HOW I CAME TO TAKE UP THE PRACTICE OF HOMŒOPATHY

EUGENE UNDERHILL, JR., M. D.

From my earliest recollection I took it for granted that I was going to be a doctor. Possibly that was because Father and Mother took it for granted, and visualized such a life work for me in their minds. I cannot recall that any shadow of doubt or uncertainty on this point was ever felt or expressed.

My grandfather had studied medicine. Father was a physician and is still in active practice. After graduating from college came the question: What medical school? Father said: "I don't see that you need to go outside of Philadelphia. Investigate all the medical schools in the city, get their catalogues, interview the Deans, and let me know which school you would prefer to attend". I followed this advice, and after "looking them all over" finally decided in favor of the University of Pennsylvania.

Now Father was a graduate of Hahnemann Medical College, and as I look back I can recall a look of regret or perhaps disappointment on his face—for I had not only in a sense frowned on his *Alma Mater* but was turning my back on the system of medicine which that institution really represented in those days. But Father's vision was not confined to the walls of any institution or even to any so-called system of medicine. He finally said: "I think you have made a wise choice", but he added, "some day you will be practicing homœopathy". But those words were forgotten until years later their prophecy was translated into fact.

So I went to the University of Penn. Medical School and graduated. To this day I have never regretted it, and if I had it to do over again I would go back to old Penn. and battle it through. After completing my interneship and passing my State Board examinations, I hung out my shingle and was at last a "regular doctor".

Of course, I was prejudiced against homœopathy, but just how and when that prejudice was acquired it is even now impossible for me to tell. Prejudice is evidently infectious if not actually contagious, and few indeed are they who are immune

to it. For three years I practised old school medicine, "untainted" by any homœopathy whatever.

Father and I applied together for admission to the 32nd degree of Freemasonry. On the evening of our initiation, we found all the candidates were being sent up to the fifth floor to await the result of the balloting. We were taken up in an elevator with perhaps ten or a dozen other men. The only man we happened to converse with was Dr. George H. Thacher, a leading homœopathic physician of Philadelphia, whom, however, we had never met before. On arriving at the fifth floor and having more time than anything else on hand we again got into conversation with him. From that first meeting a friendship was formed that has grown and deepened with the years.

One day I said: "Dr. Thacher, just what kind of medicine are you practising?" He said: "You won't have any more time for me when I tell you. I am one of those high potency, high-falutin homœopaths." Of course, I was somewhat disappointed, but by that time our friendship had grown too strong to be upset by anything like that.

Some months later I was in Dr. Thacher's office, and he asked: "Have you any interesting cases on hand?" Previous to this occasion we had talked over everything but medicine. It just happened that I did have an interesting case on hand. In fact, it was getting too interesting and I began to have visions of being dismissed most any day, and at that time every case meant something and I couldn't afford to lose any.

This man was sorely afflicted with acute gouty arthritis that had begun in his feet and was now involving the knees as well as the feet. The limbs were swollen and the skin mottled. His one relief was to sit with his feet and legs in a tub of ice water, and he insisted on having pieces of ice floating in the water. In all my experience I have never seen this case duplicated. Motion greatly added to his sufferings. He was much worse at night and he could not endure any covering on the feet, legs and knees. I soaked him with salicylates; gave him colchicum on the gouty theory; purged him; gave him diuretics, and applied evaporating lotions to the inflamed joints—lead water and laudanum, ice compresses of epsom salt solution—with only slight temporary re-

lief. I called at the house every day and each time found him more discouraged, more grumpy, and his feet and legs still parked in the tub of ice water.

So when Dr. Thacher asked if I had any interesting cases on hand, of course I told him about this man. I had no sooner recited the main features of the case when he said: "Why that man needs *Ledum.*" (*Ledum palustre,* or wild rosemary, also called marsh tea and Labrador tea. The plant grows in cold swampy regions—particularly in Canada. Ledum from the Greek, *ledon,* a resinous juice and *palustre,* a swamp). The doctor said this with such certain assurance that it was truly amazing. He asked: "Do you mind if I fix up a few powders of *Ledum* for him?" It is said that necessity knows no law, and I was ready to give that man anything from soothing syrup to dynamite, and I welcomed the offer, and agreed to discontinue all other medication both external and internal and give the powders a chance, as Dr. Thacher put it.

I saw the patient that same afternoon, and he was about ready to call it quits. However, on seeing a radical change of treatment and thinking that I had been studying up his case, he finally consented to give the powders a chance. His wife was not very enthusiastic and I thought, "Well, they will soon call another doctor." The next day he was just about the same but he did say that he was certainly no worse but he added, "I guess no better either." However, my "get away" that time for some reason was not quite as unsatisfactory as the day before. The following day, however, told a different story. The wife greeted me with a pleasant good morning and promptly announced that our patient was better. For the first time I found him without his tub of ice water, and he said: "Doctor, why didn't you give me those powders before, they have done me more good than all your other dope put together. Don't let me be without them." I looked in the envelope—only two powders left, and nothing to do but beg for more. I told him that was a medicine I rarely used and I would have to go back to the office to get it. Dr. Thacher was much interested and greatly pleased with the report and doled out more powders. The patient was able to return to

work in two weeks, and remained well for over a year, when the family moved away and I have never heard about him since.

On looking back on that case I realize that Dr. Thacher and the white powders soon faded out of the picture, and a feeling of personal pride and satisfaction grew, and the check—a fairly large one for me in those days—I felt was well earned.

Months later when I was in the doctor's office, came the same question: "Any interesting cases on hand?" For some months I had been treating an eighteen-year-old girl for severe dysmenorrhœa. She suffered the most severe cramping pains and had to spend the first day of the period in bed every month. The only relief I had succeeded in giving her was by prescribing viburnum prunifolium compound and whiskey, and each time she seemed to require larger doses. As to preventing the recurrence of the trouble I had already considered and suggested dilatation and curettage, and she and the family had about decided in favor of the operation. I told Dr. Thacher about this case, but he was not so sure of the remedy this time. He said, "I think we can help her, if you wouldn't mind getting the answers to a few questions so we can tell just what remedy she needs." I agreed to do this without any particular interest or enthusiasm—more for the doctor's sake than for the sake of the patient.

He wanted to know: Whether the pain preceded the flow or only came on after the flow was established? What kind of pain it was, whether bearing down, cutting, cramping, burning, etc.? Was the pain continuous or intermittent? What gave the most relief? What was the effect of heat, cold, motion, pressure, etc., on the pain? What position in bed did she assume during the pain? What did she think caused the trouble in the first place? When was the first menstruation, and did she suffer in this way from the very first time? Just where was the pain most intense, back, front, or on which side? Did she want more or less covering than at other times?

I sent for the patient to come to the office and got answers to as many of the questions as I could. I found out and noted down that the pain almost always preceded the flow, that the flow was slow and sluggish in starting and that relief only came—usually on the second day—with the establishment of a real free flow.

She said the pains would shoot all over the abdomen, but were always worse over her right ovary. The pains came in spasms and were more cramp-like than anything and almost drove her frantic. The only relief she could get was by bending almost double and holding a hot water bottle tightly to the lower abdomen. She couldn't stand any uncovering and wanted the room warm. She said the trouble began after a long exposure to cold during menstruation. She never had any trouble from the first menstruation which occurred at thirteen years of age until that exposure.

After reading over this data, Dr. Thacher said with all the assurance in the world: "That girl needs *Magnesia phos.* (Phosphate of magnesia). Do you mind if I fix up a few powders for her?" Of course, I didn't mind. I wouldn't hurt his feelings for anything and of course it was kind of him and so I let him put them up. As I left his office, he said: "You might stop all other treatment and give the powders a chance. Let her start them at the first onset of the pain." So I carried out his suggestion and gave the patient the medicine. It was some time before I heard from her. One day she came to the office and said: "Doctor, I want more of those powders. They were wonderful. I have had the easiest time I have had for two years," and she meant just that.

Of course, I had none of the medicine on hand and had to invent an alibi. I told her that was very special medicine and I would have to send away for it. Well she said, "I don't want to be without it next time." Again nothing to do but go to Dr. Thacher, report and ask for more powders. Somehow there was a feeling of annoyance associated with the idea, but I had it to do and did it. Again the pleased look on the doctor's face, and more powders, but very little was after all said about the case. If I recall correctly, I think I was in more of a hurry than usual that day. However, I appreciated his kindness, in words if not in fact, and sent the little white powders to the patient.

That was over ten years ago, and that patient and her entire family still call me whenever they need the services of a physician. After three months she was completely cured, and has never really suffered during menstruation from that day to this.

Still I gave homœopathy no serious thought, although I took particular care not to mention these experiences to any one. The next time Dr. Thacher asked about interesting cases I didn't have any, and soon got the conversation turned to the war which was still raging in Europe. In fact it was some time before I felt inclined to discuss my work with him, although he always showed a genuine and sincere interest in my progress.

However, one day he asked the same old question again, and I was having trouble with a case, a man of middle age suffering from gastro-intestinal disorder, and I was beginning to fear cancer of the pylorus with possible metastasis to the liver. He was very sallow. He could eat only the least bit of food—as he expressed it, he would go to the table hungry but a few mouthfuls would fill him up and he could eat no more. There was almost continuous belching of empty gas. He had a sticking feeling in the gall-bladder region and was very tender in the right lower quadrant of the abdomen. He was about to give up his work. He said: "Doctor, if quitting time only came at three o'clock I would be all right, but by four o'clock I am all in, and I don't pick up until nearly time to go to bed." I had given him nux vomica and tinct. of gentian. Also iron and arsenic, likewise, a little Hg. and K. I. "on suspicion", although his Wasserman was negative. The x-ray was also negative and there was no palpable mass in the abdomen. Still he simply did not respond and continued to lose ground. I outlined the case to Dr. Thacher about as I have here described it. He said: "What else does he complain of?" Then I recalled that the man suffered from severe right-sided headaches and he would either wake up with this headache or else it would come on late in the afternoon. Dr. Thacher said: "You have a very interesting case here. Let's see. His complaints are mostly right-sided—head, liver and lower quadrant of abdomen. He has easy satiety or sudden repletion when eating—a few mouthfuls fill him. He suffers from a great amount of gas. His time of aggravation is from 4 p. m. until some time in the evening. Probably it is from 4 to 8 p. m. You say he is very sallow in appearance. Why, that man needs *Lycopodium.*" (Lycopodium clavatum or club moss—often used as a dusting powder and generally considered inert.) He couldn't have named a more helpless or hopeless remedy according to my way of thinking.

The doctor took down a book and showed me the symptoms listed under *Lycopodium*. Now he said: "Doesn't that look like your man?" I read over the symptoms and sure enough not only were the ones there that I had told him about but, to my amazement, a number of others almost in the same words the patient used in describing them. "Fits him like a glove", said Dr. Thacher. "Do you mind if I let you have some of the remedy to give him?" This was really interesting and I said, "Sure, I will give them to him."

Never have I seen more prompt, clear-cut results or a more appreciative patient. When the time came to ask for more powders I was in a vastly different frame of mind. The other two cases now stood out along with this one, in sharp contrast to the results I was usually getting. I said: "Doctor, you have cured three cases for me, sight unseen, and they have been such striking cures I cannot ignore them. I thought it was time for the first man to get well, medicine or no medicine. The second I thought was a fortunate coincidence but three is one too many for me. I would like to read up on homœopathy."

My good friend, the doctor, wasted no time in handing me two books and said: "Read these over. I'll start you easy so you won't get indigestion." Those books were *Leaders in Homœopathic Therapeutics*, by E. B. Nash, and *Homœopathy in Medicine and Surgery*, by Edmond Carleton. I studied these books and talked homœopathy early and often. Soon I had a pocket case containing thirty remedies and started in earnest to try my hand at Hahnemann's proposition that "like cures like", and found as he did, and as every other man finds who will give homœopathy an intelligent and honest trial over a reasonable period of time, that the Law of Similars is indeed one of the fundamental laws of nature, and one of the most easily demonstrated of these laws. But to understand and comprehend this law requires a sincere and gigantic effort of mind. It requires the laying aside of personal prejudice and conceit—an almost superhuman task.

Homœopathy has developed a vast materia medica through a system of drug provings on human beings. A group of men and women of good average health are selected. They constitute the provers. The provers are given minute and frequent doses of a

certain drug until they are brought under the influence of that drug and begin to express symptoms. A few receive blanks. These are the "controls". Before beginning the proving each person writes down any symptoms he may be experiencing. This acts as an additional check or control. After beginning the proving each person, including the controls, must independently write down every symptom observed. The symptom must be described in full in simple lay terms. Its time of onset, its duration, and time of cessation, also especially what aggravates and what ameliorates the symptom. Any symptom which nearly all the provers, but none of the controls express, is called a characteristic symptom of the drug. In this way by patient and repeated provings, a clear picture or image of the drug is gradually brought out.

Drugs have as definite a constitution and personality as have people, and after becoming acquainted with them it is just as easy to distinguish between *Nux vomica* and *Digitalis* as it is to differentiate Mr. Brown from Mr. Smith when once you have come to know them.

When called to see a case, we try to get all the symptoms of the patient. Having gotten in mind or on paper an image of this particular sick patient, the question then arises what remedy in its proving has produced essentially similar symptoms. If that question can be correctly answered we have found the similar or homœopathic remedy for that patient.

In all cases of illness we are dealing with the patient plus the disease and not with the disease *per se*. The disease is modified or warped by the constitution of the individual patient. Hence the frequency with which we meet the so-called atypical case and how seldom the text book picture of the disease.

What about the curative results in homœopathic practice? Let us take pneumonia as an illustration. The generally conceded death rate in pneumonia is 20 to 25%. Allow me to suggest that you give your pneumonia patient *Placebo*—no treatment whatever—except the common sense care that any wife or mother can give, and watch your death rate drop to less than 10%. Then try homœopathy honestly, patiently and intelligently, and your death rate in pneumonia will continue to fall, until you have become really proficient in the science and art of homœopathic practice and in that day your death rate will be definitely less than 1%.

The results of homœopathic treatment in chronic conditions have been most excellent. While the disease is still in the functional plane, rapid and complete cure is the rule. Where organic or structural changes have taken place, a cure is still possible, but in inverse ratio to the extent of the pathology. Pathology *per se* is a result of constitutional disorder, and is, therefore, neither an indication for, not a guide to, treatment.

In homœopathic practice it is not necessary to wait for pathological findings—meet the symptoms of the patient with the remedy capable of producing essentially similar symptoms, and further pathological changes will be largely if not entirely prevented.

PHILADELPHIA, PENN.

PROBLEMS CONFRONTING ONE WHEN FIRST ATTEMPTING TO PRESCRIBE HOMŒOPATHICALLY

ELIZABETH WRIGHT, M. D.

Before discussing the problems of actual homœopathic practice let me show you some of the difficulties in the ordinary practice of medicine which led me to an interest in homœopathy. When I was a student at Columbia Medical School, "P & S" as we called it, in the war time, I was much disappointed at the paucity of therapeutic information. There was pathology and bacteriology galore, and fascinating drill in diagnosis, but being a woman, and therefore a practical soul (I see some of you smiling at women you have met) I hankered after means of cure. Most of what we were taught in therapeutics was hygiene, nursing procedures, diet, hydrotherapy, etc. A large proportion of my class, who had intended to go into general medicine, took up surgery or the specialties because in those fields there was something definite to do for the patients. From medical school I went to Bellevue Hospital for two years' rotating interneship, and there again I met the prevailing therapeutic nihilism. Our chief of service was a wizard at diagnosis, but I always felt that an autopsy was fully as acceptable as a cure and much more frequent. One class of patients in the hospital, particularly distressed me; those who had

abundant subjective symptoms and on whom the diagnostic and laboratory pronouncement was, "There is nothing wrong with you". I remember one saying, "Well, doctor, I may be perfectly well, but *I* know I am sick". And then there were the chronics, not only those with marked pathology but life-long sufferers from "indigestion" or migraine, who had been passed around from doctor to doctor with nothing but temporary relief. Two other problems puzzled me particularly in those days besides the apparently functional cases and the chronics. One of these was the patient with a classically recognizable disease who did not respond to the usual "specific" treatment for that disease. For instance, a young sailor with a severe malaria which no amount of quinine influenced in the least, to the consternation of all the visitings. The other matter which set me thinking was the wide variety of types of a single disease. I used to wonder why the pneumonia in the second bed who was such a strapping specimen, and had come down suddenly at midnight on the date of admission, was in such mortal terror of dying by noon the next day, (which, I may add, he did, to the surprise of all of us), and why the besotted looking fellow in the next bed, lay on the affected side with his hand under his chest, motionless, gulping two or three glasses of water at long intervals, complaining of the light and snapping your head off when spoken to; and why the pneumonia on the other side of the ward thrashed about so incessantly, especially in the evening, calling for cold milk. Now I know that although these three had the same disease and received the same treatment, they would have responded to three different remedies, *Aconite*, *Bryonia* and *Rhus tox*. But that is getting ahead of our story. My puzzles, then, in my training, were the apparently functional cases, the chronics, the patients who did not respond to the classical treatment of a clearly marked disease, and the varied types classified and treated according to one diagnosis.

Dr. Underhill has told you most graphically and humorously how *he* was led into homœopathy so I will omit my initiation except to say that after working at the *Allgemeine Krankenhaus* in Vienna in the usual way, I was apprenticed for nine months to a homœopathic physician in Geneva where I studied, literally, from 12 to 16 hours a day.