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THE GETTING-WELL-APPARATUS

BY
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HISTORY
AND
RESEARCH.

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THE GETTING-WELL-APPARATUS

By DR. ELIZABETH CASSON

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MR. PRESIDENT, LADIES AND GENTLEMEN,

I feel it a great honour to be asked to deliver the Introductory Lecture this year, for my predecessors are people whose work and writings have been well known; but I accepted the honour willingly, because I owe much gratitude to this Hospital, as the place where I started my studentship, whereas all the other lecturers will have studied their Homœopathy after qualifying. My outlook, therefore, is probably rather different from that of former speakers, but may be a little bit of use to those who are interested in Homœopathy.

I suppose my very first introduction to Homœopathy was an amusing one. I was brought up in Wales and, unfortunately, was not encouraged to learn Welsh, and when taken to Welsh services we were allowed as small children to carry little books to keep us quiet during the sermon. One of my favourite books for this was Epps's bright blue handbook with vivid pink pages, illustrating bandages. My first real introduction occurred when I was taken to see Dr. J. H. Clarke, when I was thirteen and again about eighteen, and I was immensely impressed to find that I was regarded by him of sufficient importance for him to have kept a record for five years as to what he had done for me. Both times his treatment was very successful and I have kept my respect for him and for it ever since.

Suttie, in his book on the *Origins of Love and Hate*, puts down the success of Homœopathy to the encouragement the patient feels when special symptoms are listened to with sympathy. There may be something in this. Interest in it was certainly encouraged when I found that later a homœopathic doctor took note of the fact that when I had had a temperature of 104 the night before, I had felt all night that I was two people, one when I lay on one side, another when on the other, and I had been utterly puzzled because I did not know how to manage being two people trying to lie in one narrow bed. I recovered from my whole illness quickly though the symptom had already passed and was only a guide to the doctor as to what drug to give me.

In 1912 I came to the Hospital as a Missionary Student and as I know this course of lectures was one of those I enjoyed most,

I hope that this may be the beginning for some present students and that they will enjoy as much as I did those that follow. My best wishes will always go to the School and its splendid work in helping those who, on the mission field, may be miles away from professional help.

I had then had many years of experience of being treated homœopathically when ill and when nursing my home people, and my respect was great but my ignorance of the principle of Homeopathy was greater.

My whole study of treatment here was fascinating to me in the wards and in lectures, and in the many hours spent sitting in the out-patient consulting rooms. We were here long enough to see many cases go through the out-patient physician's hands, and we were soon allowed to take down the patient's history and symptoms before he was examined by the physician. As our knowledge of drugs grew, we were able to think out which patients fitted in to the "drug pictures" we were storing in our minds, and we were allowed to discuss later with our teachers why they chose a special drug for each patient. We learnt to know well, and to be prepared to be examined in, the poison symptoms and to find from observation of the patients, how well they responded to the drug they received. Occasionally, we had the proud achievement of seeing a drug we had been asked to suggest given and to see improvement in the patient. I particularly remember one small boy who had improved considerably on doses of *Tuberculinum*, but Dr. Wheeler said this patient had now "stuck" a bit and must have a change and asked me to suggest a drug. As the mother complained of his continuous restlessness, I suggested *Zinc*, which Dr. Wheeler prescribed on the "fidgety feet" pointer and its power to stimulate reaction to an invasion of disease. From its action I have learnt a considerable amount of the powers of special drugs to jerk the getting-well-apparatus.

Gradually it was borne in on me that I must spend the necessary five and a half years in studying medicine properly. It was a big venture for I had left school sixteen years before and would now have to Matriculate, but the Hospital here had taught me it was worth it for the sake of doing for other people what I had seen done again and again in this Hospital. All through my study of orthodox medicine, I saw nothing to shake my belief in Homœopathy, though again and again I saw much to strengthen my belief in its principles.

To go back to the point where I wanted to be a doctor: what was the aim of all the work in this Hospital? The title of my address is taken from a phrase given us several times by

Dr. Wheeler in his lectures in this course in 1912-13—"to make the getting-well-apparatus work", and that was illustrated in the *Zinc* patient of whom I told you just now. The idea has helped me not only in my own study, but again and again when trying to help a despondent patient. My work lies very largely among those who have really broken down. Roughly, one can divide them into three classes: (1) those who intend to get well and do all they can to do so, (2) those who get some special satisfaction out of being ill and who do not want to lose their special privileges, and (3) those who want to be well but who have lost their belief in their capacity for being well. It is for this last class—as well as for us as doctors—that the belief in the getting-well-apparatus is of paramount importance. Very carefully one has to go through the facts they can observe and do believe. One points out that if they knock a little bit of skin off a finger, or they cut it, they do not have to mend it. They cover it with a dressing and the finger in a few days is healed. If a leg is broken, the splint or plaster only maintains the limb in a reasonable position; the patient waits and the getting-well-apparatus works. One can often raise the patient's hopes and belief in himself and gradually the depression subsides and he finds his own apparatus has worked just as his finger or broken bone mended itself.

For us who are treating the patient, the belief in the getting-well-apparatus requires some further study. We have to be very clear in what we mean by being "well".

Some of you may have listened to Sir William Bragg's obituary broadcast on Sir Oliver Lodge. He recalled how once at a British Association meeting, Sir Oliver was asked to contribute his views to a discussion on the nature of matter. He picked up a stick and it was thought that he was just playing with it. Then he clarified the whole discussion by saying that the real crux of the problem of the nature of matter lay in the fact that when you pick up one end of the stick, the other came up too.

We want to be as sure of what we mean by being "well" as Sir Oliver Lodge was in what he meant by the nature of matter. I am quite sure that my experience before I started being a medical student made me much more interested in what we mean by being "well" than a medical student who goes straight from school to study medicine. I came here direct from five years' house property management on Miss Octavia Hill's staff and that of her successors. As you know, her desire was to provide for each tenant, the ideal landlord. We collected the rents and saw to the repairs, but our real care was of the tenants themselves, whom she taught us to serve. In my earliest days I had omitted to have a rain pipe repaired for one week, the wall of a tenement

was damp and a tenant's baby got bronchitis. I had a scathing lecture on my responsibility for that baby's illness. Another time I remember her personally asking the L.C.C. head medical officer to pull up the local authorities who were allowing a breeding place for flies under the windows of my flats. I was trained thus in the necessity of physical health for those under my care—but my work included getting waste ground made into gardens, organizing concerts, helping local dramatic societies. All this was training in treating every tenant as an individual who must be studied and known, but, above all, helped to develop body, soul and spirit to function as that particular personality should; and I gradually came to recognize how largely being well in every way was what this meant. I came on to this Hospital already trained to regard each individual as a person whose potential wellness should be as obvious as Sir Oliver Lodge's far end of his stick—something that should make the far end of the stick come up if you lifted one end—that is, unless the stick's nature be altered by illness or injury.

There are so many facts in the way we are made that are so obvious that we are liable to forget them—thus, though we expect to replace spare parts that wear out in our motor cars, we take it for granted that we only have to eat and drink whatever food our appetites and our cooks decide, for our bodies to select what materials they need and go on for years repairing themselves. We take much trouble to balance the acid—alkali proportions in our chemical factories—our bodies do it continually in every gland and cell and our bodily secretions. We put meat into our stomachs and the juices digest it but not the meat of which our stomachs are made, and we do not notice it until a gastric or duodenal ulcer occurs in one of our patients.

In the same way we watch a baby develop through all its stages of instinctive behaviour and take it for granted that that individual baby, though quite different from every other baby, develops through all its stages. Luckily for me, my training before I came to Hospital taught me to regard each individual as being a personality who should be complete and who had a wellness that could only show itself in a complete character, working perfectly through a live physical machine.

Those of you who practise Homœopathy can, therefore, imagine the joy that Dr. Wheeler and Sir John Weir's lectures were to me on the "drug pictures" of personalities whose working had gone astray and who could be put right by their own getting-well-apparatuses. The literature of Homœopathy is full of arguments as to how it should be investigated to show in how many instances its principles have worked. My betters have done this so well

that I am leaving it to them. I was convinced in 1912, and I have continued to be convinced by experience, that the principle works, and that when I get the drug picture well matched, the getting-well-apparatus receives the right stimulus and the process of repair occurs. I shall make remarks on some cases later, but I should like to return to a few stories of my early days here.

So great was our enthusiasm for drug pictures that we students among ourselves worked out our ideas for many and sundry. We studied the people in the buses and streets on our way home and we even prescribed for the lions outside the British Museum, and I still occasionally pay my respects to one whose superior air decided us on *Platinum*.

There was one occasion that my enthusiasm was so great that I prescribed for the charwoman where I lived. I knew so little about it that I gave her one dose of *Sepia* 6 and expected her to stop grumbling. The friends I lived with told me it was my fault when she gave notice a few days' later.

Another day I covered the blackboard with drug pictures in coloured chalks just before the lecturer arrived. He was kind and his only reaction was to ask for copies of the pictures. What really mattered to us was that all our teachers took it for granted that we would make a study of every patient we were going to try to help. We must let him tell all his physical ills to us and we knew the doctors would thoroughly examine him and note their findings—but, being homœopaths, they would not stop there. The patient would have certain generalities that marked him as an individual. He would show his variabilities in regard to weather, which a perfectly working machine would not do. He would have certain likes and dislikes to food, which an ordinary well person would ignore. He would be abnormally retiring or aggressive, or show what I much later learnt to regard as depression or elation. Even more remarkable is the fact that as followers of Hahnemann our teachers noticed tendencies that were usually left out in medicine—whether the patient was mean, as a *Lachesis* patient is, or cruel as some *Stramonium* ones, domineering as *Platinum*, or resentful and dwelling on grievances as in *Staphisagrea*.

Somewhere one got the glimmering of what I am trying to get at in this paper; the fact that someone perfectly well would be a perfect character, and that such a character is natural and that which the getting-well-apparatus is meant to produce.

In the meantime we tried to learn our drugs and our methods were as various as most other students'.

If you will forgive the flippancy, those of you who are building up your mental pictures of those likely to benefit by the administration of drugs may bear with a few rhymes.

You will remember that *Sepia* is called "the washerwoman's remedy".

The points one has to summarize are: usually a woman, depressed, looking on the black side of everything, oppressed by hard physical work—yellowness of face, especially across the root of the nose, dislikes her children.

The cuttlefish when swimming in the sea
Sends a cloud of gloom to hide herself from me.
This woman with the jaundice equally
Would like to hide her from her family.

In *Natrum mur.* one has to remember: worse at seaside, craves much salt, throbbing headache with spots in front of eyes and zig-zag dazzling. Irritable and worse from consolation.

This man who has arrived at Brighton Station
With throbbing head, sees stars, a constellation.
But come not near to offer consolation
His sole desire is salt to saturation.

In *Phosphorus* one wants to remember the poison symptoms suffered by those who were engaged on making *Phosphorus* matches. A tall, thin patient, rather like a matchstick—burning pain occurring in spots:

If you want to cure your malady
Get a remedy that matches.
Here matches are a remedy
For a pain in burning patches.

Pulsatilla's fair and fat
Rather like a pussy cat.
Stroke her gently, soothe her fears
Else you'll find she's soon in tears.

Platinum is proud and rude
Despises others and is haughty.
Such bad manners hide the prude
Who would otherwise be naughty.

From here I went to the University of Bristol to study medicine. As I have said, nothing I saw shook my belief in Homœopathy. I was thoroughly well grounded in the scientific method that set one's honest sifting of facts above all cherished opinions. I was

taught that I must never take anyone else's belief or discovery without knowing why I accepted it. I was taught never to believe a diagnosis of a patient unless I had verified it, or to follow a treatment unless I knew why it was given. Occasionally I was struck by something that very definitely confirmed my belief in Homœopathy or helped to elucidate the way it might act. For instance, the smallness of the dose that can have an effect seemed to me understandable in the study of the physiology of smell. We were taught that odours were chemical reactions produced by a substance, as distinct from sight and sound which were vibratory. It was pointed out to us that an animal could smell its prey at a very great distance. It therefore followed that the concentration of chemical substance in the air carried from the animal giving out the smell to the minute taste bud that received it, must be quite inconceivably small. No amount of weighing, analysing or otherwise investigating a portion of the air passing between the two animals could find the chemical matter that passed out from one and produced a very definite reaction in the other.

The action of various drugs on frogs, etc., that reversed itself in different concentrations was often accepted. It is referred to in such books as Lander Brunton's. Our lecturer in pharmacology was always sympathetic to the homœopathic point of view, and although I sometimes heard it sneered at by others who were people who made a habit of sneering at what they had not investigated, on the whole, there was far less of the bigoted condemnation at Bristol than I have met elsewhere. This was partly due to the fact that a good many members of the Bodman family have passed through the medical school, and they have remained as faithful members of the medical fraternity. There is less medical sectarianism there.

This brings me to another point. Hahnemann was an original thinker and his beliefs, like those of Lister, which were scorned by the orthodox of his day, but after a time accepted. It was partly the effect of Homœopathy coming so much earlier than the many systems of treatment that have come since that it has been so much persecuted, but I think we can do something by refusing to let it be a cult, as far as we possibly can. By all means let us specialize in the way of being surgeons, physicians, gynæcologists, and psychiatrists, but the prescriptions we write for our patients should be our own affair, governed only by the duty we have to each patient to do everything we can to get him well—that is, to enable his getting-well-apparatus to work and to continue to work until he is well.

How are we to judge if he is ill and when he is well? One

method of starting this study is to follow the orthodox method in psychological study of behaviour—to observe, to introspect and then to experiment, to judge if one's observations and deductions are correct.

Thus you observe someone drop a brick on his foot and he shows distress by giving vocal expression to it. You study your own behaviour in the past in similar accidents and realize that it has produced the same vocal expression of distress, and in order to convince yourself that the facts of your observation are true, you can make the volitional experiment of dropping a brick again on any number of toes to see if it produces the same vocal expression.

We can then begin our study of what being well means by observation. We can observe the looks of each individual we come across, the build, posture, colour and texture of skin, the condition of the hair. We make a complete picture in our minds of that individual; we then introspect—we look at all our gallery of recorded pictures of individuals. We are helped by our memory of our experiences of our own feelings. In simple cases we can carry through quickly the experiment to complete our study of illness. Thus, if I am standing in a crowd on a hot day and I observe that the woman next to me suddenly becomes pale and sways a little, I introspect and review rapidly my experiences, which include my own feelings of crowd and hot sun, and I experiment in giving the right treatment for fainting. If I am right in my diagnosis or belief, it proves itself in time by her recovering her colour and becoming once more "well". So we learn by studying all the symptoms of illness and after many months of study our stored mental pictures become a large gallery. Many of these are auditory images; the stored-up memories of chests we have percussed, of joints we have heard grating, and of peristaltic movements, of the difference of babies' cries when starved or in pain. There are the memories of touch; the roughness and dryness of skin, the crepitus of a fracture. We build it all up and sort our observations again by introspection and by combining our memories of sight, hearing, feeling and smell, till definite composite pictures are built up of the patient who has pneumonia, acute appendicitis, myxœdema, or a fracture. Each observation and introspection is followed by experiment to confirm our observations till diagnosis is complete—but in passing we must note that we have arrived at what we mean by illness—we have not reached what we mean by being well.

Trying again in the sphere of mental illness, we find the task just as difficult, and complete mental "well-ness" is almost

more difficult to describe. There is no wise psychiatrist who is willing to give a certificate that anyone is of completely sound mind without safeguards such as "at the time of my examination I found no symptoms of unsoundness of mind". It is much easier to record the mental abnormalities of all one's patients who are physically or otherwise ill, but complete recovery is very difficult to gauge.

It is here that Hahnemann's teaching again helps us, for he depends so greatly on the second stage in study. His observation of patients is excellent, but still greater is this study of the results of his own and other people's (his provers') symptoms. We get from them a much clearer picture of what well-ness is, for he has gone on scientifically to the third stage—to experiment by dropping the brick on his own or someone else's toe to see if the result is the same.

Take his study of *Sepia*—the *Sepia* painter whose appearance and accompanying ill health he noted. The man was in the habit of sucking his brushes and was, therefore, likely to be suffering from *Sepia* poisoning. Hahnemann could only be satisfied when he had proved *Sepia* and produced the same symptoms in someone else, and had watched the prover recover when not taking *Sepia*. He then would have gone on to finding someone with these symptoms who was not taking *Sepia* and found that he recovered on being treated with *Sepia*. The recovered prover and the recovered patient treated with *Sepia* should both be good specimens to help us in our study of what "being well" is.

Ordinary experience teaches us that a child that is cross is not well, either physically or mentally, but recovery may be very quick if the physical requirement is only the need of the next meal. I have living with me, on account of her age, an old lady of 87. At the beginning of her mid-day meal, every day, she is melancholic. She sits down with a flop in her chair and every day the same treatment is given her—a good meal, by the end of which she is mildly manic, except for which condition I should regard her as recovered and well from the symptoms she shows each day when hungry. She is for her age in good health, with a getting-well-apparatus that works excellently. One often sees someone recover from illness quite as simply. When we realize the extremely delicate chemical balance that goes on mechanically all our lives, there is not much to be wondered at in that her temporary mental distress passes off by the supply of some needed chemical constituent in her food. When we think of the way in which our blood supplies alkaline pyalin, then the acid in the stomach, and alkali in the duodenum and the acid alkali balance restores itself automatically in the blood serum, we realize

what excellent machinery it is—again, in the serum that slips through the capillaries into the tissues and bathes each individual cell that lives as a complete unit, refusing poison and absorbing what it wants, we see how easily the balance can be tipped towards well or ill nourishment. When we realize that these digestive processes are governed by electrical impulses and that electrical action of nerves governs secretions and hormones, we realize that all mentality depends for its efficient action on chemical adjustments. We can realize then how easily our tempers, moods, and emotional phases can be governed by those little traces of chemical adjustments in the cells that can be accepted by them as food or resisted by them as poisons, so that through the whole organism, the well-ness and illness is dependent on some very small “tip of the balance”.

Again, the whole of our mentality works through our primitive emotions. The sight, smell or hearing connected with food influences our secretions and produces or increases hunger, altering the distribution of the chemicals of the body, and these emotions go on acting till some other emotion of curiosity drives us to a book or to listen to the wireless, either of which may change all our secretions again, according to the instincts that the book or the radio arouse.

It, therefore, seems quite reasonable to me that a homœopathic drug, carefully chosen, should alter the working of a patient's mind in much the same way as food alters the mentality of the old lady before and after her dinner. If she had other symptoms of illness, it would be worth while taking this characteristic of irritability before a meal into general consideration in judging her drug picture. Kent gives *Phosphorus* in irritability before dinner and *Mag. mur.* in depression before a meal, but as she is otherwise well, one can leave her constitution to choose out its own supplies that it wants from the food she gets as a whole.

We come then to the point that it is for each of us to decide what each patient's treatment should be—and all of us, looking back over our experience, realize how often we have done something for them that later experience would have altered.

After qualifying, my first job was that of a house surgeon in a country hospital, and much of my prescribing had to be on orthodox lines, but there was always the homœopathic knowledge behind it, and many of the surgical patients had *T. Arnica* in minim doses out of the dispensary. Onion porridge became routine treatment for early cases of influenza that came up to casualty and had to be sent home to treat themselves, with *Allium cepa* well stored in my mind.

I specialized in mental hospital work for the next ten years

and was allowed to do my own dispensing. High potencies I used as I liked and felt useful, and I was allowed to get a few investigations done of non-lactose Fermenters with good results. Low potencies I usually gave from official tinctures—often especially minim doses of *T. Hyoscyamus* and of *Cannabis indica*.

For the last eleven years, I have had my own patients to treat as I like. I find that in the last three years 290 resident patients for whom I have prescribed have had homœopathic treatment and 35 not, but of these 35, several have only been in for a very few days and, would have had it if they had been in long enough for a drug to be fitted to their case. We do not take certified cases and, naturally, a certain number of people, although ill, being left to chose, regard themselves as not being ill and go home again. Again, a few are much too disturbed to be suitable cases and have to be sent on within the first few days, occasionally the first few hours, to be treated where they can have the liberty they need to be noisy or very restless.

Many of those treated homœopathically have had much other treatment. It is, in my opinion, very often necessary to give barbiturates to induce sleep on arrival. One can regard this in the same light as giving an anæsthetic when an operation is needed. Exhaustion from lack of sleep and food is as much an emergency as a surgical condition, and patients are often too far gone before being sent to a nursing home to risk waiting, though occasionally one can get quick results by *Aconite*, *Camphor*, *Cannabis indica*, *Veratrum*, or *Belladonna*, if definitely indicated. Paraldehyde, I have often wished to get properly proved. It is extraordinarily useful from the anæsthetic point of view, but it definitely produces wild excitement in some patients, while others do excellently on the washings of a bottle that has held the usual dilute mixture. The comfort of other patients also necessitates the use of barbiturates to some extent, but the patient must be studied and the drug picture watched for as soon as possible. A large number of patients come in suffering from various forms of deprivation symptoms, particularly of vitamin B—others have been seriously starved of mineral constituents and need these in high concentration. All patients receive very definite occupational therapy, living carefully by timetable so that physical exercise and definitely supervised practice in muscle relaxation is included, while at least two hours of suitably prescribed work in the form of crafts, housework, or social work outside the house is insisted upon as the patient progresses. This provides plenty of opportunity to study the patient as a whole and to prescribe on the totality of the symptoms. Curiously enough, it is sometimes more difficult to grasp the picture of a patient with whom one

lives and sees at all meals than the out-patients one sees for a few minutes. One depends too much on one's analysis of the case, and too little on one's intuition and rapid summing up. I expect my colleagues will agree in this, for the out-patient is showing himself in his normal life of daily work, while the patient who has really broken down, has many broken pictures showing themselves, and one has to judge by these contradictory fragments and choose what to put together to obtain the totality of symptoms. One's difficulty is added to by the number of actual symptoms of drugs that the patient has been having. This, of course, specially applies to Bromides. It is extraordinarily depressing to see the amount of Pot. Brom. that still gets prescribed to slow down the mentality of a patient who is suffering from a conflict that needs clear thinking to talk over, while actual bromide delirium has provided several cases that have had to come in. There is a peculiarly pernicious mixture of Pot. Brom. and Chloral that is popular among hospital housemen which produces a patient with hallucinations of little animals running about on the bed quilt.

However, when the patient can be investigated there are several classes of drugs which show their pictures and are helpful. As I have said, *Hyoscyamus*, as one would expect, is one of the most useful in acute excitement, often the 3x given many times a day. I usually find that in such cases it is best to have it in a tumbler of water and let the nurses give it whenever the patient is excited, without waiting for it to be four-hourly or three-hourly or at any special times. *Cannabis indica* does better for the acutely hallucinated patients, and fairly often one finds that a certain spiteful tendency does best with *Stramonium*—(the tendency to bite comes out in patients oftener than one expects and reminds one that I have found *Stramonium* useful on two occasions for dogs who had got unexpectedly snappish by emotional upsets). One case of acute mania, a foreign girl who had been taken ill while attending an international conference in England, did particularly well on *Stramonium* prescribed because of her quarrelsome abusiveness, and she showed herself a particularly charming and grateful patient on her recovery.

We all regard *Anarcadium* as an interesting drug owing to its drug picture of obsessional desire to swear. There is always a conflict in its patients and a good result can be expected with the right type of case, particularly with the patient who is really unhappy about the double-mindedness. The toxic confusions require many different drugs, but nearly always need detoxication by colonic irrigation especially if given with an emulsion

of linseed oil. The patient may then show more special symptoms of behaviour that may guide one to the drug. *Baptisia* has occasionally done well in the hallucinated cases, but the divided personality even when acute does not always improve with it. The whole question of intestinal infection is too big to go into now. One may need to investigate the colonic flora, and follow out the work of Drs. Wheeler and Bach, and that of Dr. Paterson. Auto-vaccines and nosodes are very useful. The intestinal infections in younger people seem to pass over to the arterio-sclerotic in older people, several of whom have given dramatic results on single doses of *Secale*, and have shown great mental improvement. I have lately tried potentized *Tyrosine* with something of the same result as *Secale*. Nelson has made a 30 potency for me and also one of *Histamine*, which appears to have a good effect on some of the cases of adolescent confusion that I have had to treat. Histamine poisoning has had considerable notice in medical literature of late, and it seems reasonable to use organic poisons such as this and Tyrosine that are always occurring in the body and being dealt with by the cells. People seem to vary in their capacity for dealing with them and it seems reasonable to try the effect of small doses to stir up the cells to deal with a poison that they may either get used to tolerating, or lose the power of dealing with. It would seem reasonable too to prove such other newly discovered body substances such as Insulin and some of the liver extracts. *Adrenalin* 30, I have found quite useful in people suffering from chronic fear, and Dr. Wheeler taught us to look out for Thyroid derangements where the patient would do best on *Thyroid* 30.

It is not good for one that there are many patients whom one has to accept as being incapable of recovery and who have to remain permanently under care, but they may still be helped considerably and kept from degenerating further.

I have done nothing directly with so-called shock treatment. Some very good work was done by Dr. G. de M. Rudolf on some of the patients in my home with doses of Insulin and Histamine, the Insulin being always far below the amount necessary for producing shock, and I regarded the Histamine as being Homœopathic. The Burden Institute is getting some excellent results in electric shock treatment and its relationship to Homœopathy is interesting. A shock sufficiently strong would kill the patient—one less would produce the many symptoms of serious electric shock—but attenuated to the extremely mild current given for an infinitesimal time, the result is recovery. I so hate to see a fit produced in a patient who, a moment before is able to walk and talk, that my maternal instinct has prevented my providing it—yet, I feel

that something of the kind is what is needed to jerk the getting-well-apparatus jogged—but a generalized shock seems terribly unspecific as compared with a drug action on the cells given by internal use—but we have not got there yet—possibly we shall get it by some form of ionization. Shock treatment was instituted first for schizophrenia and produced an integration of personality in those patients that improved under it, but the Burden Institute reports some of its best results in melancholia, where recovery would be expected to occur in any case, but where it occurs much earlier. I have seen such a result once or twice after a dose of *Aurum*, but its exact picture is not common in typical melancholia. It does best for depressed patients who have insight and are without delusions of wickedness.

Several cases did well on *Natrum mur.* given for the symptoms of "ailments from grief and disappointments". Sir John Weir, in his lecture on *Natrum mur.* gave examples of those who had not recovered from unhappy love affairs. When one remembers that with this drug there is solitariness and a great objection to consolation, one realizes that they are just the people who not only suffer in silence without the help of confiding their sorrows to wise friends, but they are also liable not to allow themselves the usual consolation of falling in love with someone else instead. They are seclusive people who go on for years bottling up their troubles and who, therefore, break down after several years of striving to keep up. This bottling up occurs also in the *Ambra grisea* people, but they are generally too shy to get as far as having a real love affair to grieve over. They need watching for among married women, however, whose sex life has been a failure.

All these cases bring one to the use of Homœopathy in conjunction with psychotherapy, as when the patient really unravels her troubles, one sees far more what symptoms and characteristics her personality shows—and one realizes how closely one is aiming at the same result with both methods.

Especially in psychotherapy, one is finding out what the real personality should be. There are two object lessons with which my consulting room is provided—one is a very beautiful cedar outside its window—the other is Eric Gill's woodcut of Christ and His Church, a very beautiful drawing of a man and woman in close embrace. Many patients have to be shown both. The worried people who are always trying to be something different from their nature have to realize how well the cedar has managed by just being itself. The Eric Gill is needed for the many other women who have even in these days been brought up to think that sex is wrong. When their complexes come out, one can help them not only by enabling them to see the goodness of the

way they are made, but also by finding the drug that in its proving shows those very repressions that are troubling them. Gradually then, one comes to the point that one sees the personality emerge—that the getting-well-apparatus is producing, and one sees that it is meant to be good.

I was still not satisfied in my grasp of what I meant by being well, and how I could clarify it for this paper. People vary so tremendously in their make-up and their mental capacity. One can have the contrast of the radiantly-well dairy maid who gets through her work of many hours with seemingly no fatigue who sleeps all night and whose mentality shows complete stability, though her intellectual attainments are not high yet she is by all consent perfectly well. Or there is an actress, rehearsing all day and acting far into the night, reading, writing, addressing meetings, snatching a meal when she can, always ready for wise converse, but never chattering—she also is well. Or, the old man, retired after years of strenuous intellectual work, with all his life's labours well done, with mind keen for any new problem, though his capacity for long days is over and he likes a long night, no problem of what he eats, nor thought of pains of any kind, all these people perfectly well, but with entirely different standards of their well being.

I wanted some description to cover them all. While I thought this out one Sunday morning, there came on the wireless programme the parable of the Sower and I found what I wanted. It so often happens that one can find an illustration from some simpler part of nature than the human being. The greatest of our physicians must have been thinking out this problem very often when He was enabling His patients to get well. In the parable of the Sower, one sees the final result of the perfect field of corn, as we have seen it in the wonderful harvest of this year—golden fields of perfect corn, with no sign of diseases anywhere, no thin places where the seed had failed, the corn stalks neither stunted by drought nor drawn up tall by lack of early sun—a glorious sight of perfect physical health—and then the description followed that this was the fruit, some 30, some 60, some 100 fold—but all attaining to what its nature entailed—a simile of what each of us as doctors strive for in our patients. We all have patients whose upbringing has been that of the stony ground—whose nourishment has been scanty or the wrong kind—or has lacked essential minerals and vitamins—and whose resistance has been lowered to all the diseases that have their counterpart in those that would have attacked the growing corn. We meet the patient whose natural growth has been choked by thorns and thistles of suppression and who has had no opportunities for full

development. We see those whom contagious disease, like the fowls of the air, has plucked away all chance of health. But we do find those who attain perfect health physically.

But perfect health means even more and we get it in the final requirement—those which in “honest and good heart” seek out what they are meant to be. They bring forth fruit with patience and do reach perfection.

This gives us at last the key to what we need for our patients to be in perfect health—without it something corresponding to the perfection of the ripe corn is missing—and here it seems to me that Hahnemann again gives us something that few writers on ordinary medicine give us, though a good many modern writers on psychiatry do—that fact that perfect health in man necessitates a perfect character. Every drug picture of Homœopathy reveals flaws of character and gives the reverse of what the perfect character should be. It is when we think of the patient as a complete character that we can appreciate the points at which the character fails when the patient is ill, and will recover when the getting-well-apparatus has worked. This is again a fact of our observation.

Yet one thought—for ourselves. Corn is poor stuff in spite of all its beauty if put into a vase to be looked at. The perfection of it lies in its feeding others or being sown to produce more fruit. The best work of our getting-well-apparatuses is to ensure that we use every bit of ourselves for the good of humanity and we are at our highest point of being well when we come off our corn stalks and are either used up for other people or lose ourselves in the service of the next generation.

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