it has not halted science in any particular. It has advanced science. To the tenet of the similar remedy has been added the minimum dose, not to specify more than two of the great fundamental principles of practice and cure. The similar remedy lends itself to all grades of selection. In all it accomplishes its work. When its selection is of the highest appropriateness its action is truly wonderful. When it is but partially appropriate it does not fail to do some good. It is always safe when its rules of exhibition are respected.

How is it with potency? Our literature fails to tell us much in this field. We have the high-potency cults, and the low-potency, and less conspicuously the physician who considers and selects both. He, then, is the one to explain the method of selection. However, he may say, as we have often heard, "There is no rule for choosing any potency."

Is there none? If we go back to the basic proposition, that it is vital reaction we are seeking, that we employ a remedy to arouse the inherent sum of all the bodily forces, the ego of the whole organism as it were, is it not wholly logical that we estimate not only the right remedy to meet the totality of symptoms, but also the right strength of that remedy to meet the exact grade of deflection from health? It is intuitive with us that we discern how sick a patient is. Very well, it may be intuitive that we measure the demand of that grade of illness.

According to too many of us the potency gives no rule for its selection in the sense that the remedy does. We choose the right remedy by reason of the correspondence between proving and symptom totality. Choosing the right potency of this remedy is confessedly a still finer proceeding. But surely we have method in our effort. Let us examine a few of its features. For many reasons, perhaps invisible, latent, unexpressed, we prescribe definitely as to potency. It is true that in some reports of great interest the prescriber has suddenly turned from a high to a low potency and vice versa. Why, we are not told. Yet there was, we may venture to say, a good reason.

Let me submit for your discussion the following:

1. The potency must fit the gravity of the case. Age, vitality, reactive power of the organism, cause, chronicity, these and all other factors to be measured.

2. The low potency fits the simple case. It may require repetition. Higher may be demanded for complete cure.

3. Low potencies range from the 6th to the 60th. Medium potencies from the 200th to 1000th. High from 1000th up.

4. It would be a mistake to prescribe the highest potency of the remedy in extremis when the power of reaction is low. The medium potency is preferable.

5. For the lower grades of disorder, or when the disorder

is apparently limited to structures and tissues outside the mental and nerve functions, low potencies often cure speedily.

6. The larger the mental side of the case, whatever the bodily ailment, the higher the potency required when the remedy is well-chosen.

7. The accurately-chosen remedy may require no repetition. This, however, depends on the chronicity, with other possible factors.

8. In any case of any grade the lower potency used at first with benefit may need to be followed by the higher or even the highest.

9. In many families the children respond best to medium and low potencies.

10. The more complex the case as to history, successive illness, bad treatment, bad effects of surgery, the less medicine, but the most care in selection of appropriate remedy and its potency.

11. The essential intercurrent should be infrequent; minimum number.

12. If the high potency gives little or no result in reasonable time it should be superseded by a lower.

13. As soon as improvement is at standstill under the low a higher should be chosen, provided of course the original picture persists.

14. If the picture has changed and a new remedy is selected the potency should fit the new aspect of the case in respect to patient's habit of reaction as disclosed and studied.

15. Examine visually the patient, noting every characteristic discernible, forming as far as practicable a general opinion of personality, mind, and body. In any case, with rare exception, the prescriber will be able to determine the simillimum in potency as well as the remedy simillimum. An exact estimate of the case provides a safe and effective choice of potency.

16. The finer indications for treatment, as opposed to gross generalities, will determine remedy potentiation. The finer the characteristics in total symptomatology, the higher the potential energy demanded. Hence the high potency.

THE CONCEPTS OF TRUTH AND LAW
IN MEDICINE. I/.

DR. PIERRE SCHMIDT, 6 Boulevard Helvetique, Geneva,
Switzerland.

There is something harder and stronger than bronze or marble; it is a prejudice.—Horace.

The search for truth is the supreme goal toward which science struggles; we pursue truth and yet, when almost perceived, it frightens us. Deceiving us time and again, this phantom appears for an instant, and is gone; we must pursue it further and ever further without hope of overtaking it . . . and he who would join in this pursuit of truth must be absolutely independent, he must completely free his soul of prejudices and passions; he must resolve himself to an absolute sincerity.

“It would seem almost impossible to find at the present time an unprejudiced observer. All men are prejudiced. Man is fixed in his politics, fixed in his religion, fixed in his ideas of medicine; because of his prejudice he cannot reason. You need only talk to him a moment on these subjects and he will begin to tell you what he thinks, he will give his opinion, as if that had anything to do with it.” 2/. An unprejudiced student is the only truly scientific observer. And it is only to the extent to which we can really free ourselves from preconceived ideas, that scientific truth united with moral truth, can procure joy 3/ for us. These verities entice us, and elude us; even in the moment when the pursuing mortal believes himself to have attained to her feet, truth is gone, and he is condemned ever to follow after, nor may he know repose.

SCIENCE.

According to Boutroux, science is: “The hypothesis of a constant relation between phenomena and an indefinitely perfectible induction.” Science no longer dreams of giving the intellect an image of externalities which perhaps do not exist, it exposes relationships that may be obviously verified by experience. And this is sufficient to justify our applying to science the

adjective true. *Scientific investigation consists in questioning nature in accordance with the hypothesis of this constant inter-phenomenal relationship.* The object of the scientific intellect is always the same: to create for the human intelligence as faithful and serviceable a representation of the conditions under which phenomena appear, as may be possible.

1/. Introduction of the Thesis made by the author of the Law of Similars.

2/. Kent's Lecture of Homœopathic Philosophy. Lecture II.

3/. H. Poincare. La Valeur de la Science.

Formerly science pretended to be the absolute knowledge of the nature of things, knowledge which is certain and definitive, as opposed to belief which is variable and individual, but this concept of science as absolute and illimitable has not been maintained. At the moment, science holds that it is based on experience and on experience only. Thus, by giving to man the means whereby he may induce nature to repeat herself, it lays hold on reality. It escapes from the everlasting and infinite variety of opinion, in this sense, it is not only compelling on all intelligences, but all its acquisitions are definitive. But, on the other hand, these very assets form a limitation of its extent and its philosophic value.

Boutroux defined the scientific spirit as essentially "The *fact* considered as the source, the rule, the measure and the control of all knowledge."

THE FACT.

But a *fact* from the standpoint of science, is not merely a reality which may be ascertained or verified. The investigator who proposes to establish a fact, sets himself before this fact and observes it, as could any other individual, equally motivated solely by a desire for knowledge. In this sense, he applies himself to discern, to watch, to reckon, to express by means of symbols, and if possible to measure this phenomenon. But the reflecting mind wonders whether experience can furnish nothing more than mere fact, and whether it would not be possible, sole-

ly under the guidance of this same experience, to pass beyond the fact, as here defined, and attain to that which we call law.

The real object of science is essentially to explain the fact through the discovery of the laws which govern it.

In beginning this study, in order to avoid the sophisms, the false ideas and ambiguities which cling to words, it is necessary to rigorously define the terms employed.

LAW.

Law, (Latin: *lex*) is defined as the necessary linkage by which phenomena succeed one another, or more simply:

"A constant relationship, invariable and necessary, uniting two phenomena." 1/.

Regnault 2/ defines it: "The regular sequel (or the idea therein) indefinitely identical, of effects of the same cause." According to Boutroux 3/ it is the coupling of phenomena, related among themselves, but isolated from other phenomena. To Montesquieu, it is the necessary relationship existing in the nature of things.

1/. Larousse. Encyclopedia.

2/. Regnault. *Precis de logique evolutionniste*. Bib. phil. P. 118.

3/. Boutroux. *Loc. cit.*

In order to be of a scientific character, law must be based on observation and on experience, moreover, it must analyze the circumstances producing phenomena and resynthesise them with respect to their normal relationships of similarity and succession. 1/.

This idea of law is the directing concept of modern science. Unquestionably, it is very old; even in the days of Greek science, investigators such as Archimedes, found laws analogous to those which our physicists formulate. But it is only in our day that it has become the fundamental idea of science.

Thus, the law of falling bodies is a constant relationship, invariable and necessary: during a given time, a falling body always traverses the same distance.

Of course, such accuracy in the determination of law can not be the object of all sciences. When biology for instance, investigates the behavior of an organism under variations of its environment, it does not pretend to measure these variations. It is however no less true that all sciences work toward the establishment of a definite law.

Science, thus, by general recognition, is characterized *by its endeavor to discover the constant, invariable and necessary relationships existing between the facts of observation.*

MEDICINE.

Despite the present tendency to consider applied medicine as a science, it possesses neither principle nor law in anything resembling therapeutic medication.

In general definition, medicine is at one time both an art and a science; a science in its scientific perception, an art in its application. But there are times when all recognition of the scientific character is denied. In the last edition of the dictionary of medicine, Littré defines it as follows:

“An art and not a science, for it seeks a practical result and not a scientific truth. It rests on individual procedures and not on principles of constant formulations.”

This definition, however, can not be considered as adequate today. In reality, while surgery, anatomy and physiology are rapidly becoming medical sciences, therapy remains, as ever an art, pure and simple, in as much as no law has been formulated in accordance with which the physician decrees his prescription.

1/. Littré. Dictionary of Medicine. Art.: Law.

Any one is capable of understanding the science of medicine, and most succeed in brilliantly passing their examinations. In spite of this, however, many are incapable of applying and practicing that which one may still call the medical art, the art of healing. To apprehend the mere science, application and perseverance coupled with intelligence are necessary, the art requires more.

If the physician has not the love of his art and his profession, united with a sincere desire to heal, he can not succeed. But

though he may combine all these qualities, lacking a law and principle of therapy, he lacks a compass, he wanders aimlessly, dependent on authority, obliged to follow hidden paths, to pay homage to the goddess called "Fashion" who exists unfortunately even in medicine.

Therapeutic treatises of past centuries hold for us today nothing more than historic interest and amusement, for the interpretations and the hypotheses built on the experiences of that period have been modified by a succeeding age. And to the extent to which theories change, therapeutic agents change also.

At first it seemed as though theories lasted only a few moments, and that ruins were piled on ruins. On one day they are born, on the following they are the mode, the third day they are classic, and the fourth day they are obsolete. But, if one searches more profoundly, one sees that those which die in this fashion are theories, properly so-called, theories which pretend to teach us the nature of things. However, they frequently hold within themselves a something which survives; if one of them has shown us a true relationship, the knowledge of that relationship is definitively acquired and one finds it again, disguised anew in the other theories which have successively reigned in its place. This certainly should give us a little courage!

Today, the traveler is struck by the realization of the extent to which the great medical centers of different countries lack unity of opinion concerning the administration of remedies, as well as the choice and the dosage of the latter. Here it is opotherapy, there vaccinotherapy, somewhere else serotherapy which is being developed and tested. Still elsewhere a scepticism born of past experiences and an examination of statistics brings a return to the hypocratién method of expectation, or reinstates physiotherapy as the only method of treatment, "primum non nocere" becoming the order of the day. Thus, according to Johns Hopkins University at Baltimore, one of the best American universities, statistics show a lower mortality wherever medication has been supplanted by rigid hygienic and dietetic measures. Meanwhile the laboratories multiply; researches, of which numerous publications are the fruit, grow, but all aim rather at producing new remedies, than demonstrating the danger of such

medication habitually employed. No one seeks through research to synthesize a guiding law in the art of healing. Has such a definite law, such a compass on our uncharted sea, never existed in our therapy?

A priori, one may wonder or conjecture—but that is not the attitude of the man of science. To seek it, that is his duty!

But this un hoped for law, the Homœopathic physicians think they possess—the Homœopathic doctrine pretends to disclose. Should the fact that this doctrine is considered by the best European scientists as empirical, prevent our testing it by the criterion of experience and reason? A paucity of partisans of any given doctrine does not a priori, weaken its conclusions; among its supporters there may be such as give proof of their ignorance, their lack, not merely of scientific spirit, but of professional probity itself. Even this is not a valid argument against the theory, which is an entity in itself, independent of individuals. Any doctrine, be it what it may, is always worthy of attention and criticism, though this may be given merely from the viewpoint of the history of the sciences. Finally, if there be reality here, it is urgently necessary to study this system with the most profound care, for it would indicate the dawn of a new era in medicine.

The art of therapy would be transformed into a science!

It is the resolution of precisely this problem, which has forced us to undertake a voyage of discovery and study to this new world. Seven years of investigation of the facts yielding these conclusions, have led to the work presented in this thesis, written to fulfill the requirement for the doctorate of medicine, and refused by the faculty of medicine of Geneva.

Bureau of Materia Medica

TARENTULA HISPANICA IN THE MODERN AGE.

JULIA C. LOOS, M. D., H. M., Baltimore, Md.

Note—Tarentula hispanica is a member of the spider family Lycosa, of tropic or sub-tropic origin, and is commonly known to the world for its fatal poison and the intense sufferings which this brings to its victims. The poison is a glandular secretion and this concentrated essence is a vehicle transmitting to the victim the characteristic nature of the creature which produced it. The provings of this poison and the indicated therapeutic uses following thereon are derived from a prepared tincture of the living spider, whose influence pervades this product.

In the individual human subjected to the influence of Tarentula we perceive a diversion of the powers and capacities of mankind, temporarily perverted to the service of a tyrant-lordship; a disporting of the fulfilled nature of a vicious beastling displayed through activities of that higher type, the human. Then let us take first an understanding view of the characteristics peculiar to this beastling.

The intelligence of the creature appears as disorderly. Instability is the outstanding feature: instability of action, of purpose, in wisdom for carrying through its changing purpose.

Adroit, conceited of its cleverness; yet stupidly assuming that false methods and false motives will escape detection, it elaborates manoeuvres to deceive. Appearing in view, even parading its presence; then seeking cover, it hides from detection, unexpectedly to emerge from ambush to attack its victim elsewhere unaware.

All purpose, whatever and however carried out, excludes every consideration of the interest, the desire or the purpose of another. Only self-interest and desires are observed; and these

are whimsical, changeful without limit, without calculation or foresight.

Love, perverted in this nature, appears as love of annoying; making its presence an occasion of discomfort, disturbing the peace of others. It contributes no joy and cultivates no joy; invites from others no contribution that makes for happiness. To the contrary: eluding every advance toward itself or its habitat, accounting such approach an intrusion or interference, it asserts privilege to conduct a joyless life in its own untrammelled way—no difference at what cost to others. A thorough non-conformist.

Satisfaction? No such state obtains in Tarentula. In its life is no parallel for the ease-indulging domestic cat which takes all places, times, occasions and devices for thorough enjoyment of its comfort. Tarentula attains no ease, no lazy comfort, no satisfaction. Its habit is restless activity. Seeking no ease to itself, it invades the peace of its environment. Would one seek to accommodate to its mood or desire: it then reverts and will substitute other mood or desire quite to a contrary. Contrariness within itself, as well as contrariness to outer circumstance and will, distinguish this pervert nature.

The guiding-light is darkness; avoiding light. Tarentula shuns all investigation of its way or wish and, withdrawing to whatever convenient lair of the moment, by hidden devious path it makes its way to another point of vantage, resenting with insult any endeavor to change its course or to dislodge it.

This disposition, so pictured as indisposition in the provers and in the patients affected most similarly to Tarentula-provers, presents a mentality elfish, impish, whimsical, mischievous, disporting itself in disregard for ordinary custom and usual expectation and inconsiderate of convenience or comfort of all others. It may be, in a measure, curbed by the effort and real disposition of the person affected; but an avowed effort is necessary, for avoidance of the perverted expression.

Clever, adroit, furtive sly ways of carrying through courses of action which, were they announced, would be opposed by attendants or associates: these ways, and the doing of unusual things trivial in themselves and fulfilling no purpose engage the

individual affected. Here are peerings and "peekings" into things and into affairs; hiding from view; hiding things. He is destructive: interfering with plans; menacing the safety of himself and of others.

He loves to assume the false as a basis of conduct; and depends on whims for guidance: this mind does not submit its behaviour, its thought, its desires, to the light of wisdom or of truth. It shuns such gauge or investigation and darts from idea to idea with the agility and the seeming purposelessness of the spider. Defense from seeming interference is aggressive, through some sort of vicious thrust, cutting remark or threatened injury.

*OBSTINACY is aid to all the whimsicality.

It is intolerant of contradiction. Ailments appear, following contradiction.

Music is to this nature hateful, and weakening; the demoniac vibrations are cancelled—subdued—through musical harmonies. As the appropriately-named "Tarantelle" dance-music and the dance itself express through their rhythm-impulse and action the sadness, excitability, mania, dancing and distress seen in victims of this spider-bite—the picture styled "tarantism" as indicating the dance-mania of those so bitten or so imagining—so also in these victims such symptoms, by fit music appropriately played are soothed, relieved, and ultimately subdued.

Provers and patients are "*sensitive to music*;" sadness and excitability are primary effects (of music) but amelioration follows. Not only the mental features: pains and bodily conditions also are ameliorated by music.

RESTLESSNESS tormenting, intense, demands continued motion. In bed: rolling from side to side; when able to be out of bed, compels to walk, even though *walking aggravates* symptoms of the body. Herein is shown the contrariness within himself.

AVERSION TO BEING TOUCHED is manifest; yet *rubbing* is demanded: *Symptoms ameliorated by rubbing*. With headache: wants hair brushed or head rubbed. Rubs her head against extraneous surfaces: the wall, the bed, the pillows; sometimes in chorea the face is rubbed against the chest or the shoulder.

*Grading of symptoms is indicated throughout by values of type. Small caps shows highest degree, Italics second degree and lower case Roman the lowest degree.

An impelling demand induces rubbing, when there is no pain; it is an insatiable friction-impulse difficult to resist: spasmodic, habitual. It has been explained as "irritation of nerve-endings."

CHOREA: twitchings and jerkings—continuing into night—of single muscles, groups of muscles, entire limb or head; and more general, in body-contortions or in the dance. Ameliorated through influence of music.

Indulgence in many purposeless oft-repeated motions: involuntary motions; or voluntary, yet so induced that will-control is practically impossible against them. Apparently a craving for the sensation must be indulged but is not thereby satisfied; is but momentarily relieved. This may be called "indulging sensality;" the more it is indulged, the less will it be denied.

Sense-indulgence is further manifest in sex-sensual dominations:

Hysterical emotions; *intense sexual excitements*; lasciviousness. Too numerous for detail in a brief outline are the many symptoms centering in the sexual organs and the sex-functions; aggravation of other symptoms after coition: sadness, difficult respiration, cough, general weakness specifically increased by sexual excitement.

Of persons whose life-habits or culture largely inhibit the frank exercise of sexual indulgence, sensual domination may gain expression through other symptoms: Sensations and distresses that fix the individual's consciousness upon the pelvic organs; or so-called nervous symptoms not recognized as related to sexual irritation; such may be functional disorders of rectum or of bladder, or some sort of frictional symptom or uncontrollable restlessness of feet, or of legs, having origin in this domination.

Sometimes a *sweet cheerfulness* and gaiety; while at other times, *anger, irritability*. Quarrelsome, excitable; exhilarated or sad: but whatever the emotion—quite unwarranted by circumstances or environment, and unrelated to persons or incidents—merely an outcropping of the erratic mood.

Aversion to company; but wants someone present.

Making persistent demand on those present to minister to complaints.

Concurrent complaints so numerous, they cannot all be met nor ministered to at once.

Contented satisfaction impossible. Gratitude and content expelled from consciousness. Discontented with himself and with all things about him.

Delusions and imaginings are varied; sometimes droll and sometimes horrible sensations within himself or *visions of things unseen*.

Delirium, mania, shrieking, singing; erotic mania, or stupefaction, or indisposed to talk.

Sensation of being small (contrast to aur., plat., stram.)

Weeping, causeless, in sleep.

Weakness 9—11 a. m., 5 p. m.—5 a. m., from walking, from sexual excitement.

On occasion: *Strength increased*.

In these states no lack of vitality is expressed. Alert activity challenges the endurance of a strong mind and body to follow it, to meet it, to outwit or circumvent it, to soothe the patient from her distresses. One's resources are heavily taxed for devising means to assuage the distresses and complaints. The forlorn victim herself gives many admonitions: "Take care, don't touch me there." "Can't you brush my hair: it might take away this awful pain?" "Don't raise that shade; I can't stand the light."

Light aggravates: wants to scream.

Noise aggravates.

Smoking ameliorates: cough.

Touch aggravates: finger-tips.

Water on the body excites some symptoms. Ailments from washing hair; from wetting the fingers. Yet the entire condition may be held in abeyance and positively ameliorated through persistent and habitual bathing. Spray baths, continued immersion, neutral baths, cold compresses properly applied will subdue some of the mental conditions and bodily distresses after the aversion and avoidance of water is overcome.

Awaking from sleep, especially in morning, symptoms are worse: weeping, sadness; vertigo; head symptoms, constriction, heaviness, heat, pain, noise in ear, nausea, sour eructations; pain

in stomach; kidney pain; cough; oppression of chest; chills; sleepiness, yawning.

Tarentula has also: *Cheerfulness* especially in morning, when waking; cheerful gaiety alternating with sadness.

Symptoms worse during menses: cheerfulness, *excitability*, irritability, restless tossing in bed, vertigo, pain in head, *pulsating in head*, nausea, abdominal distention, pain in sides of abdomen, BLADDER TENESMUS (the only remedy given in Repertory for this particular), desire for coition, burning pain in female genitals, pain in back, pain in hip, convulsions, general weakness.

Before menses: heaviness in stomach, pain in stomach and in abdomen, dragging-pain in abdomen, and rumbling, itching in female genitals, bearing-down in uterus.

After menses: itching of genitals and uterine bearing-down.

Symptoms aggravated from coughing: pain in head, occiput and temples; bruised pain in head, occiput and temples; heaviness in head; swelling in neck; retching, vomiting; oppression in chest, pain in chest; abdominal pain: cramping, tearing; involuntary urination.

REFUSES TO EAT—while manifesting need of nourishment.

Symptoms worse after eating; *Vertigo* hiccough (after breakfast); nausea; pain in stomach (after breakfast), burning in stomach; vomiting; abdominal distention.

Symptoms in evening: mental; vertigo; some head-pains; sore stomach and abdominal features; cough.

At night: some head-pains; stomach and abdominal symptoms; some kidney pain; genital-itching; cough; pains in extremities; chill, fever, perspiration; general weakness.

At specific times: 4 a. m., 5 a. m., 9 a. m., 9-11 a. m.; 2 p. m., 3-7 p. m., 3-9 p. m., 7 p. m.

Constriction sensation in head, chest, genitals, thigh.

Congestion and pulsation in head, eyes, throat, pelvis.

DESIRES SAND to eat.

HYSTERIA, "positive nervous systems," "semblance to spinal neurasthenia."

ITCHING, FORMICATION, especially after menses.

Numbness and heaviness.

Motions irregular in extremities:

Gestures; as if knitting.

Disposed to keep hands busy.

Pains are burning, stitching, lancinating, cutting, shooting; sore bruised, cramping, rheumatic.

The sensations and the behavior of provers and patients are the strongest characteristics. More accurately than functional actual disorder of organs or than tissue alterations in the body they manifest the influence of *Tarentula*. Influence of the nature which modern observation and classification have termed *hypnotic* temporarily usurps the normal intelligence and desires, and mental domination by the spider is shown through the substituted sensations and behavior. Eventually depleted nutrition and depleted functional vitality result from the discordant activities. Yet the functional and tissue changes are not the characteristics which indicate the specific influence manifesting in the person affected. The individualizing characteristics will be found in the mental attitudes and subjective features.

RELATIONSHIP OF REMEDIES AND SPIRITUAL FORCES.

In many instances after attaining a measure of success with *Arsenicum album*, in acute or recent disorders or for repeatedly recurrent distresses, the prescriber is led to explore this subtle constitutional background, *Tarentula*. *Arsenicum* "covers the case" to a limited degree. The symptoms and the characteristics shown before *Arsenicum* was called out, together with the tendencies, the lowered resistance and the frailties which feature the patient's experience after *Arsenicum* has cancelled the acute disturbances, display a total condition frequently recognizable as *Tarentula*. This relation is similar to that exhibited between *Medorrhinum* and *Cina*, between *Calcarea* and *Belladonna*, and among other coupled remedies: the mere superficial exciter acts as a contributing influence to rouse the sometime latent "sleeping dog" or resident tenant.

While the aim and mission of the physician is "to restore the sick to health" and toward this function he requires primarily knowledge of "what is curative in medicine" with "what is un-

doubtedly morbid in the patient," since man is a spiritual being and mental influences subject him to persisting disorder, it will then be evident that the patient (as in "Tarentula") needs something more from a physician—more than the "most similar" medication—again to stabilize a mental equilibrium. Metaphysical culture is laying the avenues and providing guides toward a dispelling of deep-seated mental discords, as well as for resisting their too-oft neglected onset. May we not assume to guide our patients to such methodic resistance and sustentation, while campaigning by the indicated similar to its further horizon: thence to retain them newly erect in this life, and not too soon beyond? Shall we as physicians fail them in this guidance we need not be surprised that they turn to other leaders equipped of the later psychology. Patients whose disorders recur within the range of Tarentula are notably of a type accessible to the new healers.

BODILY DISORDERS DISPELLED OR RELIEVED.

Whatever the bodily derangement: where this remedy (Tarentula) will prove beneficial, some of the characteristics aforementioned will be noted. Bodily conditions in which the remedy has proven useful when the characteristics agree include:

Paralysis agitans	Convulsions	Suppuration
Zymatic fevers and general sepsis	Pimples on face and head	Opacity of cornea
Aural discharge	Lock-jaw	Swelling of sub- maxillary
		Quinsy
Aphthae and ulcers on tongue	Inflammation of tonsils	Disturbed digestion, gastric and intestinal
Diphtheria	Abdominal oedema	with distressing flatu- lence
	Hepatic cancer	
Constipation	RECTAL INACTIVITY accompanied by AWFUL ANXIETY, rolling side to side	Diarrhoea

Renal inflammation	Inflammation of bladder	RETENSION OF URINE
Dribbling	Tenesmus DURING MENSES	Gonorrhoeal discharge
Stricture of urethra	in this alone, in Gangrene from phimosis	Swelling of male genitals
Indolent tumor of testes	Inflammation of genitals	Condyloma of vagina; of uterus
Uterine cancer	Induration of cervix uteri; of ovary	Leucorrhoea
Metrorrhagia and protracted menses	Loss of voice	Angina pectoris
Gangrene of lungs	Endocarditis	Cardiac murmurs
Mammary cancer followed by sarcoma in stomach	Mammary swelling	Carbuncle dorsal
Spinal sclerosis	Cramps in legs	Pustules on legs
Inflammation of fingers; of toes	Paralysis; motive power lost, numbness	Foot perspiration
Swollen joints	Chills, fever, perspiration	Stings of insects
Lack of reaction	Complaints from grief, contradiction, sepsis, fall	unrequited love, reprimands, punishment,

DETAILED SYMPTOMATOLOGY*

MIND	bre things; to green, red, yellow.
Absent-minded.	Clairvoyance.
<i>Anger</i> , rage, fury.	Death: thoughts of.
Anguish.	Delirium:
Anxiety about future.	during headache;
Aversion to black; to som-	

*Regions of Parts of the Body are printed in this schematic form in the prominence given to them in Kent's Repertory to aid ready reference to the repertory.

- almost hysterical;
 manical;
 muttering nonsense with
 eyes open;
 raging.
 Delusions, imaginations;
 absurd figures present;
 animals;
 —frightful;
 —fears being assaulted;
sees faces;
 diabolical faces around
 him;
 hideous faces;
 figures; frightful;
 ghosts, spectres,
 spirits;
 horrible visions;
 monsters;
 Closing eyes:
 legs cut off (bar-c. stram.)
 strangers in room (thuj.)
Destructive:
 Discontented:
 during menses.
 Discouraged:
 evening: eating amel.
 Dullness: *sluggish, difficult*
 thinking.
 Ennui.
Excitable:
 during heat;
 during menses;
 from music;
 nervous.
 Fears:
 being alone;
 death;
 impending disease;
 typhus fever;
 insanity.
Feigning sick.
 Ideas deficient.
 Impatience.
 Indifference, apathy to ex-
 ternal things.
 Indolence, aversion to work.
Insanity:
 mania;
 periodical (plat.);
 paroxysmal (BELL., dig.,
 gels., kali c., nat-s.,
 phos.)
 Irresolution:
 in ideas (nat-m., sulph.)
 Irritable:
 during menses.
 Jestng.
 Kicks (*bell., carb-v., lyc.,*
 stram., stry., verat-v.)
 Kleptomania.
 Kneeling, unable.
 Lamenting.
 Lascivious, lewd.
 Laughing:
 immoderately; involuntary;
 sardonic;
 mirth, hilarity, loud;
 alternating with sadness.
 Loathing, general.
 Loquacity.
 Moaning, groaning:
 night (ars., cupr., hep.,
 sec., zn.)
 when contradicted.
 Mocking.

- Mood alternating,
changeable.
- Nymphomania.
- Playful:
pull one's hair; desires to
(*BELL.*, *lach.*, *lil-t.*)
- Shrieking.
- Singing.
- Starting from sleep.
- Striking:
himself (*ars.*, *bell.*, *camph.*
cur., *verat-v.*)
- Stupefaction
between convulsions (*aur.*,
bufo., *cic.*, *hell.*, *hyos.*,
lach., *oena.*, *op.*, *plb.*,
sec.)
- Suicidal disposition.
- Thoughts persistent.
- Throws things away.
- Violent, *vehement*.
- VERTIGO
- morning, waking;
after breakfast.
- evening.
- night.
- descending stairs.
- during erections.
- looking steadily.
- with nausea.
- riding horseback amel.
- after sleep agg.
- sudden.
- while walking.
- HEAD
- Coldness:
in warm room (*merc. i-r.*)
- as from cold water (*can-*
s., *croc.*, *cupr.*, *glon.*,
sabad.)
- Forehead as from cold
water.
- Occiput.
- Sides.
- Temples.
- Vertex as from cold water.
- Congestion, fullness, pulsa-
tion.
- Constriction:
evening.
waking.
- Forehead as from a band.
- Eruption, pimples.
- Falling backward, of head.
- Hair bristling.
- Heat:
with redness of face.
on waking.
- Forehead.
- Occiput.
- Sides.,
- Vertex.
- Heaviness:
morning, waking.
- night.
- after heat.
- after waking.
- Forehead.
- Sides.
- Itching scalp.
- Motion:
convulsive.
- shaking.
- nodding, wavering.
- rolling.

- rubs against something.
 impossible.
 throws about (*bell.*, *caust.*,
merc., *phos.*)
 turning to left (*lyc.*)
 Pain:
 morning, on rising;
 on waking.
 night.
 air, open: *amel.*
 with mental confusion, as
 if would lose senses or
 go mad (*acon.*, *agar.*,
 chin., *stram.*, *verat.*)
 coughing.
 compels to cry out.
 gastric (from flatulence).
 hammering.
 hysterical.
 looking fixedly at any-
 thing.
 nervous:
 with pain in nape of neck.
 with perspiration.
 perspiration *amel.*
 pressure *amel.*
 pulsating.
 after rising.
 rubbing *amel.*
 from running (*bry.*, *ign.*,
 nat-c., *nat-m.*, *nux-v.*,
 PULS.)
 after sleep.
 from touch.
 walking.
 extends to face.
 Forehead.
 daytime.
- morning.
 afternoon.
 3-7 p. m.
 night.
 pressure *amel.*
 stooping.
 Occiput:
 coughing.
 leaning head back.
 pressure *amel.*
 rubbing *amel.*
 to forehead.
 down back of neck.
 Sides (of Head)
 night.
 right side.
 Temples:
 morning.
 evening.
 night.
 coughing.
 Vertex, open air *amel.*
 Bruised,
 waking in a. m.
 cough on waking.
 Occiput:
 coughing.
 extends to temples.
 Temples, coughing.
 Bursting:
 Forehead.
 Lancinating:
 Forehead.
 Sides:
 morning.
 Temples.
 Nail: as from a, occip.
 Plug: as from a, occip.

- Pressure :
 evening.
 during chill (sep.)
 Forehead.
 as from a band.
 eyes: as if forced out.
 Occiput.
 Shooting :
 afternoon (*ferr.*, *plat.*,
 sil.)
 evening.
 night.
 Forehead.
 Sides :
 night.
 Temples :
 evening.
 night (*nit-ac.*)
 transient (*iris*):
 night.
 Stitching :
 Temples.
 Perspiration, scalp.
 Pricklings, temples.
Pulsating during menses.
 Rubbing head :
 against something.
 Shocks :
 morning, rising.
 Weakness.
- EYES
- Agglutination, morning.
 Distorted.
 Itching.
 Opacity of Cornea.
 Unable to Open.
 Pain, morning.
- evening.
 turning sideways.
 extending back.
 burning, smarting.
 cutting.
 sand, as from :
 stitching :
 morning.
 swallowing.
 Pulsation.
 Pupils unequal.
 Redness.
 Staring :
 listening to music.
 Weak.
- VISION, dim :
- forenoon (*carb-v.*, *sulph.*)
 foggy :
 colors caused by foggy
 vision.
 stars.
 weak :
 evening (*euphr.*)
- EARS
- Discharge.
 Itching.
 Noises :
 waking.
 buzzing.
 cracking.
 ringing :
 on rising. *amel.*
 walking (*arg-n.*, *mag-c.*,
 sulph.)
 whizzing.
 Pain :

morning.
 afternoon.
 evening.
 in meatus.
 aching.
 lancinating:
 morning.
 below ear.
 stitching:
 right,
 evening.
 tearing:
 right.

Wax increased.

HEARING: impaired.

NOSE

Coryza with fever.
 Epistaxis clotted:
 dark, black.

FACE

Discoloration:
 black
 and blue spots.
 bluish.
 bluish circles around eyes.
 earthy.
 grayish.
 pale:
 dark red.
 Distortion:
 with toothache.
 Eruptions:
 lips.
 herpes.

impetigo around lips.
 miliary.
 pimples:
 forehead.

Heat:

 flashes.

Itching.

Pain:

 lower jaw.

 stitching.

Perspiration.

Swelling, sub-maxil.

MOUTH

Biting tongue in spasm.

Tongue brown;

 red.

 dryness.

Speech difficult from
 chorea.

Taste bad.

TEETH

Pain: noise agg. (calc-c.,
 coff., therid.)
 pulsating.
 tearing.

THROAT

Coldness as if water drip-
 ping down.

Discoloration:

 purple.

 red.

Gangrene.

Heat.

Inflammation, right.

Lump rising sensation.

Pain :

- pulsating.
- swallowing.
- yawning.
- tonsils.
- burning.
- stitching.
- Pulsation.
- Swallowing difficult.

EXTERNAL THROAT

- Itching.
- Pain :
 - sides.
 - turning head to right
(arg-n., chin-s., psor.)
- Swelling from cough.

STOMACH

- Sensation of something
alive (chel., coloc., CRAE.)
- Anxiety.
- Appetite increased :
 - increased night.
 - ravenous.
 - wanting.
- Aversion to bread.
 - food.*
 - meat.*
- Desires ashes.
 - cold drinks.*
 - highly seasoned food.*
 - raw food (ail., sil.,
SULPH.)
 - salt things.*
 - SAND.
- Disordered.*
- Distention.

Eructations :

- bitter.
- empty, during hysteria.
- sour, morning (calc-c.,
puls., sil., tab.)
- Fullness sensation.
- Heat :
 - extends to throat (cinnb.,
nit-ac., sumb.)
- Heavy, night (aesc., chin.,
colch., crot-t.)
 - before menses.
- Hiccough :
 - after breakfast (zn.)
- Nausea :
 - night.
 - after lying down.*
 - after eating.
 - during menses.
 - during pregnancy.
 - after sleep.
- Pain :
 - morning :
 - after eating (nux v.)
 - afternoon.
 - evening.
 - night.
 - after eating.
 - before menses.
 - from pressure.
 - burning :
 - after eating.
 - cramping :
 - before nausea.
 - lancinating.
 - pressing.
 - sore, bruised.
 - tearing.

Retching:
 with cough.
 Sinking, night (dios., lyc.)
 Thirst:
 burning, vehement.
 during chill.
 extreme.
 unquenchable.
 with dread of liquids.
 Uneasiness.
 Vomiting:
 morning.
 NIGHT, AFTER GOING TO
 BED.
 on coughing.
 after eating.
 during menses.
 during pregnancy.
 bile.

ABDOMEN

Constriction hypochondrium.
 Contraction.
 Distention:
 after eating.
 Hypogastrium.
 oedema.
 Flatulence:
 morning.
 Hypochondrium.
 Heat.
 Pain:
 aching:
 morning.
 evening.
 night.
 during cough.
 before menses.

 pressure amel.
 during stool.
 while walking.
 extends to chest.
 extends to sides.
 Hypochondrium:
 left.
 morning.
 lying amel.
 Inguinal region:
 as from hernia:
 as though hernia
 would appear on
 coughing.
 Liver, before chill.
 Sides.
 Region of umbilicus.
 burning:
 during menses.
 Hypogastrium.
 cramping:
 morning.
 when coughing.
 region of umbilicus.
 dragging; before menses.
 gnawing hypochond.
 pressing.
 sore, bruised.
 liver.
 hypochond.; right.
 stitching:
 evening.
 Hypochond.:
 right.
 morning.
 Hypogastrium.
 Inguinal region; left.
 Sides.

- Tearing:
 Inguinal, cough agg.
 Pulsation.
 Rumbling: forenoon, evening, night.
 before menses.
 Swelling glands.
- RECTUM
- Constipation:
Difficult stool.
 Ineffectual straining.
 Old people.
 Stool remains in rectum
 WITH AWFUL ANXIETY.
- Diarrhoea:
 after washing head (pod.)
- INACTIVITY OF RECTUM.
- Pain:
 during stool.
 after stool:
 amel.
 burning:
 after stool.
 Stitching.
 Tenesmus:
 before stool.
 after stool. amel.
- Urging:
 during stool.
 after rising from stool.
- STOOL
- Bloody.
 Copious.
 Dark:
 fecal.
Hard.
- Offensive.
 Scanty.
 Soft.
- BLADDER
- Calculi.
 Inflammation.
 Pain:
 extends to uterus (merl.)
- RETENSION OF URINE.
- Spasmodic action of bladder (calc.-p.)
 Swollen.
 Tenesmus:
 DURING MENSES.
- Urging, constant:
 ineffectual.
- Urination dribbling:
dysuria.
 involuntary:
 during cough.
 from emotion.
 from exertion.
 laughing (CAUST., *nat-m.*,
nux-v., *puls.*, SEP.)
 while walking.
- URINE
- bloody.
burning.
 brown.
 dark red.
 odor offensive.
 sediment:
 copious.
 sand:
 RED.
 SUGAR.

KIDNEYS

Inflammation.

Pain :

morning.

evening.

night.

after urination amel. (LYC.,
med.)

aching :

during urination amel.

(LYC.)

sore, bruised.

stitching.

Weariness, region of

bearing down uterus.

region of uterus.

before menses.

after menses.

burning uterus :

during menses.

cramp uterus.

cutting uterus.

sore, ovaries.

uterus.

stitching :

uterus.

vagina.

tingling voluptuous.

PROSTATE GLAND

Pain.

URETHRA

Crawling.

*gonorrhoeal discharge.**Pain* : burning :

during urination.

after urination.

Stricture.

FEMALE GENITALS

Leucorrhoea :

burning.

Menses copious :

frequent.

early.

protracted.

Metrorrhagia.

Pain in ovaries :

left.

in uterus, during urging

to urinate.

TRACHEA

Dryness.

Roughness.

Tickling.

LARYNX

Burning.

Roughness.

Scraping clearing.

Tickling.

Hoarseness on waking.

Voice lost.

RESPIRATION

Difficult :

9 a. m.

while lying.

Gasping.

Panting.

Sighing.

COUGH

Morning :

on waking.

9 a. m.
 Evening.
 Night.
 After coition.
 Burning, in chest.
 Dry :
 morning.
 night.
 during fever.
 Exhausting :
 night, in bed.
 Fever, during.
 Loose.
 Lying agg.
 Painful.
 Paroxysmal :
 evening.
 night.
 Rising from bed.
 Rough.
 Smoking agg.
 night amel.
 Spasmodic :
 evening.
 night.
 Tickling in bronchi :
 in larynx.
 in trachea.

EXPECTORATION

Difficult.
 Scanty.
 Taste nauseous :
 salty.
 Thick.
 Tough.
 White.
 Yellow.

CHEST

Angina pectoris.
Anxiety in heart region.
 Ceased heart, sensation
 as of :
Clothing agg.
 Constriction, tension, tight-
 ness :
 Heart.
 grasping sensation.
 Cramp Heart.
 Gangrene of lungs.
 Inflammation endocardium.
 Murmurs.
 Oppression :
 when coughing.
 when waking.
 Heart.
 Pain :
 rheumatic.
 walking.
 Clavicle below.
 Right side.
 Left side.
 Sides during cough.
 Heart :
 pulsating.
 Aching :
 Left side.
 Heart.
 burning.
 cutting.
 pressing Right Side.
 sore.
 stitching Left Side.
 walking.
 Heart.

Palpitation:

tumultuous.

Spasms.

Swelling Mammae.

Trembling Heart.

BACK

Coldness.

Lumbar.

cold draft agg.

Carbuncle, Dorsal.

Eruption.

Heat, Cervical.

Itching, Cervical.

Pain:

during menses.

wandering.

cervical:

moving head.

turning head.

Dorsal scapular:

under left scapula.

Lumbar, during menses.

extending down legs.

Spine.

aching:

Dorsal.

under scapulae.

Lumbar during menses.

Burning Sacral.

sore.

stitching:

Scapulae.

Dorsal.

Stiffness, *Cervical.*

during headache.

EXTREMITIES

Bandaged, as though, while walking.

Chorea.

Coldness:

Lower Limbs.

Foot.

Contraction Fingers:

Lower Limbs.

Convulsions:

Legs.

Cramps:

Lower Limbs.

Thighs.

Calf.

Foot-Sole:

Toes:

first.

Discoloration; blue nails.

Eruptions:

pustules.

FORMICATION

Heaviness, Upper Limbs:

Lower Limbs.

Inflammation, Fingers:

Toes.

Itching, Upper.

Fingers.

LOWER LIMBS.

Leg.

Foot.

Lower Limbs becoming cold.

MOTION:

IRREGULAR.

Loss of power.

Upper.

Fingers :	Patella, extending to back.
difficult.	
Numbness :	LEG :
Left Upper.	Tibia.
Lower.	Calf.
Leg :	Foot joints :
right.	toes :
Pain :	first.
<i>Rheumatic.</i>	Aching Forearm :
Upper Extremities.	Wrist.
Shoulder.	Hip.
Upper Arm.	Burning :
Elbow.	Forearm.
Forearm.	Palm.
Wrist :	Hand.
right.	Hip.
front.	Knee.
Hand :	Leg.
back.	Calf.
palm.	Pressing, Thigh.
Fingers :	Shooting, Thigh.
joints :	Sore, Hip.
third-finger joint.	sitting amel.
fourth-finger.	standing.
using fingers.	walking.
THUMB :	Knee.
evening.	Stitching, Upper Limbs.
pressure amel.	Wrist.
Lower Extremities :	Hand, ulnar side.
walking.	Fingers: first.
Hip :	Thumb: ball.
<i>evening.</i>	Thigh.
night.	Leg :
during menses.	calf.
rheumatic.	toe: first.
Thigh.	Foot.
Knee :	Tearing, Toes :
	first-toe.

Paralysis:
 Lower Limbs.
 Perspiration: Foot.
 Pulsation: Thigh.
 Knee.

Restlessness:

Upper.

LOWER.

LEG.

Foot.

Stiffness, Knees.

Swelling, Joints:

Wrist.

Knee.

Toes.

Trembling Leg.

Twitching Upper Limbs:

Weakness Upper Limbs.

Lower Limbs.

Hip.

Thigh.

Leg:

walking.

Restless sleep.

Sleepiness:

morning.

evening.

overpowering.

sitting.

Sleepless.

Yawning, morning.

spasmodic.

CHILLS

daytime.

morning on waking.

evening.

drinking agg.

icy cold.

shaking.

after sleep.

7 p. m.

trembling.

on waking.

FEVER

Night.

alternating with chill.

congestive:

threatens cerebral paralysis.

external heat.

hectic.

zymotic.

PERSPIRATION

night.

during anxiety.

lying.

sour.

SLEEP

Dreams of animals:

business.

danger.

dead bodies.

death.

horses.

misfortune.

pleasant.

sad.

unpleasant.

water.

Falls asleep sitting.

Prolonged sleep.

SKIN

anaesthesia.
 burning.
 bluish spots.
 dirty.
 yellow.
ecchymosis.
 FORMICATION.
 gooseflesh.
 ITCHING.
 CRAWLING.
 stings of insects.
unhealthy.

GENERALITIES

Night.
 CHOREA.
 After coition.
 Constriction as of band.
 Convulsions.
 Clonic convulsions.
 Compression on spinal column.
 Epilepsy:
 from fright:
 hysterical.

Convulsive movements.
 Faintness
 Pain as from burning.
 pressing internally.
 sore bruised; during chill.
 Pulse full; hard.
Lack reaction.
 rubbing amel.
 Sensitive internally.
 Septicaemia.
 Beginning of sleep.
 Standing amel.
 Stretching:
 morning.
Trembling externally.
Walking agg.
 Weakness enervation:
 daytime.
 9-11 a. m.
 5 p. m.—5 a. m.
 after coition.
 from diarrhoea.
 during menses.
 from walking.

LITERATURE CONSULTED.

Kent's Repertory.
 Boger's Times of Remedies.
 Clarke's Dictionary of Materia Medica.
 Literature to be searched to fill out this survey must include:
 Clinical Records in I. H. A. Transactions.
 Transactions Society of Homœopaths, The Homœopathician, June, 1913.
 Medical Advance.
 The Homœopathician.
 Additional data should be forthcoming from the clinical records in the offices of master-prescribers.

Much more is known of this important remedy, in fragments not yet collected, which should be compiled into a unit brochure. The remedy is much needed for resolving complex cases in these modern days, and that it may be readily applied the apparent complexity requires an accessible key.

DR. DIXON: Members of the conference, I want to rise to my feet and say that I think that is an ideal paper for this bureau. It gives us something constructive, it gives us data on a remedy that most of us overlook, and I think when we come here and hear a paper of that sort we are getting something well worth while, and I want a good liberal discussion.

DR. GREEN: If more people knew Tarentula very well we should have more cures on many very serious conditions which are of nervous origin, functional entirely, not organic, but very deep seated. It can bring people back from what seems to be an entirely incurable condition.

DR. BOGER: Tarentula once made an unforgettable impression upon me. I was called to Pittsburgh to see a physician there. He had an acute inflammatory rheumatism, and his brother telephoned me to come up and see the boy. He had a pretty severe attack, and was lying propped up in bed throwing his arms from side to side and having difficulty with breathing. He had evidently acute inflammation of the mitral valve, pretty severe, and I reached the conclusion that he needed Tarentula. The patient made a complete recovery at the end of five months.

DR. SCHMIDT: I would like to ask the doctor on what symptoms that prescription of Tarentula was made. On the restlessness?

DR. BOGER: The restlessness was confined to the arms. The condition was a toxic condition, absolutely. You cannot prescribe non-toxic remedies for toxic diseases.

DR. STEARNS: I made an unintentional proying one time on a patient for Tarentula. I had observed that painful menstruation with restlessness was relieved by Tarentula in one case. The second case came along. I gave Tarentula 200—single dose. Within three or four days she developed something that looked like a carbuncle on her elbow. I thought it was the effect of the remedy. I wasn't sure, so after she got over it I repeated it

and she got a bigger one on her hip. She never would speak to me afterwards. It was black, just as the carbuncle of the Tarentula is described and it was just as painful as it was described.

DR. MCFARLAND: I made a proving of the 2c preparation, a very good preparation. It has a wonderful effect on certain nervous twitchings.

DR. HAYES: Mr. Chairman, I was impressed with the similarity by Dr. Loos' paper, between the external characteristics and actions of the animal and the symptoms which result in provings. It seems to me to be a law of nature, and that is an illustration of that law of nature, that you can find the same characteristics following from the material to the immaterial. It is quite a field.

DR. JULIA LOOS: It is a fact that Tarentula is the background in which Arsenicum works. More than once I have been tempted to, and led to prescribe Tarentula because I recognized Arsenicum and the prescribed Arsenicum would go so far then it would go no farther.

An interesting little thing came while I was preparing this paper. I had used Tarentula quite a number of times and I knew something about it. I recognized some of the leading characteristic features in a patient I had had under treatment for a month or two, and before I came away I gave her a dose. She said: "Doctor, that medicine I got last time has helped me in giving me more calm; I don't feel so upset and restless and nervous as I did." I thought that was a very beautiful beginning. I hope that you will all help to work up this record of the remedy from your experience with it, because this is only a beginning. Therefore I now invite you collectively to write a paper on Tarentula.

CHAIRMAN DIXON: Dr. Loos brought up a point I want to emphasize to those present: she has put a lot of work in that paper, but Dr. Loos has been paid for that in helping one of her patients. I don't think I ever prepared a paper or a remedy in my life that I didn't find I had overlooked that remedy in some of my patients and next year remember. Perhaps you will be rewarded the same way when asked to prepare a paper. It is good exercise for us; it helps us all.

HOMOEOPATHY—CHRONIC AND ACUTE.

ALFRED PULFORD, M. D., Toledo, O.

Fate has decreed that we make our debut before this Association at this time. We therefore do so, but not without some misgivings. Handicapped by an unfinished high school education, a twelve-month stereotyped medical education and with no one to point the proper course to take, we find ourselves in no fit shape to pit our lack of education against the master prescribers we are destined to face here today. Therefore you will get an ignorant man's view of Homœopathy and Homœopaths. Logic, philosophy and intelligence from our viewpoint are nothing more than applied common sense and mean nothing where common sense is lacking.

To gain admission into this Association has always been our goal. We are sorry to state, however, that when our hopes were fully realized at Cleveland in 1924 we were due for a rather painful shock as we listened to Dr. George Dienst's resolution regarding the holding of office by members of this Association. Surely, ladies and gentlemen, you are not at this time beginning to hit the downward toboggan so fatal to the A. I. H.?

For any physician, who claims to be a Homœopath, to join an Allopathic society, to resort to serum, narcotic or other unnatural methods of treatment or to choose the course of least resistance is to take a decided step backward in medicine as well as being inconsistent, and inconsistency does not belong to the same firm as intelligence, especially a foolish inconsistency.

If we, in all the glory of the denseness of our ignorance, can master Homœopathy sufficiently, in spite of the most pernicious and diabolical opposition and persecution, to build up and maintain as good a practice as any one else without the aid of Allopathy in any manner or form, (as the late Dr. Hale would say) "it sheds no lustre on the so-called intelligence of the doctor who cannot."

Sometimes we feel rather proud of our ignorance, for you all know right well there is always a chance to put something useful into an empty vessel, but never into a vessel already filled

with useless material, especially such as cannot be dislodged, the very reason so many of our recent graduates fail with Homœopathy.

Hering spoke no idle words when he said: "If we ever give up the strict inductive method of Hahnemann we are lost and deserve to be remembered as mere caricatures in the history of medicine."

Hahnemann placed no idle stigma when he said: "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly master of the same becomes a crime." Of course in going back to Allopathy, in ceasing the unfolding of Homœopathy and in the ceasing of drug provings we are making ourselves thoroughly masters of the art of healing, are we not?

We have lived long enough and had experience enough to prove the truth of Boeninghausen's statement, that: "I consider Hahnemann's doctrine a precious and inalienable jewel which must be carefully cherished and guarded from every impure admixture. Ever more glorious will Homœopathy unfold its banner, ever more brightly will it beam in the firmament of science, ever more full of curative virtues she will show her wonderful powers if she is not decked with false finery or disfigured with borrowed attire or ornaments. Homœopathy is a natural growth and independent in its nature and every alien admixture is but to her detriment. The germ of its development lies in her own nature," etc.

The longer we study medicine and the more closely we practice Homœopathy the more and more we are convinced that the modern medical profession is the most ignorant of all the ignorant professions, even though a prominent attorney-at-law said, "If it is more ignorant than the legal profession it has got to go some." Modern medicine had its origin in a false error, conceived in superstition, born of ignorance and raised on a foundation of quicksand, hence the constant need of change, proving itself valueless, dependent and unreliable.

On the other hand we have Homœopathy whose origin is truth, conceived in wisdom, born of intelligence and raised on the firm rock of natural law, a foundation which man finds impossi-

ble to change. The man who can change either a natural law or Homœopathy has never yet been born. Natural law can neither be bent, improved, abridged nor annulled. All that man can do to either the natural law or Homœopathy is to extend their usefulness and this can only be done for Homœopathy in continuing its unfolding and above all in practicing it. All our propaganda for Homœopathy will fall flat if we do not deliver the goods and we cannot deliver the goods if we have not got them.

Homœopathy is all that Boenninghausen said it is. Unlike Allopathy, it is valuably independent and will contain within its own range all that is necessary for prevention, cure and palliation when its unfolding is completed, and it is reliable, the lengthy articles of the surgeons of our school as to its limitations to the contrary notwithstanding. The limitation of it consists solely in ratio to our ignorance of the vast amount of remedial agents yet unproved.

None will deny that Homœopathy cannot renew life to dead tissue, but it will, if given time and a chance, remove that dead tissue in a far neater and more economical and effectual manner than the surgeon can, and do what the surgeons cannot do, i. e., remove the cause and prevent its return as the following case will illustrate:

Early in 1923, George W., a lad of 17, was brought to us. Four years previous had developed what was stated to be a malignant growth on the right maxilla, which was extremely painful and caused the boy's health to gradually fail. For two years he received constant but ineffectual treatment at the hands of modern Allopaths and Homœopaths. He was then turned over to the surgeons who diagnosed his case cancer. The teeth were extracted, the tumor and part of the bone excised. This brought temporary relief for six months. Then in turn the X-ray, then radium were pressed into service, but to no purpose. In desperation and as a last resort the father turned to us and promised to stick and did.

As to history we found nothing to bear on the case if their statements were true. With the old wood-chopper's words still ringing in our ears—"Any damned fool can split a straight stick, but it takes a wood-chopper to split a knot"—we went to

work to prove which we were. We found the following: The lump stood out as though drawn tightly over a baseball, the under surface in the mouth looked like the root base of a hyacinth bulb, the face red, changing color, circumscribed, often in spots; the periosteum inflamed, the pain burning and pressing, > rubbing, > sleep, parts indurated, appetite ravenous with an ardent desire for cold food, cold drinks and ice cream which satisfied and made him feel better together with the cancerous affection. These symptoms and conditions we found covered in the highest degree by one remedy—Phosphorus—which was given in seven powders of the 30x, one each night at bedtime and placebo for the balance of the month. The first sign of improvement was his return to a natural appetite. He was then given one dose of the 1M and placebo, the remedy being repeated only when it ceased to act and the potency not changed until it would cause no more reaction. Thus the boy gained in health constitutionally for nearly two years when the 1M had failed to act longer and had produced no impression on the growth. The potency was then raised to the 10M when in a very short time the growth began to slough away. It required a second dose of the 10M to complete the sloughing and permanently heal the wound. The boy is now nearly six feet tall, in the best of health, a law student in the Toledo University and his mouth inside over the site of the late growth looks as natural as the surrounding tissue.

Our greatest failings are the lack of acute powers of observation and an ardent desire to repeat too quickly after the cure once starts. The frequent repetition does not speed up the cure, it merely mounts up to a physiological action and a consequent suppression. Nature does the real curing and works just so fast. If the above were truly a case of cancer, then we have proved conclusively that the indicated remedy will rid one of cancer when the symptoms agree. If it were not a case of cancer the surgeon would display better taste in writing of the limitations of surgery rather than of Homœopathy.

The above case illustrates Homœopathy in chronic conditions. Now for one acute: About 4 a. m. on a real balmy August day we were called to the bedside of a retired farmer, age 60. On arrival at his bedside the first thing that struck our eye was a

real Hahnemannian prescription left by a predecessor who claimed to be a real Homœopath; it lay on a stand near the bed. On the extreme left was a box of active cathartic pills, on the right a number of $\frac{1}{4}$ -grain morphine tablets and in between these two were three glasses partially filled by a liquid colored with the medicine, these being taken in rotation. We turned to the patient who was sobbing, moaning and almost frantic from pain, and loss of sleep. He had been in this predicament for three days and three nights and the disease was ungrateful enough not to succumb to that wonderful array of dope. On examination we found the following: Pain beginning at the crest of the right ilium and extending in a fine line toward the umbilicus, of a burning character when not active, but in action it became a severe cutting, excruciating, increasing in intensity as it approached the umbilicus. Thinking of the pain would reproduce it if quiescent or decidedly aggravate it if in action, as also would sour fruit or sugar, and it was decidedly < on motion or exertion. The abdomen was extremely sensitive and a fine streak of red marked the course of the pain. The patient had always been sensitive to cold air. We placed 15 drops of the remedy—Oxalic acid—in a half glass of water intending to give it every 15 minutes until relief appeared and then drop it out. He was given one dose. In 15 minutes, the time we expected to give the second dose, he showed signs of improvement. After 30 minutes and against our better judgment we gave a second dose to assuage his pleading. In just 45 minutes from the first dose he was in a sound, peaceful, quiet, natural sleep from which he did not awake until 7 a. m. the following morning, when he awoke refreshed, got up, shaved, ate breakfast and was the first patient at the office that day. There has been no return of the pain.

In the first case Homœopathy triumphantly did what all other methods failed to do in a chronic condition. In the acute case Homœopathy accomplished in just 45 minutes what modern Homœopathy aided by Allopathy failed to do in 72 hours.

In conclusion, ladies and gentlemen, an ignorant man's idea of an intelligent man is one who criticises his equals and his superiors and who enlightens his inferiors, and as your inferior we are here to be enlightened.

CHAIRMAN DIXON: The next paper is "The Repetition of the Dose," by Dr. Harry B. Baker.

DR. BAKER: This paper is very short, but I hope you will get something out of the discussion. That is what I am trying to start.

In this paper I am referring only to chronic diseases and the use of the remedies over the 30th potency.

THE REPETITION OF THE DOSE.

DR. HARRY B. BAKER, Richmond, Va.

The ordinary rule for repetition is to allow the remedy to act as long as it will and repeat when the action runs out. Now this sounds very simple and sometimes it is and sometimes it is not. To begin with it is often difficult to know how many doses to give in order to get the remedy to act. One powder dry on the tongue may be all that is necessary. Again it is better to give three powders an hour apart or dissolve a powder in six or ten teaspoonsful of water, and give two teaspoonsful every half hour. Sometimes I give one powder a day for three days or a powder night and morning for three days. I have never used this last method with potencies above the two hundredth. It all depends on the susceptibility of the patient and I know of no rule for determining that. The physician must use his own judgment in each case. Having given the first dose or doses if there is no apparent effect, aggravation or amelioration, in a week or ten days, unless I feel very sure that my remedy is the simillimum, I look the case over and try again. I think that in most cases you will get some action in ten days if you have selected the correct remedy. If you get an aggravation followed by an amelioration don't repeat as long as the amelioration continues and even when it apparently ceases it is well to wait a little while before repeating. The tendency I think is to repeat too soon, because sometimes when the amelioration has apparently ceased it starts up again, and you will interfere with the action by repeating too soon.

In incurable cases when the best that can be hoped for is palliation, the remedy often has to be repeated very frequently, sometimes every day or two. Hahnemann in the sixth edition of the *Organon* advises repeating every day in chronic cases, but raising the potency each time. He was probably referring to the 30th potency only. I have had no experience with this method. In this paper I am considering only chronic conditions and the use of remedies above the 30th potency.

SECRETARY ROBERTS: Mr. Chairman, I think the repetition of the dose for most of us is a very serious thing in that we have to feel our own way to a very large extent. I know the late Dr. Martin Dischere of New York warned us in the senior class when we were dealing with different diseases to act upon the repetition of the dose, accordingly, the more malignant the disease the more necessary to repeat was the dictum, and I have found that personally, in my experience with severe epidemic diseases like diphtheria and scarlet fever, that you can repeat the dose very, very frequently for an hour or two by plusing the remedy, making the next potency higher, and as far as I can see I have received no bad effect, but very good effect from such practice.

In chronic work of course we do differently, but in the very acute cases where the toxemia is increasing very rapidly I think that it is safe to do it in this way.

DR. STEARNS: Dr. Baker confines his paper, I think to chronic conditions. If you have followed the work the Homoeopaths are doing in England—have perhaps read papers written by the physicians there on plusing—they plus in chronic cases and give you some very convincing facts relative to plusing. In the last two years I have been experimenting with plusing in chronic cases—I haven't confined myself to any particular potencies with the plusing either high or low. After I once have finished with the plusing, no matter how long or how short, I take it I have finished with the remedy for an indefinite time, maybe weeks or months. That is the same rule I originally followed with the single dose, never to repeat as long as there was any chance for getting any more out of it. The more pathology there is to over-

come the more I am apt to plus, but I have not seen any harm from plusing in any kind of a case.

In the old days when I repeated the same potency over a period I found that after repeating a few times in a chronic case it began to get in its own way and improvement was halted instead of helped. You soon got all you could out of the remedy, but this method you can repeat indefinitely and still obtain benefit.

DR. SCHMIDT: I find the most troublesome thing in all the practice is the repetition of the dose, the selection of the remedy is comparatively easy with the repetition of the dose and the experience is rather peculiar. I have had a case of carcinoma of the stomach which had as high as five grains of morphine daily and then could not stand the pain. I gave one single dose of Phosphor 1m and I did not need to repeat for two months. I also had a case of syphilis of the lower limb, absolutely one solid mass of lesions—I don't think I exaggerate—absolutely no normal skin to be seen anywhere—yellow, green, blue, black, one open sore quite large. I gave mostly Arsenicum 4 to 5m repeated every day for three years. The man is 75 years old and working every day.

DR. SLOAN: I would like to ask the previous speaker how he knows his first patient had carcinoma of the stomach. I think—we have a tendency to make rather loose statements in regard to some of our pathology and we assume that we cure conditions when we cannot prove that our diagnosis was correct.

DR. SCHMIDT: All I can say is that he in the first place had been in the hands of a half-dozen Allopaths who were supposed to be good diagnosticians; in the second place he had repeated vomiting of that black vomit, he had been unable to retain or take any food for over three months. He was entirely fed by rectum and the pain was the sharp pointed pain that we consider carcinoma. I depended largely on the diagnosis of the previous physicians. My main diagnosis was the black vomit.

DR. KRICHBAUM: Mr. Chairman, I believe that I am the only one in this organization fool enough to undertake the remedy and the dose question. I came to a few conclusions and I have them yet. You may repeat a high potency, you ought to as long as you want to, but a remedy doesn't act any time—it is

the reaction of the organism to the medicine. Now the only logical way of giving medicine according to the Hahnemannian theory is the plus method. I give a dose of the 30th at noon-time and it has improved the patient; he doesn't need as much medicine at 6 o'clock tonight. Therefore you reduce the dose by going higher. The size of the dose depends upon the pathology in the case, and if you have a pathological condition pouring poison into the system you have got to use the low and you have to repeat it.

DR. W. H. TOMLINSON: This question comes home to me very strongly. I have been practicing over fifty years and I have had experience along the line of all potencies and remedies, I might say, and in my early practice I somehow imbibed the theory of repeating the high potency. About five years ago came under my care a number of cases suffering with the eye which I undertook to relieve by therapeutic means.

I had as many as over a hundred cases come under my care and I repeated the remedy. I got results. The fact is I got results in 90% of those cases that I could see change had taken place and the remedy was the 82m and the results were that they could see. Then someone made the remark: "You will have to stop making that medicine or you can't stay here very long. For the blind would be able to see and they wouldn't want them."

After one, two, or three months the change stopped and I wondered why. Then again it seemed to increase and I wondered why; and then under deep study it came to me like a flash: the man that I gave the first dose of the C. M. 2 to. If I gave that dose it would be enough to supply all the physicians in the world. I got an excess of a potency by continuing the remedy, and after it had accomplished its work according to the law of cure it reproduced that which was produced. Then I saw the necessity to stop and give the one dose of it, and follow that with that which would satisfy the mental condition of the patient.

I found when I did that my improvement became greater. I held my work. I can hold that which I gave and until maybe three or six months go by, then the symptoms again would seem to come up. Would I give another dose that medicine would

still hold its own and still continue to work. I gave in this case sulphur c. m. One dose of sulphur would increase the action again.

Therefore I know in years back I had prescribed the same remedy and got results and I had the opportunity in one case I prescribed thirty years ago, to come before me. In fact I hunted the case up—I wanted to know when I looked that case in the face I could just see a little light through the upper part of the pupil, he couldn't see objects or anybody. It struck me forcibly that this was a case in which the remedies that I had prescribed still continued their action. If such be the case then the remedy that would counteract the excess action would be useful. I gave that case one dose of sulphur cm and if you saw that patient and had seen him the day before I gave it—blind from birth. At the end of two weeks when I gave the remedy, I went back and the patient was looking at me out of both eyes and could see with both pupils—there was the one dose following the other—the continuation. Usually remedies continue longer than you think. You give a remedy and you say it has lost its action, but that remedy may continue for years in its action and when you come to follow the needs, it needs the indicated remedy according to the laws of Hahnemann.

The trouble I find is to be able to find that indicated remedy. When I find the remedy I get my action and we have a valuable work that will help us.

DR. MCFARLAND: I think if you have the right remedy you are not worried much about the repetition of the dose because things get well so fast that you move on to the next case. There used to be a member of this Association, Dr. P. P. Wells; maybe the older members knew him. He was a great friend of my father's. He was a great friend of Dr. Lippe's. Dr. Wells developed a skin condition on his hands. He was one of the older school of Homœopathic doctors: he never took a vacation, he never seemed to be able to cure himself. After forty years of practice he decided to take a trip to Europe. When he was there he visited Dr. Boenninghausen, who was a very old man at that time, living at Muenster. He went to see him and they had a nice talk. He spoke to him about this intractable skin condi-

tion and Boenninghausen got some foolscap and wrote all his symptoms down in long hand and told him to come around the next day. He finished the next morning about 11 o'clock. Wells told him he was going to continue his trip to Spain, then he would come back. Boenninghausen said: "This is the medicine that will cure you; you haven't been taking the right medicine." He gave him a bottle of medicine. He said from the first dose he felt better in every way and before he had finished the bottle he was entirely well. He was very much pleased and in about a month's time after he had been in Spain, he came back to Dr. Boenninghausen and he asked what the medicine was and it was petroleum. I suppose prescribing for yourself is like looking in a looking-glass; you don't know exactly how you look and if you get the right medicine I never worry about the repetition of the dose. Maybe that sounds like conceit, but I think it is like a burglar enters the house. If you shoot him in the arm or the finger he is going to get away, but if you shoot him through the heart, it is goodbye.

DR. BOGER: Mr. Chairman, being on the program for the next speaker I cannot resist saying a few words. In the first place all the potencies are not alike. Many potencies like cmm can be repeated pretty often and not do any particular harm. If you go to the other end of the scale and take m potencies I would like to see you do that two or three or four times and see what is going to happen. If you want to be convinced, just try it that's all. I wouldn't advise you to repeat potencies too often if you haven't considerable familiarity with the reaction.

We must remember one thing: potency is an imponderable thing; you are dealing with a life force which is also an imponderable thing. You cannot put either in a scale and weigh it. When you are dealing with imponderables you are dealing not with things that can be worked out mathematically by long division. You are dealing with flexible forces and unless you remember that you are going to get into trouble.

The reaction which you get from the beginning of the potency is as I have pointed out here several times before, like touching the button for the electric current—it is the response you get, the medicine itself doesn't do anything to you, the medi-

cine hasn't much power of its own—it is the response that does the work and if you touch the wrong button you are going to have an explosion or else nothing.

Perhaps there is something wrong with the current, if you give the wrong potency and the wrong remedy, but it is the response you get from the patient that does it—if the rebound is too hard it may make lots of trouble and if the rebound is too small or not at all you haven't accomplished anything. You must remember this is a wide field you are stepping into here and the actual experiments in the field have been rather limited.

So I think we had better approach the potency question in rather a general frame of mind; don't be too positive about it because something is going to come along and upset everything we have done.

DR. UNDERHILL: I don't think there is any question but what Dr. McFarland is right when he says the very important thing is to get the right remedy, but it is also true that if you have the right remedy and you are dealing with an acute case, and if you don't give it too low, shoot the disease through the heart the first clip and it doesn't get a chance to come back again, the patient is well the next day and I also believe with Dr. Krichbaum that when you have a very violent condition it may be necessary to repeat the remedy often, but I cannot agree with him when he says that to give a dose of a potency at noon, the patient is better at night. You are giving the patient less medicine when you go higher in your dose. You may be giving him less of crude drug but you are giving more potential, greater power. I don't know whether our method is correct or not in dealing with the dose, but we have followed it for thirty-five years and it stood by us and we are not going to give it up right off in chronic or acute cases, but in many chronic cases we give the remedy low and watch for results. If we don't get any result why we wait as long as we can consistently and we go higher.

Now what I mean by low is around 200. We have a few, very few 200 is low with us. Now then if we get any results we are in no hurry to repeat. We have plenty of sac lac and we give that ad lib. Whenever we see the patient what we call "slumping out" from under the influence of the remedy we still

wait a while unless there is such tremendous suffering that we must do something. We wait a while and then we repeat the remedy in the same potency.

If we have given 200 we give them 200 again. In a great majority of instances if we were right in our remedy we will find improvement. When there is another slump we wait another short period of time and repeat that remedy again. By this time he has had three doses. Then, if nothing happens or he slumps out very quickly, we go higher again, change to 1m and keep going up in that fashion.

Now there are some people, undoubtedly many, that there is some element that they have needed all their lives. I haven't the slightest doubt that every one in this room, there is some remedy that we have needed all our lives. It is just possible that our mothers needed it, and when we were being carried in the utera, and when that remedy is found that helps us over hard places, not only us but every patient that we have. We have found that if we can find the remedy that fits the individual through and through, up and down and around, that remedy keeps him well. He is not apt to take infection of any kind, he goes through life free from all disease or if he gets anything it slips off quickly.

Now it may be that he will need that constitutional remedy occasionally and if you have started low you can carry him for thirty years on that remedy and he will not be very ill. Now I know a little about Dr. Tomlinson's experience with remedy. He was telling you real experience. My son on an invitation from Dr. Tomlinson visited that asylum for the blind and saw some of the results that Dr. Tomlinson was telling. I think we can well ponder this question of the repetition of the dose. I think it is really—I won't use the adjective I thought of using, but it doesn't seem to me that we are going right in repeating too often. We should have a reason for it: the patient must have come to a halt so far as improvement is concerned or gone backward before we should actually repeat any remedy. Wait a while. I think in too many instances we are too quick on the trigger. In this case cited by Dr. McFarland—Boenninghausen was in no great hurry—he wanted to study that case out from a to z; he took twenty-four hours and more to do it. See what happened

when he found the right remedy. Maybe he got results we wouldn't have gotten.

DR. NELSON: Gentlemen, it seems we have confined almost all our discussion to giving higher potencies. So far as repeating the dose is concerned, some of you remember Dr. R. R. Gregg reported a case of diphtheria where he had repeated the remedy that he said was indicated in the case and he had given nitric acid I think, and the case was either at least holding its own—a young man, I think 20 years of age. He repeated the dose of nitric acid and the young man in less time than it takes to tell it jumped up, struck himself on his breast with his hand and dropped dead on the floor. He said that was the only case where he believed that he had actually prescribed the right remedy and killed the case by repeating it when it should not have been done.

Now all the rest of us may run across something of that sort if we are inclined to repeat too often. That is one of the worst stumbling blocks on the whole road.

Now the last speaker referred to constitutional remedies. I have a girl that is upward of forty years of age now, but from the time she was five weeks old until before she was grown she never had been sick much, but she has been right at the jumping-off place two or three times, and she responded to one dose of belladonna 200 every time. I don't know that I or her mother ever gave her anything else but that, one dose at a time.

DR. F. A. HALTER: While I was in medical school I was treated by one of the doctors at the college and I certainly proved the remedy. She walked in in the afternoon and said: "What is the matter with you?" I told her and she said: "I think I will stop that remedy." It seems to me it depends much upon the susceptibility of the patient and much upon the depth of action of which the remedy is capable.

DR. STEARNS: I want to introduce one thought that has to do with this term we are using, "dose." I do not believe the term does convey the actual—the conception of the actual thing—that is in the 30th potency. Just think that over.

DR. KRICHBAUM: You talk about imponderability. How are you going to divide imponderables and do they become more im-

ponderable? I am stupid, I admit that, but I would like to have that answered.

DR. STEARNS: I believe the same thing cures whether you give the 3x, if it does cure, as cures when you give the 200. I don't believe either one of them belong in the term doses.

CHAIRMAN DIXON: This discussion has been very interesting to me. I will tell you something you have forgotten. Last year I gave a paper on the repetition of the dose and I was very glad it wasn't discussed. Dr. Baker chose that for his subject and I think he handled it in the right way to get out discussion. To me it is of big importance, the repetition of the dose; next to the selection of the dose, I believe, in our successes and failures.

DR. BAKER: Dr. Roberts spoke of the need in acute diseases of repeating frequently. Kent used to tell us: remember in acute diseases an hour or two may be weeks in chronic cases, so you have to consider that.

Of course in acute diseases you might have to repeat frequently, especially in severe cases. I wish Dr. Stearns would explain just how he does that plusing.

DR. STEARNS: I have them get a four-ounce bottle and a medicine dropper. I give them the one powder of medicine that is to be put in the bottle at night and the bottle filled three-fourths full with water. That is shaken up and they take a teaspoonful. I give them also a four-dram bottle of aqua distillata. The second night they throw that three ounces out, fill up three-fourths full, put in ten drops of aqua distillata. Shake that up, a teaspoonful of that, and repeat that way as long as I deem advisable. Keep it on ice because it is apt to gather a little.

DR. BAKER: Dr. Krichbaum spoke of the reaction there. According to my idea the action of the remedy is instantaneous, it is simple. As Dr. Boger said, press a button. It is the reaction to the stimulus that we call the action of the remedy. Now that reaction may continue for years; it may be permanent, it may be all that you need from the one dose, but that is my idea, you simply stimulate—that is all—you get the natural reaction.

Now Dr. McFarland, about the curing with one dose. I don't think his case was a fair one. That was just one condition Dr. Wells had. Of course there are not very many of us that

are Von Boenninghausens, or Lippes and we undoubtedly don't get our remedy in a great many cases. We cure our patients zigzag—we get part of it. If we had gotten the absolute simillimum in the first instance we wouldn't have needed so much.

But I don't believe either Von Boenninghausen or Lippe could take a case loaded up with two or three miasms, that you have in a family history, going back three generations and cure it with one dose of medicine.

DR. MCFARLAND: I didn't say with one dose. He took a bottle of remedy.

DR. BAKER: I don't think it was a similar case. I think he just had a minor trouble there.

DR. MCFARLAND: He had it for years.

DR. BAKER: Yes, but it was just one element, one condition.

DR. KRICHBAUM: The salt air cured him before he got to Europe. He was getting well.

DR. MCFARLAND: He was pretty well hit by that disease. This skin condition nearly sent him wild.

DR. BAKER: As I say, there are very few of us that are Von Boenninghausens.

Dr. Underhill said he starts his remedies low. That is our practice generally, to start in chronic cases around 200 or 1000 as a rule. If I get good action from that I will repeat that same potency and when I don't get action from that potency I am apt to go higher unless I see conditions for changing the remedy.

Someone brought up susceptibility. That is the whole thing and it is very, very hard to tell it. One patient, the least little thing is sufficient to get your reaction. Others, you have to knock on the head, then you don't get very much. I believe that is all, sir, except that I have never yet regretted waiting in repeating a dose. I have regretted repeating it a good many times.

WHAT DIVIDES US?

C. M. BOGER, M. D.

Until lately the soul deadening work of groping about in decaying matter in search of the ways of life held a strange fascination for the medical mind. It seemed bent upon staring at

the flight of life just as if it could thus find the clue to its constructive activities.

Latterly biology has changed this somewhat, but not enough to overcome its saddening consequences. The serums are the fruit of pathologically minded biologists. No clear thinking brain, viewing life and health as a continuously regenerative process, could be guilty of such specious reasoning. It is certainly a fine illustration of how materialism may become the mother of spiritual involution and its dire progeny negation.

If we call to mind that ultimate good can never be born of evil, we will not allow ourselves to be enslaved into looking callously upon vivisection, injecting dead serums into a live blood stream or converting our public schools into experimental laboratories.

If such practices carried only the wished for results forward, the case would be bad enough, but each one is inevitably accompanied by heterogeneous elements whose ultimation can not be foreseen. It is especially deplorable because the divine harmony of human life is thus rudely broken into. What was it the Master said about entering in by some other way than the door? May I also ask who among you wishes to thus aid in propagating animalistic cell impressions made by adding tissues of a lower order to your own?

Life advances by burning to ashes what it appropriates, and we must either thus live toward a higher plane of development or perish miserably in the rushing, roaring torrent of a discordant materialism, never so menacing as it is today. If the middle ages looked up to the stars for guidance, until recently we have mushed on the trail of disease through cadavers. If the secrets of the heavens were too occult for a former age, this one has not discovered the ways of life by raking over the cold ashes of her dead camp-fires. What further fatuousness will overtake us is hard to say. Only this we know, man is full of follies and never more so than when he lays aside principles for expediency. The shameful mistakes of medicine can all be laid to lack of foresight in this respect. What of its boasted rationalism now? Is it as it should be, an understanding of principles, or just musing

around amongst facts, with an occasional find; just enough to lead into still another delusion?

If we would learn to really know this thing called truth we can not make much permanent progress by first of all laying hold of it amidst the swiftly shifting and ever elusive changes of matter, but we must first see the unity and divinity in all things and then judge results by their conformity thereto. This means a grasp of the laws which uniformly govern both abstract and concrete things and a discarding of all that fails to harmonize with them. It also means that they do not reverse themselves by passing from a higher to a lower phase of action and that that which is contrary to them can, at best be but apparently true and not really beneficial in the end.

In treating sick people the atmosphere charged by the mind of the patient and which the acute physician senses at once, governs much that he outwardly sees, and must be taken fully into account if we wish to do the best possible work. It is here that pure Homœopathy is far superior to every other form of treatment and the great beauty of it is that every new scientific development only adds strength to its already commanding prestige.

Whenever we look upon diseases as entities instead of expressions of condition, our pathway soon turns into blind alleys at best, or ever more dangerous ways. Particular disease phases are the real things we are looking into and as these vortices of action move swiftly before our eyes, close observation is the only means by which we may hope to understand and then control them. Just as soon as we begin to sort them into classes our minds are involuntarily colored by their very designations and we begin to look at them through colored glasses, greatly to the prejudice of the patient and our own embarrassment.

The manner in which sickness advances step by step, be the time long or very brief, is of the highest import, as its evolution always has its own characteristic movement and is peculiar to each individual case; this is the real key to the case and must be searched for and disentangled from amongst a mass of non-essentials if we would do more than chase symptoms from part to part, but never cure.

We can not be said to cure unless each patient feels the vigor of returning health surging within him urging him to activity. A mere recovery which allows innate vitality to slowly recuperate itself is not a cure in any sense of the term. That is what divides us.

DR. HAYES: The trouble is, Mr. Chairman, the paper was almost too deep to discuss offhand, but it was just like music to my ears. It is a demonstration of how harmony, rythm and form may be brought from the immaterial world to our senses and I am sure we discerned all those things in Dr. Boger's paper and the way he expressed it.

DR. BOGER: I just want to stress one point: we have the things which divide us between ourselves into various schools of thought, but there is still a wider gulf which divides us from the regular school. Now the majority of thinkers in the regular school certainly doesn't pretend to cure disease, but the patients recover. The surgeon does his work and the patient recovers. They give some other treatment of pneumonia, give amonium carbon, perhaps a new serum, but the patient recovers. Take erysipelas—they use antiseptics, and the patient recovers.

Now the thing which divides us from them as by a gulf, is the fact that we give a remedy which makes the patient come up quickly and cures the patient. He is brought again into the natural harmony of life, that is what divides us, and so few even of us can see that point. Too many of us allow our patients to recover. If you can't do any more than that you are not a Homœopathist, you are not any better than an Allopath—he allows his patient to recover. Some of them are getting sensible enough to lay their medicines aside and let the patient recover.

CALCAREA CARBONICA.

(A Re-proving.)

DONALD MACFARLAN, B. S., M. D., Philadelphia.

Members of this society realize the import of re-provings. It is a precisioning and winnowing process and when *fairly* accurate of much use but when very accurate its good effects with

the flat-footed law of cure at its back may be really marvelous. The following are the sick making powers, as revealed by incognizant powers.

EMOTIVE AND LENTIENT.

Dizzy when stooping (30). *Dizziness* (30) (30) (30). Very dizzy in morning < by standing up. (30) Drowsy and sleepy on awakening in morning. (30) Feels weak all over in day-time and there is no ambition to walk (30). Dazed in head on right side (30). Kind of dazed in head (12). Limp all day (94M. Fincke).

HEAD.

Yellowish rhinorrhea from both nostrils (30). Dull intermittent frontal headache (30). A pumping feeling over the right eye (30). Head is warm. (30). Head felt heavy (30). Head and neck are wet with sweat when she awoke this morning (30.) All stopped up in head, and nose and throat (30). The left ear felt stopped up (could not hear very plain) (30). Dull and constant frontal headache (all afternoon) (30). Headache at both temples dull and constant (30). The discharge from the left nostril is bright yellow and thick (30). The nose is stopped up in the morning (30). On blowing nose, there is dull pain in left ear (30). Very sore in front and back of the head (30). Awakened wet with sweat around the face and neck (30). Itching face and sore pimples on the face; itching < washing with cold water (30). Getting deaf in left ear, head noises on the right side like steam, a constant noise (30). Nose stuffed up (30.) Head dripped like rain drop (30). Dry mouth, no thirst, in morning (30). All the teeth ache, < if eating anything sweet, aching is then sharp (30). The head is intermittently sore all over (30). Ringing in the head (30). A frontal headache dull and draggy (every night). It disappeared in the morning (12). The eyes burn during the night; cannot see for five or six minutes, when he goes from one light to another (12). Dryness of the nose (12). Dazed head (12). The eyes get blurry, as if dosed with atropin; generally in afternoons.

Could not see across the street (12). Headache over left eye in afternoon and evening (94M Fincke).

THROAT.

Dry mouth and throat with marked day-time thirst (30). All stopped up in the throat and head and nose (30). The throat was so dry this morning on awakening, prover thought it was sore, > drinking cold water (30): Dryness in throat, followed by thirst in morning when she gets up (30). The phlegm in the throat is thick (30). Phlegm in throat (thick) interferes with talking (30). Tongue coated brown with an absolute loss of taste (30). The gums sharply ache but only from cold water, or eating anything sweet (30). Bad taste in the mouth, loss of taste, roof of the mouth very rough (30). Dryness of the lips and sore fever blisters (12). Dry cough < in the morning. Choked up in the throat in the morning. Has to cough before she can speak.

STOMACH AND ABDOMEN.

Pain in left belly, sharp on arising in morning. It lasted until 10 a. m. (30). Passing of large quantities of gas per rectum (potency ?) Eats much better (hunger now) (30). The stomach is puffed up this morning (30). The pain in the stomach is sharp and steady for two days, not present at night or did not feel it because of sleeping (30). Prover all right loosening corsets felt tight inside corsets (30). Hungry after eating (breakfast and supper) (30). Craves potatoes, onions, milk and greens and salty meat (30). Puffed up in the epigastric area (30). Irregular bowels (94M Fincke). Proving brought down the bowel at the anus (94M Fincke). The stools smell like sulphur (seat worms) (94M Fincke). A feeling of dry sand in rectum (94M Fincke). Absolute anorexia (12). Brought up gas from stomach < after supper and kept up all night while he worked (12). Beating in stomach (12). Diarrhea 3x this morning (12). Constant nausea (94M Fincke). Costive (94M Fincke).

BACK AND BODY.

Jumping feeling under left shoulder-blade (30). Chest feels sore inside when she coughs and the phlegm will not come up (30). Pain in the right chest when lifting the right arm (30). Just from the waist up very hot by walking (30). The back is very sweaty after a walk (30). When lying down at night, jogging cardiac pulsation felt all over the left anterior chest (it goes up into the head?) (30). The back is soaked with sweat in the morning (30). A dull intermittent tapping inside, in the cardiac area (30). Sore down the center of the chest (30). The heart thumped slow and *hard*; load in the center of the chest, stopped up there (30). The backache is dull; in the left hip, steady all morning. Burning inside the center of the chest area. Pain around the left back (and kidneys?) (94M Fincke). Puffed up all over the body 94M.

EXTREMITIES.

Sweaty hands (30). Hands and feet very *cold* at night (30). Shaky in the legs; it seemed as if they did not want to carry her, but were not weak. The hands shook the same way (30). Sweating in both arm pits markedly (30). All day, the left arm hurts from the elbows to the wrist. In the afternoon the pain was dull and steady. Pain in the left hip bone at the same time (30). The hands and armpits sweat in day-time (30). The legs itched a lot in the morning (30). Soaking with sweat from the knees up (30). Cannot walk well due to the trouble at the right ankle (?) (94M Fincke). The prover cried from the sharp *pain* in the feet. It was constant, < from motion. It was the same in the hands but not so bad. Could hardly close the hands because of the sharp pain. The hands are stiff and sore. The same with the feet (12). Legs trembling (12).

RESPIRATORY.

Cough dry < in the morning when she gets up (30). In the morning, when she breathes, wheezing in the chest (?) (30). Dry cough < in the morning on arising (30). Wheezing in the chest (loud breathing) (30). Forced to breathe fast in the

morning. It seemed as if she might be better if she could belch (30). Dry coughing and upper lung rattling in morning (30). Cough loose in the morning; the phlegm is grey and light yellow around the edge (30). It hurt to breathe some in the left lung. Proving stopped the wheezing. The loose cough is stopped (12).

SLEEP.

Groaning in sleep (30). Sleeplessness (30). Vivid dreaming, not frightening (dream of naval matters). Hard to awaken in morning (30). Dreaming in sleep (30). Very sleepy on awakening in the morning (30). Sleepy all day long (30). Very sleepy in the middle of the day (30). Could not sleep, after awakening around 4 o'clock, until 7 o'clock, when she was sleepy (30). Horrible dream (94M Fincke).

SKIN.

Pimples on the face; the *left* side of the face itches worse, < from touch (30). Itching face and sore pimples on the face: itching < washing with cold water (30). The face itched horribly last night (30). Sore pimples on the left arm (30). A boil on the tip of the left shoulder, big as a quarter and yellow (30).

URINE.

Passed more urine in day-time; went oftener and a larger amount (30). Causes nocturia *ix* at 4-5 a. m. (12). Involuntary urination or else great desire for same (94M Fincke). Frequent urination in large amount (?) (12).

FEVER.

The proving helped the sweating (30). Very thirsty all day with dry mouth and dry throat (30). Head and neck wet with sweat when she awoke this morning (30). Thirsty in the morning (30). Perspiration on the forehead; the hands are moist now (30). Awakened at 3:30 a. m. (the head covered with sweat and the neck is sweaty) (30). Thirst marked around 9 p. m. (no fever but a dry mouth with same) (30). When she

tired of drinking water, started in on tea (this all day). The head, at that time, rather warmer than usual (30). The thirst < at night, but no dry mouth or fever accompanying (30). Sudden thirst about 6-7 p. m. without dry mouth or fever (30). Awakened wet with sweat around the face and neck; the hands and armpits sweat in the daytime (30). The back is soaked with sweat in the morning (30). Thirsty all day long without dry mouth (30). Thirst without dry mouth in morning (30). Cold, then warm, left anterior thorax (30). Fever at night without thirst (12). Thirst is constant and likes it very cold, < in evening (12). Dryness of the mouth in the afternoon with thirst (12). Shook like ague at 10 p. m. (94M Fincke).

FEMALE.

Constant pain in both ovarian regions (?) (12). More free menses, bright then dark red (as a rule dark) (?) (12).

MODALITIES.

After drinking water in evening sharp pain in stomach. Pain lasted one hour, then it got dull—this lasted a great many hours (2 days) (30). *When she coughs* the chest feels sore inside and the phlegm will not come up, > *by drinking cold water* (30). *After a walk* very sweaty back (30).

DR. MACFARLAN: I know of a case like that—a Russian who was cured by change of diet. He had the reddest mouth I ever saw. He said when he lived in Russia they sent him to Siberia and he worked in the salt mines. They put him in a prison in St. Petersburg. He had been in a dungeon for a year. He was in a deplorable state. He had a terrific glaucis and by a change of diet the man was absolutely cured.

I believe there are certain cases which are due to faulty diet and we ought to correct them. I think diet is a very important thing.

DR. SKILES: I would like to ask Dr. MacFarlan what potencies he used?

DR. MACFARLAN: Most of those provings are the 30th.

DR. SKILES: How often did you give it.

DR. MACFARLAN: About every two hours.

DR. STEARNS: How long did you keep it up?

DR. MACFARLAN: Some people are poor provers; they are what you call numbskulls. Some fellow who works all day and sleeps all night. I heard a fellow say he never had a good rest; as soon as he laid down on the pillow he had to get up. Anyone so phlegmatic is a poor prover.

The best prover is the one who comes in with intelligence shooting out of his eyes. He is the one you can plaster. The Hebrews make the best provers.

It is easy enough to make a cure, but to make provings is great sport. I would rather do that than anything else.

DR. UNDERHILL: I certainly think this is a very illuminating paper, very interesting from many angles. I noticed Dr. MacFarlan said he doesn't tell these people he is going to make a proving on them. That looks to me a way out of a good many difficulties. When we don't know what to do for a patient we can start proving on him and he says it helps them anyway, so when you get through with that it may be that the thing for which he consulted us will have passed.

It seems he rates this on a racial basis, Jews or Hebrews are the best victims. I don't know whether you call them victims or beneficiaries. I was very glad he told us he had not killed any of them yet, but I thought there was a tone of regret in his voice, and it may be that this kind of proving will result after a while in a sort of a transmigration of experience. Maybe he can change a gentile into a Jew or vice versa. There are various ways of doing that.

DR. MACFARLAN: Here is what I mean by making provings: You take sulphur, for instance, you take the 30th potency, it produces heaviness in the leg. Now you feel as though loaded full of lead. That isn't as marked as in the high preparations of Sulph., you say from the 5m, and they are very, very marked.

Nobody who has not made provings doesn't realize what violent symptoms you can produce. You can take a high Sulph. cm and push it, say give it to them every hour, and after four or five days you can paralyze that man so he cannot get off a chair and walk across the room. Unless you made these observations

you cannot make a statement like that. A person who hasn't made provings isn't qualified to pass judgment. I don't know one end of an airplane from another. I'd consider it conceit to talk to Colonel Mitchell about flying. No more are people qualified to speak who have never made provings.

I went to a dinner of the Germantown Society. Some person who read an article on Homœopathy, had mentioned paragraphs from Hahnemann's Organon without mentioning where he had gotten them. Some person got up and said: "My that is great. That ought to be published." I think there were about three people in the room who knew that came from Hahnemann's Organon.

When you say there is nothing in that high potency argument, you just put them down as a damned fool.

Now in lycopodium the 30th potency has the same action as sulphur but it is trembling, with the weakness. Lycopodium in high potency hasn't anywhere near the heaviness. The higher up in sulphur the more marked heaviness you get—the less marked in lycopodium. But the reverse obtains the higher up you go. Why this is so I don't know. The only way you can find out is by making observations. The person who hasn't made observations is not qualified to talk about it.

My father made some observations on 24 cm that produces marked bleeding from the nose. They are actually weakened. In fact they bled four or five days after they stopped taking it, bleeding of camphora. The higher up you go the more individualistic the symptoms get.

I see Dr. Griggs is an enthusiast like I am. I suppose they think around there that he is just queer in this line. We used to go around there. They used to think I was queer. But Dr. Griggs came here. I can tell you about a cure he made at Children's hospital when I was serving under him. It was down stairs. I won't mention the name of the doctor who was treating the child because he is a fine old gentleman. He never used high potencies. He had a case of a child about three years old with a very nasty skin condition and some days Dr. Griggs would come and I would come there some mornings and the child would have a pink salve on, some days it would have a blue salve. I never was

up on salves, although in the old school I learned some of these things because I had to. I was amazed at the various types of salve this kid would have on. Then I would look over the chart and I would see the child getting 2x of c b, 1x of this, that or the other thing, but the kid was still there.

Dr. Griggs and I came in, and this gentleman came at the same time. There was some talk between them and the man said: "I guess that child will be here for the rest of his life." He said: "What kind of medicine are you giving?" He told him. Then he said: "I wish you would let me wash that face off and see what this kid looks like." I remember the medicine he gave, sulphur, three doses, and the child had a beautiful result, and you couldn't tell the child had been sick. That is the actual truth. I could swear to that.

DR. GRIGGS: I really admire Dr. MacFarlan's efforts in re-proving the *Materia Medica*. We did provings, but at the present time I have been re-proving because you have so many new instruments of precision and we are learning more about these remedies and their better application, possibly.

There is a lot to learn in re-proving a drug. I realize that; I have been trying to reprove drugs for thirty years and there is a lot in drugs that you don't pick up in the *Materia Medica*. I want to give you an illustration. I have been looking around to see whether a certain doctor was here—last year he took a trip to Europe and left a few patients with me. One an old lady. When I was called in to see her she had a frightful ophthalmia. She was confined to her bed, had been given some eye drops; to make a long story short, she was very restless, had intense pain and offhand I gave rhus tox 30 and took her symptoms. I went to see her the next day. She was positively the same with very little improvement and she said: "Do you think my other medicine interfered with me?" I picked up the medicine and found a tincture which I found had been prescribed for severe diabetes. I told her we couldn't mix it very well. On further inquiry I found she had diabetes. After thoroughly looking her case over and consulting the *Materia Medica* I prescribed *Euphrasia* 30. Her urine had been sent every other day to a man on 18th street who sent her reports. She improved under *Euphrasia* and in 12

days I had her eyes perfectly well. They had been very bad for three months before. This chemist wrote her a note: "You are certainly getting better of your diabetes." That got me thinking. She was improving. When I wound up I gave her a potency 40m of Euphrasia. I let her ride for seven or eight weeks on that. Finally I got a report from Langnor, who was the chemist, that her urine was free from sugar for the first time in seven years. I don't know anything about Euphrasia curing diabetes, but here is an old lady who had severe ophthalmia. I prescribed for the woman and according to the totality of her symptoms I prescribed Euphrasia, and she made a complete cure of her diabetes, and she has not had any return of it. So we can learn something about our medicines the longer we practice from careful observation. It is not all in the orthodox Materia Medica. I have found that we can find new clinical experiences, new clinical confirmations, but I think the great fault was with us we have so much to attend to, we don't mark it all down and then try to put it to the test whether others can confirm it also.

I want to make the remark in the matter of proving remedies, there are lots in the drugs that may be brought out by careful research with the modern implements we have, and there is a lot of clinical information we overlook and don't publish. Maybe some of the members in this audience may have cured diabetes with Euphrasia, I do not know, but I do know that this old lady who was seventy-six years old at that time has a perfect cure of a severe type of diabetes done with a few doses of the potentized drug.

DR. KRICHBAUM: I would like to ask Dr. MacFarlan how did he keep them content.

DR. MACFARLAN: That is very easy. If a person takes Euphrasia, you take his symptoms, then you give him a bottle of saclac and you take this and tell them if they take this the disability will all clear up—the symptoms may fade out because they are not still under the action of the dynamized drug. When they come back you say: "You are quite right," then you can give them another crack of the Euphrasia again. It is just a case of using your head.

DR. GRIGGS: The best symptoms I get is after I have stopped my drug and watch what nature does.

KALI-BICHROMICUM IN INFLUENZA IN WASHINGTON.

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

Influenza surely has been epidemic over most of the country during the last two years, cases appearing in any month but far more of them in cold weather.

In some cities, though the cases have been vicious, no epidemic remedy has shown itself to the diligent seeker after it.

In other cities epidemic remedies have been different, according to location and circumstances.

In Washington the epidemic remedy was and is *Kali-bichromicum*, for fresh cases are still presenting themselves. I grew really ashamed of prescribing *Kali-bi.* so often and told myself I was becoming an empiricist. Then I would use another remedy, given on a few of its characteristic symptoms, and come to grief. The patient would grow worse and would show clearer indications for *Kali-bi.* next day. The duration of the attack would be greater and convalescence less satisfactory. So I gave up my qualms of conscience.

I do not mean to say that a few other remedies were not required in some cases. Bry., Phos., Caust., Hep., Rumex came in for a small share. But I was always filling up the *Kali-bi.* bottles and giving this remedy to one patient after another with signal success. Patients were very ill, as a rule, calling the doctor. Generally they were markedly better next day and well in one or two days more, with very little of the dragging convalescence, which has been so prevalent as to become a part of "grippe" or "Flu" in the popular mind. It grew to be real fun to go about making people well at this rate. Of course a few were much slower. These were the patients who had little resistance to disorders and were depleted at the start. If the constitutional remedy was known, it helped much in convalescence.

An interesting observation in this epidemic, as in all others, is that patients under Homœopathic treatment for chronic ills are not apt to succumb and if they do, the attack is slight and short. The sickest patients, and the great majority of them were robust, well people of all ages.

The epidemic has been so general that, during the winter and early spring, the government departments and the schools were greatly depleted. In the schools epidemics of all the contagious diseases followed Influenza to an extent to make one suspicious of a direct connection. These cases were often obscure and puzzling. An eruption would look just like scarlet fever or measles one day and be gone the next. Yet typical scarlet fever or measles might be in the neighborhood. Mumps, whooping cough and chicken-pox came along too.

Cases treated by the dominant school were very often vicious and protracted, with pitiful tales of sinus and mastoid involvement, marked weakness, lingering fevers and mental depression.

And think of it! Here where pneumonia is reportable, there were 1,183 cases reported to the health department during the first three months of this year, with, I think, 427 deaths. This last number may not be accurate but it is approximate. More than one victim in three died! The number of cases was watched in the daily papers. At first the health officer declared pneumonia was not epidemic in the city. Then he decided it was, tried to find the cause, said it might be due to so much building, up-turned earth, etc.

The situation made the few of us who tried to use Homœopathy correctly, sick and miserable inside as we watched members of families we knew sicken and die in a few days under suppressive treatment. An acquaintance was watched through the last night of his life by good patients of mine who recoiled in horror at his treatment and have been thoroughly roused on the subject ever since. This man was given large doses of Pluto water and quantities of digitalis, then begged not to cough because of the strain on his heart. He did not seem to these observers like a very sick man early in the night, but the doctor declared he would die before morning—and he did. 1,183 cases in three months with more than one death in three!

I had three cases of pneumonia with two deaths, but the statement needs explanation. One lady who had been devoted to Christian Science for thirty years and used her last breath to tell me how much it had done for her, called me in just twelve hours before death. She had been an asthma victim for thirty years.

Another lady ninety-seven years old, caught Influenza from her daughter after she had been bedridden with weak heart for months and static pneumonia had started. She was mercifully released.

The third case was an old colored mammy of 75 years, lying in the front room of a wooden shack with double pneumonia following Influenza. The door opened directly into this room and neighbors called frequently. An air-tight stove was going full tilt close to the bed. The patient was swathed in many blankets to sweat out the trouble. As soon as I could get rid of neighbors, get a colored nurse and cool off the stove, this old woman recovered, first on Phos., then *Kali-bi*.

To return to the epidemic remedy, in order to present a survey of its usefulness, I have gathered together all the cases which have had *Kali-bi*. since the beginning of 1925 (223 people and some of them two and three attacks).

From these records, I have noted all the symptoms, together with the number of times each occurred.

Taking the symptoms in order from the one which presented oftenest on down the line, we have a characteristic picture of *Kali-bi* .:

1. General aching all over.
2. Chill. Decided chill or creeping chilliness.
3. Nausea. From half-nausea to decided nausea with vomiting.
4. Hoarseness marked.
5. General weakness, faintness.
6. Headache frontal; tightness above the eyes.
7. Aching eyeballs.
8. Discharge nose; thick, tough, leathery.
9. Sensitiveness to the least air.
10. Perspiration easy from slight exertion.

11. Exhaustion.
12. Chills and heats alternate.
13. Cough racking.
14. Cough dry.
15. Expectoration thick, tough.
16. Vertigo frequent.
17. Congestion antrums.
18. Tightness at root of nose.
19. Rawness throat.
20. Fullness in ears.
21. Aching in ears.
22. Severe aching lumbo-sacral region.
23. Oppression upper chest, anteriorly.
24. Pain in different small areas here and there, coming and going.
25. Lachrymation.
26. Cough loose.
27. Loss of smell and taste.
28. Drowsiness marked.
29. Head stuffy, congested all over.
30. Headache occipital as if a nail boring in.

In considering these thirty symptoms several things are interesting.

I had not supposed nausea or hoarseness would hold places so high as 3 and 4.

Congestion of nose, throat and ears are highly characteristic, yet they come as late as 17, 18 and 20.

Thick expectoration comes much later in the list than tough coryza, partly because many cases were cured before they reached the expectoration stage.

This is the reason too that the general symptoms head the list. Many cases did not go much in particulars. The epidemic remedy aborted them.

Pains in small areas are highly indicative of *Kali-bi.*, yet this symptom is number 24.

Loss of smell and taste we should expect rather early, but they come 27th.

Mental symptoms are almost absent or negative. Heaviness,

drowsiness, torpor—yes, but active irritability I have down only four times and delirium not at all.

Temperature ranged from subnormal to 104 and has not been considered in the list. Often it was most erratic.

Other symptoms one thinks of in relation to *Kali-bi.*, occurring less often in these cases are:

Burning eyes.

Agglutination eyelids.

Noises in ears: singing, snapping, stitching.

Aching bones of nose and face and teeth.

Sneezing violent.

Entire stoppage nose.

Postnasal droppings.

Tongue coated in patches.

Redness edges soft palate and uvula.

Deposits in tonsillar crypts.

Very severe aching in knees or one hip.

Sharp, darting pains here and there.

Aggravation from drafts, dampness, storms.

On the other hand, it was interesting to note many symptoms cured by *Kali-bi.* which seem characteristic of other remedies.

Sensation band across forehead (carb-ac., carb-v., chel., graph., merc.)

Pain occiput extending over head to eyes (glon., lach., petr., sang., sep., sil., spig.)

Crack in lower lip (nat-c., nit-ac., phos., sep.)

Gums sore (ars., carb-v., merc., sil.)

Blisters in mouth (ars.)

Sensation something waving back and forth in throat (sensation hair-sil., sulph.)

Hollow sensation stomach on rising (coca., nat-p., phos.)

Vomiting blood (arn., cact., carb-v., clin., crot-h., ferr., ham., ip., phos., sabin.)

Sensation numbness abdomen (calc-p., pod.)

Constipation alternating with diarrhoea (ant-c., chel., nit-ac., nux-v., op., pod.)

Respiration wheezing (ars., carb-v., ip., kali-c.)

Cough worse least open air (ars., kali-n., phos., rumex.)

Cough cannot reach right spot (caust.)

Cough worse first lying down (dros., phos.)

Pain lumbo-sacral region extending down posterior thighs
(berb., kali-c., lyc.)

A study of this sort is bound to be fragmentary and conclusions tentative, but perhaps I have increased the interest in a remedy which proves a friend in need to be treated with respect.

DR. KRICHBAUM: This paper brings out a very delicate situation. There are such things as epidemic remedies. The epidemic remedy in Montclair was ferrum phos. I had eight cases of pneumonia at one time—the most I ever had in my life at one time. All received rhus tox, all got well except one old lady because she was ninety-seven years old.

Now if we have epidemic remedies and we have periods of aggravation, it makes us cautious as to when we may and how we may decide that the patient is not improving. They may come to us just when they are on the under current.

Now with one thing, as to the mortality—I want to ask the doctor if all the cases were reported. I think sometimes we are unfair to the other fellow by saying they lose 33% or 25%, but the question is that the lighter cases that get well are never reported. The same way with flu: if the patient dies they had Influenza, if they get well it was just a common case of grippe.

DR. CLARK: The epidemic remedy is different in different locations without any doubt. Washington may have the Kali remedy this year, it may be pulsitilla next. In '91 when we had considerable grippe, as we called it then because it came from France, the majority of those cases called for pulsitilla in New York.

I had a patient who came from Chicago and she had a case of medicines. She was treating her husband, but not very successfully. One day she sent for me. I went down and the man had temperature of 104, and I prescribed for him pulsitilla 200. I told her I would not tell anybody what I gave but as soon as he got well, if she wanted to know what the remedy was, I would be glad to let them know. The next day I went again and the man was well, apparently. His temperature was gone. She said

he had sweat that bed nearly through and felt allright. I told her it was 200 pulsitilla. About five or six weeks afterwards she sent for me again. The man had been up in Connecticut on a business matter and they had a lot of grippe up there. He came home, was sick, with a temperature when I saw him of 104. She had given him pulsitilla. I said I had no objections but it would not do him any good. It was a case of gelsimium from the start and I went down the next day to see how he was and he was allright, was normal and was getting along good.

Different locations call for different remedies.

DR. TOMLINSON: I would like to ask what the potencies were used of the kali-bichromicum?

DR. GREEN: All I know about reporting the cases is that the board of health required it.

About the potencies used, I sometimes gave a patient a dose of 10m dry, just one dose, and left another with him and told him to take it when improvement stopped, but in a good many of the cases I used the 1m potency and put it in a quarter of a glass of water and instructed the patient to take a teaspoonful every half hour until he had four doses, and then repeat in 12 hours, unless better. In those cases the patient would very often need one dose of the 10m dry before cured, sometimes not. If the patient was entirely cured that was about all the medicine that was needed, in itself. As I said, I knew my patient pretty well and knew his constitutional remedy and if he didn't feel well after the grippe had subsided, then a dose of that would finish the cure.

THE PLACE OF MATERIA MEDICA IN THE PRACTICE OF MODERN MEDICINE.

BENJAMIN C. WOODBURY, M. D., Boston, Mass.

I should pass over, in the presentation of this paper, the usual remarks of many contributors to medical society meetings, such as the outstanding honors conferred upon them by the chairman, in asking their contributions, or the equally inane excuses for brevity *et cetera* generally advanced by some writers,

which is only a polite apology for lengthy discourses (I myself have been many times guilty of this offense), and the very puerile excuses of lack of time in preparation, and many others, were it not for the fact that I was struck with the earnestness with which the chairman of this bureau expressed the desire to make this year's contribution the finest that the Association has ever furnished. Truly a worthy ambition. It also interested me to note his request for papers that would bring out some special points on the practical side of *Materia Medica*, as exemplified in Kent's philosophy, or in the every-day routine of prescribing, as observed in the care of cases prescribed for Homœopathically. Here again is the practical side of the question. Hence my willingness to contribute this paper to the Bureau of *Materia Medica*.

There must be two essentials for this paper, then: brevity, and practicability.

In that remarkable preface to Laurie's translation of Jahr's Manual, written in 1841, the celebrated Pierre Curie, destined to be the progenitor of the most famous minds known to twentieth century science—the discoverers of radium, we find this statement, that: "Without the knowledge of the *Materia Medica*, it is impossible to become therapists; but if a profound acquaintance with the *Materia Medica* is necessary to good medical practice, a perfect knowledge of disease is indispensable to a successful application of medicinal remedies."

Curie goes on to review in a brief but masterly way the history of the various theories that had existed in the so-called science of medicine, all of which but gave rise to an era of *eclecticism* in practice, and to the philosophy of scepticism, which, in his own words, was "the language of indolence and the resource of mediocrity."

"The science of medicine was in this state when a man more attentive, of a strong and independent mind, seeking after the truth for the benefit it would confer on mankind, and sensible that in order to pursue his investigations with success, it was necessary to leave the beaten path of prejudice, came forward, changed the basis of the science, and promulgated a definite law of therapeutics. Hahnemann elicited from the study of the old

Materia Medica, the important, the valuable law, that *similia similibus curantur.*"

How were these "medicinal remedies" to be utilized according to this "invaluable law?"

Laurie states in his introduction to Jahr's work, that Curie had himself expounded this method of action in his "Dispensary Annals," as follows: "Every remedy whether mineral, vegetable, or animal is composed of two principles, one material, the other essential or imponderable."

"It is the essential principle of the remedy which, after having been developed by long continual trituration, and shaking, fulfills, with respect to the organic action, a part identical with that of the preserving power of life; from which we must conclude that the two principles are identical, since they possess the power of controlling the acts of the living chemistry."

"The lower dilutions place the organism under the influence of the material particles of the remedy, which, having as yet undergone but a slight separation, exist in all their activity."

So much for Curie—destined to be the father of the future science of radiotherapy, and the new chemistry and physics of matter.

Laurie infers from this that, "the highest dilutions containing little of the material particles, or merely what is sufficient to convey the medicament into the organism, operate only by the development of their *essential properties*; and should, therefore, be prescribed in such *chronic* affections, where it is only necessary to strengthen the *vital* power; the lower dilutions on the other hand, retaining still the *material particles* in a larger proportion, and also having acquired some additional power, by the incipient development of the essential properties, ought to be chiefly employed in acute cases, where the *morbific cause* requires to be neutralized; the vital power, which is yet in all its vigor, requiring little support."

So much for an exposition of the action of the medicaments of the Materia Medica, from two of the pioneers in the art. What have modern minds added to these giants of a previous century?

Well, to begin with, the same mind that describes in this ad-

mirable preface, the action of remedies according to their material and essential qualities or properties, was the sire of the great minds that penetrated into the hidden maze of atomic and subatomic labyrinths until, amid the network of complexities, a thread was found, that followed, led to a new world of amazing and profitable discovery! Therefore if the reasoning in the one case was correct, may we not trust it in the other? I believe that we can safely trust the prevision of such minds, *e. g.*, the mind of Hahnemann, and the minds of his early followers, who solved the knotty problems of obtaining the resources of the pure *Materia Medica*. For upon this basis rests the whole superstructure of therapeutics.

Time does not admit of a discussion of radium here, wonderful and fascinating as the subject is in itself. Science is already unfolding daily intricate and more intricate mazes, which lead back to one and the same source—the investigation of the infinitely little. It is in this realm that the “essential” properties of Curie, and the vital powers possessed by remedies as described by Laurie act and interact. The mere fact that the scientific world is now concentrating on study and research, not upon the power contained in great natural phenomena like Niagara for example, but upon the energy capable of being released from the single drop of water under pressure of steam and supergaseous concentration, or in the vacuum tube, or in the smallest amounts of such substances as gasoline, or T. N. T., is merely to emphasize the potentiality in the minutiae of nature.

Take the vacuum tube. A study of the vacuum, according to Dr. Whitney of the General Electric Company, has shown that: “the vacuum in a well-exhausted lamp is considered a high vacuum. Only one molecule out of 100,000 in the original atmosphere is left. But how to get such a vacuum as we have in the modern power tube, we must take that exhausted lamp and pump it, until of that residual gas we again have left only one molecule of 100,000. Thus we bring the pressure down to one ten-billionth of our atmosphere! And here comes in perhaps the biggest marvel of all. In spite of our high vacuum we still have remaining about fifty billion molecules to the cubic inch. You can get a faint conception of the smallness of the molecule when

you realize that if we enlarged the forty billion molecules in one cubic inch to the size of grains of sand, they would make a beach 3,000 miles long.”—(Pop. Science Monthly, Nov., 1925.)

Here we have a fair example of the trend of modern science; and when we consider that ordinary photography has now been displaced by microphotography, and until by means of the X-ray, it is possible to measure the most minute quantities of matter by certain refracting of light waves, we then come to a realization of what a world within a world has been opened to the inquiring mind of science.

In addition to this search for the infinite in material substance, much of which was foreshadowed by Hahnemann when he made his epoch-making discovery of the increased powers brought to light in apparently inert substance through the process of trituration and succussion—a form of inductance which has not as yet been investigated by general science, there are many therapeutic problems which for the nonce so intrigue our minds and attention that we have sorely neglected the inductive method of Hahnemann, which Hering warned, if ever lost, would mean the downfall of Homœopathy. Have we lost, in the modern maze of things this cornerstone of Homœopathy? We sincerely trust we have not. One thing we must, however, keep, lest we lose some of these treasured inheritances, and that is, our most cherished possession—the power of viewing contemporary science with an open and unprejudiced mind.

Dr. John Weir, physician to the London Homœopathic Hospital, physician-in-ordinary to the Prince of Wales, and this year president of the British Homœopathic Association, made these significant remarks in his presidential address (before the British Homœopathic Society, October 8, 1925):

“I have a great reverence for the past, especially in the history of any movement, like ours, which dares to differ from the usual trend of thought. These men dared everything for what they believed to be true and refused to submit to the opinions of others, though it meant much suffering. Their difficulties and trials are only hearsay to us perhaps, as our lot has been cast in pleasanter places today. We are not subjected to the same indignities, though even today there are some who stick to their

prejudices and, parrot-like, repeat their objections to Homœopathy which have lasted unchanged for fifty years—lasted because they have not taken the least trouble to inquire—they find it easier to be lofty in manner than to give a reasoned judgment on the subject; but such are dying out, and our danger today is of being killed by kindness. This does not tend to make sturdy warriors. Opposition is the breath of any just cause, and its absence is apt to make us slack and not examine our armour to detect the weak spot. Will this be our fate?"

In throwing open the meeting of the British Homœopathic Society to discussion, at the January session, Dr. Weir made these remarks:

"Many theories of the past, for which men have even suffered, have had to be scrapped in view of wider knowledge. They might have been true up to a point, but not all the way. Let us strive to keep an open mind, and be ready to submit to an honest discussion of our views. Let us put our cards on the table, in the spirit of true investigation, and be ready to scrap our most cherished beliefs, if they should be found wanting. Otherwise we shall be guilty of placing ourselves and our ideas above Truth, which will alone prevail, and we shall be hindering the very thing for which we exist, namely, the relief of humanity by, as we believe, the best method—the Law of Similars."

Among some of the most important subjects for investigation in present day Homœopathy in England according to Dr. Weir are the question of "plus" potencies, the grouping of remedies, as based upon the research of Dr. W. R. McCrae and Dr. W. E. Boyd; the investigation of hospital records in the light of the varying potencies used in acute and chronic diseases, as carried out by Dr. C. E. Wheeler; and finally the researches of Dr. Judd Lewis. Truly these are important subjects for investigation; and we would do well, if in our own country we could show as earnest efforts toward the elucidation of such problems, and as equal zeal.

PLUS POTENCIES.

Briefly, the "plus" potencies have come into usage since the issue of the sixth edition of Hahnemann's Organon, and are

given upon the basis of observation therein laid down. They have not, however, come into universal usage as yet, in fact they are only in the experimental stage. This form of medication has been dissertated upon chiefly by Dr. Henry B. Blunt (*Observations on the Sixth Edition of the 'Organon,'* British Homœopathic Journal, October 1925), and by T. T. M. Dishington (British Homœopathic Journal, July 1924), in which these two clinicians set forth their employment, in suitable cases, of remedies "plused" as they express it, from the potencies to which the patient most favorably reacts. The method of plusing has been used for the most part in the lower potencies, *e. g.*, the 12th or 30th, the remedy being potentized to successive degrees, by succussion and dilution until its effects cease, when a new potency (generally a higher one) is chosen, or a more suitable medicine chosen. The pros and cons of this new method are now being widely discussed in England.

In connection with the plusing of potencies, it may be remarked that this method, which to many seems to be a very novel affair, must have been known to the earlier Homœopaths, and it possibly may have come directly from Hahnemann. I feel sure that Hering was acquainted with this method to some extent, for I distinctly recall a method employed by my father, in his practice which would simulate plusing. The method was this (and he very probably received instruction from Hering, Lippe, Guernsey, or possibly his preceptor, Dr. J. H. P. Frost of Philadelphia)—it was to give a remedy until there was improvement; then as the symptoms subsided, to take from the last glass prepared one teaspoonful of the mixture, add this to ten teaspoonsful, let us say, or fresh water, stir or succuss this mixture thoroughly, and give at infrequent intervals. This, I have seen him do frequently, especially as the patient progressed toward cure.

Another point that is receiving considerable stressing at the present time in Homœopathy is that of the use of single dose prescribing. It has long been followed by a few prescribers, particularly users of the potencies. It is being revived in England most conspicuously by Dr. William W. Rorke, clinician at the London Homœopathic Hospital. This is Dr. Rorke's in-

variable rule. He prescribes only after long and careful study, and having found what he considers to be the remedy, he gives it in the single dose.

It is my personal belief that this method will come more and more to the fore in the future. It certainly is a departure from the routine use of *sac lac*, which to some conscientious minds is a very objectionable feature. This does not mean that the placebo has not its perfectly legitimate place in Homœopathy, which is known to all.

DRUG GROUPINGS.

The basis for this newer grouping of remedies is to be found in a recent paper read before the British Homœopathic Society (The British Homœopathic Journal for April, 1926—"Drug Groups and Their Value as Therapeutic Assistants," by W. R. McCrae, M. B., Ch. B., Assist. Phys. to the London Homœopathic Hospital). This paper, which was discussed very extensively on the occasion of its presentation, deals with certain experiments, based for the most part upon work done at the London Homœopathic Hospital, in the investigation of the Boyd emanometer, in checking the various remedies according to the usage in acute and chronic diseases, from emanometer readings from actual cases. In some instances this research seems to be somewhat at variance with the older clinical groups of remedies, but seems to offer a modern, scientific way in which definite light may ultimately be thrown upon the *Materia Medica*, as it will be employed in the medicine of the future. As yet the work is experimental, and in its incipiency, but McCrae's results have apparently been checked by that of Boyd, to whom the credit is given for having done the pioneer investigation in his so-called "Emanometer Research." The results of this research are now comparatively well known to physicians on both sides of the Atlantic.

VALUE OF HOSPITAL REPORTS.

The careful tabulation of reports obtained from an examination of the records of the Homœopathic Hospital, in the use of both high and low potencies is for the most part tending to clarify

the present uses of remedies in clinical practice. While there is at present some uncertainty as to the exact interpretation of these records, it has entailed an enormous amount of work on the part of Dr. C. E. Wheeler, who for the past three years has been engaged, with secretarial assistants, in going over the records at the London Homœopathic Hospital. To date, Dr. Wheeler has given two readings from these reports, and when the matter is finally sifted out, certain very definite conclusions will surely be drawn as to the status of potencies in actual practice.

BLOOD SPECTRA IN CANCER.

While Dr. George Burford has in recent years been engaged in an immense amount of research into the problem of cancer, which has resulted in the issuing of an exhaustive paper (recently issued in pamphlet form) to which he has but recently added more data by way of supplement, Dr. Judd Lewis has been at work upon the problem of determining the blood spectra that characterize different diseases, with special reference to that observed in cancer, with the hope of ultimately approaching a definite method of diagnosing the disease in its incipiency, and to aid in the problem of prognosis. This work is still going on, with still somewhat hopeful prospects.

These tasks, together with the continued investigations of Dr. Boyd of Glasgow, into the physical phenomena relating to drug action, and the teaching activities undertaken and in future prospect at the new teaching courses to be inaugurated at the London Homœopathic Hospital, for post-graduate study of Homœopathy, are some of the labors that are at present confronting the followers of Hahnemann in England.

In Germany, the stimulus of Bier, engrafted upon the previous work of Schultz, in biological drug experiment, and the work at present being undertaken in France, with the added program of the international proving, under the chairmanship of Dr. Pierre Schmidt of Geneva, Switzerland, are certain to be productive in the next few years of much scientific data relative to the law of similars, and the clinical and therapeutic corroboration of Homœopathy. In all these investigations, the

Materia Medica stands as, in the past, it has always stood as the bright and shining beacon toward which all searchers after the light of truth in therapeutics must eventually be led.

Hahnemann early outlined the scope of the various kingdoms of nature in furnishing to mankind its therapeutic armamentarium, in his "Sources of the Common Materia Medica." Researches in general science are ever tending to the elucidation of the intricacies of nature; and the secrets of life, though intangible in their ultimates, are continually being pushed to the narrow fringes of the microscopic and untramicroscopic worlds, there to become finally lost in the maze of the absolute and the unknown.

Sir J. C. Bose, the distinguished Hindu scientist, who has studied so exhaustively the nature and habits of plant life, stated at a recent lecture given in London that the *Mimosa pudica* was capable of being excited by an electric shock one-tenth of the intensity that evoked human sensation. (Vide Homœopathic World for June, 1926). And, furthermore, that in the tropics, where large patches of ground are covered by the plant, so sensitive is it to injury or even shock, that, when its leaves are trampled upon, or bitten by grazing cattle, it has the power of pressing them against the ground in such a way that its leaflets are closed. Thus it protects itself from harm, not only by actually retracting itself from harm's way, but by transforming its vivid green leaves to dull grey, which is unnoticed against the dark ground. "The plant thus saved itself by 'lying low' and making itself invisible." Sir Jagadish has found that the perception or latent period of the motor organ of *Mimosa* is six-hundredths of a second. Fatigue prolongs this latent period, and when overtired, this power is apparently entirely lost, and can be revived only after periods of rest.

The *Mimosa* is commonly known as the "sensitive plant," and it was proven to some extent by Mure, which proving—the *Mimosa Humilis*, is included in Mure's "Materia Medica, or Provings of Principal Animal and Vegetable Poisons of the Brazilian Empire," published in 1854.

The *Mimosa pudica*, however, is the ordinary "sensitive plant" seen in hot-houses, but the leaves of *M. humilis*, or wild plant described by Mure, also "close on contact," as stated by

Clarke in his "Dictionary of the Materia Medica." There are, likewise, many other wonders that are disclosed in the laboratory of Nature's out-of-doors. The *Agave Americana*, or what is commonly known as the "century plant," blooms but once in an hundred years. Why this is so, who can know? Its use, clinically at least is known, can be known, in such a dire disease as hydrophobia, where its virtues have been confirmed. It is not known, moreover, just the why or how of the *Drosera*, one of the bog-haunting carnivorous sundews—it carries on its unlawful brigandry among the unfortunate insects that chance unfortunately to come its way; yet of the predatory instincts of such plants we know as little as we understand the lawless anarchy of the cancer cell in the human body. Were some of these mysteries known, well might the human family hope for an escape from some of the ceaseless bondage to which its flesh is heir.

Already, through the perceptive powers of the human mind has the brilliant analysis of Dr. Margaret Tyler of London given to the Homœopathic profession some entirely new uses for this insect-catching *Drosera*; and it bids fair to take its place among the polycrests.

It is this power to visualize drugs in the mind, and to see their correspondences in patients that constitutes the ideal Homœopathic prescriber. Few, however, have the full capacities of some of the master prescribers along this line.

It did not require much perspicuity for the following prescriptions which I may detail very briefly:

Case 1. A patient applied at the out-patient clinic of the Massachusetts Homœopathic Hospital, presenting pathologically as a most pronounced feature, a blood pressure ranging from 220 sys. to 240 or 250 sys. Mentally there was great anxiety, with the peculiar and characteristic distraction at the sound of the crumpling of paper, or scratching of linen. As I had many years ago pigeon-holed this symptom in mind under the one remedy having it in prominence, it was easy to give this arteriosclerotic patient some doses of *Asarum Europeanum* 30th, which within a short time not only relieved entirely the nervous condition, but the blood-pressure readings thereafter—so long as

I had trace of her—remained at 170 sys. And the patient seldom has had occasion to return for treatment.

Case 2. It was a stroke of good luck more than genius, I feel sure, that prompted the giving of Lachesis 1m to a young Hebrew girl at the Mission Medical Clinic with which I am connected. She had previously had Baryta carb. 1m with indifferent results for the type of tonsillar enlargement such as is set down in the texts under this remedy. An acute sore throat appeared; a culture revealed K. L. bacilli, and a positive report was returned from the board of health. Meantime the child had recovered and was in school, when, to her astonishment, under the sort of *habeas corpus* that is utilized by such authoritative bodies, she was obliged to remain in quarantine for two weeks, when she returned to our clinic, proudly waving her discharge card. So well was she found, that the physicians who saw her did not suggest the use of antitoxin even. The interesting *post hoc* in this case was that the tonsils were found to be greatly reduced in size after the attack was over.

Case 3. Another patient seen at the Mission Clinic was a widow of 32 years, who, by the appearance of X-ray plates, the presence of an apparently old lesion in the right apex, had early been tuberculous, though she had at the time of being seen, no cough, but there was an enormously suppurating gland in the right cervical region—plainly tuberculous in nature. This gradually healed under remedies—chiefly Silica in varying potencies, when a similar condition developed on the left side of the neck. All through this time the patient had been carrying an evening temperature, with elevated pulse rate, temperature averaging at least one degree to one degree and a half, with pulse 100-110. The menses were at times delayed, pale, and painful. Tuberculinum 1m and later 10m potencies apparently started the tide of vitality in the right direction, as there was soon in this case complete healing of both sides of the neck, with cessation of all fever, return of pulse to normal, return of normal color to menses, and generally bettered conditions and improved outlook on life.

Case 4. Another patient at the Homœopathic Hospital, a man of 84 years, who, after having been given Digitalis in

physiological dosage, presented marked dyspnea, slow (42), irregular and weak pulse, with great weakness and faint sensations. His condition had been previously diagnosed as heart block. Yet *Digitalis* had certainly not bettered his condition. He was given *Digitalis* 1m, a single dose, and in a period of six weeks, his color returned, his dyspnea was greatly improved, the pulse rose to 60, with better volume, and greater regularity. The blood pressure which at first had been 240 returned to 190, and the patient himself was bettered in every way. Is this a method to be placed in juxtaposition with physiological therapy—this method of treating the patient, rather than the patient's disease? I do not pretend to answer this question at this time. The patient at all events looks, seems, and says he is better. *Cui bono?*

Case 5. A colored woman, at the hospital, gave a history of an injury to the spine, from which she had received much treatment without benefit. No examinations disclosed any pronounced lesion of the spine. It was plainly the result of traumatism. Not of muscle, or bone, or periosteum, so much as of nervous structures. *Arnica* and *Bryonia* in the decimal potencies did no good. *Hypericum* in the 3rd decimal at once gave relief, which was not only rapid but lasting. She has returned to the out-patient recently but only for a cough for which *Phosphorus* 30th was prescribed.

Case 6. A repertorial study of a young man of 26 years, sent to the Forest Hills Hospital, by Dr. R. W. Spalding of Dedham (who had given him an initial dose of *Aconite* 10m) who developed an intensely acute influenzal pneumonia, led to *Phosphorus* as the remedy. In fact I have never before seen such clean-cut indications for this remedy in a pneumonia. Two doses of the 1m, and two doses of the 10m entirely removed this pneumonia lesion. One persistent symptom—one which I have been led to believe an extremely bad one in pneumonia, that of complete aphonia—was relieved only after the second dose of the 10m of the remedy. The leading indications in this patient were his great restlessness, anxiety, suffocative breathing, inability to breathe except when sitting practically upright; agg. lying on the left side, thirst for cold drinks, dry, cracked tongue, oppression

of chest, pain on coughing, vertigo, and motion of the alae nasi, pure blood sputum, and the complete aphonia.

These brief case reports given merely to illustrate the simplicities of prescribing, rather than the complexities, might be elaborately padded with long typewritten sheets of charted symptoms and pathological and physical findings. Could they prove more illuminating to the experienced and discriminating clinician? To the general medical man, pneumonia is more or less pneumonia—save for some unusual complications. Unless trained in Homœopathy, not every case presents to his eye the picture of Phosphorus, Bryonia, Aconite, Mercurius, Hepar sulphur, Sanguinaria, Sulphur, Lycopodium or Tuberculinum. Far from it! It is only to the Homœopathist who is willing to study his patients that they will be found to present any symptoms but the one complex of pain in the chest, dyspnea, rusty sputum, crepitant rales, consolidation, grunting respiration, circumscribed cheeks and rapid heart action. These symptoms mean for the most part pneumonia, but they mean next to nothing regarding treatment.

The place for Materia Medica in the practice of modern medicine is that of the keystone in the arch. Homœopathic Materia Medica is just this. The knowledge of disease, the knowledge of the medicinal or curative powers of drugs, the indications in other words, constitute the choice of the remedy for a given case as taught by Hahnemann. If, in addition to the above phenomena the physician knows the obstacles to recovery in a given case, and how to remove them, so that restoration is permanent, then he becomes "*a true practitioner of the healing art.*"

With a knowledge of the Materia Medica, coupled with careful examination of the patient, all medically curable illnesses may be cured after the Celsian manner—*cito, tuto et jucunde*. There is much in the modern approach to Homœopathy that offers encouragement that, with the grafting of newer minds, educated in the methods of precision now exacted of the scientific medical mind, upon the older stock trained in the exactitude of the Hahnemannian—the results will redound to the future achievements of the Homœopathy of Hahnemann.

SOWING CRUMBS TO RAISE BREAD.

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

Once upon a time—for thus all stories begin—there lived a farmer in moderate circumstances, who like his neighbors plowed, planted, harvested, threshed, each year as was their custom. In course of time he conceived the idea of shortening the hours of labor. He said to himself: “Why should I sow and reap and thresh and mill and bake? This should not be necessary for my daily bread.” He then went to work and planted crumbs with the purpose of raising bread and, (but unfortunately for him) all his labor was in vain, for the crumbs were soon turned to dust from whence they came, and the farmer was without bread. Was he lazy or ignorant or possibly both lazy and ignorant?

This little story is but a faint adumbration of the methods pursued by certain modern physicians.

The first is the physician who constantly complains about the voluminosity of our *Materia Medica*. He says it contains too much chaff and straw in which he refuses to search for the few valuable grains. We do not deny the voluminosity of our *Materia Medica*, but when we consider that we have the greatest and most profound as well as most responsible vocation under the sun we should not hesitate to search hard and long for the precious grains that may be contained in this apparent pile of chaff and straw. Those of you who have pursued medicine long will recall at once when severely puzzled, you searched the pages of the *Symptomen Codex* or *Allen's Encyclopedia* and after long searching you found in the so-called chaff the very gem you were searching for, and, which, when administered brought joy to yourself and health to your patient. The *Homœopathic Materia Medica* cannot be learned in a moment, neither can it be abbreviated, without loss of many precious gems. The *Materia Medica* is an intensive scientific work. It demands careful thought, study and observation; it can not be memorized and then laid aside as of no further use. It demands constant study and research, nothing less will avail. We are very much impressed with the idea as one doctor termed it, that the physi-

cian who does not and will not study his Materia Medica but is looking for a short-cut for the required information is but sowing crumbs to raise his bread, and the doctor said such are too "dog gone lazy to learn, and too dull to comprehend."

The second class of physicians who are included in this little allegory are men and women who want a repertory which deals directly with specifics for disease nomenclature. They are dissatisfied and displeased with the necessity of studying the individual for his individual symptoms and idiosyncrasies and object to the necessity and effort of such a research. Judging what we have heard in past years men want a repertory that will direct them at once to the curative remedy after they have named their diagnosis, for as soon as they have made such a diagnosis, say for instance Angina Pectoris, they turn to their repertory and *presto* here's the remedy for its cure. The gynecologist will make a diagnosis of Ovaralgia and he turns to his repertory under the heading of this name and again *presto* here is the remedy. He does not, however, stop to consider the particular individual who may be afflicted with this complaint nor does he stop to study the concomitants which go with this ailment but evades them and looks for the shortest route to the specific remedy after reaching a more or less hasty diagnosis. We will admit that this would be a grand thing could it be accomplished, for if such were possible any janitor might make, with a little training in diagnosis, a first class prescriber. This shortcut in repertorial work can not be done and like the successful farmer we must plow, sow, reap, thresh, and mill before we can obtain practical results.

The third class is a peculiar one for he has not learned to reason from cause to effect. He sees a condition or hears a complaint, he makes a physical examination, using all sorts of instruments and finding nothing visible or probable which indicates disorder he decides there is nothing wrong, but says to himself we will wait and if some pathology results we will cut it out. This is too frequent an occurrence in our noble profession. Men of this type do not realize that there exists a cause before there can be an effect, that there are disturbed functions before there are organic changes. He does not realize that the

indicated remedy will permanently restore the disordered function and prevent organic changes. To understand a true disorder, its nature, its cause, as well' as its results, deserves careful thought and very careful and accurate reasoning, the faculty for which it seems many do not possess.

The fourth class is one who has a strange idea that there are curative remedies for certain individuals and certain disease nomenclature, but being unable to determine a single curative remedy he conceives the idea, first of all, of combining certain remedies and using them in combination, with the hope that one of the combination will hit the spot and cure the individual. Should such a circumstance happen he could not tell which did the work. If the patient died he could not tell what killed, and if the patient recovered he could not tell what cured.

Then there is another class who play a short-cut by alternating remedies. Thus when called to the bedside of the sick he may after a cursory glance at the patient, decide that the patient needs Aconite and he will give it; but in thirty minutes he will change to Belladonna thinking he is doing a scientific piece of work, though he could not possibly explain why the patient, being an Aconite patient, and receiving the remedy will within thirty minutes turn into a Belladonna condition, nor can he explain how, by giving Belladonna, he turns it back into an Aconite condition. He thus tosses his patient, so to speak, back and forth until he has entirely worn out the patient or worn out the disease. If the patient recovers he attributes it to his scientific skill in medicine. If the patient dies he usually explains it in the terms, "The Lord giveth and the Lord taketh away, blessed be the name of the Lord." Such bungling is inexcusable and an indication of a dire want of observation and an accurate knowledge of medicine, on the part of the physician.

We have now reached the stage of human history where the sowing of crumbs to raise bread has almost become a mania. The inability to understand the physical and psychical laws of health and the great necessity of learning them in order to be classed as true physicians. Men have sought a very short-cut in therapeutics to obtain what they think is valuable and curative, and this is termed on the streets as shooting. Not as the bandits

with revolvers and shot-guns but by shots of serum, toxins, vaccines, X-rays, various lights or manipulations. They will make adjustments of the spine, pull a leg, or stretch a nerve and stand up real chestily and say, "I have done it." Of course he has, but pity the poor individual upon whom this has been done. The old sentence in Pineo's grammar which we were compelled to analyze and parse holds goods in all vocations. This sentence says, "There is no excellency without great labor," and he who desires to become a successful physician and heal sick people in the simplest, surest, and safest manner possible must think and study and reason constructively.

Morbid imagination has no place in the practice of medicine. Abrupt conclusions will not bear inspection, the world today has no place for an ignoramus, a charlatan or one who "sows crumbs to raise bread." Nor has it a place in the professional world for one who has not the capability to study, the capacity to learn, the intelligence to observe.

DR. KRICHBAUM: Mr. Chairman, with apologies for speaking again, the doctor's paper brought out something that I had correlated in my mind about repertory. My attitude toward it is a case well taken is half cured. You don't need the repertory for that and a case not taken you cannot work out with the repertory. That is my attitude toward the repertory. My contention in this convention all along was that you study all the factors. The doctor said every effect must have a cause. Why bless your heart, Dr. Dienst, there are fifty causes for every effect. Don't you see no cause ever existed without more than one effect. That is where we stumble. If we could only find a cause for the effect it would be easy, but we cannot find that—that way. That is my attitude for the repertory, but I have not been fighting repertory; I fought a lot of you just to see what you are made of and I have found out.

DR. HAYES: Mr. Chairman, there is one thing I notice in Dr. Dienst's paper and that was that it was good healthy straightforward criticism. Sometimes these days we feel that we ought not to speak right out—we are afraid, we will lose some advantage or hurt somebody's feelings—but I think criticism is needed about as much as anything in general medicine.

DR. LOOS: The similarity is interesting and striking when you really get down to it. Crumbs are the left-overs of the elaborated product of the living substance after it has done its work, the serums and the germs are the elaborated products of the vital influence after they have done their work. They are the left-overs, as was brought out in the paper earlier in the afternoon. The material end can never be rationally expected to influence vital forces.

CHAIRMAN DIXON: Any further discussion of this paper? If not, Dr. Dienst will close.

DR. DIENST: I have nothing particularly to say except to Dr. Krichbaum. He felt and I can prove it, said, there are fifty causes for everything. That isn't true.

DR. KRICHBAUM: I said there may be causes—there is more than one always.

DR. DIENST: There is no use to go into that, Mr. Chairman. I have nothing particular to say and thank the doctors for their remarks.

MEMBER: I don't believe, Dr. Dienst, that any one who is used to using the repertory and the Organon ever prescribed as you say. It is only those who have a smattering of Homœopathy and they believe as one doctor said to me: "I believe there is something in Homœopathy but I wish I knew what it was."

I believed her.

CEANOTHUS AMERICANUS:

Its Use in a Case of Lymphatic Leukaemia.

GRACE STEVENS, M. D., Northampton, Mass.

Ceanothus Americanus, also called New Jersey Tea, or Red Root, belongs to the Rhamnaceae or Buckthorn family, a family of shrubs or trees of bitterish and astringent properties. It is found from Canada to the Gulf and west to and beyond the Rocky mountains. In this particular branch of the family the flowers have no petals, but the calyx and flower stems are colored like petals. They are white, crowded in a dense, slender

peduncled cluster. The shrub itself is from one to two feet high above the dark red root. The ovate finely serrate leaves were formerly used as a substitute for tea.

Herring quotes an old school authority who says that the bark of the root is astringent and recommends it in apthous sore mouth and throat accompanying scarlet fever.

The preparations used by our school are dilutions of a tincture made from the fresh leaves.

Very little has been written about the remedy, but J. C. Burnett published a fragmentary proving and some clinical cases have been reported.

The outstanding conditions covered by the drug are enlargement and inflammation of the spleen and general left-sided symptoms. The symptoms show deep-seated pain and feeling of fullness in the left hypochondrium with inability to lie on that side, or in some cases, to lie down at all. In that case I shall report later the pain was also very severe on lying on the right side on account of the weight of the enlarged spleen. The mental condition is one of depression with fear of permanent disability. There is right-sided headache with pain in the splenic region (my case had left-sided headache). The intestinal tract shows diarrhoea. The female sexual organs may have a profuse thick yellow leucorrhoea or early and profuse menses, but all these ailments are only accompaniments of the splenitis, and the pain in the left hypochondrium will be the guiding symptom to the remedy. In acute cases there is chilliness down the back, with loss of appetite and nervous excitement.

Dr. Erastus Case in his "Clinical Experiences" gives the following case:

Hypochondriacal; thinks she can never be any better.

Anorexia; nausea after eating.

Raises bloody or brown mucus from the Pharynx in the morning.

Passes large amount of inoffensive flatus. Enlargement of spleen.

Soreness, weight and full sensation of left hypochondrium; cannot lie on left side.

Smarting sensation of skin over the spleen.

I have one case of my own to report. Miss A. H., age 55, English housemaid. In past years has been treated at different times for hemorrhoids, eczema of face, menorrhagia at menopause, with uterine fibroid and some rheumatism of right shoulder and right knee.

For some months, during winter and spring of 1925, she has not been as strong as usual, and has grown thin, but on the whole has responded well to remedies. One symptom—shortness of breath on ascending—was complained of in April, and continued more or less. Heart sounds were normal, except that the aortic second sound was a little snappy. In July, 1925, there was painless enlargement of the cervical and other lymphatic glands. Early in August there developed severe pain in the left hypochondrium, and a physician who was called in my absence diagnosed pleurisy, but could not understand why the pain was worse lying on the painful side. On my return home early in September I found the spleen very much enlarged and inflamed so that the patient could not lie on either side.

An examination of the blood showed:

Haemoglobin 62%.

Red cells 3,864,000.

White cells 50,800, of which 90% were small leucocytes, 7.5% polymorphonuclears.

The diagnosis of lymphatic leukaemia was unmistakable and the prognosis hopeless.

However with rest, nourishing diet, sunshine, *Natrum muriaticum* 45M for a remedy there was a very slow gain in comfort and strength, but no diminution in the size of the spleen. About the middle of October the pain and tenderness in the spleen returned. *Ceanothus Americanus* 30x was given, four doses at two-hour intervals. Relief began after the first dose and was complete for three days. A slight return of the pain yielded to one dose of the remedy, and the patient gained steadily for four months. All tenderness left the spleen, although it remained large, and the patient could lie on either side. A left-sided headache disappeared. There was gain in flesh and strength so that the patient could easily walk half a mile.

The enlarged glands almost disappeared.

The blood showed marked improvement, as follows:

On Sept. 30 the leucocytes were 93,600.

On Dec. 11 there were 30,600.

On Feb. 18 there were 14,200.

And in the same time the haemoglobin increased from 44% to 74%.

How much of this general improvement was due to the *Ceanothus*, it is of course impossible to say. The thirtieth potency was given two weeks after *Natrum muriaticum* 45M which had seemingly caused some gain. However, there is no doubt that *Ceanothus* removed the pain and tenderness in the spleen.

Later, when the symptoms of the disease—enlarged glands, growth of spleen, and increase of leucocytes—returned with renewed force, I gave *Ceanothus* 30x again with no result, but a severe pain in the left axilla, extending to the chest on deep inspiration, yielded to the 100th potency.

Bureau of Clinical Medicine

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

FOREWORD.

We have papers by doctors in various lines of activities, men who have made a special study of the Organon and who have given much thought and energy in their endeavor to have the Organon studied. We have papers also by men who have done much work in research along the lines of the electronic reactions of Abrams, for instance, sifting that work, getting what good there is in it, discarding the bad, and working it out so that it may become a valuable aid, not only in diagnosis, but in the selection of remedies. We have papers too by physicians who have had much work at the bedside, actual work of the physicians and out of this vast experience they will give us of their accumulated wisdom.

Others on the program have evolved various diagnostic aids and helps that enable us to become even more proficient in our work.

We have papers too by men who are ranked among the highest in the Homœopathic profession in this country.

So, taken as a whole any one who will listen to these papers will be helped.

PRIMARY AND ULTIMATE SYMPTOMS AND THEIR RELATIVE VALUE AS A THERAPEUTIC INDEX.

By C. A. BALDWIN, M. D., Peru, Ind.

Man is a physical being; seeking physical well-being through understanding and control of nature. This is Nature's only experiment. The Good Book tells that, at one time, God was sorry he started it and offered a corrective. It seems now that God

has turned the whole affair over to man and is allowing him to work out his own salvation. It appears that man is trying to complete the job God started and gave up. It now transpires that after some few million years of groping about without light or leadership man thinks he has found the way by which he may enter into the age of control and understanding of Nature.

The understanding is coming about through the discovery that the physical but concentrated energy. The control of the physical will be achieved when man has made its inherent energies his servants and allows them no more to be his master. For a long time man had stood in awe of Nature's forces, till some few were harnessed and did his bidding.

The physical man, too, is endowed with inherent and mysterious forces that make or unmake him, as they act and react upon the energies and forces within and without him. And man has found out that the state of his physical is but a representative of and is determined by these actions and reactions. Also it is obvious and most apparent that every psychic exhibition and conscious state is but a representative of and is determined by these induced organic states. So if man would control his physical state and thereby his states of consciousness which determine his personality, he must make these inherent energies and forces of his body do his bidding.

Man had for a long time thought of his body as a group of independent organs somehow performing certain organic functions and so achieving life and providing a residence for consciousness. The evident fact is, man, fundamentally, is a group of related processes acting and being acted upon incessantly. Digestion is a series of fermentations, alternately acid and alkaline, so related that each depends on the preceding one for stimulation. The first is activated by memory, felt need and use. Thus digestion represents a series of related processes and not a series of unrelated events. And beyond digestion is metabolism, which is but a continuation of the series of fermentative processes that analyze food in order to liberate its energies to animate and vitalize the body. Up out of this cauldron of fermentative chemical activities arises man's sense of well-being or ill-being, his varying states of consciousness in sanity, his fixed states of con-

sciousness in insanity, and he has won or lost the purpose of his being.

The chemistry here brought to our notice is the chemistry of the infinitesimal. This develops for us the idea that life is the chemistry of the infinitesimal. This view brings life within the realm of chemistry and opens an unexplored field of original research. Now that we have explored the earth from pole to pole, we may feel inclined to turn our attention to man himself, and there find problems worthy of our keenest powers of research.

We are not yet acquainted with all the forces that affect us, or how—impalpable forces that evade the senses, touch the vitality and in some mysterious way, work a work of good or ill. The actinic rays of the sun vitalize living organisms and make possible the processes of life; without these rays assimilation of the cell salts are impossible, and deficiency diseases result. To correct these deficiency diseases Nature makes use of elements so finely divided as to make a usual Homœopathic dose look like a debauch.

After finding everything else in the universe subject to law, it is dawning on the slow intellect of man that he himself is also subject to law. The laws of life are not suspended in sickness or even death. We don't have to know all about life to discover the laws of life. Life can best be studied as a cause, or one of the three natural forces of nature, gravity, chemical affinity, life, producing all the effects of nature.

Health is the end product of normal life activities. Disease is a result of a disturbance in the activities of the life forces. The same force, gravity, is at work when the air moves in gentle breezes as when the winds rage and wreck the landscape.

The failure in medicine today is due to the fact that medical science has failed to recognize that life is a force, subject to law, producing all the details of every varying human experience, whether of health, disease or death. The feeling of well-being, the storm of acute sickness, or the dissolution in death, are all the end effects of life activities in order or disorder. Normal life activities also demand the total exclusion of every extraneous force that does not belong to the aggregate of life forces that

belong to the normal human body. The things that give the normal forces the most trouble are the outside forces that get inside and must be expelled or be destroyed. The life forces are unorganized ferments. The invading forces are organized ferments. These act as irritants, and set up definite reactions that are unwholesome. The vitamines are of the unorganized variety, and wholesome and essential to the life activities, whether in the synthetic life of the plant or the analytic life of the animal. The vitamines are essential to life and their lack in the physical economy causes the so-called deficiency diseases, rickets or rickets, scorbutic states, scurvy, some forms of goiter, pyorrhœa, many other conditions not yet described or identified. These are cured by corrective diet, or by supplying the deficiency by administering the potentized tissue or cell mineral salts with the food. These conditions are not true diseases. The true diseases are caused by the invasion of the system with specific organized ferments called bacteria microbes bacilli, (all bacilli are not pathogenic). Homœopathy recognizes three varieties that cause three distinct chronic miasms. Besides these there are many others that are the exciting cause of the acute diseases and all the septic infections, simple and serious, such as lockjaw, tetanus, and other purely septic conditions.

We wish to discuss more fully the genus of the three chronic miasms: psora, syphilis and sycosis.

THE CHRONIC DISEASES, PSORA, SYPHILIS AND SYCOSIS.

The vital force, unaided, can not cure chronic sickness; nor can it, unaided, cure acute sickness without the sacrifice of a crisis.

The three chronic diseases are alike in that they conform to certain fundamental principles of sickness and differ only in their primary cause and in the detail of their exhibition of effect. Each has a characteristic primary skin lesion, or primary stage, and each develops as a secondary internal malady if the primary lesion is suppressed, and becomes a fixed constitutional state that may be transmitted as a congenital inheritance to the offspring. The danger of congenital infection is present even after all danger of primary infection is passed. The cause and peculiar

symptoms of each miasm will be briefly detailed as brevity requires.

The theory of psora grew out of Hahnemann's effort to understand and cure the tedious diseases common to humanity by examining humanity's common experiences in the light of unprejudiced observation. Nothing was assumed. A multitude of common facts regarding life, health and disease were observed and tabulated relating to the experience of many chronically sick persons. Guided by these facts an understanding of chronic sickness was gained and a method of cure for chronic sickness was discovered.

The skin, in addition to being a protective covering for the body, is an external vital excretory organ. It participates, in a way not fully understood, in the vital activities of the internal organs. Its health is conditioned on the health of the internal organism. In turn the health of the organism is influenced by the state of function of the skin. A healthy skin on an unhealthy organism is inconceivable. And an unkept infected skin menaces the health of the organism. The skin is the only vital organ over which immediate care and attention can be exercised.

Infection may gain entrance to the internal organism through skin abrasions. And that is the route by which chronic sickness invades the organism. Chronic sickness comes to the skin to be eliminated in eruptions. Any interference with these eruptions interrupts the progress of the cure. A permanent suppression of the eruptions affects the internal organism with a permanent internal malady. Destroying the local manifestation does not drive the disease in, but does compel the disease to develop internal symptoms and manifestations. A malady so manifesting itself is incurable until the symptoms and manifestations can again become local. This can be accomplished only by the Homœopathic art by the restoration of the eruption to its place on the skin. This fact gives rise to the formula, "Disease gets well from within out." Without the restoration of its primary lesion is no chronic sickness ever healed.

The primary lesion of psora is an itching eruption. Itch is a primary skin pathology and was at the time of the development of the theory of psora a common human experience and the

common treatment of it was suppressive. Besides his own observation of instances of internal diseased states following the suppression of the itch eruption Hahnemann reports recorded observations of one hundred different doctors. These doctors also note that the internal disease was healed only if the eruptions were restored to their place on the skin. The diseases reported to follow the suppression of the itch eruption were asthma, coughs, bronchitis, pleurisy, dropsy, cataract, constipation, cystitis, nephritis, erysipelas, pemphigus, ulcers, glandular swellings, fever, chills, diarrhoea, mental diseases, anæmia, headache, epilepsy, convulsions, paralysis, hemiplegia, death. Is it possible that one hundred doctors were mistaken? Hundreds of doctors in the past one hundred years have made similar observations. The discovery of the itch mite as the exciting cause of itch occasioned opposition to the theory of psora, but never discredited it in the minds of those who had employed their knowledge of psora to cure chronic sickness. One of the tragedies of science is the destruction of an old theory by a new fact, but the newer fact that the mosquito carries malaria and the tsetse fly carries sleeping sickness and the tapeworm pernicious anæmia may yet lend credence to the idea that the itch mite carries a chronic miasm. Itch is an experience from which the race has escaped only through improved conditions of living. But the race has not yet recovered from the consequences of bad conditions through thousands of generations. Moreover the principles of sickness applied to psora can be observed operating in any acute disease having an eruption as a part of its symptom complex. Whatever criticism may be launched against the theory of psora, the remedy psorinum should silence when it is used strictly in accordance with the law of cure:

Homœopathy has always flung out its challenge, "Test its principles and its methods and publish the failures." Psora does not comprehend all non-venereal chronic sickness. It does not include occupational, deficiency, medicinal, unhygienic, unsanitary disturbances produced by their own peculiar causes. Psora is in a class by itself just as is syphilis. Psora sets up a condition of suboxidation inducing what is called the carbo-nitrogenoid state, a metabolism in which elimination is deficient. It perverts

organ function made manifest in a multitude of symptoms present in those tedious states of sickness whose name is legion and whose cure can be accomplished by the restoration of eruptions that have been suppressed in millions of individuals through countless generations.

SYPHILIS.

Only the human kind suffer syphilis and from time immemorial. The wages of sex sin is syphilis. Syphilis may be acquired by infection or by inheritance. The infection, as a rule, is acquired by sexual intercourse, occasionally by contact of an abraded spot on the skin with some article soiled with the syphilitic virus. Once acquired it may become an heirloom handed down to the third and fourth generation, beyond which there may be no offspring.

The infection is made manifest first in a primary skin lesion, a single chancre, which, as a rule, has all the physical appearances of and stages of development of a single smallpox eruption, or a typical vaccination sore produced by a pure cowpox vaccination, only larger. For this reason syphilis is sometimes called pock or big pock.

In the second stage, if the chancre ulcer should be healed, a rash-like eruption appears on the skin, mucous patches form in the mouth and throat and the hair falls out. If the chancre ulcer is not restored to its place by the appropriate Homœopathic remedy the third stage appears with general poor health, anæmia, malnutrition, bone diseases, gummata or soft tumor-like growths in the deeper tissues. These tumors affecting the nervous system cause locomotor ataxia, paresis, mental defect dependency. Syphilitics become absolutely morally irresponsible, economically incompetent.

Congenital or hereditary syphilis is sometimes called the fourth stage. It is characterized by skin rashes, snuffles, wasting of tissues, eye diseases, malformation of teeth and bones, etc. Should the syphilis affect the nerves, congenital idiocy, or mental defectives, delinquents, unmoral, unsocial, criminal personalities may result. Moral irresponsibility may become a fixed state in the congenital syphilitic.

The recognized treatment for syphilis has been suppressive since 800 B. C. The more modern therapeutic assaults on syphilis devote their efforts to attempts to destroy the syphilitic spirilla in the blood stream after they had first closed the chancer ulcer that nature made gate-way of exit, not the means of entrance, which was an abrasion. The Homœopathic treatment detailed in the Organon is eliminative. Here too the challenge is made, "Test the methods and publish the failures."

The genius of syphilis is to dissolve tissue. It creates the oxygenoid constitution. By virtue of this trait of over-oxidation it becomes the substratum in which all wasting diseases are planted; of these tuberculosis is typical.

Syphilis has another aspect that should not be ignored. Syphilis begins in moral turpitude and ends in moral defect. Strange enough too, syphilis may produce a genius, like Edgar Allen Poe, a strange personality of excesses; weird poetry, alcoholism and doubtful morals. He is an inexplicable personality on any other hypothesis. With a different trend of intellect he might have been a super-criminal. Lord Byron, another literary genius, descended from a dissolute and degenerate royal strain, astonishes us with his excesses and his brilliancy.

SYCOSIS.

Sycosis, or the venereal wart disease, is the least frequently observed chronic miasm. The venereal warts, as primary lesions, complicate a certain type of gonorrhœa. The suppression of these primary warts is followed by a secondary stage that has not been carefully described. One pathology noted is the contraction of the tendons of the palms of the hands. The warts and moles that appear so frequently without apparent cause may be but mute evidence of hereditary taint acquired from immediate or remote ancestor. The genius of sycosis is to stack up redundant cell growth. It produces the hydrogenoid constitution which signifies excess of water and by virtue of this trait of stimulating or originating foci of proliferating cells is the substratum of those diseases characterized by exaggerated cell or tissue growth of which cancer is typical.

These pathological lesions do not result from the suppression of gonorrhœal discharges. The usual case of gonorrhœa is an acute urethritis with a purulent discharge which if suppressed by any method of treatment causes acute inflammatory processes, chorde, stricture, orchitis, gleet, sterility, rheumatism, and in the wife, pelvic congestions that induce sterility and inspire the surgeon to perform mutilating and unsexing operations on the innocent and unsuspecting victims of wayward male mates and the unscientific methods of so-called scientific medicine. These ultimate conditions are avoided by primary cure, and cured by restoring primary discharges. Again the challenge: "Test the methods and publish the failures."

Modern medical schools are teaching their pupils to deal with the ultimate results of disease and not the cause of disease. Physicians who deal with disease from the standpoint of effects only, always become therapeutic nihilists. Therapeutic nihilism is to the art of healing what anarchy is to the state. It subverts all law, all order. It suppresses all intelligible reason in medicine. The Organon champions law and order. It puts a premium on intelligible reason in medicine and makes it capable of infinite progress.

Homœopathy alone can save clinical medicine. Homœopathy alone can save the race from the ultimate end products of disease that are baffling the dominant school of medicine, and will forever baffle it. Homœopathic physicians, as a body, have not yet fully awakened to the real merits of and the far-reaching benefits the philosophy of and the therapeutic law and methods of Homœopathy can bestow on the race. We may not fully realize these ideals but let us earnestly endeavor to approximate them and be guilty of none of the frightful malpractices of those who can see nothing of sickness but its effects and do nothing for sickness but disorder it.

DR. KRICHBAUM: It was a very excellent paper. There were parts of it fairly good indeed. The doctor said that for a long time I was trying to make up my mind whether he was dead or alive but he has continued to pour in to this great melting pot of things, several things. However, he didn't seem to care to try

to bring any of them out. That is why I object to the paper. He put them all in and said: "Take it or leave it."

When he said Homœopathy had to do with the end product of disease, I am here to challenge the proposition—that Homœopathy deals with the end product of disease.

DR. BALDWIN: I didn't say it. Homœopathy deals with the beginnings of disease and eliminates the end product.

DR. KRAUSS: This doctor from Peru has put out some Byronic excursions and identifies Homœopathy with what he believes pathology to be—his pathological work.

When he says that disease is only a bacteriology, he is mistaken. There are deloped mental diseases, there are traumatic diseases, there are infectious diseases, there are toxic diseases.

He says there was only one disease, only bacterial disease, but he goes on and says that psoric diseases, the psora of Hahnemann is the itch disease—that is the itch disease of the skin, which is absolutely incorrect, which Hahnemann never said, and which you cannot prove from Hahnemann's work. That is the glory of Hahnemann. He said it was like the itch, but not the itch. Psora represents all the nonvenereal chronic diseases which Hahnemann of course could not definitely state in specific terms, but if you read his chronic diseases you can see that he delegates all the various nonvenereal diseases. And why are they chronic? They are not chronic because they begin on the skin. Those diseases are chronic because there are metastatic deposits left uncured, because the elementary conditions, the acute conditions, are eliminated. These infectious diseases are not cured because they have various stages of progress. They have very acute progress during the first and second stage, then they have a progress that is not acute, and that may become latent because these stages are left uncured, and it is because of these uncured underlying conditions that we have chronic diseases and that is what Hahnemann maintains.

I believe it is a mistake for physicians to create their own pathologies without consulting those who know pathology and it is a detriment to the Homœopathic profession that members will continue to go against all the knowledge firmly established

of pathology. Pathology does not work against Homceopathy. Homceopathy is a method of therapeutics and in order to establish it and maintain it and work it to perfection we must know the pathologic condition. That is what Hahnemann said himself. Not in these words, but he always maintained it, and Homceopathic physicians ought to cultivate the process of thought and not establish physicians' pathological exultations.

Dr. Baldwin ought to have confined himself to his title, the "Physical and Clinical Symptoms: Their Relative Value." If he had done that he would be giving us a more readable paper.

DR. MILLER: Did I understand you to say only the human kind have syphilis?

DR. BALDWIN: Yes.

DR. MILLER: Then I beg to differ from you. Why do domestic animals have tuberculosis if they didn't acquire it from the human?

DR. BALDWIN: Mr. Chairman, I haven't much to say about this. I would like to read the statement I made: "The psora does not comprehend all nonvenereal diseases," etc.

Traumatism includes a good many infections besides the psora. If you know of any other source of chronic sickness except infection through abrasion on the skin I would like to know about it.

Now with reference to tuberculosis in cattle, you never saw a cow that wasn't absolutely under the domination of some human being have tuberculosis. Whether it results from an infection or not, at least man created conditions in which the cattle and human beings have tuberculosis. And syphilis in an unrestrained state of nature is never possible, and tuberculosis is never possible in an unrestrained state of nature among cattle or men.

DR. UNDERHILL: Do you believe tuberculosis can be transmitted to human beings?

DR. BALDWIN: I have never seen it. I haven't much to say about this paper. I read it and I expect you to accept it or reject it just as you please. But the question of tuberculosis in cattle doesn't have any bearing on this topic, I don't believe. However, it would be an interesting topic to discuss. You never

saw anything but a milk cow have tuberculosis and a milk cow is an artificial animal. She should quit giving milk when the calf quits nursing, and when you have produced an animal that continues to give milk you are putting a strain on the animal that she cannot stand, and that strain produces the unnatural creature—subject to infection.

A CASE OF PHOTOPHOBIA.

HARRY B. BAKER, M. D., Richmond, Va.

E. J., eight years old, was referred to me by Dr. Faris in April, 1925. His mother gave the following history: Shortly after birth she noticed that he sneezed a good deal especially out of doors. When about sixteen months old he developed an intense photophobia which has recurred every year since. This photophobia began at first in the hot weather, but now begins in the late winter or early spring and lasts until August or September. The photophobia is intense, the chin is drawn down the chest and he has to be kept in a dark room. It is accompanied by a copious watery discharge from the eyes and nose.

From August or September when the attack leaves him until the following spring he is apparently normal. He is bright mentally and always makes his grades at school in spite of the time that he has to lose. Physical examination is practically negative. The family history records a rather obstinate eczema cropping out in two generations.

The child has been under one of the best oculists in the city ever since the trouble developed, and has had numerous other consultants. Just previous to coming to Dr. Faris he went through a very thorough examination by one of the best internists in the city. Wassermanns were made on the child and his father and mother all of which were negative, and he was tested for sensitivity to numerous substances with no result.

He came to me for the Abrams treatment and I examined him and put him on the machine for treatment. The examina-

tion showed only one reaction, congenital diminished resistance which I consider to be the same as psora. In three weeks he was apparently normal and went back to school. This was the first time that treatment of any kind had ever helped him. In addition to the machine treatment I had given him a dose of medorrhinum 1m. which came through on the Boyd interference test. He also at that time had the symptom of sleeping on his face and knees which is so characteristic of medorrhinum.

After being at school a week he relapsed and the eyes were very much inflamed for a while and were greatly relieved by Hepar cc. He then gradually improved and by early in July was able to go to the beach without inconvenience.

I kept him under observation and told his mother that I looked for some recurrence this spring and it came in February. While the attack was not so severe it has not yielded to treatment as readily as it did last year, and this has been especially so since he gathered some wild honeysuckle in bloom about a month ago. I had his mother bring me a specimen of the plant and tested him out with it. He reacted very strongly to it. I then had her bring specimens of all the plants that she had on the place, but he did not react to any of them. He has had several remedies including a 50m of medorrhinum which worked out by the Boyd interference test but which produced no results. His last remedy was Sul. mm.

I do not feel that I have selected the simillimum in this case and am open to suggestions.

DR. BAKER: I reported this case last year as an unfinished case. It is an unfinished case yet. I would be very glad to get some help.

DR. KRAUSS: May I ask Dr. Baker what he did?

DR. BAKER: I put an electrode on his spleen for thirty minutes about two or three times a week.

DR. KRAUSS: Does Dr. Baker think or does he not think that if he had applied the medorrhinum without the Abrams treatment he would have had the same result?

DR. BAKER: I think it very probable, doctor, but they were very discouraged and had about given up hope.

DR. BOGER: The connection between the case Dr. Baker has just recited and the one which I have in mind may not be apparent at first thought, but upon reflection you will see the point.

Three months ago I was sent for to see a little Italian girl, 18 years of age; four years ago she fell on her head twice, in rapid succession, and quickly developed epilepsy. Her parents took her to Johns-Hopkins University and after keeping her there a few weeks the professors decided that the only use they could make of her was for an exhibit to the students, so that discouraged the parents considerably, and they brought her home. She drifted around from one doctor to another until she fell into my hands.

When I was called to see the case she was in static epilepsy, having from three to five spells a day and with only short intervals of consciousness. She had flaccid paraplegia with paralysis of the right arm. She was unable even to write a single word. She could only make dots on a piece of paper. I saw the case a couple of days and finally I said I cannot do anything until we get this girl's spine right, and I sent for a chiropractor, a very able fellow, and we started in treatments. He took her to the hospital and in four or five days he wanted an X-ray. I asked the X-ray man to make a picture. He said, "No, I won't make an X-ray picture for a chiropractor." So I said, "All right, we will try the City hospital." They said, "Yes, you can bring her in if you want to but the chiropractor cannot come in and treat her." So we took her to another X-ray man who wasn't connected with any hospital. We kept up the treatments and she slowly got better. The attacks grew less frequent and at the end of three weeks she was having one attack about every three days. At the end of six weeks we had her at home and in pretty fair shape, able to write a beautiful hand, and today she has one attack in about ten days with some drowsiness during the day.

The whole proceedings aroused a tremendous storm in the medical society. They went so far as to get orders from the head of St. Joseph forbidding any more chiropractors to come into the hospital.

Now whether there is any connection between the two cases or not I don't know. The first remedy that was given that

woman was viburnum—a single dose. Just how much effect viburnum had upon her I do not know, precisely, but the next remedy indicated was opium. I had a very decided effect from opium and I don't believe that that case would have been handled with a remedy by itself because there was a plain displacement of the spine which showed plainly by the photograph, and she had had about as good Allopathic treatment as we know anything about in the United States, and I believe she will go on to complete recovery. She uses her arm, talks as intelligently as anybody, has a rather nervous manner; eats well, sleeps well and feels well. She was well before she got this injury.

DR. FARIS: I would like to emphasize the degree of photophobia that Dr. Baker called attention to. As he said the boy held his head just as far down as he possibly could, he wore dark colored glasses—very dark, and wore his cap with the visor pulled down over his eyes. He wore his cap in the house too—the whole arrangement shutting out all the light he possibly could, and if the glasses were removed or if he would hold his head up and open his eyes it was almost like striking him a blow, it was the most terrific photophobia I have ever seen.

DR. STEARNS: I want to call your attention to the possibility of cobalt being a remedy to help out. I ran on to that this spring in a case of what I would suppose to be called a vernal ophthalmia and yours seems to be of that same nature; it comes on in the summer. This was an acute case, had been running for about three days, but it got well over night—the first one I had. One a little later that worked out for the same remedy, and he got well almost as promptly.

DR. HEIMBACH: I would also like to ask whether there might not have been a possible sinus infection in these cases. I remember a case of intense photophobia last year, but there also was an adenoid infection both sides. It manifested itself by excoriations over the upper lip or wherever the discharge came in contact. I was the third doctor. I took the symptoms as close as I could, put it down to chamomille and calcaria carb and I could not tell which one I wanted to give so I gave it in alternation and I got a blood specimen, took it home and with my electronic apparatus I found they were actually complimentary

to each other and I kept up the alternation and the child made a beautiful recovery by cleanliness and boracic washes in the nasal passages.

I think all these diseases, like these photophobias, hay-fevers and that type of disease have a single relation only they manifest themselves in a slightly different form and by getting down to the actual cause of those things we can do something for them.

I have another way of analyzing a good many of my cases. I don't know how many are official surgeons in this crowd, but inspect the genital organs, the girls for adhesions of the clitoris, and don't forget the rectum, for if there are any two spots in any human being that disturb the human economy as much as the foreskin, the clitoris, I would like to know where they are.

Now you must analyze your cases in this way: all things that have energy have vibratory energy. I don't care where it comes from, and the different vibratory rates vary with the different forms of disease. We have our spectrum, seven colors, each color has its own vibration; it gives you different effects. Now why shouldn't it produce a different effect if a different vibratory rate is sent through the human economy?

And this is true if that vibratory ray is in harmonics. You have harmony in your body. If it is not in harmonics you have disease. An orchestra that is in tune is beating to your ear, but how about noise? It makes you feel irritable, disgusted. That is the way I look on disease. I could repeat case after case where I haven't used a single speck of medicine that I have cured.

DR. BAKER: I don't think there is anything in the genital organ or anything in the spine, as far as I can find out. I have had some very remarkable results. I always look for that, but as far as I can see this child is practically perfect physically. About the sinus infection—I could not find anything in the sinuses; he never seemed to have any pus at all. This discharge was very clear, just serum, never seemed to be any pus, and the mother told me it had always been strictly clear serum.

I look on this case as a case of a deep-acting miasm which is causing this sensitiveness. There may be some peculiar cause which brings it out at times, but my work has been to keep

back and remove the cause. Possibly in doing that I have overlooked some of the light acting remedies, because I have worked principally on deep acting remedies.

DR. KRAUSS: Belladonna.

DR. BALDWIN: Medorrhinum higher and repeat the dose.

DR. BAKER: The last dose was the 5m. The reason I gave him the 50m was I tested all my potencies of medorrhinum on him.

DR. BALDWIN: Do you get some results with Medorrhinum?

DR. BAKER: Not this time. I did before. I also considered one symptom. I believe you have got to have a similar remedy to get results, but very often you can with the symptoms get on to a group of similar remedies, and you have a job to know which is which, and then I put him through this test to see if I can check up. Sometimes it works; it doesn't always. That is all I have to say.

CLINICAL FRAGMENTS.

GUY B. STEARNS, M. D., New York City.

Members of the Foundation for Homœopathic Research have, for four years, been experimenting with certain radiant qualities of Homœopathic remedies. Occasionally, by-products of this work develop in the form of isolated happenings that carry a suggestion not directly related to the immediate experiment. The three cases presented apply to this point.

ARTERIO SCLEROSIS.

At the 1924 meeting, a case of arterio sclerosis was reported, which was being benefited by Strontium Carb. The patient was a man sixty-five years of age. He came to the Flower hospital clinic on March 10, 1924, and for two full years was continued on Strontium Carb. in different potencies, given at infrequent intervals. When he came to the clinic, his blood-pressure was 270/145 and had, before that time, varied between 270 and 300.

Before going to Flower hospital, he had been told by another clinic that no medicine would help him and that he must stop work. The sight of his right eye was gone, because of a retinal hæmorrhage. The only symptoms, aside from weakness and a tendency to stumble, were great sensitiveness to cold and a sensation of heat in the face. Formerly, he had suffered from occipital headaches. His improvement was very gradual, getting down within a little over a year to 210/110. Now—2½ years later—he is alive and much better and has never had to stop work.

On February 16, 1926, a Jewish woman, aged 56, came to the clinic of the Foundation for Homœopathic Research. Her arteries were markedly sclerosed, her blood-pressure was 200/100. She was gray-haired and looked many years older than the age she gave. Her tongue was deviated to the right; her knee jerks were exaggerated—the right more than the left, indicating that there had been a cerebral hæmorrhage. Most of her teeth had been removed and those remaining were loose from pyorrhea, and some teeth were decayed to the roots. She came to the clinic because of pains in the left arm and the right leg. These awakened her at one or two o'clock in the morning and necessitated her getting up and walking around. The condition was also worse from change of weather. She complained of her right leg feeling cold at night. If she were quiet for very long, it was difficult for her to move around upon first rising. She was very sensitive to cold and afraid of the cool air. She was given Strontium Carb. 200 and was directed to have her teeth attended to. On June 8—nearly four months later—she reported. She looked ten years younger. She said she felt perfectly well. Her blood-pressure was 160/90. She had not had her teeth attended to nor had she done anything except take the remedy as directed.

In cases of arterio sclerosis, the symptoms are often meager. Strontium Carb. is evidently a very important remedy in this condition. The symptomatic indications as suggested by these cases are great sensitiveness to cold; aggravation from change of weather; worse from being quiet; must walk around; aggravation when first beginning to move.

EPISTAXIS.

Epistaxis is at times a troublesome condition, particularly when occurring in a hæmophiliac. On April 28, 1925, a man, age 58, applied to the clinic of the Foundation for Homœopathic Research because of constant nose-bleedings. His father suffered from nose-bleeds. The patient's trouble began thirty-five years ago and had gradually become worse. His cheeks were covered with fine veins diagnosed as spider nævi. Four years before, thyroid had been given and he had become very anæmic and the bleeding had been worse after this. At one time hæmoglobin was down to twenty-four. He at this time had been given blood transfusions. Many operations on the nose had been performed, together with constant local treatment, quartz-light therapy, etc. Never a night passed without bleeding and at times this continued for three or four hours. He kept his nose constantly plugged. He was worn out because he was afraid to go to sleep. He was always worse in the spring and bleeding would occur from excitement, from yawning, and from lying on the back.

Magnesium Metallicum 30th was given in plus potencies for one week, with repetitions in increasing potencies as indicated. The bleeding gradually stopped and up to the present has never recurred excepting for a short period, a year later, during the usual period of spring aggravation.

These three cases are presented because the clinical factors furnish strongest indications for their use. There are also other very interesting factors.

Calcarea is related to coagulation of the blood. Arterio sclerosis is associated with calcareous degeneration. Both Magnesium and Strontium Carb. belong to the calcarea group and can replace calcarea in chemical combinations. Where there is a known faulty metabolism related physiologically to some element, may not other elements belonging in this same chemical grouping at times be the indicated remedies? Putting it in another way, is it not possible that, in the natural relationships of elements, we may find indications for drugs?

DR. BOGER: Mr. Chairman, this is an exceedingly interesting paper and it moves me to speak of some experiments that myself

and another colleague have been making for some time. In September of last year, about 11 o'clock at night, a man called me up on the phone and told me that his wife was ill and wanted to see me. I told him to take a taxi and come to my house. He came up and he said: "My wife has pernicious vomiting of pregnancy and the physicians in the town where I live are not able to control it. I have heard of some of your work and I want to know what to do." I gave him one dose to give her of medorrhinum, 50m and put her on chipped beef to eat. That was on Saturday. By Tuesday she was under control.

I said, "From the symptoms you have detailed to me I don't believe you have anything here but vomiting of pregnancy and I believe she is going to be all right." At five months' pregnancy she reported pains one night—that was the beginning of my story, so he was a pretty smart chap, and I said, "I want you to make some experiments for me along the line of finding the center of operations in the sick patient, and the potencies." He started to make experiments. For six weeks he got no result at all, then at the end of six weeks there was a college professor in the office. They were laughing about these experiments. Finally the professor said, "Try me." And he did and there was the first response he got from the experiments. Since then he has carried on these experiments and we are now finding the remedy pretty often in very difficult cases, exceedingly difficult cases.

One curious fact has developed and that is that a very high percentage of the cases the remedy is zinc. Zinc is a remedy which is distinctly related to deficient reaction.

Now another fact has developed, iodide of zinc has proved to be a wonderful remedy, especially in arterial sclerosis. German Homœopaths will tell you that iodine and some Allopaths will tell you, iodine products are good for sclerosis. This seems to confirm that to a certain degree. I have had some fine results with iodine of zinc; sulphate of zinc has come in pretty often. Sulphate of zinc seems to indicate, but some of us can remember when every Allopath used sulphate of zinc injection and we can remember the days when every Allopath used sulphate of zinc for gonorrhœal ophthalmia and that may find its origin there. It may be the case of had to, that is all, but I have been greatly im-

pressed with this fact, that zinc is indicated in so many of these cases—perhaps 25% of them. Other remedies have come in. Viburnum has come in. The technical school from which the first came was called an anti-spasmodic. It happens that every case of viburnum that has come in has had a history of spasm, infantile asthma and those of you who know that know that infantile asthma is a hard thing to cure.

DR. HEIMBACH: I would like to ask Dr. Stearns whether there was a definite spot where the bleeding came from.

DR. STEARNS: I don't know.

DR. HEIMBACH: I find in epistaxis, in so many cases if you look to the margin where the skin surface and the mucus surface come together in most of my cases I find a little ulcer. I touch it up with a little silver nitrate and get through with it quick.

I remember one case I thought would bleed to death. I was called to a lumber camp. He was bleeding and getting weak and pale as he could be, and I happened to have a silver nitrate stick in my pocket. I located the spot as well as I could and put it on that spot, on the ulcerated contusion. By touching the spot with silver nitrate he stopped bleeding in a short time. I went home and the next day he had moved out of camp to his boarding place, and he was brought in a machine to my office. It started again and I touched it again with chloride of iron and that settled the business.

DR. KRAUSS: Dr. Stearns and I had a little confabulation here. I would like to have him tell us wherein he distinguishes his suggested method from the Schussler method. He tries to rely upon natural relationship of God and pathologic conditions and he may enlarge on that point.

DR. STEARNS: According to my concept of the Schussler theory, he gave for instance calcaria phos to supply a deficiency or to stimulate calcaria phos absorption. This isn't quite the same. In fact this isn't put forth as a method. It is put forth as a suggestion for you to keep in mind. My concept of the effect of any Homœopathic remedy is not that that supplies an element of organism, but it stimulates the organism to absorb the element needed from the food. I wouldn't necessarily think of giving calcaria in a condition that I had a concept of being minus

lime. I would give the remedy that was best indicated, expecting that to stimulate lime absorption. I think there is where this idea is a little different from Schussler's.

My idea in presenting it was that it might possibly furnish one more approach in some obscure cases where there was a fairly definite pathological condition related to a definite element that the other elements, those which replace that particular element in chemical combination may be useful in stimulating the organism.

Zinc, if I remember correctly, is the bottom one in the calcaria series. There is magnesium, calcaria, barium and zinc, and there is another in that group, if I recall. Anyway, you have a zinc carbonate, and a zinc iodine, and you have the same combination that may enter into this same thought. I always look at the iodide of any element as sort of a waker-up of that particular element. You see the thyroid is a waker-up of all other endocrines. As Frankel used to say, it is the porter in the house; it wakes up everybody else in the morning. When it is connected with another remedy the iodine in the element seems to activate a little more the remedy that is possibly carrying in as well as having its own specific action.

In this bleeder, he had been to probably the finest men in that particular specialty in New York city. He has been to a lot of them; they not only kept him poor but they hadn't been able to reach that condition by anything local. You see his way of constitutional condition, his father having been a bleeder before him. That is what makes the result so interesting and so startling.

THUJA.

LOUISE ROSS, M. D., Washington, D. C.

Patient is a male, 28 years old at time of first visit; single; studying law at night and working in an office days.

Sept. 19, 1923: For two years he has suffered with severe headache every day, violent pain. Oculist fitted glasses 18 months ago, without > of the headache.

Family history: negative.

Personal history:

Pertussis, measles, mumps.

Formerly had much tonsillitis, not in recent years.

Slight attack of flu while in France.

Rheumatic pains in damp weather but never incapacitated patient.

Chest, negative.

Gait and station, o. k.

Blood-pressure, 128-108.

Denies venereal infection.

Operated in 1922 for varicocele.

Appetite, functions, sleep, o. k.

Drinks much strong coffee.

Headaches: < excitement, irritation (but is not easily irritated).

< effort to control displeasure or irritation.

< middle of the afternoon.

< if coffee is omitted or quantity reduced.

Twelve or fifteen years ago, patient fell 15 or 20 feet, striking on the sacrum and probably on the back of head, for he was unconscious for a while and fainted two or three times in going from the barn to the house; did not want his parents to know he had fallen. For several months thereafter he had a severe pain in the center of the lumbo-sacral region on running, stooping down far, or other jar. The sensation was "as if something were hanging loose." Subsequently he indulged in all forms of athletics without difficulty.

At this visit Euphrasia was prescribed for an acute coryza and action on the chronic condition delayed for further observation.

Oct. 10: Headaches have been much better, daily but less severe, but a cough is present and Bry was prescribed to meet its symptoms as well as of the headache.

Oct. 23: Very severe headache October 21-22. Pain in the temples during the day, in the occiput evenings, shifting about 3 p. m. and continuing until after retiring. Pain always > going to sleep.

Further personal history: Had ptomaine two years ago, plus very severe headaches.

Vaccination: While in high school, was effective, with severe reactions.

Vaccinated many times while in the army, without taking.

Thuj. 50m. 1.

Dec. 8: Headaches much less frequent, very much less severity, and of shorter duration, and patient reported that his normal good disposition had returned. Patient was supplied with one dose of Thuj. 50m. to be taken p. r. n.

Dec. 18: Patient came for treatment for an acute coryza. He had had no occasion to take the dose of Thuj. with which he had been supplied Dec. 8. So instead of prescribing for the acute condition, he was given a dose of Thuj. 50m.

Aug. 13, 1924: After a lapse of eight months, patient came in, suffering from an acute coryza, but reported he had had no severe headaches for months. At this time he received Lac. c. 2c.

May 2 and Dec. 5, 1925, patient received one dose each of Thuj. 50m. and reports to date are that he has practically completely recovered from the old trouble.

The second case is a female, 28 years old, married $3\frac{1}{2}$ years, never pregnant. She was never ill in bed a day in her life and never had a doctor till she was 6 years old, when she indulged in a light attack of scarlet fever. She has had measles and chickenpox, both very light. Patient was vaccinated when she started to school, and suffered a very violent reaction.

Dec. 17, 1925: Beginning about $4\frac{1}{2}$ years ago, pain in L. iliac region; sometimes a sensation of fullness, sometimes a sharp, stabbing pain. The pain extends through to the sacrum, with a sore spot in the spine at that level. The first attack came on very suddenly, while waiting for a train. The soreness in the back did not begin till several months later, though the pain in L. iliac had been present < or > all the intervening time.

Patient was thoroughly examined by a surgeon in Louisville last fall, who reports "no trouble at all with tube or ovary; uterus very slightly retroflexed."

Menstrual history: Periods regular; some cramping; occasional clots, without pain. Regularly between periods patient has

an attack of leukorrhœa and usually a small amount of blood, especially if the L. iliac pain is severe. These attacks last three days.

Last week, for the first time, patient had pain in the R. iliac region.

The attacks of pain are precipitated by nervous shock or fright, though they may and do occur without apparent reason.

Patient has had small popypi removed from the uterus.

Thuj. 50m. 1.

Jan. 11, 1926: "My side has felt just real good. "I know I am decidedly better." This is the time in between periods when patient usually feels bad, but has had no discomfort at all, though there is a very slight discharge.

Jan. 12: Patient telephoned that the pain in pelvis had recurred, so she was sent Thuj. 50m. 1.

In February, 1926, patient had gastric ulcer, and on Feb. 8 she received Thuj. 50m. 1. Eventually the acute symptoms had to receive attention and these cleared up under Puls 2c, after failure under Ars. 2c though it appeared to be well indicated.

May 21: Patient reported that she had been getting along splendidly. "Did not even know I had a stomach." Three weeks earlier, she had had a permanent wave put in her hair, which was very nerve-trying. Two days later, she took a two-day motor ride, covering over 300 miles, and the jarring always causes her severe discomfort to pain. The result has been recurrence of the pain in pelvis, with leukorrhœa, and more pain than usual with period, which began May 17. You will recall that patient stated that the pelvis symptoms were always induced or < by shock or fright.

Thuj. 50m. 1.

Mar. 30: No >, so patient received another dose of Thuj. 50m.

June 9: Very much >. Patient reports that she was conscious of immediate reaction from the second dose of Thuj. 50m. given May 30, although later she apparently has some Homœopathic aggravation.

Patient is just leaving for a month's trip through the west, so she was given Thuj. 50m. 1, to be taken p. r. n.

The third case is of interest chiefly because it is a pedigree Airdale that in his old age developed warts about the genitalia which entirely disappeared under Thuja.

DR. HEIMBACH: I must confess that this is, I think the first paper that I have heard on Thuja and perhaps it may change my psychology for I have been prescribing Thuja off and on and I must confess never got much result from Thuja. I shall give it another trial and try another make. My results from Thuja have been absolutely nil and only in one instance, by using the electronic method of selecting the remedy I found it to match up in a case of gonorrhoea.

DR. BOGER: In the very early spring I was called upon to see a boy about three or four years of age—excessively nervous, and all that sort of thing. I told the mother what this boy needed was a good circumcision by a good man, that he didn't need anything else. She said, "Well we can't do that now. Can't you give him some medicine?" I said, "All right, I'll do what I can." I gave one dose of lachesis, 4m. I didn't see any more of her until about three weeks ago. She came into the office. I said, "How about the boy?" She said, "We haven't had him operated on yet." I said, "How is that?" She said, "He got so well on that medicine we weren't just fixed to have it done right away, and he seemed all right." I said, "It is a question of how long he will be all right because he will come to the operation after awhile."

The point I want to make is this: the system often tolerates that sort of thing under the indicated remedy for an immense length of time.

DR. TOMLINSON: When I saw Thuja on our list it reminded me of a very dear friend of mine—in cases of warts it is wonderful. In one case I had a wart on the cheek two inches one way and three-quarters the other. It looked as though it might be ready to break down at any time, and it was beyond the possibility of an operation. One dose of Thuja m reduced that to about two-thirds its size, in a short period, and put it into a healthy form. I started on Thuja when a boy professionally.

I remember a lady who had a warty growth on the forehead. It looked as though it were getting ready to break down.

It was a Thuja case. I gave her one dose of Thuja and I didn't see her again. Her sister reported back that the wart was gone. The sister's husband had a wart upon the forehead. I gave him one dose and it cleared—he has no wart.

Now then here is another part of it—his wife whose sister I had cured, has a wart on the wrist, but it is not rough like a wart. I gave her Thuja and he tells me there is no change whatever. That is not a Thuja wart. Now gentlemen it is up to me to find the indicated remedy for that wart—Thuja won't do it.

THE CLINICIAN'S PROBLEMS.

PHILIP KRICHBAUM, M. D., Montclair, N. J.

As believers in the art of prescribing Homœopathically for the sick it may be interesting to us all to consider briefly a few of the many problems which we as Homœopaths daily encounter in our work. One occasion of discouragement, even dismay to some of our immature but enthusiastic prescribers, lies in the fact that times arise when the most conscientious and orthodox matching of drug and disease fails to produce results. To stand by calmly and see such cases seek and obtain relief from measures other than Homœopathic, is disconcerting to say the least. When, however, we better understand that a variety of points more or less obscure often enter into the trying situations, our pride is somewhat restored. I will mention one of these factors even at the risk of being reminded that a "poor workman always finds fault with his tools." I refer to the fact that our *materia medica* is profusely studded with gaps so to speak, serious gaps that have to do with inadequate provings as well as no provings. After thirty years' experience the marvel to me is still present, that we achieve the high ratio of success that statistically belongs to us, carrying even this one handicap. Another problem presents itself when patient and doctor hold different opinions as to what constitutes a cure of some given condition. This problem sometimes narrows itself down to a toss up of whether it is more

expedient to relieve pain, hold the patient, and possibly postpone forever any eventual cure or to disregard immediate and pressing discomfort in an effort to secure effective and permanent removal of the same later as the case scientifically unwinds. This problem calls for expert management, the chief phase of importance in its solution being to win the confidence of the patient. A prescriber who is incapable of inspiring this because, for one thing, he prefers to keep his plans and methods on a high plane of inaccessibility as far as the patient's comprehension goes, in other words the man who deems it the patient's part to take his medicine and ask no questions, will often be disappointed in results. It is well to remember right here that a patient afflicted with a chronic disease, who today agrees to be treated Homœopathically for his troubles, needs first a little reeducating, for the average individual has absorbed a lot of information which, as Josh Billings would say, "ain't so." Indeed a whole paper might be written on this new relation between doctor and patient, due to the trend of the times. Intelligent people are seeking first hand directions as to the best manner of running their physical machines. They are beginning to appreciate the wisdom of keeping it in repair. Expert advice here is soaring in price, while popular health admonitions crowd our magazines and papers. The noncommittal physician should recognize the situation and with no compromise of professional dignity meet the problem diplomatically.

Unquestionably this widespread health propaganda campaign is not unmixed with grave danger to the public. Putting aside the old fashioned scare headlines in health articles, written to promote the sale of all manner of worthless nostrums, a vast amount of pathological misinformation is being assimilated by the innocent and ignorant seekers of knowledge. An accredited psychologist will indeed tell you tales of the bugaboos he snares from the subconscious minds of these victims.

Connected with this problem, in fact growing out of the same stem, is the popular modern mania for publicity, an excellent safeguard against many ills undoubtedly but, once more, if pushed to the extreme, a propensity that readily becomes an uncomfortable not to say dangerous element for us to combat.

The slogan, "no secret nostrums," "a clear label on every bottle" of alleged medicine, such of course receives our support. It is when a prospective patient asks of us: "What am I taking, doctor?" "What am I to expect from this prescription?" that the *incognito* in our therapeutics bobs up—a question. To people unacquainted with Homœopathic medicines and the time-honored method of their administration these are legitimate and natural queries and must be met. To hand such an inquisitive patient a small vial of alcohol saturated pellets of *sacharum lactis* and always get away with it, requires finesse. It is a problem and a growing one. I am aware that some prescribers today, as in the early years of Homœopathic practice, administer their one dose and scorn any follow up procedure. It is a question whether this method could succeed today. I am convinced, however, that the very simplicity and sameness of our office and bedside routine keeps a certain type of would be investigator of Homœopathy from any honest trial of its virtues. This reminds me of an instance that occurred in a fatal case of pneumonia in a member of an old Homœopathic family of the late Dr. C. W. Butler. I treated this patient for some years after Dr. Butler's death, then the young members of the lady's household, attaining years of wisdom, Homœopathy in their midst became conspicuous by its absence. The mother finally coming down with pneumonia, an elder daughter on being asked why they did not have Homœopathy for the patient, replied that she "just could not stand by and see nothing being done for our dear little mother." Well, much was done and the undertaker finished the job.

Education is invariably offered as the permanent solution of social and moral problems. I suppose some sort of a comprehensible explanation is due the patient who seeks it, but here again we bump into a problem of just how far to go in this educational process. We are all regaled from time to time by regular Arabian Nights tales of what other doctors have told patients before they came to us. Nothing can be done here of course but catch these flights of the imagination and classify them in our case history under the head of mental symptoms, but the experience serves as a warning against over volubility.

Back and forth swings the pendulum. You are often damned

if you do explain matters of diagnosis and prognosis to your patient, and damned if you don't. Within the past year I lost a family because I explained to a father that his daughter's slow progress towards health had its root in a tubercular taint. The ominous word terrified him. I suppose he concluded that if I knew what I was talking about the case was too serious for Homœopathy to cope with. Some other doctor with an itch to explain has probably reassured him ere this, and my explanation is now regarded as another doctor's wild goose tale. Such an experience of course illustrates not only the danger of saying too much but of saying it the wrong way and to the wrong individual. Retiring then within one's shell, reassured by the knowledge of the great value of our methods, again I sometimes wonder if some of us at heart are not in danger of becoming a trifle static in what for a better term I will call the mechanics of our professional ministrations. A principle must be stationary—its manner of exemplification may improve. Veering around once more I appreciate that just at this point looms up another danger, which may degenerate into a problem—a problem by the way more liable to confront the beginner in medicine than us older members of the profession. I have reference, for instance, to the doctor's office, of over-elaboration of equipment, over-emphasis on the ceremonial of approach. Where the patient *as a patient* is so invested with the ritual of scientific examination, that the simple illness for which he often seeks aid is swallowed up in the technique of its discovery. Just what constitutes a happy middle position in this relation? To be personal and mention my own surroundings? I don't believe I am ashamed to state that for more than twenty years my office, its rules, regulations, and appointments have undergone no perceptible change. A few modern implements of diagnosis have crept in and added remedies, of course, but Dr. Butler would be quite at home in his old chair with his beloved old vials close at hand. He might be mystified by the complexities of an up-to-date blood pressure machine; he might question just how much of a part the findings of such an instrument play in the grand total of our Homœopathic prescription, but in the main his teachings and beliefs would receive so little of a jolt with the passing of the years, that I wonder

again whether the inertia of the routinism, above alluded to, has me in its grasp? It is a problem. In this age of intensive specialization I presume it behooves the Homœopathic therapist to cast about and find the niche in which he by rights belongs. He has a place in medicine and a vitally important one, so important indeed that in the whole wide range of the art of healing disease there exists no substitute for the Homœopathic prescription when correctly applied.

I suppose my mind is wandering and I am glimpsing Utopian days to come, but I believe the ideal environment of the specialist in Homœopathic prescribing, assuming that his clientele could be made to appreciate what they would be getting under such a plan, would be for each chronic patient to appear with a complete record or "health chart" compiled by experts in the various branches of physical diagnosis. The general practitioner is not an eye, or an ear, or a throat man. Why not extend the office of these specialists to include the entire physical organism and all of its functions? Great laboratories for such work are coming—one I could mention is here. Suppose it is a commercial organization, in so far as mighty financial interests sustain it, the results accruing from it could be made worthy of genuine support. With such important and reliable specifications at hand, the specialist of final importance, *the man to cure the case*, could begin to get in his *real* work with the patient. Stripped of all named disorders, just a disturbed and suffering organism assailed by many ephemeral and apparently nonconsequential sensations, unnoticed in the laboratory or on the examination table but which often spell out a code of vast help to the Homœopathic prescriber, how many problems would melt away under such a regime.

In conclusion I want to present three cases, not because of any special interest in the cases themselves but because each contains specific points for discussion.

Case one, then, shows that the old dictum, "a case well taken is half prescribed for," can be reversed into a case *half taken* is worse than *not prescribed* for. Mrs. A., middle-aged, rather rotund, and of a gouty diathesis, evidenced by chalky deposits around finger joints, family history negative, has had gall bladder

trouble in the past for which she was operated upon. Present symptoms, fatigue, can hardly endure her weakness and her pains; craves heat; is constantly sighing; has had a series of shocks in recent years, notably the loss of a favorite son in the late war; is very sensitive and high strung but constitutionally reticent and difficult to approach. I gave her Ignatia which brought some relief but did not hold—a change of potency in a repeated prescription gave no better results. I now reassembled my data and at the third conference chose Nat. Mur. Failure this time nettled me and Mrs. A. and I got down to business. In other words, I took her case because I overcame her disinclination to talk and induced several important revelations, chief of which was the admission that so strong was her fear of growing stouter that she was living on a diet so low in caloric value that it would not nourish a half grown pup. It took some eloquence but I finally convinced her that she could not run such a sizable engine on such fuel, also that her disagreeable sensations were directly traceable to her abstemiousness in the matter of food. I now gave Ignatia and with her cooperation, it worked a miracle, relief such as she had not known for years.

Case two is interesting because it indicates to my mind the fact that we do meet cases of so-called deficiency disease where the need may be physiologically supplied and not interfere with the action of true medicine when such cases call for medication. Mrs. G., with a history of myxoedema of 30 years' duration. Thyrodine has been constantly employed during the whole of this period with a loss of 90 pounds in weight. She now weighs 180. I was called to prescribe for a case of grip and found that her constitutional history clearly indicated that Nat. Mur. had been her medicine since girlhood. I overlooked the acute symptoms of the grip picture and followed the lead. Her recovery was so spectacular that it was widely commented upon in the boarding house where she lives. Did I imagine I could remove her thyrodine? I did not. This was nourishment not medicine. Nat. Mur. took charge of affairs but on a different plane. This may be just a flicker of truth regarding all the ductless glands, simple of course when compared with hyper secretion, but the end of human attainment is still some distance ahead of us.

Case three is more complicated and more problematical. I did my best for him but the old man is dead. The last ten years of his final total, 73, was rather rocky going; an energetic stubborn will and a fibrillating heart provoked more than one crisis. Finally, two grains of Dig. a day smoothed over some of our difficulties (that rank misnomer physiological medicine again). Then storms broke, restlessness, peevishness, sweat, sleeplessness and many more discomforts. I enlarged to him upon the steadying of the heart beat, etc., but all to no effect. He held to the opinion that he was getting worse and his family agreed with him. The main functions of the body were apparently normal and there was no fever. I may mention here that Lach. had been given early in the case with great relief. At this juncture a misunderstanding suspended my attendance on the case. My two successors maintained the Dig. and added massive doses of Bromide, which did not give sleep, but their tenure of office lasted but twenty-four hours. I was hurriedly summoned to see Mr. C. die or prevent it if I could. The case was desperate and looked hopeless. The generals in the symptomatology now were delirium without fever, aggravation from sleep, and profuse sweating, this last being the most peculiar as it *ceased when the patient went to sleep*. Of course the Dig. was diminished and the Bromide discontinued. My prescription was Sam. N. Seven hours of quiet sleep followed the first night, even the heart action fell under the benign influence of the remedy for a number of days. Then Dig. was resumed and continued for a full year before he died, as I predicted, suddenly. In the interim between these two attacks my prescriptions were always based on the symptoms given regardless of the Dig. He had one or two colds and an attack of grip, but the action of the dynamic remedy given for these was in no way as far as I was able to perceive influenced by the Dig. I invite your comments upon my conclusion.

Hahnemann very emphatically enjoined us to determine what was curable in disease and medicine. I do not now recall that he left any specific directions as to what to do with our incurable cases. Palliation may be but an expedient, but no man could practice medicine without employing such. Are we always sure that the Homœopathic prescriber has a full line of

these makeshifts? Their correct and legitimate use is perhaps our problem of problems.

DR. KRAUSS: Mr. Chairman, all the morning our friend from the Philippine Islands has tried to convince me that though his name was a name of war, he himself had considerate inclinations and he begged me not to disturb him, and the only way not to disturb him is not to allow you to forget that he knows what he is talking about. I am not going to dispel that illusion.

There is no question that it is a difficult matter to treat patients who are not intelligent in a truly Homœopathic manner and we have an object with each patient to make him understand what we want to do, but that cannot always be done, and yet it is not always necessary because some of the most ignorant patients respond to Homœopathic treatment and are often the most grateful.

There is no question that Dr. Krichbaum knows something. He is a good prescriber, his prescription of *natrum murriraticum* in that case I think proves it. I hope he will be satisfied now and go home in peace and comfort and come back next year with all his old warlike tomahawk and tell us that in order to make a proper Homœopathic prescription we must really actually know all that is in the body of the patient and for that purpose we Homœopathic physicians ought to be exhaustive in our examinations of our patients so that we have all the signs and all the symptoms for the proper Homœopathic prescription. Without having all the signs and all the symptoms we cannot make the proper Homœopathic prescription.

DR. BOGER: It looks good once in a while to meet with people who see how the patient thinks about us, to see ourselves as others see us. One of my patients said that I can ask more questions and say less than any person she ever met. She will get less information out of me, but I can ask more questions. I think that is pretty good practice and always when it comes to those cases, whenever a patient asks him a question, you ask him another question—he is bound to answer first. That is pretty good practice.

Now about finding all the symptoms in the case reminds me of a short and very instructive experience I had not very long

ago. A young lady who has been sick for several years with tuberculosis showed symptoms which frequently precede the passing of the great divide. You have often noticed tubercular patients are apt to become hoarse and tuberculosis of the larynx be one of the last manifestations. I had curiosity enough to take a special instrument and look down her throat to see what I could find. I saw a tubercular ulcer down there as large as a lima bean on the left side of the throat, probably as bad a one as I ever saw, and I had temerity enough to give that girl a single dose of arsenicum, 2x. How is that for high potency? Almost to the poisoning point. In three weeks that ulcer had diminished to about as large as an old-fashioned black pinhead. She came back again and that ulcer was gone.

I prescribed something else for her and made the mistake of giving her her remedy for that tubercular chest and my ulcer promptly came back. I gave her another dose of arsenicum. Don't be afraid to come down almost within reach of the physiological action when you need it, but don't keep it up.

DR. TOMLINSON: What should be done with the incurables? It strikes me we will turn the case over to the undertaker, until he is ready for the undertaker he has not yet become one of the incurables. That seems a strong statement, but many cases I have seen that they have been pronounced incurable turn around and get better and live for years after that. Wherever I hear of a case that the doctors cannot do anything more for, that case interests me at once and I have had numbers of cases of that class and I have found my poor selection of Homœopathic remedies get results in 90% of the cases.

Let me tell you that I consider no practice worse than to tell the patient he is incurable. It takes away the vitality.

DR. HEIMBACH: Gentlemen, I think it brings our most difficult problem—salesmanship to us. We have to have salesmanship in Homœopathy just as much as in any merchandise. Think of the physician who has no personality to impress upon his patient; he is not a successful physician. I don't care how much mentality he has, he must convey his ideas to his patients or the patients will go somewhere else.

Now we are living at an awful pace; we are living faster

two or three times than we did twenty-five years ago. The patient wants to be cured with the same kind of speed these days. You cannot do that. You might relieve, if necessary you can give him a shot of morphine and relieve for the time being but that is not cured, and unless the patient is willing to give up his time, his patience, and his cooperation you cannot cure him.

DR. KRICHBAUM: I want to add one thing and that is, the best Homœopathic patient is the intelligent, uneducated person. You get an intelligent patient with an education—he has got too much, that is the point of this paper. An intelligent servant girl comes in and tells you—she will not only tell you where the spots are but she will touch them and tell you they burn the life out of you—that is the kind of a patient you can prescribe for.

DISSEMINATED SCLEROSIS.

THOMAS G. SLOAN, M. D., South Manchester, Conn.

In April, 1925, I saw a woman of 53 who complained of arthritis of all the extremities. There was pain, stiffness and numbness, worse before and during wet weather, rest, beginning motion, cold draft and lying on the painful side. Long lasting constipation. She got very little rest or sleep. Her bowels had not moved naturally for months. She was fat, with a dry skin, could not sweat, good natured and cheerful. Very restless at night. Was much worse generally, and as regards her arthritis during menstruation.

She was given Sil and Puls. with little benefit. In May—reports that her eyes focus differently, and an itching eruption has appeared between the fingers. Puls. high. Rhus and caul. were of no help.

In June—in addition to the double vision, she began to talk very slowly (scanning speech) and ataxia of the lower limbs became increasingly evident. I suspected multiple sclerosis, and this diagnosis was confirmed by a leading diagnostician after the usual laboratory procedures had been done and a bad prognosis was given by him and by myself.

After two poor prescriptions, Phos. c. m. one dose was given August 10th. In a week she showed improvement, which has continued. She had several remedies for intercurrent troubles from time to time.

Phos. c. m. was repeated Oct. 4th. Ars. 40 m. Oct. 28th, as she could not sleep and had other symptoms indicating that remedy.

Nov. 16th Sulph. c. m. was given with no result. Nov. 22nd Nat. m. c. m. cleared up the following symptoms: constriction of the throat on swallowing solids, trembling of hands, numbness in fingers and heels, jerking of limbs during sleep, trembling internally, double vision, and marked irritability.

Jan. 3rd—there was some return of the ataxic gait, difficulty in swallowing, scanning speech, and double vision, and some ataxia of the hands developed.

Nat. m. c. m. greatly improved these conditions.

Jan. 24th she was given caust. c. m. for contraction of the palmar tendons, which had been gradually developing.

Feb. 8th, tuber. c. m. April 4th Psor c. m., and May 24th Phos. c. m. greatly helped.

Since September, 1925, she has been free from her ataxic symptoms with the exception of a short time in January. Her arthritis is practically gone. There remains contraction of the palmar tendons (Dupeytre's contraction). She sleeps well. Her bowels move naturally. She goes shopping and to the theater. Does some housework and leads a fairly normal life.

DR. SLOAN: Last year Dr. William Luck of London published an article in the British Homœopathic Journal, a series of cases of disseminated sclerosis. Some were cured, some were improved, some were not benefited.

DR. STEARNS: It is worth your while to read that article. Luck I consider one of the best prescribers today and he is also a well trained physician. He lost his knighthood by being a Homœopathist. He was a noted neurologist before he became a Homœopathist and when he came over into the school he lost all of his appointments.

It was a very modest way in which he presented his cases. He said that never so far has there been any report of any of

these cases being cured and he rather seemed to take it as a personal fault that he could not cure the three that he didn't help.

DR. KRAUSS: Mr. Chairman, I believe the prescription of phosphor used was a most excellent one and the result of Dr. Sloan shows it. I believe Dr. Luck might copy that.

SYPHILIS.

A Case Report—Mrs. J. M.—April, 1920.

EUGENE UNDERHILL, JR., M. D., Philadelphia, Pa.

Perfectly well as far as she knew until two months ago. When lifting a heavy wash tub of water she felt a sharp, stabbing pain in left side of neck just above collarbone. After that was continually conscious of something there but no more real pain. In a few days noticed a swelling.

At time of examination, the swelling was about the size of a fist, located just above the left clavicle at a point about the junction of the middle and outer third of the bone. The mass was of a doughy consistency and was freely movable and not adherent to the clavicle. There was no tenderness, heat or redness and not the slightest impairment of function. Mrs. M. could put her left arm in any position and do her usual housework without discomfort. She looked well, said she felt well and, aside from the swelling, she appeared in the best of health.

The following possibilities were listed:

1. Tuberculous abscess;
2. Gumma;
3. Lipoma;
4. Hematoma;
5. Sarcoma or other connective tissue tumor;
6. Carcinoma arising from one of cervical glands;
7. Aneurism.

Aneurism was ruled out because of lack of pulsation in the mass and the otherwise good condition of the heart and circulation. The consistency of the mass was too dense for fluid. It was doughy and it was difficult to rule out Lipoma, except pos-

sibly for the rapid growth of the mass. The pace was also too rapid for Carcinoma. The possibility of a connective tissue tumor could not be entirely excluded.

The X-ray showed an abscess with a super-numerary rib located above the first rib. This rib had a very sharp spinous process located in center of abscess and constituted a point of irritation and, undoubtedly, furnished the traumatic factor in determining the location of the abscess.

The Wasserman reaction was 4 Plus.

On the grounds of probability and by the process of exclusion, the diagnosis of Gumma was made.

No history of syphilis could be obtained.

The patient had one child, aged nine years, in good health.

She has subsequently had one miscarriage, the cause of which she said she did not know.

The patient's entire attention appeared to be centered in the swelling in her neck and it worried her.

On the nature of the case and the paucity of symptoms and, undoubtedly, on insufficient grounds, Syphilinum 1000 potency was prescribed.

The effect was tremendous. In forty-eight hours there were all the symptoms and signs of a violently acute abscess. Pain, tenderness, redness, throbbing and impairment of function. Much pain on moving the arm. The swelling was nearly a third greater. Hot applications ameliorated. Allowed the remedy to continue its action. The next day fluctuation was marked in the center. On the fourth day the abscess ruptured spontaneously and discharged a thick yellow offensive pus. Two days later the stench was terrific. The edges of the wound were undermined and a deep, punched-out hole appeared in the neck. The pus was ropy and stringy and could be drawn out over a foot without breaking loose from the wound.

Mrs. M. said that her neck hurt her terribly along toward morning, from two or three o'clock until daylight.

Having now three legs to stand on Kali Bichromicum 200 was prescribed. In three days there was no pus, no odor and healthy granulations had appeared. No wound could heal quicker than that one did and when curious friends inquire about the

scar, Mrs. M. tells them, "Oh, that was from a burn," and it would pass anywhere for such.

The patient continued well until last seen, about two years ago.

One day when Mrs. M. was in the office, I requested that she have her husband stop in as her case was so interesting and so unusual. In a few days he came. After a little careful handling and after being assured I would never give him away, he confessed. His wife was confined nine years before. During her confinement, he had contracted syphilis and had consulted a doctor. He had been under treatment most ever since. I asked him how his health was and he said, "I have heart trouble, but aside from that I am all right." I examined his heart and discovered an advanced case of aortic heart disease. He had never told his wife—of course not. He had never taken her to a physician to see if she were infected. He had never taken any precautions to protect her. For nine years he had been under treatment; for nine years she had no treatment. His syphilis had been suppressed and his days were numbered. Her vitality without drugs of any kind had lumped the disease into a relatively benign gummatous abscess and, with the glorious magic of Homœopathy, it was hurled out of her body and she was saved.

CHAIRMAN FARIS: This is a splendid report. Is there any discussion? Does anyone want to comment at all?

DR. DIXON: I want to say it takes a lot of nerve to produce a condition like that and hang on and see it through. I want to congratulate Dr. Underhill. I have done it a few times successfully and unsuccessfully. I have lost my cases sometimes because I couldn't sell my brand of Homœopathy to them, but it is a wonderful condition and it keeps a man hewing to the line when he can get results of that sort in that way.

DR. STEARNS: I want to compliment Dr. Underhill on the splendid way in which he worked up his case for reporting as well as working it up for himself in the first place.

DR. KRAUSS: I suppose I ought not to keep quiet. Of course the report is very interesting and might be very instructive, but I cannot conceive of a person becoming infected with syphilis and staying without any perceptible symptoms for nine years. It

is out of all known conditions of the pathology of syphilis. How that man could have infected his wife and she remain without any signs of infection for nine years is something that will have to be proved to be accepted.

DR. MILLER: I think the doctor is entirely mistaken when he says that it is impossible for a case of syphilis to lie dormant for nine years when we all know that they have lain dormant for forty years. Syphilis doesn't necessarily manifest itself in something like three months or twenty-one days after the infection; it stays in there until the time comes for it to come out.

DR. HEIMBACH: I would heartily agree with Dr. Miller myself. From my experience I think syphilis can be dormant for quite a few years, but when those cases get up and they are not badly infected, to forty, forty-five, or fifty years of age, it is going to crop out when you approach the danger line, past middle age, you are going to get your symptoms and sometimes galore, when you didn't have any before.

DR. KRAUSS: I didn't hear what my friend over there said.

DR. MILLER: I simply said syphilis could lie dormant for forty years and still show itself.

DR. KRAUSS: No it cannot. It can be latent after it has gone through the process of intoxication, but you cannot have an infection without having a localization, and certainly a general intoxication. Following the general intoxication there may be local deposits that may be left in abeyance for years and it is impossible for any infection to take place in the way described or in the way that that gentleman seems to assume. It is out of all pathologic consideration, and assertions of that kind as given are really a detriment to our school because they are absolutely not authentic.

DR. MILLER: Why do we get sudden blindness in some people?

DR. KRAUSS: That is another question.

DR. HEIMBACH: I might be able to answer your question, if you will pardon me. We didn't deny that there might not be the primary indication, but there are a good many times local infections of some kind that are not recognized by the patient as such.

I can illustrate that with a case of a dentist. A patient of mine who got infected at the end of the index finger. He was treated for an infection by another physician, but I said, "I think you have a syphilitic infection." He consulted one and agreed with my view of the case, and he had it in the secondary stage. By the way, too, he is a well man just the same.

DR. MILLER: As far as infections are concerned, I found three women infected in their teeth from a dentist. How would you find the lesion there? How would you know that there was a lesion there? Because you might say that tooth was simply decayed or there was an abscess there. The infection came in the tooth and the infection showed itself.

MEMBER: It is never surprising what the human vitality can accomplish in any individual instance, and it is no surprise to me to learn that this woman, after having an infection of syphilis was able to keep it down, was able to get along with her minor sufferings and to go on for nine years until the whole thing accumulated in one grand outburst.

I agree with the doctor's report that the woman's case had not presented anything very marked until the final outburst.

DR. HEIMBACH: Don't forget the flexibility and adaptability of our bodies.

DR. UNDERHILL: I might say that during all this time, nine years, we have no means of knowing how many symptoms of syphilis this patient may have exhibited, but many times these symptoms have escaped the observation of the physicians and how much more will they escape the eye of the laity and the patient herself?

Another point: this patient was fortunate in not having had any treatment during all these years. She didn't have the syphilis suppressed that gave her vitality to give her the chance to throw it out.

Then there is such a thing as latent syphilis. I had a man come to me about a year later who had a typical chancre and it had been treated for several years. I had treated him for several years therefore I had the nerve to treat him for a while on *sacrum lactis* until I got clear indications. I saw the most beautiful chancre develop to its full bloom. The first prescription I

had occasion to give him was nux vomica for a cold. Subsequently typical lycopodium which he received. Today I never saw a better man, without any stigmata that I can detect, and without any complaints whatever.

I formerly practiced old school medicine and when I first got converted to Homœopathy I was shakey and when a case of syphilis came to me I almost thought I had to prescribe mercury and so forth, and it took me some time to get my bearings and not be afraid to do this thing. I would recommend that to some of you physicians if you get a case of syphilis keep him on saclac and see what happens. You will be surprised how little will happen to their detriment. We have come to the conclusion that the worst thing about syphilis is the old school treatment of the disease.

A DIFFICULT CASE.

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

In April, 1922, there came into my office in Chicago a medium sized woman, aged 59 years, and unusually gray for her age. She was very reticent in giving symptoms and answering questions. I learned that she was related to some of the best families of Chicago and was once accustomed to considerable wealth. The only history I could get of her case was "always well and active until two years previous." At this time, it seems she was ironing with an electric iron when suddenly something went wrong and she received an electric burn over the right shoulder and the biceps of the right arm. This occasioned very severe pain, for which she applied a certain liniment which seemed to aggravate the pain and cause the appearance of red spots on the back and chest. Some time in 1921 she had an attack of lumbago, and I noticed also that the joints of her fingers were quite swollen. This was all I could elicit on this first examination.

On her return in May, 1922, she complained that the spots on the arm, chest, and back pained excruciatingly. In addition to this she complained of severe formication over the burnt area.

There was nothing visible other than these red spots to indicate any trouble. She also complains of violent twitching and jerking of the right elbow. She reports having slept better after the dose of causticum 10m., and that the pain in the shoulder and arm was relieved by hard pressure. No remedy.

In June she reports that the injured area felt as if hot water was poured over it, and that the skin was very sensitive to touch. I knew that the leading remedies for effects of burns are arsenic and canth. But before prescribing either of these remedies, I preferred to wait for further data. In July, 1922, she reported feeling better, with the exception of the skin of the burnt area being very sensitive to touch. I now gave canth. the 30th. six powders, one every other day. I heard no more from her until September 5, 1922, when she complained of the right hand being very stiff. The shoulder and upper arm pained when out in the wind. She sleeps well and her appetite is fair. The pains have now assumed a definite type, and are characterized as a violent stinging when heated. For this I gave a dose of apis CM. On September 22nd she reported her arm as feeling full of splinters, with a slight improvement in the swelling of the right hand. This changing of the nature of pains confused me, and I frankly confess I could not understand these changes. I took her case under advisement, looked it over carefully, and sent her a dose of benzoic acid 10M. I heard nothing from her until late in October when she reported that the generals were good, and that the stinging and burning pains have now changed to what she calls smarting. I repeated my causticum in the CM potency then heard nothing from her until in December when she reported feeling about the same.

Now the thought arose that there might be an incipient cancer developing somewhere and to prevent this, I gave radium 200th, one powder. In January, 1923, she reports gaining 10 pounds, arm is much better, and her vitality much stronger. Not knowing how long radium will act, I repeated it in the same potency. Matters went on in this way until March 2, 1923, when she complained of great difficulty of respiration on lying, and that she felt very uncomfortable pulsations in the stomach. I now awoke to the fact that there are changes going on here that

threaten her life, and that a number of remedies are found in this symptom. As kali carb seemed to fit it better than the others, I prescribed it in the 1M potency, one powder daily for four days. On the 21st of March she reported no improvement. I now discovered that there was considerable cardiac hypertrophy. But why should this condition appear now? I then learned that she had passed through a very severe mental shock, which brought on cardiac dilatation, which she refused to tell me. I then gave her aur metallicum the 200th, six powders, one daily. This was done because of her inability to lie down and sleep. On April 17, 1923, she reported a very slight improvement. Thinking that my potency was now on the plane of her trouble, I repeated the remedy in the 1M potency. One powder.

May 8th she reports feeling better. She can now lie down to sleep. She rests better lying on the right side and back. She has a fair appetite, and on a physical examination, I find the heart very rapid and greatly dilated. The legs are swelling and look as if glazed. Serious trouble is ahead of us and feeling that she needed aur I gave her a dose of the 10M. On May 30th she reports feeling some better with fair eliminations. I now discover that she is growing very irritable, that she is hard to please, and that there is marked dropsy of the limbs and feet. I gave her a dose of arsenic 10M, one powder.

June 28th I find the heart slightly improved, the general condition is better but the limbs still very œdemic. I now gave arsenic the 50M. On July 11th, I find conditions the same, except that the face was becoming œdematus. I heard nothing more from her until November 16th, 1923, when I found the pathology about as I left it in July. She is now troubled with hideous dreams. Her nightmares are so severe that even the neighbors can hear her scream. Formication on the arm is slightly improved. In the past she wanted heat applied, now feels better when in cool air, and the application of cool cloths on burnt area. She is now annoyed with an occasional cough, and the legs are beginning to be inflamed and burn severely.

On December 8th, she reports the swelling almost gone and general conditions fair. No medicine. January 11, 1924, she reports the limbs swelling again, and there is a large sore spot on

the left tibia, threatening to become gangrenous. I now returned to aur metallicum 1M, four powders, one daily. On January 18th, 1924, the swelling has increased and is now extending into the abdomen and over the hips. Arsenic 10M. February 18th I find the legs some better but the face very pale, swollen and œdematus. Realizing that my patient was not improving under what appeared to be well selected remedies, I now gave for temporary relief, solanum niger, the 30th, five powders, one daily. On March 6th I found my patient with the right side of the face, right mammæ, arm and leg badly swollen and the tendency to gangrene on the left tibia was very marked. I now called counsel, who decided that my patient was suffering from sarcoma, but while this may be true, the general conditions as well as the pathology now points to kali carb as the only remedy helpful. For after waiting two weeks, I found her so œdematus that I thought the limbs and abdomen would burst. Her face was swollen beyond recognition, the upper eyelids protruded over the eyes, the mammæ were swollen to the full extent, both legs highly inflamed and very sore. I gave my patient two weeks' time to live, and yet I worked as if she was to live a 1,000 years. I put her on kali carb the 30th, in repeated doses, increasing the potency occasionally, until late in the fall I had conditions almost normal as far as the swelling was concerned. The sores on the legs were very angry, water dripping from the legs from the knees down, toe nails discolored yellow, and my patient unable to lie down in any way. When I found that the condition of œdema was better, and that her respirations were very laborous, and that the nightmares were appalling, I gave her peony the 30th in water, 10 doses. This closed the nightmare scenes.

In November, 1924, feeling that the remedies given had exhausted their power, I gave her a dose of sulphur 10M. This remedy stimulated her vitality, increased her appetite, and made her feel stronger, but produced no change in the limbs, neither in the general dropsical condition, except that the large spot on the left tibia showed signs of marked improvement. There now appeared on both limbs large cauliflower excrescences. I became considerably confused. As I sat and watched her, saw those angry growths, highly colored and dripping, her tremendous ner-

vous irritability, I saw away back of all of this what seemed to be a sycotic condition implanted upon a deeply seated psoric condition. This led me to prescribe thuya 200th, daily for 10 days.

Late in January, 1925, I found her right arm extremely painful, and a sensation as if the skin were torn from the flesh, with a very unpleasant formication over right arm and shoulder accompanied with a stinging pain aggravated from heat. A change had been made. The ever troublesome new symptoms have arisen and because of the stinging pain, the persistent dropsy of the lower limbs, I now gave apis the 30th in water every six hours. From this time on until August following, I kept her on apis mellifica in ascending potencies, with marked general improvement, though the growths on the legs and the accompanying pains persisted. Though there were general improvement, it was not sufficiently marked to make a favorable prognosis.

Late in the autumn of 1925 she had a marked return of the œdema, until the abdomen and both arms, both mammæ were so filled with water that I thought her days were numbered.

Her greatest agony were pains in the right shoulder and arm. These pains were so severe that they nearly drove her insane. The thought came that she would soon pass away, and I would turn to something for immediate relief. I gave strontium carb the 200th, four powders, one daily. I kept her on this remedy in ascending potencies through the winter and early spring with some improvement in œdema and pain. While the large spot on the left tibia had practically healed, the growths from the knees down seemed to multiply. The toe nails turned a golden yellow in color and looked as if they were ready to drop off. So on April 25, 1926, I returned to thuya the 200th in water, one dram every six hours. On May 8, 1926, I found the limbs greatly reduced in size, the arms practically normal, also the body, and my patient much quieter mentally, for previous to this she had shown symptoms of mania. The marked discoloration of the limbs was growing paler and the growths deeply red were turning white. This looked very encouraging.

I continued the thuya every eight hours and early in June found my patient very much better. The dropsical condition had practically all disappeared. The excrescencies were growing less

in size, the respirations, which were very difficult during all of these years, were very much better. She was now able, with the assistance of the nurse, to walk from the living room and her bedroom to the bath room. She felt so vigorous that she also walked into the dining room and took one meal a day there. On the 15th of June, I found the conditions rapidly improving. My patient could talk with vigor, enjoyed company, and could lie down to sleep for six hours at a time, the first time in three years. The mental and physical condition was so markedly improved that I now gave thuya the 500th, one dram every 12 hours.

DR. BOGER: I want to call attention to the fact that this is the only association in the United States where you can get points like this. (Applause.)

DR. LOOS: I have had nothing to do with the cure of the case, it has come to my attention in cases of severe dropsy we have actually in the part affected lack of nutrition and there comes the breaking down period in the tissue, because there is local death. Where you have the long continued dropsical condition there occurs the local death.

I had one patient several years ago who suffered for a long while and eventually I found a remedy which would help her and her heart symptoms were improved but the dropsical condition had continued so long and the legs were leaking, they finally broke down and very much to my great disappointment, when I thought she was about to get well she went out because she was poisoned from this decaying tissue. She didn't have the vitality to come up.

DR. WAFFENSMITH: I find also in these chronic dropsical cases that the nervous neurotic element is a very prominent feature. I am thinking of a case now, I have been carrying for three years. It was complicated with asthma, with mitral insufficiency, with a renal insufficiency, a case of about 76 years of age. It was given up to die when I took the case and I carried the case along palliatively until I worked out phosphorus, and I think the case was on phosphorus approximately one year and the phosphorus went back on me. The fact of the matter is there was a septic condition that developed in the thigh and it

was a practical condition of elephantiasis developed and lachesis of course brought a magnificent result in this condition.

Then following a suggestion that Dr. Stearns made to me. I have spoken about this case to him at different times of the neurotic element, and he suggested I study ignatia. I gave this case ignatia and it has been on ignatia now about three months and it is remarkable the reaction to this remedy. I find that the improvement has been more marked than under any other remedy heretofore.

DR. KRAUSS: Will Dr. Dienst tell us how that ulcer appears now?

DR. DIENST: I am happy to say that the ulcer had healed and in healing it has contracted so that it has hardly left an apology of a scar. The others are doing very much the same thing, and why I don't know.

The biggest piece of bungling I have ever been guilty of, and why the woman lived in spite of the bungling—you are all guilty of that.

CLINICAL CASES.

AUGUSTUS ANGELL, M. D., Millbrook, Duchess Co., N. Y.

On Sunday, September 19, 1921, a friend from New Jersey while on a tour through New England, called at my residence for a few minutes to learn how all the members of our family were progressing. We were informed of a severe case of sciatica of his near relative, Miss H. M. A., which developed on April 6th, five months and a half previous, without any improvement up to this period. The invalid had spent the month of August in the Catskill Mountains without much improvement. Four or five physicians had made efforts to relieve the pain, but all had failed. My friend gave me some of the symptoms and I thought some benefit might be obtained by the use of *Lycopodium*. "For heaven's sake, Dr. Angell, if you can help her, please send some medicine immediately."

The medicine was mailed on Sept. 20th, and a report was requested on Saturday. The report announced no pain after the

second day, and requested more medicine. Lycopodium 200 was prescribed, two tablets morning and night for three days. Placebo for a week and rest. No further trouble until Oct. 18th, when some fatigue came, and two doses of Lyco. C. M. and placebo for a week. Nothing further required. On Feb. 27, 1922, a slight return of sciatica from overwork, and exhaustion of the whole system. Two doses of Lyco. C. M. and rest cured all. Six months reported as well.

CHRONIC GASTRALGIA—PRESUMED?

Patient, Mrs. F. A. H., aged 66, Ithaca, N. Y.

Illness for a long period at intervals. A daughter urged for a Homœopathic physician for treatment inasmuch as the pain had continued a long period. A fairly good history of the case was written by the daughter, and mailed to me, arriving about March 8, 1924, at Millbrook, N. Y. Pain in the stomach for indefinite periods. Troublesome at periods for twenty years or longer. Pains recur always by motion of the arms and back, also by sweeping, causing great fatigue and exhaustion.

Relief of pain by pressure on the stomach, and on leaning over the back of a chair. Great restlessness attends the pain. Kent's repertory was used, and the selected remedy was Argentum Nit. 30x, which was mailed. A report was requested in ten days. In that period the response informed me the relief came in ten hours. More tablets were requested for an emergency and were mailed.

It is now nearly two years and no attacks have occurred.

Miss E. W. S., aged 35, La Grippe.

Attended by a young surgeon, O. S., graduate of Yale University and Johns Hopkins Medical College. La Grippe developed Feb. 11, 1910. Treatment commenced on Feb. 11th, and continued until a week when conditions were becoming serious. I was called on Feb. 18th to examine the ears; no serious conditions were found in the ears and suggested he continue with his medicine.

A week later I was summoned for another ear examination; the hearing power was normal; *while there* made a thorough ex-

amination of the lady. Mental condition very despondent, thought she would never recover. Soreness of tissue surrounding eyelids, also aching. Soreness of eyeballs. Forehead, bruised and painful sensations. Nose, some slight discharge of blood with crusts. Ears with fullness and pressure and ringing. Stomach easily nauseated. Agg. in early evening. Some fever. Want of reaction. As his medicine had failed, I suggested I would give him three doses of Sulphur 30 to give the patient as his prescription and I would be silent. He received the medicine and gave it to the patient. Two days later a member of the family called at my office and asked for some more sulphur. I was shocked! and almost fell out of my chair, as the doctor had given away all of my secrets to the family. However, I gave the member of the family a few placebos, and the invalid recovered in two days of all the symptoms above noted.

After full convalescence the lady favored me with a great many eye and ear patients. The doctor has never favored me since.

CLINICAL CASES.

H. C. SCHMIDT, M. D., Van Nuys, Calif.

Case No. 1:

Denman girl; 10159 Sta. Susanna; 8 years; 3' 3"—35 lbs. Has not been able to walk since she had measles May, 1924. Had nine months' Endocrine treatment, exposure up to 1 h. each time, also Alpine light twice a week, also calcium lactate. No osteopathy, no chiropractor.

Had been diagnosed as Poliomyelitis, Tetany, Cretinism—child is exceptionally bright and precocious; thyroid deficient—Thymus supposed to be still large (according to X-ray photograph—did not see plate myself). Corporetal spasms from least excitement, exposure to sun, or from riding over rough roads >> by hot bath. Cramps come on left to right hands, then left to right feet. Urination retarded if child is touched anywhere on body; bowels regular. Likes fat meats; dislikes sweets and pastry; yolk of eggs disagrees.

First seen March 3, 1926. March 5, prescribed Mag. p. 1M. March 8, slept every night without waking; usually got up three times a night. Played by herself in yard all forenoon March 8th, and is contented; formerly she would have called her mother constantly.

Case No. 2:

J. S., 718 Penn avenue, age 30, cannot work because of constant headaches. Warm blooded; hungry < morning < 11 p. m. Perspires nights < head < chest; desires fruit; averse to company; averse to exertion. Has had typhoid, smallpox, pleurisy, boils and carbuncle. H K starts above nose and extends to occ. on both sides. Sun headache. Prescribed May 18, 1925, Sul. 1M.

May 20, 1925, no better; K. 1M. May 25, 1925, better, back to work; never came back.

Case No. 3:

Catherine Kroeni, age 35. Uterine hemorrhage 2 years. Red blood << standing; gushing; offensive; chilly. Rt. goiter. Flushes back to head >> air; > wet. Fruit << gas; sweets << diarrhoea; desires sweets. Lying on rt. side < tension on left groin, > morning rising. Pain back < standing. Wakes easily; > cold weather; throat << from cold water; cold feet. H K neck to eyes comes slowly; > sleep. June 2, 1925, prescribed Gel. 1M.

June 5, 1925, hemorrhage stopped first time in two years, and stayed so for several months. Complained about price of \$2.00 for prescription of a little sugar. Refused to renew prescription or have anything to do with her after that.

Case No. 4:

A. K., 1867 Blue Island avenue, Chicago; about 60 years old; has had syphilis 40 years; has to take morphine daily because of excessive pain. Vertigo prevents him from taking on work (is a painter); rt. limb from toes to thigh is a mass of holes and sores—thousands of them—the largest near knee larger than a silver dollar. Leg is purple, red, green, yellow, blue; oozes pus, serum and blood.

Came to me about June, 1913. First stopped morphine; in a year and a half last ulcer had healed; broke open again at vari-

ous times but only for short time. Vertigo left and Mr. K. has been able to work most of the time; he is still getting medicine regularly; Ars. from 1m to mm has been principal remedy. Merc. Ki Sil and Syph have been used as intercurrents; Sil for considerable time. Have given single dose; then again have given Ars. 40m for months once every day without obtaining any provings, being a well working reliable Finke potency.

Case No. 5:

J. S., 149 West 66th street. Saw him first 1918. Had been diagnosed appendicitis by several doctors; last doctor packed abdomen in ice but said it was too late for operation.

I told Mr. S. that he was heading straight for death if he did not change things. I was engaged, not that they thought I could do anything, but everybody else had given him up.

I found navel protruding four to five inches, and a large pus sac; ordered ice removed and hot applications put on instead. Prescribed Merc. 1M; told them that fever and pain would increase, but for only a short time. Next day I made three calls. Fever high, pain bad, patient delirious, but abscess ruptured and emptied through bowels. We had trouble with that umbilical hernia for years, but finally it healed up. Merc. and finally Psor. did the work. His family swears by Homœopathy.

Case No. 6:

A. M. N., Burbank, Calif.; dyspepsia, pain stomach >> eating, burning < morning; desires meat and potatoes; stool offensive—lienteric. Chill, then sweat; no heat; boils; tongue coated; eggs disagree; constipation. Prescribed Nat. S. which relieved right from the start and has never been changed. He had tried all kinds of physicians without relief.

I work every case by Repertory, even if a remedy stands out preeminently; always look up two or three strong *reliable* symptoms, and base my prescription on those.

Case No. 7:

S. C., Maywood, 71 years. Paralysis of the bladder; nervous; frequent urination, < winter > summer, > lying on rt. side; left side cold (kidney); cold feet; burning on urination; tongue coated center; pain > h a eating; appetite mornings only; waterbrash >>; constipation. Prescribed Psor. 1M; relieved instantly. Based on >>> d pregnancy.

A CLINICAL CASE.

WILLIAM A. YINGLING, M. D., Emporia, Kansas.

A little experience showing the action and value of the very high potency may be of interest to you.

For several years I have had a very annoying and persistent urinary trouble that has baffled me. I have searched the books and journals hoping to find a clue, but without avail. I have had a very *sudden urging to void urine which was imperative, and unless I hurried to the closet I would wet my pants in spite of all I could do.* Sometimes when trying to finish waiting on patients the flooding would occur to my chagrin and grief.

It has been very difficult or almost impossible to decide as to the modalities. It seemed psychological, thinking of it, but *Oxalic acid, Oxyriopsis, etc., failed to do any good. I cured a case of a printer who had about the same trouble when busily occupied, but Calc. C. failed and Kreosote cured.* Neither did me any good. My urging would very often come on while washing my hands or taking a bath, but *Lyssin, Cantharis, etc.,* did not bring relief. Thus I tried a number of possible remedies, always with failure.

Finally when studying a new case I saw under *Sulphur*, "Desire to urinate comes suddenly and is imperative; if not gratified, urine passes involuntarily." Here was my condition without modalities. I had during my trouble taken Sulphur 55m and Cm, without relief. I decided to select a very high potency and selected the Five Millionth, run up on the Santee potentizer, one dose only. There was a slight general aggravation with a marked change for the better in the urinary trouble within a few days.

Occasionally *the old fear or alarm* would come on, but I would have time to go to the closet or even postpone the voiding. At present I am in fine shape, much better than in years, and feeling generally improved.

Another dose in time may be needed, and then I will take the 6mm.

Bureau of Obstetrics and Pediatrics

THE RIGHT OF THE UNBORN.

Chairman, PLUMB BROWN, M. D., Springfield, Mass.

I wish to consider the scope of the Bureau of Obstetrics and Pediatrics as extending from, prior to conception on through the various developmental stages, both as regards parents and child until at least sixteen years after birth when the offspring becomes an individual unit.

It is not my purpose to attempt to scope with the various phases of pedagogy or adolescence. In my opinion, based on personal experience and observation there is no field where Homœopathy can do, nor where Homœopathy does, if conscientiously practiced, show a richer harvest for the prevention and relief of suffering humanity.

Thus if prospective parents and later prospective mothers can come under the care of a true Homœopath, this will result in fewer agonizing labors with no hazardous post partum. And the condition of their children and children's children will show a purity and stamina of body and mind, all with the result that there will be developed a citizenship of the highest type.

In these days of most extreme tension, when our very souls are being tried, when we are ever considering ways and means of meeting the ever present problem of existence, as well as that of doing our best in helping to hasten the glad day of the universal brotherhood of man, is it not worthy of a little of our thought to stop for a few minutes in our rush and consider ways and means for the best development of the child?

A child is a man in embryo. We hear much in these days of our rights, the rights of capital and labor, the inalienable rights of man how as to the rights of the embryo? Every possible agency, national, state, community and individual should be

and rightfully is alert to the right of the child as relates to its best development, physical, mental and moral.

The health of our youth is being more and more closely safeguarded and great advancement is being made along the lines of ventilation, diet and exercise.

The ever-increasing army of school inspectors, playground guardians, physical culture instructors as well as school and college educators are all expending their efforts in their endeavor to conserve the rights of our children.

For many years I have been revolving in my mind and endeavoring to formulate, even though very fragmentary, some ideas and some ideals pertaining to another right of the child, namely, the right of birth; the right of a good heritage.

The right to be well born is what I wish to have you consider with me for a few minutes in the hope that it will act as a little leaven in the interstices of our minds and cause us as individuals as well as a body of Homœopaths to go out and do our duty.

It is a self evident truth that the unborn child has an inalienable right to be ushered into this world free from disease, from all predisposition to mental and physical defects.

No child ever was or ever will be born into the world in full possession of all the attainments and graces, but every child should have the right of inherent mental and physical ability which if properly nurtured and developed would enable it to fill its mission in life creditably. This must appeal to every sensible man or woman as the vital question of the hour. What we need is a race of better men and women, mentally and physically superior, free from hereditary ills and defects which burden life.

It means the saving of our country from moral and physical decay and the preservation of its integrity and position among other nations. The scriptural doctrine that the sins of the fathers are visited on the children unto the third and fourth generation is literally true. Were there time I could cite many cases from my own observation in confirmation of this doctrine. Nature hates abnormality and in so far as possible sees to it that the abnormal and degenerate do not propagate indefinitely. The

same laws govern man that govern the animal and vegetable kingdom.

The first thing the horse breeder has to learn is that only a few horses out of many which are bred are of any value to improve the breed. In the animal, also in the human, a great future demands a great past. If our ancestors are not of the best, our family name will soon disappear from the honor roll, unless we mate well and mate our offspring well.

If we are to build a great building we seek the advice of an expert master mind. We cannot expect to build a healthy, brainy, enduring family unless we have competent expert advice. What does the average youth either know or care about racial improvement during adolescence? Some day when it is too late he is awakened by the sad results of his own ignorant marriage.

It is the duty of all parents and much more the duty of medical practitioners to so thoroughly post themselves as to be able to give expert advice to all parents and thus enable them to intelligently instruct their children in the fundamental facts and principles of heredity and reproduction.

Some people raise children, a few who know their business breed them. If the seed of life comes from good healthy parentage, good ancestry and devoid of bad inclinations, or tendencies you may expect a healthy child.

Is any man or woman mentally or physically able to beget healthy offsprings after receiving treatment for either syphilis or gonorrhoea in accord with the so termed modern scientific method? Does this treatment cure?

In our bureau today we hope to show how to aid and not combat nature in preserving health and effecting a cure.

Give us clean, pure parents who give intelligent heed to the care of the body and mind both as regards food for mind and body, good physical and social outlook, suitable climate, food and exercise, inherently sound.

"I like to find a man of mind
His body not forgetting
Whereby to make a perfect whole,
The priceless jewel of his soul
May find a worthy setting."

Defectives should be sterilized while men of great activity of mind and body and strong constitution should be intelligently bred. Laws should be enacted and enforced or even back of that the public should be so thoroughly educated and drilled that all who have a tendency to heart, kidney, lung, nerve, or blood disease or any other malady should not form union with those of like tendencies.

The United States expends over one hundred million of dollars annually for the care of the defectives and outcasts from society. The time has come when thinking patriotic citizens must realize the importance of breeding strong, healthy, brainy and brawny children with patriotism in their hearts.

Grant to the unborn their inalienable right of a sound body, brain and spirit. The laws of heredity apply to man with *as much* accuracy as they do to animal or plant.

Is there a crime so base as the injury of that vital substance from which springs the men and women of the future? A force not to abuse but to conserve as a sacred trust and to hand on to our children.

We all love our country but she is on the road to decay unless thinking people realize the situation and pass and enforce laws that will prevent it. The unfit produce the unfit; men of worth come from parentage of worth.

It is just as bad for a man to murder his wife by infecting her with a foul, loathesome disease as it is to murder her with knife, axe, gun or drug.

The time will come when physicians will be required to make a public record of all victims of syphilis. This is already done in some states.

Those contemplating matrimony should know all about each other. If all young men knew that at certain ages, they must submit to examination for the use of the public and the report made an official record there would be less wild oats sown and less disease.

Men who can successfully carry on the industries of our country and defend our nation against the fire, must be men of vigor, stamina and strength, good constitution and the right ancestry.

The unborn child has the right to come into the world free from mental and physical defects and superior in every respect to their parents. The crying need is for patriotic statesmen of brain and power, educated to the needs of our nation in this respect, and who will look into the subject from a scientific standpoint and then as a pioneer champion the cause of the American baby.

If men and women would only lead normal lives, free of all diseases and hereditary defects they would not give birth to defective children.

Are we as Homœopathic physicians, honest and square to our own name, as well as that of Homœopathy and to our country.

The unborn babies stretch out their tiny hands from the mystic future and plead in baby voices. Refuse to give me birth or else let me be well born, my inalienable right. A healthy mind and soul.

An embryonic man created in the image of God.

CARE OF THE NORMAL EXPECTANT MOTHER.

GUY B. STEARNS, M. D., New York City.

The primordial unit of life is unknown. Whatever its form, it was endowed with intelligence. The amoeba is the prototype of all organic life, and is considered a simple structure. Cytological study of the amoeba, as well as of all unit cells, reveals them as very complicated structures. Every cell is composed of numerous units, controlled by a central unit, that carry on the processes of life in the cell. These units, in turn, appear to control still smaller and simpler units.

Intracellular activities are performed with a superlative degree of intelligence, consisting, as they do, of complex chemical reactions purposefully directed toward the tearing down of the molecular structure of heterogeneous material and recombining the molecules into the molecular structure of cell protoplasm. The protoplasm molecule is one of the most complicated and least understood in organic chemistry.

Part of the intracellular function has to do with chromosome cell-body cleavage in the process of reproduction. Here cell intelligence so divides the elements in the cell as to reproduce two new units like the original.

Cell intelligence expresses itself extra-cellularly in the building up of organic life. Consider the marvelous ingenuity exhibited in the construction, through the intelligence of the cells, of a butterfly; it being first in the form of an egg; then, a caterpillar; then a chrysalis and finally, the butterfly; in these different stages, the cells reconstruct, from the material of the previous form, each of the new successive forms. Complex indeed is the metamorphosis of the unattractive caterpillar substance into the beautiful butterfly.

What does the foregoing have to do with the care of the normal expectant mother? Simply this: When the progenitive mammalian cells began the environmental adaptation of organs that resulted in man, the function and mechanism of reproduction were developed in exquisite harmony with the whole structure. The body cells that have to do with reproduction have inherited the intelligence inherent in the whole succession of cells from the beginning of life, and we should be very humble when we enter into partnership with Nature's architects. The cell is the seat of all intelligence. The intelligence which constitutes our consciousness is but an infinitely small fraction of that which is inherent in the cells and, unless we use it with due humbleness and caution, our efforts may be only well-meaning, meddling ignorance. The most that we should attempt to do is to learn the environment to which Nature has best adapted the expectant mother, and to learn if any factors are present that will interfere with the normal course of pregnancy or labor.

First comes the history, which should be complete as regards all functions, past diseases and heredity, with special reference to miscarriages, previous pregnancies, labors and family characteristics regarding child-births.

Then comes the physical examination, which should be complete. This should include special examinations regarding measurements of the pelvic framework, a complete urinary examination, and the taking of blood-pressure. Unless absolutely sure

of the family health, a Wasserman should be taken. Find out if the husband has had gonorrhoea. Examine particularly the teeth and tonsils, as they may be the seat of focal infections. All vaginal examinations should be made with sterile rubber gloves and no more should be made, either before or during labor, than are absolutely essential.

The patient should be seen, the blood-pressure taken and the urine examined every month for the first five months; afterwards, every two weeks; and towards the end, every week, and even more frequently if symptoms arise.

The position of the baby should be determined by external manipulation. The foetal heart-beat should be obtained, if possible, and its location noted. If there is any doubt as to the position of the child, an X-ray picture may be made.

HYGIENE.

It is claimed that the size of the baby before birth can be somewhat controlled by diet. At any rate, a diet should be given that is rational for any healthy individual. It should be low in proteins and, if animal protein is taken, it should not be at more than one meal a day. Something raw, in the shape of fruit or salad, should be taken with each meal. Whole grain products should be eaten instead of processed cereal foods. The water in which vegetables are cooked should never be thrown away but should be used in soups, sauces, etc. The bowels should be kept free by means of diet, never by means of cathartics. The expectant mother should take moderate exercise, particularly breathing-exercises, and be as much as possible in the open air.

The expectant mother should be assured that she is going through a normal physiological process and that the expectancy for life of both mother and child, in normal individuals, should be one hundred per cent. All fears that are due to meddling advisers should be dispelled by rational explanations, so that labor is approached with happy expectancy instead of dread.

PRECAUTIONS.

The physician should keep in mind the conditions which most frequently cause trouble. The patient should be instructed

to notify him at once of any dizziness or disturbance of vision or headache or any swellings or difficulty in passing urine or of any nausea, or any bleeding, or if, after life is felt, the movements stop.

Sepsis should be guarded against by absolute cleanliness and sterilization of all materials coming in contact with the patient during examinations, delivery, etc.

The foregoing is the most important hygienic and precautional background for the normal expectant mother. Even in an apparently normal case, not infrequently slight disturbances occur that give a hint regarding a needed constitutional remedy.

When taking the history, all constitutional reactions should be obtained, such as to cold, heat, weather, time of day, seasons, etc. Information should be obtained regarding all functions—the digestive function, the appetite, cravings, aversions, thirst, bowel condition; in the sexual sphere, the regularity, quantity and character of the menstruation as well as general feeling before, during and after the menses; the character of the sleep, dreams, etc.; skin function, particularly with reference to coldness or heat of the extremities, local or general perspiration, etc.; the general temperamental makeup. These are the constitutional characteristics from which often a remedy can be selected in the absence of any specific symptoms. Just as important are the tendencies in the families of both of the parents of the expectant mother.

It is only in the sphere of remedy-selection that the Homœopathist differs from other physicians and, in order to obtain the full value of the Homœopathic method, he must be well versed in constitutional characteristics and how to obtain them.

DR. KRICHBAUM: He left out the forbidding of running automobiles after the sixth month of pregnancy.

DR. OLDS: Do you mean it is dangerous to the mother or the pedestrians?

DR. NELSON: I would like to ask whether you use rubber gloves to protect the hands or to protect the woman?

DR. KRICHBAUM: If it does one it will do the other, doctor.

DR. CUSTIS: I find that the more notions I have about what to do with the pregnant woman the more trouble I get into. If

you let a woman alone and let her live her life without interference she will get along a lot better if you don't give her a lot of rules. Of course glaring defects you have got to correct but when it comes to minute directions as to the course of her activities for that nine months I think you make a huge mistake. I think the woman who is interfered with has a lot more trouble. If a woman has been in the habit of doing her housework, let her do it. If she has been in the habit of playing golf let her play golf. The nearer we can come to a woman's normal life for that particular woman during her pregnancy the better off she will be taking it by and large. I know that practically every time I find a case that interfered with her normal way of living, not because of my instructions, that woman gets into trouble. If she drives an automobile, let her drive an automobile. I think if she was an aviator I would let her fly, because after all we must keep to her normal.

DR. SKILES: I would like to ask Dr. Stearns if he has noticed any results on the child produced by shock on the pregnant woman.

DR. STEARNS: I use sterile gloves because you can sterilize them easier than a hand. I wish I could have thought of putting as Dr. Custis did, the words in the paper, that he expressed because his idea was part of the idea not to do too much amending.

The matter of the mother affecting the baby—a woman lost her husband about three or four months after she became pregnant. She kept her grief to herself and lived what she thought was a very happy life—as happy as she could under the circumstances, with the expectancy of the child, because she felt that she should not grieve, that it would affect the child. This boy was born two hours after the beginning of labor, a perfectly normal healthy youngster, a nine-pound boy, but within a few hours he began to whine, just a whining, weak cry, and he seemed to fall away. There seemed to be a condition of inanition, unexplainable. The people in the hospital said: Those babies never get well. That child will die. In a very short time the mother began to have fever, and she became a little weaker. I went back over this condition and I figured—here that mother

has been grieving all the time—I gave her pulsitilla. I gave the child nothing. Inside of a half hour after the first nursing that baby had a change take place, and in twenty-four hours the whole thing was cleared up.

My interpretation of it was that it was the grief of the mother that had affected that baby, and when her own correction was made the child's reactions were established normally.

THE ROLE OF HOMOEOPATHY DURING LABOR.

JOHN HUTCHINSON, M. D., New York.

Parturition being a purely physiological act, its phases that demand help and its irregularities that call for relief belong to the definite role of the Homœopathic remedy. When we review the Transactions of this Association and read the reports in this field, we are impressed by the eloquent fact that whatever may be the abnormalities encountered in labor, childbirth may be lightened of its pains and so accomplish with the best results for both mother and infant by the help of the indicated remedy alone.

Yingling's Manual—The Accoucheur's Emergency Manual—is replete with pertinent aid and suggestion as to the imperative remedy called for in given conditions. The truth of all the recommendations in this invaluable work has been verified times without number. The ground covered is so complete that no one should complain. And it is well known by all physicians who understand its application that any remedy in the *Materia Medica* may be called for in any case. That is, the peculiarly insistent symptom at any stage of labor demands its similar remedy, a remedy, it may be, that has never before been recorded or required in another obstetrical case. In other words, that unusual condition arising but in fact having its correspondence in the proving of some remedy yields superiorly to that particular remedy.

However, what a wealth of aid resides in our well-known, frequently-used, and deeply-acting remedies. Under Gelsemium

how many cases have progressed smoothly to a most favorable issue!

A word as to the abnormalities so often reported in current medical and surgical journals. These are emphasized, without doubt, by the complete absence of any but the most materialistic means of treatment. It is too often assumed that mechanical difficulties are overcome only by mechanical means. There is no attempt to meet vital requirements.

Personally, I have never seen a well-selected internal remedy fail of its good result. The pity is that the prescriber can so rarely accept labor cases. As a matter of fact, however, he should be retained as the prescriber, while an attendant meets the other needs of the case.

But it also may be said that the prescriber should also have had cognizance of the patient during the period of gestation. The demands of pregnancy should always be recognized and met Homœopathically. The pregnant woman is living a new life for the time being. Its requirements may differ extremely from other periods. They must be met completely if the mother and child are to enjoy future health.

When all these conditions have been properly satisfied the outcome at full term, at delivery, and in recovery from the ordeal, is joy for all concerned, a joy and prosperity that can be secured in no other way.

While not at all imperative for the best consummation of all these events, I will mention in closing a remark, the like of which you all may have listened to, and which we all are pleased to hear, that of a mother who, in referring to the birth of a child, says: "I did not know when it happened. You told me to relax immediately after a pain, to sleep if possible to save my strength. And I was asleep when the baby came, for I did not know it till the nurse disturbed me."

Such a fortunate circumstance results from exhibition of the exact remedy. That remedy enables the mother best to bear her trial. In this particular instance the remedy was *Pulsatilla nigricans* 1000.

HOMOEOPATHIC CARE OF CHILD DURING
FIRST YEAR.

THOMAS SLOAN, M. D., South Manchester, Conn.

No. 1. A little girl of eight months has been constipated since birth. Castor oil and enemas produced stools, but with great difficulty, much unsuccessful urging and great urging with the stool. She had a white scanty leucorrhoea. Sepia was given without apparent result, followed by Sulph. 200, 1m and 40m at long intervals. The first dose of Sulph. produced natural movements, and at the present time the young lady who is now nineteen, has never been obliged to take a laxative.

In this connection I wish to express the opinion that castor oil given frequently, as it often is, the first few months of life causes a very large number of cases of chronic constipation.

No. 2. A fellow physician called me to see his infant daughter who had been suffering from an otitis media for 24 hours. He had given all the codeine and morphine he dared without any relief. She had been crying and screaming for hours. The drum was acutely congested without any bulging. Fifteen minutes after Puls. 1000, one dose, she was asleep, and the case was ended.

No. 3. An infant has been very restless and uneasy for several days with frequent urinations. When urinating he screams with pain. His diaper shows a pink edge around the area soiled by the urine. Lyc. 1m relieved quickly.

No. 4. This little girl is about a year old. When she was ten days old eczema appeared on her hips and genitals, extending down toward the ankles, upwards to the waist, then around the shoulders, neck, face, scalp, and behind the ears. At the present time it is on the scalp, behind the ears, around the arms and in the folds of all the joints. There is a scanty watery discharge. Little itching. Her head sweats much. She is plump and well nourished. No teeth have appeared. Very constipated with much unsuccessful urging for stool. Does not walk or creep. Is good natured. Catches cold easily. One grandfather and one aunt died of tuberculosis.

The child has been treated with many different ointments, has taken cathartics ad lib., and has had numerous modified milk formulas. The eczema will clear up in one area and appear in another region.

Under calc. carb. from the 1m to the c. m. with a few intercurrent remedies needed from time to time, the eczema and constipation were cured in six months, and the little girl had the normal number of teeth.

DR. SLOAN: The interesting part of that case was that before she got well the eczema returned all over the areas where it had been suppressed by ointments.

DR. NELSON: I would like to ask whether the constipated condition cleared up before the eruption or after.

DR. SLOAN: Afterward.

INFANTILE PARALYSIS.

GRACE STEVENS, M. D., Northampton, Mass.

Acute poliomyelitis, also called infantile paralysis, regressive paralysis, or acute atrophic paralysis, is an acute infectious disease affecting mainly children under five years of age. It is caused by filtrable virus which attacks the central nervous system, the parenchymatous organs and the lymphoid tissues. The most prominent symptom of the disease is a rapidly developing flaccid paralysis which improves after two or three weeks, leaving as a rule, a few muscles permanently paralyzed. These last muscles undergo rapid atrophy.

The disease occurs sporadically and in epidemics and during the last twenty-five years the epidemics have increased in frequency and severity. In 1909 Landsteiner and Popper succeeded in inoculating the disease in monkeys by intra-abdominal injections of a bacterium-free emulsion from a boy who had died from the disease. Other workers confirmed these observations, notably among them Flexner. I shall quote in substance from his writings for a paragraph or two.

The virus or microbic agent consists of minute globules, capable of being viewed under the high powers of a microscope. It is carried by persons, not insects. Animals, except monkeys,

do not seem to be susceptible to the virus, and are therefore only passive carriers. This virus is not injured by a 5-10% solution of carbolic acid or by freezing. It is more sensitive to heat, and can be destroyed in one-half hour by a temperature of 40-50 degrees C. Hydrogen peroxide in a 2% solution also kills it, as do also menthol and bichloride of mercury. When inclosed in an albuminous envelope, it will withstand drying for several weeks and therefore saliva or nasal mucus can convey the infection by means of a spray produced by a cough, sneeze or loud conversation.

Careful investigation points almost conclusively to the upper respiratory tract as the site of the ingress and egress of the virus. The lymphatics of the nasal mucosa are in almost direct connection with the sub-arachnoid space; they pass with the filaments of the olfactory nerve through the cribriform plate of the ethmoid bone.

The virus of poliomyelitis has been demonstrated in the naso-pharynx of infected monkeys and successful inoculation of monkeys by the virus has been done via the pharyngeal mucosa. Large quantities of the virus can be introduced into the stomach or duodenum without producing spinal paralysis if only peristalsis be preserved. In the nasal secretions the virus is extremely persistent. It was found in a monkey five months after recovery, but in human beings it does not live so long. However, as long as it persists in one who has had an attack or in a passive carrier, that person is a menace to those around him. Ordinarily the disease is communicable for about six days before the development of an attack and ten days after the onset—that is, the period of incubation is usually from five to seven days. However, extremes of two days, and thirty days have been reported.

INCIDENCE.

The most susceptible age is the latter half of the second year, and 90% of cases are in children under five years, 95% in those under ten. However, no age is exempt; a case is on record of a child twelve days old and another, of a person forty-six years of age.

As a rule, epidemics occur in summer and early fall, that is, in warm weather, but sporadic cases are seen at any time of year. The disease seems to be independent of surroundings. It appears in the country as well as in the city and attacks persons in good circumstances as often as those who are very poor—those in previous sound health as well as the more delicate. Dr. Erastus Case reported three cases of poliomyelitis, all in persons of tuberculous inheritance and he wondered if the disease were always dependent on a tubercular root.

It has been stated by some writers that more than one case did not appear in the same family, but this is not true, since in one of the large epidemics there were over two hundred families which had two cases and a few had three or four. As a rule one attack gives immunity to the disease by the formation of anti-bodies. A second attack is extremely rare. Relapses sometimes occur in a few weeks from the onset and are usually marked by an extension of the paralysis.

PATHOLOGY.

Before the discovery of the virus, and its use in animal experimentation, knowledge of the pathology of poliomyelitis was chiefly limited to the finding of atrophic scars in the anterior horns of the cord. This led to the view that the paralysis was due to an embolic plugging of one or more of the anterior spinal arteries, resulting in the necrosis of nerve tissue and later formation of interstitial scar tissue. It has now been definitely proved, chiefly by experiments with the virus upon monkeys, that the disease is a general infection, attacking not only the cord, not only the central nervous system as a whole, but the peripheral nerves and the viscera, too. The changes begin with hyperemia of the pia and of the blood vessels which pass into the cord through the anterior fissure, and with the accumulation of lymphocytes and polymorphonuclear leucocytes about them. This process extends into the substance of the cord and everywhere the minute blood vessels are found surrounded by a mantle of such cells, so that the more vascular portions of the cord, that is, the cervical and lumbar enlargements, the anterior horns and the

gray matter are especially affected. This leads to a difference of opinion regarding the direct cause of injury to the nerve cells, some writers holding that it is due to the direct action of the virus, and others maintaining that it is owing to obstruction of circulation by the immense number of cells, resulting in pressure and oedema which cause degeneration of the nerve cells. This degeneration varies much in extent. If the pressure is soon removed, regeneration takes place, but if it remains, the cells become necrosed, are cleared away and later are replaced by a dense neuroglia scar. Analogous lesions are found in the medulla oblongata, where the nuclei of cranial nerves become infected and also in the higher parts of the brain.

Changes in the cerebro-spinal fluid occur early. In from twenty-four to seventy-two hours it becomes opalescent and coagulable, but soon again becomes clear and non-coagulable. This clearing of the liquid in monkeys comes with or just after the appearance of the paralysis. Experiments have shown that this clear fluid is non-infectious, although it may be in excess and may contain an increased number of lymphocytes.

The lymphoid tissues are nearly always affected and cloudy swelling is found in liver and kidneys.

SYMPTOMATOLOGY.

There seems to be a distinct difference between the sporadic and the epidemic cases, the sporadic case, as a rule, affecting only certain parts of the spinal cord, whereas in the epidemic form the inflammation is usually more general, involving not only the spinal cord, but the brain as well and the pia over both these structures. Wickman divides the disease into eight different forms, as follows:

- 1—Spinal poliomyelitis.
- 2—Cases simulating Landry's paralysis.
- 3—Bulbar and pontile forms.
- 4—Cerebral form.
- 5—Ataxic form.
- 6—Neuritic form.
- 7—Meningeal form.
- 8—Abortive form.

The symptoms of a typical case of the spinal form are as follows: A child in previous good health becomes restless and irritable. It complains of pain and the limbs are tender to touch. Mild fever develops or at times a high temperature, sometimes with vomiting and less often diarrhoea. Convulsions sometimes occur. Sweating is a very constant symptom, also a very *marked* prostration with diminished or lost reflexes. Blood examination shows a leukopaenia. After two or three days the fever usually passes off, leaving the child quiet, with clear mind, but with a localized or a general flaccid paralysis. The legs, one or both, are most often affected, the arms less often, but any part of the body may be attacked. The sphincters are rarely affected. This stage of paralysis usually lasts from one to three weeks and is followed by a relief of the general paralysis, but a more permanent paralysis of one or more groups of muscles. These atrophy rapidly and present the reaction of degeneration. The affected limb becomes blue and cold and is liable to contractures owing to the action of the unopposed muscles. The joints may also be deformed. In the leg, the quadriceps and the tibialis anticus are most often affected—in the arm, the deltoid. The anterior and internal muscles of the extremities are more apt to suffer than the posterior and external. There is apt to be arrested development of the bones in the affected limb.

The type simulating Landry's paralysis is very rare. The paralysis is progressive and ascending. The pathological process eventually reaches the medulla and the patient dies.

In the bulbar form the nerve nuclei of the pons and medulla are affected and as a result we have dysphagia, dysarthria, dyspnoea and paralysis of various cranial nerves, especially of face and eyes. These cases are rapidly fatal.

The meningeal form includes cases which have rigidity of the back and neck and Kernig's symptom. The symptoms are milder than in cerebro-spinal meningitis and positive differentiation may be made by lumbar puncture.

There are two forms which may be especially misleading as to diagnosis—the cerebral and the abortive. The first is called also poliomyelitis and produces hemiplegias and diplegias in children. The second, or abortive form was first recognized by

Wickman during the great Swedish epidemic of 1905-06, and Flexner has proved its identity by experiments with the blood serum of patients who had it. The serum of such cases neutralizes the virus of poliomyelitis just as does that of typical cases.

A case of this sort begins suddenly with fever, vomiting and *great prostration*, often accompanied by muscular pains and stiffness of the neck. This clears up in two or three days and the patient makes a perfect recovery. The recognition of these cases is most important, as the patients are carriers of the disease and should be isolated. Also, early diagnosis in any case, will help to the choice of treatment and so may prevent paralysis.

DIAGNOSIS.

Diagnosis is usually fairly easy during an epidemic but is very doubtful in a sporadic case, especially in the early stages. Lumbar puncture is a great aid. If the case is positive, the spinal fluid will show increased pressure, opalescent tint (in prodromal stage), an increase in protein and an excess of white cells, especially lymphocytes. After the paralysis has appeared, the fluid becomes clear and the lymphocytes diminish in number, though they are still in excess of normal.

The diagnostic symptoms of poliomyelitis are restlessness, irritability, fever, sweats, headache, backache and *very marked prostration*, followed in twelve to thirty-six hours by a general flaccid paralysis.

The disease must be differentiated from cerebral palsies, which are hemiplegic in distribution and come on suddenly. The tendon reflexes are increased and the electrical reactions are preserved. There is no extreme wasting of the muscles. There is profound mental depression. In poliomyelitis the mentality is unaffected. The tongue, face, and speech are normal. There is very marked wasting of the affected muscles with electrical reaction of degeneration and loss of faradic irritability. The reflexes are abolished early.

Cerebro-spinal meningitis, which may be confused with this disease, will usually show a spastic instead of a flaccid

paralysis, marked spinal and nuchal rigidity and much more pain than is found in poliomyelitis. Occasionally a case of infantile paralysis is so mild that its occurrence is not noted by the parents until time for the child to begin to walk. It may then be confused with the pseudo-paraplegia of rachitis, but the latter disease shows beading of the ribs, enlarged and tender joints and hyperaesthesia of the extremities. Movements are painful, but possible; there is no muscular atrophy or altered electrical reaction and the deep and superficial reflexes are normal.

PROGNOSIS.

Cases of the bulbar type are nearly always fatal, death coming suddenly. Cerebral and meningitic cases are serious. In the strictly spinal form the prognosis is usually favorable as regards life especially in sporadic cases, but the great majority of those attacked suffer some loss of function. Holt says that more children die on the fourth day than on any succeeding day and the prognosis for life is good after the first week. From twelve to thirty years of age the mortality is given as 27% as against 12% under twelve years. Flexner stated that in epidemics there was a death rate of 5-10% and that 75% were paralyzed to some extent. In one epidemic in Nebraska, however, only 25% were paralyzed.

If the faradic irritability is lost very early, that is, within a week of the onset of the disease, there is more danger that the paralysis will be permanent, but the longer the loss is delayed the greater the hope of recovery. A return of faradic impulse indicates a return of voluntary motion. Indeed it has been proved that in the process of recovery a muscle will respond to volitional impulse before it will react to faradism, and the earlier this return occurs the greater the probability of complete recovery. Gowers said that an absence of faradic irritability for ten days indicated a permanent partial paralysis, but Sinkler quotes a case where it was absent for fifteen months, and after sixty days of treatment it returned with voluntary motion. Dr. John Eastman Wilson quotes a case of Dr. Hutchinson's in which restoration of function took place after forty-one years of paralysis.

TREATMENT.

The patient and his attendants should be isolated during the acute stage, that is, for three weeks from the onset of symptoms. All discharges should be disinfected. Since diagnosis of the disease is so difficult in the first stage, the physician should be on the alert and give especial attention to any case that, with catarrhal symptoms, presents a degree of prostration out of proportion to the severity of other symptoms. If necessary, lumbar puncture should be done to make clear the diagnosis. An opalescence of the cerebro-spinal fluid would make the diagnosis sure. During the early stages of the disease, absolute rest in bed is necessary and the patient should lie either on the side, or, if resting on the back, should be on an inclined plane. Massage or electrical stimulation should not be used until after the acute stage has passed. When the paralysis has developed, measures should be taken to prevent deformities, or unnecessary fatigue and strain of the weakened muscles. The patient should not be allowed to swing a dangling foot or to bear weight on a weakened joint. Sand bags will help to keep the limbs in position in bed and a cradle will remove the weight of bed clothes from the feet. The affected limbs should be wrapped in some soft woolen material or in cotton batting to keep them warm. After the acute stage has passed, gentle rubbing and massage should be used daily, and twice a day the limbs should be bathed for fifteen minutes in water as warm as can be comfortably borne. A salt bath is helpful and gives the child more chance to float and to use its limbs.

Muscle-training should not be started until all acute symptoms have subsided and the muscles have lost their irritability—perhaps six weeks from the beginning of the attack.

After the acute stage is passed, it is much safer and better for the general practitioner to seek counsel from a good orthopedist, rather than to try to carry the case through alone. He will need special aid in the choice of exercises and in measures to avoid deformities.

Also the Homœopath needs to study his remedies most carefully in order to give all the aid possible in combating the

disease. In the beginning, Belladonna may very likely be indicated, but extreme prostration suggests Gelsmium and clinically that has proved very helpful. Causticum, Graphites, and Plumbum are to be considered in the later stages, along with many other remedies. There is no doubt that the Homœopathic medicines accomplish great things in this disease and that old school consultants are often at a loss to account for the marvelous nerve regeneration that has taken place.

ATYPICAL SCARLET FEVER.

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

Scarlet fever usually is easily diagnosed, but it at times takes on a peculiar course. I am reporting these cases because of their unusual course and type of patients.

Mrs. W. F., a well developed woman of 28 years, was nursing two children with typical scarlet fever. She was over eight months pregnant. The pregnancy had been normal in every way.

Four days after the two patients she had cared for were removed from quarantine, Mrs. W. F. was taken with a chill, throbbing headache, nausea and vomiting. Temp. 104, pulse 140; no thirst. The throat was very sore, very red and puffy. In two days the soles of the feet and palms of the hands were covered with a scarlet rash perfectly smooth. No rash appeared elsewhere. Albumen was present in the urine. She made a good and quick recovery under Apis Mel.

Twenty days after the illness started she had a normal labor and gave birth to an eight-pound girl babe, which was normal in every way, except that desquamation was taking place all over the body and legs, the cuticle rolling up in rolls leaving very red skin.

The mother undoubtedly had atypical scarlet fever and the child also had the disease in utero. She was very fortunate in having the disease before delivery and thereby eliminating the septic condition so often met in pregnant mothers at delivery if brought in contact with scarlet fever.

VINCENT'S ANGINA.

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

On March 26th was called to see a child 12 years of age and found the following condition: Taken ill the night before with intense frontal headache. Chilly, then hot. Throat very sore, especially right side. Temp. 103, pulse 110. Thirst. The throat was very intensely red. Vomited once. Pt. was worse after midnight. Bell. was prescribed and the next morning the pt. was normal in temp. and seemed all well but a little weak. He stayed in bed as a precaution for three days, when he was given his freedom.

The next morning his brother seven years old, was ill in the same way. Bell. was administered and his temp. was down to 100 the second morning. The throat continued very red and excessively sore on empty swallowing. Two days from the beginning a small white deposit was noticed on the right tonsil, the third day it was covering the right and going to the left. A culture was taken and did not show the diphtheria bacilli. There was some cellular infiltration into the right side of neck at angle of jaw. There was none of the putrid odor that marks the diphtheria.

On the fifth day the cellulitis was less on right side, but more on the left. Lyc. was given and seemed to help, but during the night of the fifth day he was very restless after midnight—he vomited some, and there was a bloody discharge expectorated and from the nose and throat. Marked toxic conditions were supervening. Culture showed the presence of Vincent's Angina.

Ars. Alb. was administered and in two and one-half hours the toxic condition was less, the pt. said he felt better and the pulse dropped from 142 to 128, and the temp. lowered 8-10 of a degree.

The family changed doctors here to the regular school and the doctor informed me he administered 10,000 units antitoxin, and in twelve hours the whole mouth was covered with diphtheretic membrane. Intubation was resorted to and finally tracheotomy was performed, and the pt. died on the seventh day of the disease.

Ars. Alb. would have saved the child as was shown by the improvement. Lac. Can. was the exact similar and would have eventually cured him.

This was a desperately ill patient, and it is in these states that Homœopathy is our sure anchor.

DR. BAKER: I want to ask one question: How many times in your practice have you had a second case of scarlet fever in the same patient?

I have been wrestling with troubles of my own along this line. My partner saw a patient, a child of ten, taken with violent vomiting, had a red rash, absolutely no throat symptoms. He prescribed and told me he didn't think it was scarlet fever. I saw her the next day and she was apparently allright, happy as you please, with absolutely no throat symptoms, and still some rash. I told the mother that I was pretty certain that it was not scarlet fever. I broke a rule which I generally carry out invariably when I am in doubt: I put it up to the board of health as to the quarantine, but I let it go. Two or three days later the mother came down. The mother is a woman who is a thoroughly psoric patient. She came down with a bad throat, but it did not look like a diphtheria throat, in fact not enough for me to even take a test. She complained a great deal of the throat. It seemed to be something like an abscess back of the soft palate. She was sick for four or five days. On the third day she developed rash—two kinds of rash, one a very atypical rough rash, and then a very deep red, dark red, under the arms, running down the arms and in the thighs. I had seen her with that rash before. She tells me that three or four years ago she had a very severe case of scarlet fever and was sick quite a while with it, when she was living in another city, not under Homœopathic treatment then. I gave her phytotacia and then finally cala sulphurican helped her throat. She was getting better when one of the neighbors who seemed to have considerable influence on her decided her to go to her doctor, an old school man, and he told her that he thought she had scarlet fever. Three or four days after that the third child came down. This third child has also had a typical case of scarlet fever. He came down with this rash, was sick one day and the next day he was allright.

Now I am up against it. I don't know what I have there. There are two cases of second case of scarlet fever in the same patient. Only once before in twenty-five years have I ever seen a second case of scarlet fever in the same patient. That was a boy of eight in which it occurred two months after the first attack. I did not see him in the first attack but the man from the board of health told me he saw him in the first attack and it was a typical case. In the second attack it was rather atypical; I thought it was measles. I called them in and we decided it couldn't be anything else but a second attack of scarlet fever.

DR. KRICHBAUM: It is a very easy matter to make a wrong diagnosis in scarlet fever if you are in a hurry. I remember going to see a boy. He was too sick to talk to me. I got a little hot tempered and I went off and left him. I told him if he wanted me any more to call me. In two weeks he came into the office and his skin was rolling off. I said, "Boy you ought to go to your grandmother for a couple of weeks in the country." So I got him off. They didn't find out he had scarlet fever of the worst kind.

DR. CUSTIS: Mr. Chairman, some of the toxic rashes also peel.

I believe personally that scarlet fever, real scarlet fever, also has throat trouble. For instance, a red throat. I think you can make a diagnosis of scarlet fever practically without any skin eruption from the look of the throat. Scarlet fever throat looks as though somebody took a paint brush and put a mark of red paint right across the soft palate. I don't know of any other throat that looks that way. A throat of that sort even with a very fine rash is usually scarlet fever, and practically all those children will vomit.

I think you very seldom have scarlet fever unless the child vomits, has red throat, and also if the scarlet fever rash comes out in thirty-six hours. Your toxic rashes sometimes do not.

There is also a condition written about in the older books on children diseases called scarlet rash which differs from scarlet fever. It differs from scarlet fever in the short time it arrives and if there is any scaling it is just a scaling like you get sometimes in the severe measles. I think there are a number of different infections in children. Some of them may be very

closely allied to scarlet fever in that they are also streptococcal infection, but they seem to lack some of the typical symptoms of scarlet fever. We have had a lot of scarlet fever this year, most of it was light, but they all had that typical red painted throat that to me has always been the point with scarlet fever—the red paint brush on the throat.

DR. NELSON: Mr. Chairman, there sometimes are epidemics of scarlet fever when they will have a series of sore throats before there is any case that has an eruption, and after a little while there will be typical cases of scarlet fever, and then it will dwindle down. There will be some cases that nobody pronounced scarlet fever at all, yet they are all scarlet fever.

DR. SCHMIDT: I want to call to your attention—you mentioned that you gave apis in case of pregnant woman. I remember when we went to school we were told never to give apis in pregnancy. I disregarded that fact because in my practice I find that when the remedy is indicated it helps, no matter what the condition.

DR. STEARNS: I was hoping someone would say something about Vincent's Angina. I saw that case and it certainly was a very bad looking case. It is difficult to tell the case of that sort sometimes, from diphtheria. I haven't seen many cases of Vincent's Angina but the patients are always very sick, always very toxic, and it is a very serious condition. Arsenic was well marked and the patient responded; laccaninum gave the perfect picture, and would have undoubtedly followed and perhaps was the better remedy anyway, but arsenic certainly covered the case and helped it.

DR. DIENST: I want to talk just a moment upon matters of scarlet fever, not exactly pertinent to what has been read.

The treatment of scarlet fever demands the most careful attention and I want to report a case of mistaken treatment. I was called to see a little girl of about ten years of age suffering with scarlet fever. There was no question about it. On the third day she developed a severe hemorrhage and I was called in haste to stop this hemorrhage. It was from the nose and the throat, and when I came into this little girl's room I found the

pillows and the bed full of dark blood and strings of dark blood hanging from her nose and mouth, streaming out upon the floor. I knew I had a serious problem before me and I wanted to stop it as quickly as possible, and here is where I made the mistake. I gave this little girl *crotolis hor.* 30, three doses inside of an hour and a half. The hemorrhage stopped of course. I went back to my office. I saw the little girl again at six in the evening—this was at three—at six I saw her, the hemorrhage had ceased but the poor little girl was suffering from mental anxiety, and I was afraid—very much afraid something serious was going to happen, and I couldn't tell what. The little thing looked up at me and begged for help, and as I left the room she called me back and said, "Doctor, don't forget to pray for me, I am awfully sick." I was scarcely in my office when I was recalled to this case. In the meantime I had ordered the nurse. The nurse and I arrived simultaneously. The child had been violent up to the time of our arrival. At this time she was very quiet, but unconscious. I told the nurse to take the child's temperature and she did and her thermometer registered 110 degrees of fever. I looked at my thermometer and found that it would register 112, so I took her temperature with my thermometer and the poor little girl had a temperature of 112 degrees and inside of twenty minutes she burned up and died.

Now did I have a case of scarlet fever tinged with a possible inherited syphilis? Did I make a mistake in giving the *crotol. hor.*? That has worried me. I have often thought I would like to recall that case. One dose of *crotol. hor.* would have been sufficient, I think, but I gave three. I should not have done it.

DR. KRICHBAUM: I think the doctor is unduly worried over that because if he gave the *crotol. hor.* three doses in an hour it wouldn't do much harm. It touched the same place in the same way. I have had two such cases in my lifetime that died. I remember Dr. D. and I worked with one case all day long. We put it into packs of hot baths and it came out with a higher temperature. Some people will die in spite of all you can do.

That was a marked case from the beginning when she had

the hemorrhage. There was no possible help under Homœopathy or anything else.

DR. BOGER: Mr. Chairman, these diseases having Angina in some form or another assume many phases and types which scarlet fever may take on. We all have seen cases of gangrenous scarlet fever and how quickly they turn. I think very few cases of scarlet fever will the second day or third day fail to show a very slight excretion at the tips of the fingers, almost indetectible, sometimes, and that has been a wonderful help in diagnosis.

Now the angina symptoms recall to my mind a remedy which was fairly often used, but not as often as it should be. And because the indications are not appreciated at their right value, and that is cyanide mercury. When I am called to see a case of almost any kind of sore throat and the patient refuses positively to eat, and is weak, very often you see almost nothing in the throat at all. The patient won't eat and is very weak, and has a weak pulse, and possibly no pain on swallowing. That case if it turns out to be diphtheria or scarlet fever is a dangerous case. You have a collapse from the start, and there is where the cyanide of mercury comes in. I almost always give cyanide of mercury or think it at least, when the patient won't eat from the start—usually three doses of 1m.

DR. ROBERTS: I was asked how many times I saw a second case of scarlet fever in the same patient. Not often. I do think that you do occasionally see a true scarlet fever the second time, but it is very, very rare.

Most of the cases of scarlet fever that are diagnosed as such are erythematous conditions due to an indigestion, I believe. If you will bear in mind the three cardinal things of scarlet fever, sore throat, high temperature and rapid pulse out of proportion to the temperature, and vomiting, you don't go very far off from scarlet fever. It is only on the atypical cases that you will get variations of that.

I don't believe we can safely go altogether by the paint brush method. I agree with Dr. Custis that it is often characteristic of it, but I think you have got a one-legged stool to stand

on, and you should have your other two: the rapid pulse out of proportion to your temperature, and your vomiting.

In regard to giving a remedy according to the old authors, or many of the old authors, as contrary indicated in certain states of life, I will say this case was under another man's hands while I was at this convention, at first. A good Homœopath, too, and the throat hadn't appeared to clear up at all and when apis was administered it cleared up very rapidly. It had a puffy, baggy look to the throat that is characteristic of the apis congestion, and it was absolutely thirstless, which was quite characteristic, with a temperature of 104.

Bureau of Surgery

Chairman's Address.

DANIEL E. S. COLEMAN, Ph. B., M. D., F. A. C. P.

Specialization, often at the expense of individuality, is characteristic of the times. The modern attempt to separate medicine and surgery is not new in the history of the healing art. The barber surgeons, the English degree in surgery are examples. While one must admit that acquisition of necessary surgical technique requires regular operative practice, nevertheless surgery and medicine cannot be divided to the extent characterizing the present day conception of efficiency. We cannot too strongly condemn the existing tendency of young graduates, just out of college or internships, entering the surgical field as specialists. One should have a number of years' general practice before he is competent to practice surgery with the comprehensiveness necessary for expert diagnosis and treatment. Surgical diagnosis, that most important field, must have its origin in the knowledge gained at the bedside. A premature surgeon is a knives' man pure and simple. A surgeon, in the real meaning of the term, is one possessing skill in medicine as well as in his specialty.

The great advantage of the Homœopathic remedy in surgical conditions is only known to those having knowledge of the great law of similars. Operations can often be prevented, unoperable patients can be helped, and great benefit can be achieved in operative cases before, during and after operation. A lady just left my office in whom a scirrhus of the right breast was caused to disappear some ten years ago by diathermy. She came to me one week ago for treatment. On examination I found a hard tumor (scirrhus) under her right arm. There was almost constant bleeding, considerable pain and marked swelling of the entire arm and hand. The lymph nodes were enlarged and she was unable to move her fingers. The physician who admin-

istered the diathermy ten years ago did not again advise this mode of treatment. Obviously, she was not a surgical case. I prescribed Conium 6. four times daily. Today, one week later, she has no bleeding, the swelling of the arm is very much less and she can move her fingers. Pain is felt only in the wrist. I have had cancer patients applying for treatment long after the surgical stage had passed, live for years in comparative comfort under the action of the Homœopathically indicated remedy. I remember one who died at eighty-six, who was under my treatment for about fifteen years. The bleeding, pain and odor were controlled in a remarkable manner. She was far advanced before I saw her. We all can repeat similar experiences with this and other incurable diseases when operative measures have ceased to be indicated.

In our enthusiasm, however, let us not fail to recognize true surgical cases. Just as the surgeon should possess a knowledge of medicine, so should the medical man be capable of differentiation between medical and surgical conditions. Health, nay life, may depend on this. To arrive at a correct decision often requires the utmost discernment. I am of the opinion that we are only safe when we regard some diseases as always surgical. The most important of all these is acute appendicitis, which constitutes about 80% of acute abdomens. While there no doubt are among you those who considered the indicated remedy all sufficient in this most dangerous pathological condition, and while we admit that a number of patients recover, temporarily at least, under medical treatment, the fact remains that we are taking a desperate chance with life in not admitting the surgical aspects so manifestly evident. Operation should be performed immediately after the diagnosis is made. Delay may prove fatal. I have in mind a man of great prominence who had been my patient from time to time. He took a peculiar attitude regarding his personal medical requirements. He said to me: "Doctor, sometimes my system seems to need Homœopathic medication, then I employ you; sometimes it seems to need Allopathic treatment, then I have an 'old school' physician." He was taken with acute appendicitis when he was in the Allopathic cycle of his therapeutic necessities. According to accounts received later, the

operation was delayed and death resulted. It was not the fault of his medical or surgical advisers, however. His great prominence caused the delay. It seems that he was taken ill at a time when a surgeon of sufficient reputation to operate such a celebrated man was not immediately available. The hospital interne was not permitted to proceed and the operation was postponed until the arrival of the surgeon. If he had been a poor man, surgical aid would have been given at once. We often pay the price of greatness. I repeat, *acute appendicitis should be operated immediately*. The death rate in a well organized hospital is 2%. About 40% of cases are seen by the surgeon late. Call a surgeon at once, unless you operate yourself, should be the invariable rule.

It is impossible for me to cover the demarcations between medicine and surgery constantly occurring in daily practice in a brief address. The following case is an example: The late lamented Dr. Eugene B. Nash referred this patient to me. He lived too far to receive Dr. Nash's treatment. Male, age 30. Sept. 12, 1915. Duration of illness, five months. Cervical adenitis, node on the right side of neck the size of a small egg. Tonsils much enlarged. I had cured a number of patients suffering from cervical adenitis with Iodoform and I prescribed this remedy in the 3X and later in the 2X potencies. This was followed by Sulphur 12. The node softened and discharged a bloody pus. Septic symptoms developed. Echinacea complemented by Silica controlled this. He improved and gained weight. Remedies prescribed according to indications, Silica 30X and 200. Hepar sulph. 30, Iodoform, etc. Notwithstanding that the enlarged node disappeared by the discharge of its contents, there remained a sinus having its focus in the right tonsil. This did not improve under medication and the patient's health suffered. I concluded that the condition was surgical and that the tonsils should be removed. I communicated my decision to Dr. Nash. He answered, "Operate." Dr. Nash was celebrated for his "horse sense" as well as for his ability as a prescriber. On April 21, 1917, I enucleated his tonsils, under general anaesthesia, by the finger and snare method. The tonsils were of great size and

badly diseased. He recovered rapidly and has remained well ever since.

Cancer can be cured at the beginning by removal. The indicated remedy may do the same. Decision is often difficult. We are not justified in withholding operation in the face of no improvement from remedies. After cancer has reached a certain stage, operation is not indicated. Homœopathy plays an important part here. I have seen X-rays cure epithelioma. X-ray really acts Homœopathically. It is capable of causing a similar condition.

The Bureau of Surgery has the honor and pleasure of presenting the following interesting and instructive papers.

SOME CONFIRMATIONS OF THE HOMOEOPATHIC REMEDY DURING SURGICAL CON- VALESCENCE.

WILLIAM B. GRIGGS, M. D., Philadelphia, Pa.

The thought that has led me to write these confirmations of the Homœopathic remedy is due to the fact that a young Homœopathic physician, who was associated with me, was severely criticised by a surgeon for not having a case of Carcinomata operated early. When as a result of surgical excision the case went acutely bad and the thought came to me, after thirty-two years in the practice of Homœopathic therapeutics how often might I have criticised the surgeon for not asking for a Homœopathic prescription when their cases went bad, instead of using the common anodynes and narcotics just as the dominant school does. Surely if the scales of just criticism are to balance evenly on both sides, the surgeon is just as reprehensible for not using the best Homœopathic therapeutics as the physician might be for not calling the mechanic in soon enough to suit his judgment. Now this has led me to collect a few experiences and I am sure you will agree with me by saying, after surgery had done its best in these cases, the Homœopathic remedy, assisted in the final restoration to health. I wish now to quote a case of a

female child, 6½ years old, born of great financial wealth and luxury but of unhealthy parentage. To make a short summary of the case, I will say at three years of age the patient contracted Scarlet Fever. The case was a long, protracted illness, being complicated by an Otitis Media the Drumheads ruptured. About six weeks after the child was operated on for an acute mastoid, on the left side and about two months following, the right mastoid had to undergo radical operation. The wounds did not heal for nearly seven months and then the ear discharge came back, being temporarily stopped for a few weeks at a time, until I saw the case, which was about 3½ years after the beginning of the illness. The present status of the case was a child suffering with a high grade of malnutrition with marked debility, anæmic, partially deaf, with a stinking, whitish, watery, purulent discharge from both ears, not very profuse. According to indications, as interpreted by me, I prescribed arsenic album, hepar sulph, silicea, sulphur, psorinum, with improvement of some of the conditions but the discharge, though much less, continued. But the patient's general condition was much better. After a careful study of the case, which was an offensive odor of the diseased bone, a white, watery, purulent discharge from the ear, deafness, aggravation at night, I prescribed asafoedia (30). This was April 1, 1923. I raised the potencies from time to time and by June 1st there was absolutely no odor and by July 1st we had dry ears and they have been well ever since, now about three years. The child is now enjoying perfect health, with the exception of the impaired hearing, after surgery had done its best.

Case II. I present in this case a woman of about 40 years of age, a mother of five children. She has suffered very severely with varicose veins during her pregnant state. Her trouble dates back nine years, that is, since her last confinement. When from her history of the case, she was kept in bed, at perfect rest, had the limbs bandaged, etc. After a rest of six weeks, she was supplied with long, elastic silk stockings, with little or no improvement. Finally several veins bursted and she was operated upon by a surgeon, who also healed up a small varicose ulcer, but she had been in daily pain and suffering, even since her operation, lost in weight and was unable to care for her children. The

other veins began to swell and get so sore and inflamed. One day I was called in to take charge of one of her children who was taken acutely ill. When it recovered, the mother spoke to me about the condition of her limbs. I told her I did not think much could be done and I have not English words at my command to express the aspect of her legs but she pleaded and I prescribed such remedies as hamamelis, carbo veg, carduus mar., calc fluor. puls. with very little effect and I was very sorry I became mixed up with this case, so advised her to consult the surgeon again. He advised the hospital again, which she refused. A practical nurse, who had been assisting in the family for some time, finally got me the following symptoms, which I put together and pictured thus: "Large swollen veins, some bordered by an area of inflammation, extremely sensitive to touch, limbs swollen, of bluish color; foot oedematous and bluish in color; inability to allow the leg to hang down, on account of intense pain and a terrible bursting sensation. She would look at the limb, thinking it had swelled up two or three times its normal size because of the awful bursting-full sensation in the tissues, and this always came as soon as the leg was allowed to hang down. After a careful study of this case and of the *Materia Medica*, I prescribed *Viperæ Tor.* (30) with a constant amelioration of all the symptoms. The pain disappeared first, the veins still looked swollen but the woman does all of her housework, the limb is reduced in size, she has no pain, wears her elastic stocking, has gained in weight, takes full charge of her four children, after surgery did its best.

Case III. A young man sustained a crushed hand in an automobile accident. His left hand was crushed, with also a traumatic amputation of the little and ring fingers, the others were badly lacerated. He received good surgical treatment at a hospital, but the hand and injured fingers kept swollen for more than three months, with intense pain, necessitating an anodyne regularly each night in order to get some sleep. After returning to the city, he walked into my office one night, asking me for a prescription for Morphine, to give him some sleep. I might say, he had not taken Morphine for some time back but was taking some of the well known coal tar anodyne preparations. After examining his crippled hand, I told him I thought I might

do more than dope him every night, if he was willing to try me out. His case presented a crippled hand with three stiff and deformed fingers, that were full of scars. He complained of intense, lancinating and cutting pains in the fingers, followed by a painful numbness for a while, then severe throbbing and sticking, as though an abscess was ready to break; also, occasionally, paroxysms of pain along the nerves of the arm to the shoulder. At times he was chilly, then would get very hot towards morning. This is his verbatim description. I accordingly prescribed *Hypericum Per.* with a slow but a continued relief, so that finally, at the end of three weeks, he was fairly free from pain, slept well and so far as I know, has needed no further medication of any kind. The last prescription being made in October, 1925, long enough ago to bear out the efficacy of the remedy.

I could give many more cases, illustrating the value of the Homœopathic remedy during surgical convalescence or after surgery had done its best, but I believe these three illustrations, though possibly simple in character in the minds of some of the members here, may inspire some others to try out and uphold the value of the Homœopathic remedy as being the most potent medicinal agent that the surgeon has at his command.

DR. KRICHBAUM: Mr. Chairman, I enjoyed the paper. I only wish to say it is a wise physician who knows when to call the surgeon, but it is a much wiser surgeon who realizes when to call the physician.

DR. STEARNS: I wish to call attention to peony as a remedy for large veins. I had a case just a few months ago who had a child a year before and it left her leg swollen. She had worn a rubber stocking for many years; she had very severely inflamed bunions. Peony 30 within six weeks had relieved her of the swelling but not only that, she took off the rubber stocking and all the inflammation of bunions disappeared. It was the first case I had ever seen of bunions getting better from a Homœopathic remedy.

DR. CLOSE: I should like to ask Dr. Griggs how he came to the selection of viper and where he got the provings of viper.

DR. GRIGGS: I read the provings of viper in Allen's Hand

Book of *materia medica*—intense bursting swelling pain in the lower limbs.

I have used the 30th, the 200th and I got a higher potency to finish up the case.

DR. CLARK: In cases of neuritis and rheumatism where the patient wants to go around with the hand up to relieve that pain, viper will cure him nearly every time.

CHAIRMAN COLEMAN: Any further discussion? I want to add one word myself. I happened to be the physician or the surgeon, whichever you desire to call it, of the Museum of Natural History. I live right across the way, that is why they picked me, and I have had a large number of minor surgical cases—some of them serious and I know the value of the indicated remedy in such cases because I keep my job year after year. Now when I go away with the regiment at camp I take Homœopathic remedies and we get results. I cannot go into detail, it would take too long. I have had large experience in these minor surgical cases and I know the value of the Homœopathic indicated remedy as such.

A CASE RELIEVED BY HYPERICUM.

B. G. CLARK, M. D., New York City.

Mrs. B. M., aged 39. On August 2nd, 1925, was called the night before I was to go out of town for a vacation. Found the woman with a temperature of 104, abdomen very tender, vagina hot and dry, with tenderness all over pelvis. Bell 30 was given with large (two-gallon) hot water douches every three hours, warm sponge bath. She was much better the next morning and I asked a confrere to attend her during my absence. Patient was up and down and out of bed part of time. The doctor took to the woods the day before I returned, leaving the patient fairly comfortable. I found a call to visit her that evening; found her with a temperature of 102 and symptoms much as when I first saw her. I went into her history and found she had had an operation for a sub-total hysterectomy, etc., about July 1st. The

pelvis pains came on, as first noticed the third day after the operation and had continued since with varying intensity. She had returned home six weeks after the operation, and in doing some light house work the pains would come on. I made up my mind that the surgeon had probably included a nerve in tying some of the tissues and these pains were the result. I gave her *Hypericum* 200 in water every two hours. Next day the temperature was nearly normal and very little pain. The remedy was continued with lengthening intervals. In four days she had no pain and has had none since.

DR. CLARK: I didn't want to take this case when they called me because I had treated this man's first wife with tuberculosis of the kidney. The other kidney had been removed for similar cause. Of course this woman died. About four years later I was called to see him and found him with a gonorrhoeal rheumatism—in pretty bad shape. It took me some little time to cure him up decently well—it took me longer to get my pay. Four years afterwards was when this call came in and I didn't know then that he had married, but it seemed he had been married and she had, as a result probably of infection, to have the pelvic organs removed, and that case was the result. About two or three months ago her mother dislocated her shoulder and I took the dressings off and asked her how she was, and she said: "I have a good deal of pain in my side." I examined her, after I got my dressings fixed and I found a sore spot in the line of incision of her former operation for appendicitis. It seemed almost as though I had a little bit of puffiness there, but I think perhaps I imagined that. Anyway, pressure relieved that a little. I put on a little compress with a bandage over it, and told her to wear it two or three days, and gave her *medorrhinum*, c. m. Most of her trouble I think was caused from this old trouble. I called on her a week ago and she said she had no pain. It had all left after the compress was put on. Perhaps that was the reason of it, and perhaps it was the *medorrhinum*.

I would like to say that it is not very good prescribing, so far as a similar remedy is concerned, but the clinical symptoms seemed to call for the remedy and the results seemed to indicate it.

DR. BAKER: I have found it very useful in cases where a person sits down very hard.

DR. CLOSE: Of course hypericum is one of the great Homœopathic remedies we have, but I am not rising exactly for hypericum. I am rising for an interesting point that I cannot leave unsaid. I do not believe that we have a real proving of viper, in the facts that Dr. Griggs mentioned, and if anybody finds an exact proving of viper I wish he would communicate it to me. We have mixtures of viper and naja but I would like to have a real proving of viper. If anybody can find that I shall consider it a great favor if he would communicate it to me because I don't believe that notation in Allen's Handbook is correct.

PRESERVING LIFE IN ACUTE DISEASES OF THE ABDOMEN.

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

It is very truly said, acute diseases are the sudden exaggerations of chronic disturbances of the vital forces. Manifestly it is also true that the acute disease is more immediately dangerous to life than the deep-seated diseased condition which is the starting point for the acute attack which is so alarming. Doubtless it is the duty of the true physician to endeavor to eradicate the chronic condition before it gives rise to the violent attack of acute trouble we all dread to see. No physician, however skilful he may be, is able to do this always. Many times his first call to the patient is made when an attack of terrible pain has made the attendance of a physician necessary.

The acute diseases of the abdomen are noted for their sudden onslaught and their rapid development. This is easily explained. In the abdomen we have an ideal field for rapid growth, heat, moisture and gases. This combination, unless quickly cured, leads to the formation of pus and gangrene, and when these end products have formed they very quickly become a terrible menace to life. The young and vigorous person is more prone to develop these acute states of disease than the older, more ma-

ture person, therefore the dire result of a failure to recognize and cope with the situation seems more tragic.

This is true Hahnemannian teaching, for in paragraphs III and IV of the Organon he says:

“When the physician knows the obstacles to recovery in each case and how to remove them he is prepared to act thoroughly and to the purpose as a true master of healing.

“He is at the same time a preserver of health when he knows the causes that disturb health, that produce and maintain disease, and when he knows how to remove them from healthy persons.”

Not all cases of acute abdominal trouble proceed to suppuration. How then can we tell definitely when pus is forming—by determining the amount of Leucocytosis in each individual case. It has been discovered that Leucocytosis always takes place in the formation of pus.

If we find by a process of careful elimination of every other locality that is a possible seat for trouble that the acute manifestation is confined to the abdomen we know where the origin of the disease is.

The normal Leucocytosis is about 6,000 to 7,000; when inflammation is present they increase rapidly to 12,000, and from that point the red flag of danger is out. If the count goes above 16,000 we know that pus is localizing and the higher the count above 16,000 the more urgent the case becomes. Before this discovery, the physician was often deceived into thinking the patient was improving for with the localizing of the pus the temperature would drop and the pain become less, but with this seeming improvement the danger of a fatal result increases. Then it is we should exercise good surgery, for we know as the Organon before quoted says, “the obstacle to recovery and how to remove it” and should operate and thereby preserve the life until we have time to cure the patient.

The following cases that have come under my care during the past winter will illustrate my feeling in regard to these dangerous cases. Upon our alertness and ability to direct the preservation of life depends our success as general practitioners of medicine.

Patient No. 1:

Walked into my office, having come from a wedding; a large, well-framed man fifty years of age, whom I have known for years, now very much stooped and apparently in acute pain. He told me this pain had come on very suddenly, and was located in the left side of the abdomen when it first began three hours before. It was paroxysmal in type; was relieved by bending over upon it. His temperature was one degree below normal. The right rectus muscle was under very rigid tension. He had vomited and complained of a severe headache. A blood count was taken and the white leucocytes were 25,000. He was immediately removed to the hospital and operated, where we found a ruptured appendix and quite a quantity of pus walled off in a pocket by itself. He made an uneventful recovery with drainage tubes, after which I was able to find his constitutional remedy which has greatly helped him.

Case No. 2:

The next case was a child 7 years old. Awoke in the morning with very acute pain paroxysmal in type. The pain was largely confined to the right ilio-cecal region; the right rectus muscle was very tense. She was very tender to touch. She had vomited twice. Her temperature was 102. The blood count showed 25,400 leucocytes. I found this condition on my first call. She was removed to the hospital and operated, where we found a large pocket of pus, we removed the appendix, and drained. She was in the hospital two weeks. Since then I have had her under my care and we are able to report that the Homœopathic remedy has done very much for her in building her general health.

Case No. 3:

The next case is a boy 12 years of age. I was called three days after the former one, the first time I had ever seen the patient. He was complaining of practically the same symptoms. The leucocytes count 20,000. We operated the boy and found a pus and gangrenous appendix that had ruptured. He has made a good recovery and we are able to care for him now in a purely Homœopathic way.

Case No. 4:

In the next case I was called to one of the factories to examine a boy 20 years of age, who had been taken sick after dinner with acute pain in the abdomen, centralizing in the right side. I could see that he was a very sick boy. I took a blood count and found a leucocytosis of 26,000. We operated him at the hospital, and found an appendix very much swollen and filled with pus which we removed without rupturing, so that we were able to close the wound entirely, and we removed him to his home in just one week.

Case No. 5:

The next case I want to report is my own son, who was attending class in college at 1 p. m. His professor stopped him to inquire how he was feeling, as he had noticed he was not well, and advised him to come home immediately. I saw him at 7:30 that evening, and found a typical acute abdomen, except that there was no rigidity of the rectus muscle, but tenderness upon pressure. He had a temperature of 100; a blood count of 18,000 white cells. He was immediately operated and we found a patulent appendix which was gangrenous, but which we were able to remove without rupturing. This was very deep back of the cecum extending into the pelvis which accounted for the lack of rigidity of the rectus muscle. Following this operation he developed a very loose rattling cough with a great many coarse rales in the lungs. He had the typical dilation of the *alle nasae*. This brought to mind his constitutional remedy, which has been his remedy for a number of years, *Lycopodium*.

Case No. 6:

The next case I report because it illustrates the lack of proper attention on my part as his physician. I was called one night after midnight to see a colored man about 22 years of age, who was in very great distress from pain in the abdomen, very tender to touch. Pain was paroxysmal; his temperature was 100; he had vomited. There was great urging to stool, but inability to accomplish the act. He reported that he had been operated for appendicitis two months before, and had that evening eaten three bananas. I administered *Nux Vomica* and stayed with him for a

half hour, when the pain had largely subsided. I left orders that if the pain returned, to let me know.

I heard nothing through the day from the patient, so concluded it was a case of acute indigestion, but the next morning the medical examiner called me at 8 o'clock and asked me if I attended this man and if I thought he had heart trouble. He had died during the night.

I investigated the case afterward, and found the pain had been quiescent for two hours after I left and then had come on severely again and they had neglected to call me. The undertaker reported to me that he had removed about two quarts of blood and pus from the abdomen. This undoubtedly was a case of strangulation of the gut, and I really believe that had I known of the condition and taken a blood count that we could have saved the man by an immediate operation.

My object in writing this paper and reporting these cases is to show how we come upon suddenly and with no warning very dangerous states, where there is no time to do aught but render the patient's condition temporarily safe, after which time we will be able to give the patient the full benefit of the curative action of the Homœopathic remedy.

DR. BAKER: We very often learn more from our failures than we do from our successes.

Speaking of taking the blood count, I had a case that I saw in the morning. I suspected appendicitis, toward evening, although he didn't seem to be very acute. I called in a surgeon. I saw him rather late at night, it was an out-of-the-way place and in addition to that the family's finances were such that we didn't want to put them to the expense of an operation if we could possibly help it. We talked it over and we thought it would be safe to wait until tomorrow. The hospital found the appendix in the abdomen in bad shape and the man died. We felt we should have had a blood count that night without waiting. If we had we would have operated on him that night. That surgeon and I have been working together for twenty odd years and it was the first case I had lost. I don't mean I have not lost surgical cases, but with other men. I feel certain he and I both, that if we had

taken the blood count that night we would have picked that case up.

Now I had another case—a child, and I am afraid of appendicitis in a child—eight years old. I saw him at 8 o'clock in the morning. He was having sharp abdominal pains and the remedy very strongly indicated. I gave him belladonna and I got hold of a blood man as soon as I could, about 2 o'clock in the day. I got a report on him; it scared me. I got out as quick as I could, but the patient was apparently so much better—I don't mean that just the pain had gone, but generally, that I determined to wait a few hours on it. I felt ticklish about it. I had already gotten in touch with my surgeon. It happened to be on Sunday but I did wait, and the symptoms cleared up entirely and have had no trouble since, but that was a risky thing. I believe the safest thing would have been to operate on the child.

MEMBER: I would like to know if it is necessary to take a blood count. Cannot you tell by taking your pulse and temperature whether you have got pus or not? That is the one thing that guides me.

Just before I came away I had a lady come to me. She had been under the care of an M. D. and Chiros. The M. D. told her she had mastoid trouble. She had been suffering with headache and had pain around one side of her face and ear. I said, "You have pus there." Her temperature was below normal and her pulse over a hundred, but I didn't think it was mastoid trouble. She went to the dentist and had two teeth pulled. The dentist said, "I don't think it is your teeth." Before I took her to the dentist I gave her heper sulphur because she told me she had sticking pain. By the time the dentist got to pulling her tooth she didn't have pain, but I knew she had pus because I knew there was a difference in pulse and temperature. I took her back to the office with me, gave her more heper sulphur and arnica. She went home and came back the next morning and said, "You did what you said you would." I told her heper sulphur was better than the surgeon's knife because he didn't know where the pus was. Neither did I. She said she felt it trickle back into her nose and throat and she got quantities of pus.

DR. SLOAN: All pain in the right side, does not mean appen-

dicitis and your blood count is of just as much importance in differentiating as it is in confirming. I remember one case I saw last fall—a man of sixty-two who had the pain in his right side, no temperature, no vomiting, his count was something like 12,000 white. I have forgotten whether belladonna or bryona was his remedy. I felt certain we had a mild attack of appendicitis. However, we didn't open him and three or four months later he had another attack of pain. I had another blood count made which was between six and seven thousand. X-ray pictures showed a small stone entering the right urethra. It would have been very unfortunate to have operated on him for appendicitis. The stone passed and he has been free from symptoms. I think of another case—a girl near her teens who has had a number of attacks of pain in her right side, without any rigidity. The blood count there showed a normal count and I doubt very much if she has ever had an attack of appendicitis. She has had these repeated attacks. If it were appendicitis the appendix would have to come out, but it is just as important to make the blood count to say it is not appendicitis.

So far as the previous speaker is concerned, about the temperature, some of your worst cases of appendicitis have sub-normal temperature—cases that rupture early often have low temperature and a high pulse.

DR. KRICHBAUM: When I call in and find what we call an acute abdominal case I first seek as near as I can, my Homœopathic remedy, and then I order five quarts of hot water given as an enema, if he can, if not push it in, at least five quarts of good hot water—hotter than you usually give. You may have a case of acute appendicitis within three hours if the pain is not relieved and the temperature lowered, so you can make up your mind that it isn't the first attack of appendicitis or you have appendicitis of pain. Then you can send for your surgeon.

DR. KRAUSS: Mr. Chairman, sudden cessation of pain with a suppurative condition means that the abscess has burst.

The title, "acute abdomen," is very objectionable. We have acute diseases of the abdomen, but I have never seen an acute abdomen or a chronic abdomen, except there might have been in

the infant who died right off, and the man who died when he was close to a century old.

I believe the title of this paper conflicts very much with the arguments my friend Close disclosed this forenoon—"The Preserving of Life," (which is God of course, according to Dr. Close), "in the acute abdomen." Now the trouble in the acute abdomen is that there is too much life, but of course my friend Roberts means he wants to preserve health and remove the disease. It is very important for us to know what we want to do with our cases. First of all we must know what we are dealing with; secondly, we must know what we can do; thirdly, we must do it, and as a fourth condition we must report these cases faithfully, with understanding and not with misleading titles.

DR. LOOS: Mr. Chairman, I would like to report briefly two or three cases that interested me very much in the past year. I was called suddenly to a stranger who had pain in the abdomen. I tried to find that she had appendicitis, but I couldn't do it. She had pains at one o'clock, she had had spells of pain of this kind before, and they had passed off, but I stayed with her for about an hour. I gave her cham and I concluded that she had neuralgia of the abdomen.

Next morning she called me again what should she do. The pains had been better and then they came back and she had been suffering since. The outcome of it was—upon the condition of pulse and temperature, which suggested septicaemia—she was very uncomfortable, pains centering around the right side where before it had been all over the abdomen. To make sure of my work I asked a surgeon to see her. He came, went over her, examined her similar to what I had done, trying to exclude one thing and another, uterine trouble, ovarian trouble, and the interesting thing about that seemed, what seemed to puzzle me, was that there was no vomiting and no nausea and no headache until my third visit on the afternoon of the second day.

By the time the surgeon arrived her pain was very much better; she felt better. He cautioned that that was a very dangerous symptom, and recommended by all means that she should have an operation and have it early, but he would take a blood count and they wanted to defer operation, and a couple of hours

later he reported the blood count 90% of giant cells and he said by all means he felt she ought to have an operation at once. At that time I saw her again and found a most beautiful picture of lach. She couldn't go to sleep, she couldn't breathe—lach in every detail. I phoned to him again and told him what I proposed to do, what they wanted to do, and asked his reconsideration of the case. He said he thought I was the prescriber; I was to do what I thought best. I waited an hour, watched her, after giving her lach. She went to sleep in ten minutes and slept comfortably for three-quarters of an hour, so I concluded to leave it until morning. In the morning they phoned me she had passed a comfortable, normal stool and in every way seemed better. I again phoned him and asked his judgment. He said, under those circumstances he thought she had been very fortunate. Things seemed to have turned the right way. I watched her for a couple of days more but there was steady improvement. He didn't see her again but I wanted them to see him and have another blood count made. She kept on improving and there was no more trouble. That was in October last year. She has gained and been benefited ever since.

Shortly after that, in the spring, I was called to see a man for whom I had not prescribed except once for a cold. He had had pains since 9 o'clock at night. I saw him at 5 o'clock in the morning. There was no nausea, no vomiting, severe pain in the abdomen. I could find absolutely no tenderness in the right ilium region, no location of pain there; it was all over the left side. I prescribed for him, watched him, hardly leaving him all day, until night. Again I asked the surgeon to see him. He came and made a thorough examination of the abdomen. By that time the pains had changed—there was considerable soreness about the right ilium region, still no nausea, no vomiting. Up until middle afternoon there had been no fever in that case. He said he felt the only thing to do was to find out exactly what the condition was and it ought not wait.

I left the case and he left the case. They were going to phone me a little later what they decided to do. I learned afterwards that they wanted to have a friend of his who was a doctor see him. This man came in and recommended that he see the

surgeon of the American General Hospital. That surgeon wasn't there but an assistant came over. They took him to the hospital, opened the abdomen at 10 o'clock and found a ruptured appendix; very serious condition. It drained and in two weeks he was out of the hospital.

The curious thing about both those cases was that I failed to find what I had learned to know—had been taught and learned from the books—to be the diagnostic features of appendicitis in both cases they were absent, in both cases there was no fever, until several hours after the beginning of trouble. One case was entirely cleared up by the remedy, the other case was the ruptured appendix.

DR. GRIGGS: Mr. Chairman, we have heard about leucocytosis as a diagnostic feature of pus, and the loss of ratio between pulse and temperature, but I think you will go wrong if you always look or wait for leucocytosis. I see a great many cases outside of the hospital and I have found cases with the leucopenia and plenty of pus, and those cases are always influential and you have the worst kind of cases.

The point I would like to make is that we had better be very exact with our clinical examination and above all with the interpretation of our physical signs and if we don't know enough to make a perfect physical diagnosis and recognize the various differences in the belly walls, which is only gotten by experience, we had better always call in somebody who is competent to give us a proper physical examination because the accurate clinical diagnosis, the accurate interpretation of clinical signs, which will often tell us these cases.

When we go over a chest, we have found a dullness, or possibly flatness and just respiratory sounds we know very well something is there besides a lung and when we confirm that immediately by an X-ray examination and we often pick up interlobar pneumonia and then we don't hesitate to take syringe and needle and go into the thing.

DR. BAKER: I would like to say I look on the leucocytosis as simply one symptom in the totalities. I don't depend absolutely on that, but I think we had better get everything we can.

DR. SALEN: Aren't these ruptures sometimes due to manipu-

lations? The book tells us how to find out: place your two fingers on the abdomen lightly and draw it over and press hard enough so you can feel every organ between that and the posterior walls then you can immediately see what you have to do.

Dr. Tilden of Denver who uses no medicine whatever and only withholds all foods and lets it go to an abscess waits until that breaks into the bowels as he says it always will do, never permits a heavy hand to be placed on there after he knows it is appendicitis.

DR. ROBERTS: The man who depends upon the temperature and pulse will make some mistakes. It may be that you can get some inkling of what is going on, but the most fatal cases or the most desperate cases are the cases whose temperature is below normal. You will find them the first crack out of the box. Like this man that I reported getting sick three hours before he walked into my office with a temperature of 97. He was a desperately sick man and if he hadn't been operated on that day he would have died.

It is true that Dr. Griggs is right that there are other things that we cannot depend altogether upon the diagnosis from your leucocytosis, but what I am getting at is most of our people are scattered away from the facilities for diagnosis and there are a few things that stand out that keep us from making tragic mistakes, and that is one of the things that we find out in the country districts, that we can do, do promptly, and not go very far astray. In regard to the hot water that Dr. Kirchbaum is so partial to, I don't know but what hot water would have relieved the situation and have been beneficial to a case like my son's, when we got him within three hours from the time I saw him with an appendix with a gangrenous point on it. I don't know that he wants to depend upon the hot water, but I would prefer to keep my boy.

When it comes to the question of the title—if Dr. Krauss can tell me what is more acute than an acute abdomen, I say acute abdomen again, because I mean it. It is an acute process that is going on. It isn't a slow gradual development of things. It comes on like a cyclone out of a clear sky, and you have no warning of it. I still maintain that I have a right to the title.

SURGICAL CASES CURED BY THE HOMOEOPATHIC
REMEDY.

LAWRENCE M. STANTON, M. D., New York.

1. I am somewhat loath to report a case not yet cured, but the chairman of the Bureau of Surgery requested me to do so and I have little doubt but that the patient will make a complete recovery. The case is one of felon of the distal phalanx of the left thumb, the patient a Christian Scientist. For six months she had gone from bad to worse until she had come to the end of her "science" rope only to find herself within an inch of the surgeon's noose. In short she was in such straits that she had been advised to consult a surgeon and he had recommended immediate amputation. Then it was that she sought Homœopathy. There had been a discharge of pus all these months; pain, very pronounced, now involving the whole arm; thumb swollen to double its normal size; later a considerable piece of bone was discharged, showing the deep-seated, necrotic nature of the inflammatory process. The patient was without general or local symptoms decidedly indicating a remedy, except for one. The edge of the opening, or ulcer, was as clean-cut as if punched out. She has had Kali bi, in the 1m and C. M. potencies. At this writing the discharge has almost ceased, the pain has gone, the thumb has resumed its normal size. I think that a cure can confidently be predicted. Should operation be eventually necessary, most certainly it will not be an amputation.

Now, a few days before this meeting, I can add with much satisfaction that healing is complete.

2. The following case of epistaxis, though not strictly surgical will hardly be out of place in this bureau.

The patient was seized with a profuse nosebleed, which, with occasional remission, kept on for hours and was becoming alarming. Several remedies were given on scanty indications and other measures were employed to stop the bleeding, but to no purpose. Finally the surgeon's help was sought and the posterior nares thoroughly plugged. While this checked the profuse flow, a steady trickle continued for several days. With the increas-

ing weakness of the patient a tingling numbness now showed itself in the extremities, especially in the hands and feet. Secale 5c was given with almost immediate improvement and in a few hours entire cessation of the bleeding. By this time the plugging had become intolerably uncomfortable but I feared to remove it quite yet. However, I took the hazard and fortunately with no return of the bleeding.

The small but steady flow of blood, together with the tingling in the extremities, were good indications for Secale. What a pity they could not have shown themselves earlier, or some other aspect of the drug appeared sooner. As it was the barn door was closed only in time to save the stolen horse.

DR. KRICHBAUM: I remember in my early days I had been called to see a young girl who had an infection on her finger. The bone was gone so far as the first joint—a typical case of sulphur. That was the end of the story. It healed up and she carries that as a souvenir—she wants to show me she still has that much finger left.

DR. WILSON: Mr. Chairman, we ought to receive the perionychia that the old school are so ready to lance, yet they are stopped so beautifully by our remedies. They are put down as a surgical condition. I saw one the other day: bag of pus around the nail. To keep things clean I gave the fellow a tablet of bichloride and told him that the hot water would burst it open. It was full of pain, and I gave that bichloride so there wouldn't be any trouble. It burst open and I gave him natrum sulph and I haven't heard from him any further. Yet the old school makes such a fuss over them, keep them busy and keep them going for months, and eventually lose the top of the finger.

DR. BOGER: Kali Bichromium reminds me of the powerful action of the remedy. About a year ago a young married woman brought her three-months old child to the office, a small, feeble child with gonorrhoeal ophthalmia in the cornea. The state law requires the injection of Argyrol at birth of children but I was not the attendant and I said, "Did the doctor give the injection in the cornea?" She said that he had. This gonorrhoeal ophthalmia had kept up and the eyes were in a deplorable condition. The indications were kali bichromium. I gave single dose 1m and re-

quested to see the child in five or six days. At that time there was a great amelioration and at the end of ten days that child was well. It wasn't a complete recovery, but partial. There was plenty of pus there yet. The pus was stringy and as in many such cases, old gonorrhoeal cases, the pus adhered tightly to the eye-ball.

I think that was one of the most remarkable cases of kali bichromium that I have ever seen.

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1889 William A. Hawley, M. D., Syracuse, N. Y.
1890 J. A. Biegler, M. D., Rochester, N. Y.
1891 Clarence W. Butler, M. D., Montclair, N. J.
1892 James B. Bell, M. D., Boston, Mass.
1893 Edward Rushmore, M. D., Plainfield, N. J.
1894 E. Carleton, M. D., New York City.
1894 H. P. Holmes, M. D., Omaha, Neb.
1895 B. L. B. Baylies, M. D., Brooklyn, N. Y.
1896 Bernhardt Fincke, M. D., Brooklyn, N. Y.
1897 William P. Wesselhoeft, M. D., Boston, Mass.
1898 Thomas M. Dillingham, M. D., New York City.
1899 Walter M. James, M. D., Philadelphia, Pa.
1900 J. Henry Allen, M. D., Chicago, Ill.
1901 Erastus E. Case, M. D., Hartford, Conn.
1902 Timothy Dwight Stow, M. D., Mexico, N. Y.
1903 Eugene B. Nash, M. D., Cortland, N. Y.
1904 Cyrus M. Boger, M. D., Parkersburg, W. Va.
1905 Elisha P. Hussey, M. D., Buffalo, N. Y.
1906 Stuart Close, M. D., Brooklyn, N. Y.
1907 Frank W. Patch, M. D., Framingham, Mass.
1908 Rudolph F. Rabe, M. D., New York City.
1909 Philip E. Krichbaum, M. D., Montclair, N. J.
1910 Lawrence M. Stanton, M. D., New York City.
1911 Maurice W. Turner, M. D., Brookline, Mass.

- 1912 John Hutchinson, M. D., New York City.
1913 John B. S. King, M. D., Chicago, Ill.
1914 Franklin Powel, M. D., Chester, Pa.
1915 Edwin A. Taylor, M. D., Chicago, Ill.
1916 Henry Becker, M. D., Toronto, Canada.
1917 Henry L. Houghton, M. D., Boston, Mass.
1918 Theodore H. Winans, M. D., Mexico, Mo.
1919 Guy Beckley Stearns, M. D., New York City.
1920 George E. Dienst, M. D., Aurora, Ill.
1921 Milton Powel, M. D., New York City.
1922 Harvey Farrington, M. D., Chicago, Ill.
1923 Herbert A. Roberts, M. D., Derby, Conn.
1924 Eugene Underhill, M. D., Philadelphia, Pa.
1925 William R. Powel, M. D., Philadelphia, Pa.
1926 Royal E. S. Hayes, M. D., Waterbury, Conn.

LIST OF MEMBERS

- 1921 Allen, Enos B., 144 Perry St., Trenton, N. J.
1899 *Alliaume, Charles E.*, 259 Genesee St., Utica, N. Y.
1925 Almfelt, Gustavus A., 153 Wall St., Kingston, N. Y.
1926 Angell, Augustus, Millbrook, Dutchess Co., New York.
1926 Arthur, Alexander B., southwest corner Cheltenham Ave. and Broad St., Philadelphia, Pa.
1903 Austin, A. Eugene, 15 Claremont Ave., N. Y. City.
1907 Baker, Harry B., 415 E. Grace St., Richmond, Va.
1926 Baldwin, Clarence A., 108 E. 5th St., Peru, Ind.
1921 Baldwin, Verne E., Amboy, Ind.
1921 Boericke, Garth W., Hahnemann College, 220 N. Broad St., Philadelphia, Pa.
1919 Barnard, Jas. S., 363 Oxford St., Rochester, N. Y.
1907 Bassett, Alice H., H. M., 56 West Cedar St., Boston, Mass.
1909 Beals, Herbert, 188 Franklin St., Buffalo, N. Y.
1922 Becker, Beatrice, 1330 King St., Toronto, Canada.
1907 Becker, Henry, 1330 King St., Toronto, Canada.
1923 Berry, H. Ellen Walker, 416 Dunn Bldg., Erie, Pa.
1915 Bidwell, Glen L., 253 Alexander St., Rochester, N. Y.
1901 *Bishop, Minnie R.*, Suite 2020, Harris Trust Bldg., 111 W. Monroe St., Chicago, Ill.
1923 Blanke, Theodore F., 615 N. 8th St., Garden City, Kansas.
1905 Bloomington, Frances E. D., 6026 Kenwood Ave., Chicago, Ill.
1919 Boger-Shattuck, Martha I., 145 Middle St., Portsmouth, N. H.
1895 *Boger, Cyrus M.*, 225 7th St., Parkersburg, W. Va.
1924 Bowie, Robert C., White Bldg., Fort Morgan, Colo.
1924 Brown, Jas. B., 834 Majestic Bldg., Denver, Colo.
1914 Brown, Plumb, 20 Maple St., Springfield, Mass.
1923 Bryant, C. P., 322 Cobb Bldg., Seattle, Wash.
1906 Burgess-Webster, Margaret, 126 South 16th St., Philadelphia, Pa.

- 1906 Carleton, Spencer, 75 Whitestone Ave., Flushing, N. Y.
 1920 Carr, V. Taber, 89 Clinton Ave., Tiffin, O.
 1912 Clark, Byron G., 163 W. 92d St., New York City.
 1926 Clark, T. J., 10½ N. Dixon Ave., Gainesville, Texas.
 1888 *Close, Stuart*, 248 Hancock St., Brooklyn, N. Y.
 1887 *Cobb, Harriet H.*, 1626 Massachusetts Ave., Cambridge, Mass.
 1921 Cochran, D. I., Hamilton, O.
 1904 Coleman, Daniel E. S., 124 W. 79th St., New York City.
 1925 Compston, E. L., Springhill, Cloughfold, Manchester, England.
 1920 Custis, J. B. Gregg, 1815 Columbia Rd., Washington, D. C.
 1926 Davis, F. S., 1904 Ross Ave., Dallas, Texas.
 1892 *Day, L. A. L.*, 29 E. Madison St., Chicago, Ill.
 1923 Deck, H. Leigh, 27 Elizabeth St., Ashfield, Sidney, N. S. W., Australia.
 1913 Dienst, G. E., 26 South River St., Aurora, Ill.
 1925 Dike, John, 112 W. Emerson St., Melrose, Mass.
 1920 Dixon, Chas. A., 915-916 Second Natl. Bank Bldg., Akron, Ohio.
 1921 Dunham, George P., Marblehead, Mass.
 1925 Dunlevy, Rita E., 23 W. 84th St., New York City.
 1887 *Eaton, Samuel L.*, 340 Lake Ave., Newton Highlands, Mass.
 1923 Edwards, H. R., 364 Mountain St., Montreal, Canada.
 1910 Emmerson, George C., Marshall, Mo.
 1923 Esmond, Henry B., 15302 Center Ave., Harvey, Ill.
 1923 Faris, R. S., 3015 E. Broad St., Richmond, Va.
 1926 Farr, Irving L., 214 Walnut St., Montclair, N. J.
 1908 Farrington, Harvey H., H. M., 30 N. Michigan Boulevard, and 1352 E. 48th St., Chicago, Ill.
 1920 Field, Richard M., 8025 Bay Parkway, Brooklyn, N. Y.
 1920 Frasch, J. E., Metamora, O.
 1920 Friedenwald, G. A., 3569 Broadway, New York City.
 1922 Givens, Jessie L., Box 303, Bowie, Texas.
 1904 Gladwin, F. E., H. M., 1703 Chestnut St., Philadelphia, Pa.
 1921 Gore, M. E., 51 Main St., Orange, N. J.

- 1924 Gramm, Edw. M., 519 Perry Bldg., Philadelphia, Pa.
1907 Green, Julia M., 1811 H St., N. W., Washington, D. C.
1923 Griggs, Wm. B., 1326 N. 12th St., Philadelphia, Pa.
1917 Grimmer, A. H., 108 North State St., Chicago, Ill.
1904 Guernsey, Wm. Jefferson, Oxford Bank Bldg., Frankford,
Philadelphia, Pa.
1919 Hance, W. C., DeGraff, Logan Co., O.
1924 Hatfield, W. H., 22 W. 7th St., Cincinnati, O.
1902 Hautiere, Rosalie de la, Gillette Bldg., San Francisco, Cal.
1905 Hayes, Royal E. S., 314 W. Main St., Waterbury, Conn.
1924 Heimbach, J. M., 127 Green St., Kane, Pa.
1901 *Hess, Amelia L.*, 1911 Mt. Vernon St., Philadelphia, Pa.
1908 Hoehne, Evelyn, 343 25th St., Milwaukee, Wis.
1898 *Houghton, Henry L.*, 176 Commonwealth Ave., Boston,
Mass.
1901 Howland, Josephine, 35 Darien St., Rochester, N. Y.
1900 *Huffman, Joseph E.*, 705 5th St., Santa Rosa, Calif.
1882 *Hussey, Elisha P.*, 493 Porter Ave., Buffalo, N. Y.
1904 Hutchinson, John, 441 Park Ave., New York City.
1921 Irvine, J. C., 1601 Emerson St., Denver, Colo.
1903 Ives, S. Mary, 230 Washington St., Middletown, Conn.
1925 Johnson, Virginia M., 1518 No. Washternaw Ave., Chi-
cago, Ill.
1920 Juett, Fred L., 160 N. Broadway, Lexington, Ky.
1925 Junkerman, U. Z., Pomeroy, O.
1924 Keller, Wm. R., Reeves Bank Bldg., Dover, O.
1901 *Klinetop, Warren B.*, Charles City, Iowa.
1925 Kurian, E. Philip, Edavoghikal, Kottayam, Travancore,
So. India.
1901 *Krichbaum, J. W.*, 207 Bellevue Ave., Upper Montclair,
N. J.
1899 *Krichbaum, Philip E.*, 35 Fullerton Ave., Montclair, N. J.
1925 Krauss, James, 419 Boylston St., Boston, Mass.
1920 Lange, Pauline E., 1239 No. Crawford Ave., Chicago, Ill.
1891 *Leggett, S. L. Guild*, 608 University Ave., Syracuse, N. Y.
1910 Lehman, S. W., Dixon, Ill.
1906 Lewis, Margaret C., H. M., 4027 Spring Garden St., Phila-
delphia, Pa.

- 1907 Llewellyn, H. S., 47 So. 5th Ave., La Grange, Ill.
 1905 Loos, Julia C., 1713 Park Ave., Baltimore, Md.
 1913 MacAdam, E. Wallace, 2264 University Ave., New York City.
 1917 MacKenzie, P. L., H. M., 411 Broadway Bldg., Portland, Ore.
 1925 Marbaker, N. D., Brick Church, Pa.
 1926 Manning, Guy E., 516 Sutter St., San Francisco, Calif.
 1916 MacFarlan, Donald, 1805 Chestnut St., Philadelphia, Pa.
 1926 Meng, Heinrich, Sonnenbergstrasse 6d, Stuttgart, Germany.
 1915 McLaren, D. C., 141 Laurier Ave., Ottawa, Canada.
 1920 McCormick, Ida E., 1370 Burdette Ave., Cincinnati, O.
 1917 McDonough, A. W., H. M., 3001 Vine St., Denver, Colo.
 1922 McDonald, W. B., Mendota, Ill.
 1924 McConathy, Herbert, 315 First Natl. Bank Bldg., Miami, Fla.
 1889 *McIntosh, F. L.*, 178 Commonwealth Ave., Boston, Mass.
 1917 McFall, W. A., 919 College St., Toronto, Canada.
 1919 Maynard, Herbert E., 464 Commonwealth Ave., Boston, Mass.
 1924 Miller, C. R., 1902 Market St., Harrisburg, Pa.
 1921 Morgan, James F., Cynthia, Ky.
 1919 Moore, Fredericka, Winchester, Mass.
 1907 Mullin, John W., 918 West St., Wilmington, Del.
 1924 Narain, D. M., Anarkali, Lahore, Ind.
 1917 Nelson, C. Q., 421 High St., Morgantown, W. Va.
 1917 Norman, Lee, 1718 South 4th St., Louisville, Ky.
 1923 Olds, Chas. P., Huntington Valley, Pa.
 1925 Oroz, Antonio, 3a Rio de la Loza No. 106, Mexico City, Mexico.
 1924 Overpeck, Jas. W., 210 N. 3d St., Hamilton, O.
 1924 Palmer, W. G., 1001 Green Bldg., Seattle, Wash.
 1913 Patrick, H. H., 12 Parkgrove Lane, Glasgow, W. Scotland.
 1925 Perez, Higinio G., de Homœpatia Mexico, D. F., Ciudad de Mexico.
 1887 *Powel, Franklin*, 241 E. 5th St., Chester, Pa.

- 1909 Powel, William R., Roger Williams Bldg., Philadelphia, Pa.
- 1922 Powers, W. J. Sweasey, Lander's Road, White Plains, N. Y.
- 1925 Pugh, Joseph S., 616 No. Texas Bldg., Dallas, Texas.
- 1924 Pulford, Alfred, 403 Moor-Wideman Bldg., 320 Ontario 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. McMillan St., Cincinnati, O.
- 1922 Reed, Horace E., 3223 Woodburn 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 Roberts, Herbert A., 38 Elizabeth St., Derby, Conn.;
90 Myrtle Ave., Shelton, Conn.
- 1921 Ross, Louise, 1731 Columbia Road, N. W., Washington, D. C.
- 1924 Rowland, J. E., So. Euclid, O.
- 1923 Ryland, John M., 415 E. Grace St., Richmond, Va.
- 1923 Schell, H. D., 110 No. 3d St., Hamilton, O.
- 1926 Schmidt, H. C., 11100 Sunshine Terrace, Los Angeles, Cal.
- 1925 Schmidt, Pierre, 6 Boulevard Helvetique, Geneva, Switzerland.
- 1917 Schwartz, Elmer, 25 E. Washington St., Chicago, Ill.
- 1924 Schwartz, F. Adele, 6 W. Liberty St., Savannah, Ga.
- 1922 Sedlack, Charles A., 4733 So. Ashland Ave., Chicago, Ill.
- 1921 Senseman-Harris, Mary I., 112 N. Charter St., Monticello, Ill.
- 1922 Sherwood, W. W., 1180 E. 63d St., Suite 319, Chicago, Ill.
- 1919 Slaughter, L. N., Pitman, N. J.
- 1911 Sloan, T. G., 29 Park St., So. Manchester, Conn.
- 1924 Smith, C. Seaver, 60 College St., New Haven, Conn.
- 1917 Smith, A. D., 102 S. Brand Boulevard, Glendale, Calif.
- 1921 Smith, Wm. L., 908 W. Norton St., Denison, Texas.
- 1925 Spaulding, Roy W., East Dedham, Mass.

- 1881 *Stanbach, Henry L.*, 15 West Victoria St., Santa Barbara, Calif.
- 1891 *Stanton, Lawrence M.*, 152 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., 850 7th Ave., New York City.
- 1904 Stevens, Grace, 32 Bedford Terrace, Northampton, Mass.
- 1925 Skiles, Hugh Porter, 323 No. Waller Ave., Chicago, Ill.
- 1889 *Taft, Mary F.*, 985 Charles River road, Suite 403, Hampstead Hall, Cambridge, Mass.
- 1900 *Taylor, Edwin A.*, 335 Englewood Ave., Chicago, Ill.
- 1916 Thacher, George H., H. M., 2088 Chestnut St., Philadelphia, Pa.
- 1924 Todd, Helen B., New London, Conn., also Winthrop College, Rock Hill, So. Carolina.
- 1923 Tomlinson, W. H., 114 Yale Ave., Swarthmore, Pa.
- 1909 Turner, Maurice W., 786 Washington St., Brookline, Mass.
- 1925 Turton, Effie Howe, Sound Beach Ave., Sound Beach, Conn.
- 1919 Underhill, Eugene, 2010 Chestnut St., Philadelphia, Pa.
- 1919 Underhill, Eugene, Jr., 2010 Chestnut St., Philadelphia, Pa.
- 1925 Van Norden, Wm. Erickson, Chesapeake City, Md.
- 1926 Vessie, Percy R., Blythewood Sanitarium, Greenwich, Conn.
- 1923 Waffensmith, J. W., Guilford, Conn.
- 1926 Wallace, E. R., 1107 Meridian St., Aurora, Ind.
- 1922 Wandell, Charlotte, 110 Home Ave., Oak Park, Ill.
- 1913 Weir, John, 476 Welback St., Cavendish Sq., W. London, England.
- 1925 Wilberton, L. G., Winona, Minn.
- 1910 Williams, Clara H., 822 Wood St., Wilkensburg, Pa.
- 1923 Wilson, Chas. G., 401 Franklin St., Clarksville, Tenn.
- 1910 Wilson, Wm. W., 28 The Crescent, Montclair, N. J.
- 1912 Woodbury, Benjamin C., Jr., 11 Marlboro St., Boston, Mass.
- 1917 Woods, H. Fergie, 93 Harley St., London.
- 1926 Wright, Elizabeth, 534 Beacon St., Boston, Mass.

- 1891 *Yingling, William A.*, 806 Market St., Emporia, Kansas.
1925 Zeilinger, E. H., 39th and Main Sts., Kansas City, Mo.
Italics—Honorable Seniors.
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HONORARY MEMBERS.

- 1920 Ghose, Sarat Chunder, 48 Chaulpati Road, Bhowampur,
Calcutta, India.
1906 Luff, Joseph, 1034 W. Electric St., Independence, Mo.
1917 Reed, Thos. E., Middletown, O.
1912 Tyler, Margaret L., Linden House, Highgate Rd., N. W.,
London, England.
1912 True, Richard S., 419 Boylston St., Boston, Mass.
1915 King, J. B. S., 1402 Masonic Temple, Chicago, Ill.

LIST OF MEMBERS AS TO LOCATION

CALIFORNIA.

- 1902 Hautiere, Rosalie, de la., Gillett Bldg., San Francisco.
1900 *Huffman, Joseph E.*, 705 5th St., Santa Rosa.
1926 Manning, Guy E., 516 Sutter St., San Francisco.
1926 Schmidt, H. C., 11100 Sunshine Terrace, Los Angeles.
1917 Smith, A. D., 102 So. Brand Boulevard, Glendale.
1881 *Stanbach, Henry L.*, 15 W. Victoria St., Santa Barbara.

COLORADO.

- 1924 Bowie, Robert C., White Building, Fort Morgan.
1924 Brown, James B., 834 Majestic Bldg., Denver.
1921 Irvine, J. C., 1601 Emerson St., Denver.
1917 McDonough, A. W., H. M., 3001 Vine St., Denver.

CONNECTICUT.

- 1905 Hayes, Royal E. S., 314 W. Main St., Waterbury.
1903 Ives, S. Mary, 230 Washington St., Middletown.
1910 Roberts, Herbert A., 38 Elizabeth St., Derby, and 90
Myrtle St., Shelton.
1911 Sloan, Thos. G., 29 Park St., South Manchester.
1924 Smith, C. Seaver, 60 College St., New Haven.
1924 Todd, Helen B., New London (see So. Carolina.)
1925 Turton, Effie Howe, Sound Beach Ave., Sound Beach.
1926 Vessie, Percy R., Blythewood Sanitarium, Greenwich.
1923 Waffensmith, J. W., Guilford.

DELAWARE.

- 1907 Mullin, John W., 918 West St., Wilmington.

DISTRICT OF COLUMBIA.

- 1920 Custis, J. B. Gregg, 1815 Columbia Road, Washington.
1907 Green, Julia M., 1811 H St., N. W., Washington.
1921 Ross, Louise, 1731 Columbia Road, Washington.

FLORIDA.

- 1924 McConathy, Herbert, 315 First Natl. Bank Bldg., Miami.

GEORGIA.

- 1924 Schwartz, F. Adele, 6 W. Liberty St., Savannah.

ILLINOIS.

- 1901 *Bishop, Minnie R.*, Suite 2020, Harris Trust Bldg., 111 W. Monroe St., Chicago.
- 1905 Bloomington, Frances E. D., 6026 Kenwood Ave., Chicago.
- 1892 *Day, L. A. L.*, 28 E. Madison St., Chicago.
1913. Dienst, G. E., 26 South River St., Aurora.
- 1923 Esmond, Henry B., 15302 Center Ave., Harvey.
- 1908 Farrington, Harvey, H. M., 30 N. Michigan Boulevard, and 1352 E. 48th St., Chicago.
- 1917 Grimmer, A. H., 108 No. State St., Chicago.
- 1925 Johnson, Virginia M., 1518 No. Washternaw Ave., Chicago
- 1920 Lange, Pauline E., 1239 No. Crawford Ave., Chicago.
- 1910 Lehman, S. W., Dixon.
- 1907 Lewellyn, H. S., 47 So. 5th Ave., La Grange.
- 1922 McDonald, W. B., Mendota.
- 1917 Schwartz, Elmer, 25 E. Washington St., Chicago.
- 1921 Senseman-Harris, Mary I., 112 No. Charter St., Monticello.
- 1922 Sedlack, Chas. A., 4733 So. Ashland Ave., Chicago.
- 1922 Sherwood, W. W., 1180 E. 63th St., Suite 319, Chicago.
- 1925 Skiles, Hugh Porter, 323 No. Waller Ave. •
- 1900 *Taylor, Edwin A.*, 335 Englewood Ave., Chicago.
- 1922 Wandell, Vesta Charlotte, 110 Home Ave., Oak Park.

INDIANA.

- 1926 Baldwin, Clarence A., 108 E. 5th St., Peru.
- 1921 Baldwin, Verne E., Amboy.
- 1926 Wallace, E. R., 1107 Meridian St., Aurora.

IOWA.

- 1901 *Klinetop, Warren B.*, Charles City.

KANSAS.

- 1923 Blanke, Theodore F., 615 N. 8th St., Garden City.
1891 *Yingling, Wm. A.*, 806 Market St., Emporia.

KENTUCKY.

- 1920 Juett, Fred L., 160 N. Broadway, Lexington.
1921 Morgan, James F., Cynthia.
1917 Norman, Lee, 1718 So. 4th St., Louisville.

MARYLAND.

- 1905 Loos, Julia C., 1713 Park Ave., Baltimore.
1925 Van Norden, Wm. E., Chesapeake City.

MASSACHUSETTS.

- 1907 Bassett, Alice H., H. M., 56 W. Cedar St., Boston.
1914 Brown, Plumb, 20 Maple St., Springfield.
1887 *Cobb, Harriet H.*, 1626 Massachusetts Ave., Cambridge.
1921 Dunham, George P., Marblehead.
1925 Dike, John, 112 W. Emerson St., Melrose.
1887 *Eaton, Samuel L.*, 340 Lake Ave., Newton Highlands.
1898 *Houghton, Henry L.*, 176 Commonwealth Ave., Boston.
1925 Krauss, James, 419 Boylston St., Boston.
1889 *McIntosh, F. L.*, 178 Commonwealth Ave., Boston.
1919 Maynard, Herbert E., 464 Commonwealth Ave., Boston.
1919 Moore, Fredericka, Winchester.
1914 Seymour, Bina, 573 State St., Springfield.
1914 Shadman, Alonzo J., Forest Hills Hospital, Forest Hills.
1925 Spaulding, Roy W., East Dedham.
1904 Stevens, Grace, 32 Bedford Terrace, Northampton.
1889 *Taft, Mary F.*, 985 Charles River Road, Suite 403, Hempstead Hall, Cambridge.
1909 Turner, Maurice W., 786 Washington St., Brookline.
1912 Woodbury, Benjamin, Jr., 11 Marlboro St., Boston.
1926 Wright, Elizabeth, 534 Beacon St., Boston.

MINNESOTA.

1925 Wilberton, L. G., Winona.

MISSOURI.

1910 Emmerson, George C., Marshall.
 1910 Starcke, Andrew H., 409 Shukert Bldg., Kansas City.
 1925 Zeilinger, E. H., 39th and Main Sts., Kansas City.

NEW JERSEY.

1921 Allen, Enos B., 144 Perry St., Trenton.
 1926 Farr, Irving L., 214 Walnut St., Montclair.
 1921 Gore, M. E., 51 Main St., Orange.
 1899 *Krichbaum, Philip E.*, 35 Fullerton Ave., Montclair.
 1901 *Krichbaum, J. W.*, 207 Bellevue Ave., Upper Montclair.
 1919 Slaughter, L. N., Pitman.
 1910 Wilson, W. W., 28 The Crescent, Montclair.

NEW YORK.

1926 Angell, Augustus, Millbrook, Dutchess Co.
 1903 Austin, A. Eugene, 15 Claremont Ave., New York City.
 1899 *Alliaume, Chas. E.*, 259 Genesee St., Utica.
 1925 Almfelt, Gustavus A., 153 Wall St., Kingston.
 1919 Barnard, James S., 363 Oxford St., Rochester.
 1909 Beals, Herbert, 188 Franklin St., Buffalo.
 1915 Bidwell, Glenn I., 253 Alexander St., Rochester.
 1906 Carleton, Spencer, 75 Whitestone Ave., Flushing.
 1912 Clark, Byron G., 163 W. 92nd St., New York City.
 1888 *Close, Stuart*, 248 Hancock St., Brooklyn.
 1904 Coleman, Daniel E. S., 124 W. 79th St., New York City.
 1925 Dunlevy, Rita E., 23 W. 84th St., New York City.
 1920 Field, Richard M., 8025 Bay Parkway, Brooklyn.
 1920 Friedenwald, G. A., 3569 Broadway, New York City.
 1901 Howland, Josephine, 35 Darien St., Rochester.
 1882 *Hussey, Elisha P.*, 493 Porter Ave., Buffalo.
 1904 Hutchinson, John, 441 Park Ave., New York City.
 1891 *Leggett, S. L. Guild*, 608 University Ave., New York City.

- 1913 MacAdam, E. Wallace, 2264 University Ave., New York City.
 1922 Powers, W. G. Sweasey, Lander's Road, White Plains.
 1904 Rabe, Rudolph F., 666 Madison Ave., New York City.
 1891 *Stanton, Lawrence M.*, 152 W. 57th St., New York City.
 1904 Stearns, Guy B., 850 7th Ave., New York City.

NEW HAMPSHIRE.

- 1919 Boger-Shattuck, Martha I., 145 Middle St., Portsmouth.

OHIO.

- 1920 Carr, V. Taber, 89 Clinton Ave., Tiffin.
 1921 Cochran, D. I., Hamilton.
 1920 Charles A. Dixon, 915-916 Second Natl. Bank Bldg., Akron.
 1920 Frasch, J. E., Metamora.
 1919 Hance, W. C., De Graff, Logan Co.
 1924 Hatfield, W. H., 22 W. 7th St., Cincinnati.
 1925 Junkerman, U. Z., Pomeroy.
 1924 Keller, Wm. R., Reeves Bank Bldg., Dover.
 1920 McCormick, Ida E., 1370 Burdette Ave., Cincinnati.
 1924 Overpeck, James W., 210 No. 3rd St., Hamilton.
 1924 Pulford, Alfred, 403 Moor-Wideman Bldg., 320 Ontario St., Toledo.
 1924 Pulford, Dayton T., 214 Islington St., Toledo.
 1922 Reed, Horace E., 3223 Woodburn Ave., Cincinnati.
 1921 Reed, Ralph, 180 E. McMillan St., Cincinnati.
 1920 Reed, Robert G., 712 Provident Bank Bldg., Cincinnati.
 1916 Reed, Thos. E., 337 So. Main St., Middletown.
 1924 Rowland, J. E., So. Euclid.
 1923 Schell, H. D., 110 No. 3rd St., Hamilton.
 1921 Stansbury, F. R., 3062 Madison Rd., Cincinnati.

OREGON.

- 1917 MacKenzie, P. L., 411 Broadway Bldg., Portland.

PENNSYLVANIA.

- 1926 Arthur, Alexander B., southwest corner Cheltenham Ave. and Broad St., Philadelphia.
- 1921 Boericke, Garth G., Hahnemann College, 220 N. Broad St., Philadelphia.
- 1906 Burgess-Webster, Margaret, 126 So. 16th St., Philadelphia.
- 1904 Gladwin, F. E., H. M., 1703 Chestnut St., Philadelphia.
- 1924 Gramm, Edw. M., 519 Perry Bldg., Philadelphia.
- 1923 Griggs, Wm. B., 1326 N. 12th St., Philadelphia.
- 1904 Guernsey, Wm., Jefferson, Oxford Bank Bldg., Frankford, Philadelphia.
- 1924 Heimbach, J. M., 127 Green St., Kane.
- 1901 *Hess, Amelia L.*, 1911 Mt. Vernon St., Philadelphia.
- 1906 Lewis, Margaret C., H. M., 4027 Spring Garden St., Philadelphia.
- 1925 Marbaker, N. D., Brick Church.
- 1916 MacFarlan, Donald, 1805 Chestnut St., Philadelphia.
- 1924 Miller, C. R., 1902 Market St., Harrisburg.
- 1923 Olds, Chas. P., Huntingdon Valley.
- 1887 *Powel, Franklin*, 241 E. 5th St., Chester.
- 1909 Powel, Wm. R., Roger Williams Bldg., Philadelphia.
- 1915 Reel, Ida Virginia, 4027 Spring Garden St., Philadelphia.
- 1916 Thacher, Geo. H., H. M., 2088 Chestnut St., Philadelphia.
- 1923 Tomlinson, W. H., 114 Yale Ave., Swarthmore.
- 1919 Underhill, Eugene, 2010 Chestnut St., Philadelphia.
- 1919 Underhill, Eugene, Jr., 2010 Chestnut St., Philadelphia.
- 1910 Williams, Clara H., 822 Wood St., Wilkensburg.

SOUTH CAROLINA.

- 1924 Todd, Helen B., Winthrop College, Rock Hill.

TENNESSEE.

- 1923 Wilson, Chas. G., 401 Franklin St., Clarksville.

TEXAS.

- 1926 Clark, T. J., 10½ N. Dixon Ave., Gainesville.
 1926 Davis, F. S., 1904 Ross Ave., Dallas.
 1922 Givens, Jessie L., Box 303, Bowie.
 1925 Pugh, Joseph S., 616 No. Texas Bldg., Dallas.
 1921 Smith, Wm. L., 908 W. Morton St., Denison.

VIRGINIA.

- 1907 Baker, Harry B., 415 E. Grace St., Richmond.
 1923 Faris, R. S., 3015 E. Broad St., Richmond.
 1923 Ryland, John M., 415 E. Grace St., Richmond.

WASHINGTON.

- 1923 Bryant, C. P., 322 Cobb Bldg., Seattle.
 1924 Palmer, W. G., 1001 Green Bldg., Seattle.

WEST VIRGINIA.

- 1895 *Boger, Cyrus M.*, 225 7th Ave., Parkersburg.
 1917 Nelson, C. Q., 421 High St., Morgantown.

WISCONSIN.

- 1908 Hoehne, Evelyn, 343 25th St., Milwaukee.

CANADA.

- 1922 Becker, M. Beatrice, 1330 King St., Toronto.
 1907 Becker, Henry, 1330 King St., Toronto.
 1923 Edwards, H. R., 364 Mountain St., Montreal.
 1915 McLaren, D. C., 141 Laurier Ave., Ottawa.
 1917 McFall, W. A., 919 College St., Toronto.
 1924 Quackenbush, J. G., 43 Florence St., Ottawa.

MEXICO.

- 1925 Orozes, Antonio, 3a Rio de la Loza No. 106, Mexico City.
 1925 Perez, Higinio, de Homeopatia Mexico, D. F. Ciudad de Mexico.

AUSTRALIA.

- 1923 Deck, H. Leigh, 27 Elizabeth St., Ashfield, Sidney,
N. S. W.

SCOTLAND.

- 1913 Patrick, H. H., 12 Parkgrove Lane, Glasgow, W.

SWITZERLAND.

- 1925 Schmidt, Pierre, 6 Boulevard Helvetique, Geneva.

ENGLAND.

- 1925 Compston, Edward L., Springhill, Cloughfold, No. Man-
chester.
1913 Weir, John, 476 Welback St., Cavendish Sq., W. London.
1917 Woods, H. Fergie, 93 Harley St., W. I., London.

INDIA.

- 1925 Kurian, E. Philip, Edavoghikal, Kottayam, Travancore,
So. India.
1924 Narain, D. Mahinder, Anarkali, Lahore.

GERMANY.

- 1926 Meng, Heinrich, Sonnenbergstrasse 6d, Stuttgart.

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