# "THE CHRONIC MIASMS IN PRESCRIBING."

By ELIZABETH M. J. PATERSON, M.B., Ch.B., D.P.H.

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To Hahnemann is due the credit of first having recognized the existence of psora, sycosis, and syphilis as chronic miasms. In his volume entitled "Chronic Diseases" he deals with the relation of miasms to disease.

Throughout the literature since that time, various interpretations have been given to the word "miasm," such as emanation, poison, infection, microbe, invisible potentiality, diathesis, taint, soil, deranged vital force, and dynamic unbalance.

Hahnemann recognized a miasm as a disorderly state of the whole living organism, to which he ascribes the disease conditions which supervene.

These conditions, being confined within certain limits, can be classified under the three headings of psora, sycosis, and syphilis, each of which has its own stamp or individuality.

In Hahnemann's description of symptoms, the psoric so far outnumber the sycotic and the syphilitic that one is left with the impression that the latter are of comparatively minor importance. This, indeed, was Hahnemann's view, as he ascribed seven-eighths of chronic disease to psora and the remaining eighth to sycosis and syphilis combined.

However, on examination of the symptoms given by Hahnemann under the heading of psora we should be inclined to include some of them rather under sycosis and syphilis.

Concerning the symptoms of the chronic basic miasms, most writers are somewhat vague, except perhaps J. H. Allen, who gives considerable detail in his two volumes, "The Chronic Miasms." Whereas Hahnemann ascribes the majority of symptoms to psora, Allen ascribes the majority to sycosis, and while one may not entirely agree with Allen's views, he certainly provides much helpful information and food for thought.

Kent, also, throughout his writings, gives many

scattered symptoms which, when added to those of other writers, help us to form a picture of the chronic miasms.

After describing the miasms, Hahnemann goes on to detail what he calls the antipsoric remedies, under which heading he includes practically the whole of his Materia Medica Pura. Nitric acid is not only included in this list, but is mentioned as the remedy to be used with thuja in the treatment of sycosis. Of other antisycotic remedies Hahnemann has nothing to say.

Similarly, in syphilis he mentions mercury as the remedy of choice, but gives no information of other remedies for this type of case.

Since Hahnemann's time, subsequent writers of works on homœopathic materia medica continue to label certain remedies as antipsoric, antisycotic and antisyphilitic, without giving any clear idea of what is meant by these terms.

Hahnemann recognized as antipsoric those remedies which are most similar to, and therefore act best in, psora, and we must presume that later writers also indicate these properties when using the term. Antisycotic and antisyphilitic remedies are, by analogy, most suited to sycotic and syphilitic states respectively.

"Polychrest" is another term which is used, and by which is indicated a remedy which has in its provings outstanding symptoms of more than one miasm.

Let us now try to outline a picture of each of these chronic miasms, in order that by comparing them with the drug pictures given in our materia medica we may *demonstrate* how the characteristics of the miasm reappear in the simillimum.

First of all, let us consider *pure psora* (Hahnemann, as already noted, includes symptoms which we should include under other miasms). Gould's Medical Dictionary defines psora as scabies or the itch, and while we are not here going to enter into discussion regarding the origin of psora from scabies, there still remains the outstanding characteristic of psora, namely "itching."

*Skin.*—The skin is itchy, hot and burning, either with or without eruptions. Itching is relieved by scratching, which is followed by burning and smarting. This is worse in the evening, especially in heat of bed. There is a dry, rough appearance of the skin which makes it look dirty, but which is nevertheless made worse by washing.



Papular eruptions may be present, more rarely vesicular or pustular, and scales and crusts are thin and fine, never thick and heavy.

*The face* may be pale, but the lips, like other mucous membranes, are very red. Hot flushes are particularly common.

*Special sense organs* are not typically affected in psora; congestive conditions may lead to epistaxis and noises in the ears. Itching and heat, with dryness and redness, may occur on the eyelids and in the auditory meatus. In the mouth bitter, sweet and sour *tastes* are recorded, but a burnt taste is the only characteristic one.

*Hair* is dry, lustreless and brittle, with seldom any sweating of the head. Frequently there is much itching of the scalp. There is, however, little desire for heat about the head, the patient preferring to have the head uncovered.

Often there is constant chilliness in these cases, but little or no sweating, which, if it occurs at all, relieves the patient.

*Mentally* these patients are active, but are self-centred, hypochondriac, changeable and moody. Commonly they are morose, lazy and apathetic. They are sensitive to outside impressions, such as noises and odours, and faint easily with excitement. With the moodiness and depression they may be subject to hysteria, fits of passion, tremble and weep, or they may be the chronic complainers who feel they will never get well.

*Vertigo* is common and occurs at all times and in all circumstances, accompanied or not by nausea. Vertigo and nausea in boat, train, or carriage is characteristic.

*Headaches* are usually complained of immediately on waking in the morning; they increase towards noon, when they reach their height, then decrease towards evening. They are of severe congestive type, usually frontal or temporal. Frequently they are periodic and occur once per week or once per month, with bilious attacks, nausea and vomiting.

The pain is generally relieved by hot applications, quiet, rest, and sleep.

*Appetite* may be absent or ravenous, and occur at unusual times, frequently between meals or at night.

Appetite may be small while thirst is great. In the old Scot's saying, they are "worse to water than corn."

Craving for sweets is a typical psoric symptom, and the patient whether young or old can never get enough of them.

Rich, much seasoned, and fried foods are greatly desired, and frequently lead to bilious attacks or diarrhœa.

Bloating and drowsiness after meals is typical of psora—the drowsiness being overwhelming. *Diarrhœa* may also follow fright or grief, and is accompanied by colicky pains which are better from hot drinks or hot applications. *Constipation* is frequent, the desire for stool being absent, and the motion hard dry balls, as if burnt.

Itching, creeping, and crawling in the rectum may be present, either with or without worms. *Dysmenorrhœa* may occur, but is not characteristic of psora; clots are usually small and leucorrhœa bland.

*Respiratory tract* affections are of congestive type, e.g. bronchitis and pneumonia, the latter being usually lobar in type. *Cough* is dry, teasing, spasmodic, with little expectoration, and is usually worse in the morning.

*Extremities.*—The hands and feet are often cold, and there is much tingling and numbness in the limbs, which easily become weary, especially with standing; the patient can walk well but cannot stand well.

In spite of the coldness of the hands and feet, they may become extremely hot, dry, and burning, especially in the palms and soles. This is most marked at night, and may force the patient to put the feet from under the covers to cool them off.

Chilblains are common, and burn and itch. There is often a very disagreeable odour from the feet.

Limb pains, like the headache, are better from heat, rest, and quiet; and worse from motion.

Such, then, is the general picture of *Psora*, with which let us compare the picture of

## Sycosis.

Sycoma has been defined as a warty excrescence and sycosis as the fig-wart disease.

While we now understand much more than that in this condition, the signature of the disease is still the warty growths. *The skin* is oily, greasy, and sallow, or of a peculiar waxy greenish hue. In extreme cases a general puffiness or doughiness may be found.



Blemishes on the skin are frequent, and may appear as little red polka dots or sycotic moles, spider spots, nævi, or brown patches.

Red moles are frequent on neck, chest, and trunk.

In sycosis, vesicular eruptions are characteristic, and may become pustular, as in herpes, impetigo, and vaccinia. Itching is usually absent in these cases.

Warts of all kinds and in all situations are typically sycotic. They may be pigmented, disseminated, unilateral or in groups.

Tinea barbæ and tinea circumscripta, the latter leading to bald spots on the scalp, are due to this miasm only. *Nails* are usually thick and ridged. *Perspiration* is frequently profuse, both day and night, on scalp, trunk, and genitals. The odour may be musty or fishy.

The perspiration does not relieve the patient. These patients are usually *chilly* and sensitive to cold and damp, but despite this fact, children frequently kick off all the covers at night.

*The mental states of sycosis* are related chiefly to meninges, hence convulsions and epileptiform seizures are common.

The patient is nervous, excitable, irritable, emotional, and easily startled by noises.

There is constantly a state of hypertension and over-anxiousness; fear of what may happen, also fear of being alone. Memory gradually fails, and there is confusion and forgetfulness.

These conditions are always worse before change of weather, or approach of thunderstorm, and are noticeably present with the pains. *Headaches* are frontal, occipital or on vertex, and are worse from barometric changes and moisture of atmosphere.

Heat does not always relieve the pain; motion frequently does.

*Special Senses.*—Eyes: Ophthalmia with profuse purulent greenish discharge may occur; also corneal ulcer and iritis. Ears: Otitis media of a chronic type with purulent discharge is often of sycotic origin. Nose: The nose shares in the general catarrhal state of the miasm, acute or chronic catarrh being practically constant. Acute coryza with sneezing and copious watery excoriating discharge is followed by, or replaced by, stuffy catarrh after the least exposure to cold.

*Digestive.*—Appetite is usually capricious, and frequently entirely absent in the morning.

Indigestion after food is a frequent complaint, and fruit in particular seems to upset some of these patients. With infants, even the mother's milk may upset, and one finds a new-born infant screaming and squirming, with the legs drawn up on the abdomen. This continues for hours unless relieved. Milk foods in general disagree with these infants, consequently feeding is very difficult. The *stomach pains* are crampy, colicky, paroxysmal, and are relieved by pressure, lying on the abdomen, motion, or rocking.

Vomiting may occur, and both the child and the vomitus smell sour.

The child does not want to be left alone, but wants to be carried or rocked.

*Diarrhœa* is one of the outstandin features of sycosis, an may follow trivial causes such as any indiscretion in diet or a wetting.

The *stool* is forcibly ejected with much pain and noise; smells sour, and is acid and corrosive. The colour and consistency are not characteristic, and may be watery, white, green, or yellow.

The type of *colic* is extremely severe, spasmodic, paroxysmal, and is relieved by hard pressure, such as bending over the back of a chair, and is accompanied by much restlessness.

J. H. Allen says appendicitis is largely dependent on the sycotic miasm.

Stitching pains, especially in rectum and vagina, may occur. Pruritus ani and vulvæ when present are very severe.

*Umbilicus* and *rectum* may be the site of ulceration with a thin watery discharge.

When *hæmorrhoids* are present, they are characterized by intense pruritus. The *urine*, like the stool, is so acrid that great care is necessary to prevent excoriation about the perineum.

Pain on passing urine may be so extreme as to cause children to scream.

*Kidney* involvement may be found in markedly sycotic cases, leading to dropsies, &c.

Sycosis characteristically affects the whole *pelvic cavity* leading to any or all of the following conditions: metritis, para- and endo-metritis, salpingitis, ovaritis, &c.



This leads to extreme *dysmenorrhœa* with the type of pain already detailed under colic.

The flow may occur only with the pains, and is usually offensive, acrid, and excoriating. Typically, it contains large, dark, stringy clots. *Leucorrhœa* is also acrid, thin, scanty, and of a typical fishy odour.

One of the chief differences between psora and sycosis is here exemplified. Psora seldom produces pathological states, being more functional in its effects, while sycosis is rapid in action and produces pathological results more rapidly even than syphilis.

*The extremities* exemplify the tendency of the miasm to affect fibrous tissue. Shooting and tearing pains occur in the muscles and joints of the extremities, accompanied by stiffness and soreness, especially lameness. Small joints are frequently selected, such as the finger joints, the forefinger being a common seat of election.

The soles of the feet are painful and tender, and the patient may complain of the sensation of walking on cobbles. These pains are worse from rest as the affected parts stiffen up, so that while the pains are relieved by motion they are very much aggravated on beginning to move. These pains, like most other sycotic conditions, are worse from cold, barometric changes, especially damp, and better in dry fair weather and from motion. They may be worse at night or in the morning. The general restlessness of the miasm is seen particularly in the feet, and may even be exaggerated to choreiform movements.

Chronic joint inflammation is never grossly deforming, as it attacks the fibrous tissues in and around the joints. In pursuance of this tendency to affect fibrous tissue, nerve sheaths and muscle tendons may be affected.

In acute articular rheumatism the joints are swollen, blue and sensitive, and the inflammation may move from joint to joint.

The *respiratory tract* is much involved in the general catarrhal state of mucous membranes, which show a typical patchy bluish congestion. The whole tract is frequently involved, nasal catarrh being followed by bronchitis, accompanied by a hard, dry, racking cough. Bronchopneumonia is a frequent and typical complaint.

*Asthma* is a purely sycotic manifestation, especially

the humid type which is hereditary. There is prolonged teasing cough with little expectoration, which may be clear mucus or ropy. Time aggravation of asthma and cough is frequently 2 to 3 a.m.

*Endo- and peri-cardium* may be involved and lead to sudden death, with no pain and few symptoms. Pain may be present in the scapular and præcordial regions.

There is one other disease which is capable of attacking all these tissues susceptible to attack under sycosis, and that disease is *influenza*, which is one of the outstanding sycotic affections.

In sycosis, in contrast to the tubercular diathesis, there is an increase in the amount of chalk deposited which leads to nodules round joints and in muscle sheaths.

With the general outline of sycosis let us compare the manifestation of the *syphilitic miasm*. The dictionary defines syphilis as a chronic infectious venereal disease which may be hereditary, but describes also syphilis insontium as non-venereal syphilis.

Kent, in his lesser writings, says of syphilis: "It is not in my department to give you its history or its diagnostic relations, but only to consider it as a miasm" (L. R., . 367).

In its miasmatic manifestations let us now consider

## Syphilis.

*The face* is ashy grey, wizened and wrinkled, giving in children the typical "old man" appearance.

*The head* is large and bossy (soft) with an oily scalp, which may have thick, moist, heavy yellow crusts on it.

In the *eyes* we find many characters of the miasm, *keratitis* being the typical affection, which usually occurs between the ages of 7 and 21 years.

*Iritis* also is of frequent occurrence, as at least 50 per cent. of the cases of this condition have behind them the syphilitic miasm. An infant aged 6 to 9 months may show signs of iritis. Syphilitic iritis is usually bilateral. The pain is like other syphilitic pains, worse at night, especially between 2 a.m. and 5 a.m.

*Ulceration* of the cornea may occur with marked photophobia, but is not so common as in the tuberculous diathesis.

Ptosis and ciliary neuralgias are frequent manifestations.



The bones of the *nose* are often destroyed, which results in the typical sunken bridge in children. Eyebrows and eyelashes may fall out. In adults, the sense of smell may be lost. Nasal catarrh is frequent; acute coryza with fluent, acrid discharge or chronic catarrh with discharge which is dark, thick, and leads to the formation of clinkers. The discharge is not always offensive. In the *mouth* we find deep fissures at the angles or in the middle of the lips. Moist ulceration and mucous patches are common on tongue, gums, palate and tonsils, giving the characteristic snail-track appearance.

Dentition is troublesome; diarrhœa and convulsions being frequent accompaniments. Hutchinson's peg teeth are known to all. A metallic taste in the mouth always suggests syphilis. Enlargement of the *cervical glands*, most often those in the posterior triangle and behind the ear, is seldom absent in this miasm.

The *skin* lesions in syphilis are polymorphic, copper or raw-ham coloured, symmetrical, and devoid of pain or itching. Scales and crusts, when present, tend to be thick and heavy, as in rupia. Pearly papules and leukoplakia carry the stamp of the miasm. Onychia, paronychia, and dactylitis also tell their own tale.

The view of Norman Walker expressed in his volume "An Introduction to Dermatology" that condylomata about the anus and genitals are of syphilitic origin, seems to support the opinion expressed by J. H. Allen, who says both sycosis and syphilis must be present before these cauliflower-like excrescences appear, for, as already noted, all warts are of sycotic origin.

The *syphilitic miasm* leads to a dull, heavy *mentality* in which the sufferer is sullen and obstinate. He is depressed, but tells nobody of his troubles, as he is mistrustful. Depression may be so intense as to lead to suicide. Anxiety at night is so marked that the syphilitic dreads the night.

*Headaches* are basilar, dull, constant, and may persist for days. These may be due to effusion. The pain becomes worse towards evening; increases till midnight, and eases off towards morning. Lying down and heat both aggravate, while cold usually alleviates the pain. The pain may be so severe that a child knocks its head against the sides of the cot or with its hands.

*The digestive and alimentary* systems are not characteristically affected, but marasmic children may develop sudden attacks of severe vomiting and purging which may be fatal in twenty-four hours unless checked.

*Extremities*, both upper and lower, are typical sites of bone pains, which may or may not be accompanied by thickening and deformity. Ulceration of the long bones frequently follows, ulcer in the upper third of the tibia being diagnostic. The bone pains are like the head pains—worse at night, and ameliorated by cold.

*Laryngeal* affections are the chief of the manifestations of the miasm in the respiratory system, and may be functional or destructive.

This brief survey of the miasm of syphilis brings to mind the miasm of *tubercle* which is in many ways very similar. This fact is acknowledged by all schools of medicine, sometimes the difficulty of distinguishing their products being extreme.

J. H. Allen in his book on "Psora and Pseudo-psora" ascribes to a mixture of psora and syphilis the miasm scrofula, and Osler has said that scrofula is *tubercle*.

Is it surprising then that the miasm of tubercle contains symptoms of more than one miasm, and that it is of deadly significance, always predisposing to extremes? This is seen particularly in the acute exanthemata, where the attack is always severe, and tends to be followed by secondary complications.

It is not included by Hahnemann in his triad of chronic basic miasms, but its presence is so widespread that it may not be out of place to include it here as one of the basic constitutional derangements.

Here, however, one may add also that no claim is made that these miasms dealt with complete the list of chronic miasms, but it is hoped that sufficient evidence has been put forward to show that their presence is no mean factor in the diseases and disorders with which we have daily to deal.

Let us now proceed to outline the *miasm of tubercle*. The patient is either too fat or too thin, too dull or too active, and always too tired. Muscle and fat predominate, tissues are lax, and bones soft and rickety. There is deficiency in chalk and silicates, and nails are brittle, frequently with white spots or excessive curves, concave or with clubbing of the finger ends.



These patients are constantly chilly, susceptible to the least cold, yet upset by extreme heat. Feet and hands are cold and clammy. *The face* is typically pale with a clear, watery, bluish tint; bright eyes with long lashes, and high cheek bones which may show the typical malar flush.

*The lips* are frequently bright red, but may be congested and blue. *Perspiration* is free about the face, head, and upper part of the body. The odour may be offensive, especially that of the feet. Catarrhal affections of the *nose* frequently occur, either acute or chronic, the latter with thick yellow discharge, which may smell of old cheese.

*Eye* conditions are frequently found; the most characteristic of which is phlyctenular ulcer with intense photophobia.

*Ear* affections are common after the slightest exposure to cold, and the child wakens screaming during the night. The discharge, here as elsewhere, may smell like old cheese.

Cracks behind the ears frequently occur. *Lymphatic tissue* is typically affected all over the body—tonsils and adenoids, cervical glands, mesenteric glands, all become enlarged. *Skin lesions* are multiform and generally free from itch. Ringworm, purpura, erythema nodosum, and eczema may all occur.

*Bony tissues* are markedly affected, the spine and long bones, especially near joints, being the seats of election. *Tubercular headaches* are very severe, frequently periodic, or are brought on by an excitement or strain. Heat, rest and quiet ameliorate the pains, as does eating. They are usually frontal or temporal.

The *mental symptoms* are pronounced in children who are often wilful, stubborn, positive, and tempery, and may also be destructive. They may be weepy and full of fears and dreads; fear of animals being marked. Night terrors also are of common occurrence. Children do not want to be carried, as in sycosis; they prefer not to be touched.

Older patients may be hopeful in outlook, even with marked constitutional disturbance. Hysteria may occur, and is generally a danger signal. Epilepsy may develop at, or about, puberty.

In the *digestive system* we often find ravenous appetite,

especially for indigestible things, such as chalk, pencils, and craving for meat is common. Salt is much desired and much needed. Sudden attacks of vomiting and diarrhœa may follow any chill, error in diet, and teething. Stools may be clay-coloured, and contain blood and mucus. Intestinal parasites are of common occurrence. *Bladder* and kidney involvement frequently leads to enuresis. Diabetes frequently has a tubercular basis. In the *genital* system the menses are exhausting, frequent, profuse, and may be accompanied by nausea, fainting or hysterical symptoms. *Leucorrhœa* is usually thick, musty, purulent and lumpy. In the *limbs*, owing to the laxity of the tissues, sprains and strains are common, also, the patient may stumble over a straw.

That brings to an end this short survey of the chronic miasms; we have now to find out if the symptoms detailed reappear in the corresponding antimiasmatic remedies. . . .

We have all read that sulphur is the greatest antipsoric remedy. What evidences of psora do we find in

### Sulphur?

In the first place, the general appearance of the patient with red orifices and dry dirty skin, itching and burning of the skin, with or without eruptions. Burning palms and soles, congestive states shown in vertigo, flushings, and headaches—all these undoubtedly characterize both the miasm and the remedy.

Secondly, *what of the mentals*?—morose, lazy, selfish, idle, to name only a few of the symptoms which may be found. Also, *appetite* absent, ravenous, craving for sweets, thirst; digestive disturbances p.c. and *constipation*—hard, dry, burnt-looking stool, or morning diarrhœa.

These features, then, are the chief antipsoric ones in sulphur, which does not limit sulphur to psora, for, as we know, sulphur is one of the polychrests. Do these symptoms occur in other antipsorics? Let us examine some of them to find out.

### Alumina

shows dry, itching *skin*, intolerable in bed. Mucous membranes are dry giving a fish-bone sensation in throat and marked constipation. Disturbed *portal circulation* with cravings for dry food and rice, which seems strange when we note the dryness of the remedy itself.



### Lycopodium.

The skin and mucous membranes may be dry, especially the palms of the hands. *Mentally*, the patient is hypersensitive to noise and smell; is irritable, cross, brooding and sedentary. *Headache* is relieved by uncovering the head and is worse from noise. *Appetite* may be capricious or excessive. Bilious attacks, flatulence, bloating after food, with constipation and hard, dry, stools, are frequently found.

These are examples of antipsorics, many more of which may be recalled by the symptoms of the miasm. While all have common characteristics, each antipsoric remedy has not all the typical symptoms in the same degree. For example, sepia has marked flushings and faintings, while petroleum shows outstanding nausea in boat or train. As every manifestation of psora is seldom prominent in one patient at the same time, one must choose a remedy which has not only the main characteristics of psora but also a symptom of first rank importance which corresponds to the outstanding phase of the miasm at the time.

What about the Sycotic Miasm? Do the sycotic symptoms reappear in the remedies?

### Thuja

was the chief antisycotic remedy of Hahnemann.

Let us see if it bears the stamp of the miasm.

*The face* is waxy, yellowish, and cachectic. Under *skin affections* we find all the typical warts and blemishes, with herpetic eruptions. The *special senses*—eyes, ears, and nose all show the catarrhal tendency. Asthmatic conditions and catarrh of the chest. Gushing diarrhœa. *Genito-urinary affections*: Pain on micturition and *severe* left ovarian pain. *Extremities*: Soles of feet painful, knees and sciatic nerve also.

Similarly let us note some points in the provings of

### Natrum Sulphuricum.

Nat. sulph. shows the typical all-prevalent catarrh. Warty growths on the skin, profuse perspiration, chilliness < damp < cold.

*Catarrh* in eyes, ears, nose, and typically in the chest with humid asthma.

*Genito-urinary tract:* Colic with menses, excoriation. Urine : urging and pain.

*Extremities:* Limb pains, marked in the soles of the feet; relief from movement, and worse from damp.

Let us now compare some *antisyphilitic remedies* with the corresponding miasm.

### Mercurius

was the great antisyphilitic of Hahnemann.

*The face* is pale, earthy, with *fissures* at the corners of the lips. The mouth, throat and pharynx are congested and ulcerated, accompanied by profuse, metallic-tasting saliva.

*Eye affections* of all degrees are very common.

*Ears:* Otitis.

*Nose:* Acute, fluent, acrid, coryza with sneezing. Chronic acrid coryza; dirty-nosed children.

*Glands:* Especially those in neck and throat, enlarge.

*Skin* may have any type of eruption.

*Extremities:* Bone pains always worse at night. Chilly patient, profuse sweating, no relief.

*Genitalia:* Profuse leucorrhœa.

### Syphilinum.

*Skin* eruptions are dull red or copper coloured, scales, ulcers or rupia.

*Ulcers* in mouth and throat with copious saliva.

*Eye* affections are severe, from conjunctivitis to ulcer. Ptosis and diplopia occur.

*Nose* affections, in addition to catarrh, show destruction of bone, septum and bridge.

*Rectum* and anus show fissures, piles and condylomata.

*Genitalia:* Profuse leucorrhœa.

*Extremities:* Bone pains worse at night, and better from cold applied.

*What of the Tubercular Remedies?* As a typical example let us examine:—

### Calc. Carb.

Fleshy, flabby patient, pale or plethoric, tired, upset by least cold, sweating profusely.

*Mentally* irritable and obstinate.



*Headache* periodic, due to exposure to cold or strain. Relief from heat, rest, quiet or eating.

*Skin* of head, face and scalp frequently shows moist eczema.

*Eye* conditions of all kinds, especially ulcer and keratitis.

*Ears* and *nose* show catarrh.

*Lymphatic* tissue involvement.

*Digestive* disturbances, cravings, worms.

*Extremities:* Lax tissues, soft bones, cold damp feet which may become very warm.

*Genitalia:* Profuse protracted menses. Copious, thick leucorrhœa.

Having drawn pictures of the chronic miasms and of a few of the corresponding remedies, we have now to show that a knowledge of the miasms is of the greatest practical value in the choosing of a remedy.

Hahnemann says that "Without a knowledge of the chronic basic miasms, *along with* the homœopathic remedies, the cure of chronic disease is impossible." He continues: "The beginning of treatment is promising, the continuation less favourable, the outcome hopeless."

Why is this? Not because there are too few remedies, not because the present symptoms are not covered, but because there is some basic disorder or miasm behind the symptoms shown.

These symptom complexes are not separate diseases, but only manifestations of the same disease.

Kent says that "all recurrent troubles are simply a small portion of a chronic miasm, and must have a constitutional remedy sooner or later," "You can," he says, "it is true, relieve violent pain at the first visit, but then you must look deeper and prevent your patient having more trouble, otherwise you have not cured, only palliated."—*Mat. Medica*, 593.

In the *Organon* we are told that the physician must know: (1) what disturbs the health; (2) what maintains the disturbance; (3) what removes the disturbance. If the symptoms presented by the patient obviously belong to one of the miasmatic groupings, then the list of "possible" remedies in which the simillimum may be found must necessarily belong to the same miasm.

The miasm may be so latent as to show no symptoms, but the disease history of the patient will be found dependent on some miasmatic basis which would suggest a remedy. In such cases the person is sickly, and has an undefined sense of feeling badly. The totality of the symptoms points to the simillimum, but the miasm points to the totality.

Psora is the oldest and most universal of all the chronic miasms, without which the existence of the other chronic miasms is not possible.

Hahnemann says that psora is so universal that those who have not been infected are rare.

A later writer, J. H. Allen, says that fully 80 per cent. of the cases we treat to-day are sycotic in some degree. He even goes further, and puts 94 per cent. of rheumatism to the charge of sycosis. In his view, chronic disease is ten times more difficult to cure at the present time than it was twenty years ago, and the difficulty increases every year.

Suppressive measures of treatment of the outward manifestations of psora, sycosis, and syphilis, as well as the influence of heredity through many generations, not only enhance the pure miasm, but give us mixed miasms. It is in the rare case in which the single miasm lies behind the totality of the symptoms, that one has a brilliant cure from the single dose of the single remedy in chronic disease.

The first remedy in the treatment of the case should cover the active miasm, as it usually holds the others in abeyance. The totality of the symptoms is usually grouped around the active miasm; drug pictures being really pictures of this miasm.

Acute miasms, like influenza or the exanthemata, stir up latent chronic miasms which require appropriate antimiasmatic treatment before health is restored, even when the simillimum has been given for the acute condition. While the latest symptoms are those of the active miasm, and should be given preference, a single persisting symptom may be the only positive signs of the miasm. Without psora, sycosis and syphilis are not possible. Psora was the prevailing miasm in the time of Hahneman, but the miasm has gone deeper, and sycosis is the most prevalent miasm to-day—hence the almost universal complaint "catarrh."



What will the prevailing miasm be in the next century? If miasms are increasingly prevalent, so is the practice of homœopathy, and with pure and universal homœopathic treatment miasms would be gradually wiped out. May one hope for this ere another century has gone? It is an ideal to keep before us, and if preventive medicine is to be our aim, surely it is not altogether unattainable.

There are many homœopaths who do not believe that miasms play such an important part in chronic disease, or that it is necessary to consider them in prescribing. The totality of the symptoms and the simillimum are all that one requires to ensure cure, they say. Undoubtedly this is true, but there are unfortunately many cases where the simillimum is far from easy, if not impossible, to find.

Are we justified in turning aside from any means which might lead us to the finding of the simillimum?

There can be but one answer to that question, namely that if Hahnemann found a knowledge of the chronic miasms necessary in his treatment of chronic disease, can we, his followers, presume that we do not require this aid?