http://lists.homeolist.com/pipermail/homeopathy/2005-July/014415.html

FELDSPAR
Complete 2000
GENERALS
- Arteries: tension: increased. {1> 4> 0} [1139]
- Arteriosclerosis. {19> 58> 0} [1139]
- Faintness, fainting: general. {95> 304> 0} [1139]
- Faintness, fainting: heart: disease, from. {0> 4> 0} [1139]
- Hypertension. {15> 97> 0} [1139]
- Weakness, enervation, exhaustion, prostration, infirmity. {184> 625> 0} [1139]
- Weakness, enervation, exhaustion, prostration, infirmity: nervous, neurasthenia. {72> 136> 0} [1139]

MIND
- Restlessness, nervousness: general. {122> 468> 0} [1139]

VERTIGO
- Menieres disease. {8> 45> 0} [122]

EYES
- Hemorrhage. {14> 41> 0} [1139]
- Hemorrhage: retina. {8> 15> 0} [1139]

EARS
- Otosclerosis. {0> 17> 0} [1139]

URINE
- Bloody. {71> 93> 0} [1139]

EXTREM
- Varices. {11> 78> 0} [1139]
- Varices: lower limbs. {24> 51> 0} [1139]

EXTREM PAIN
- General. {0> 774> 0} [1139]
- General: lower limbs. {53> 596> 0} [1139]

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THOMPSON
Fred Morgan
(According to E Whitmont in 1996, Fred Morgan practised in Iowa and died some 50 years ago.
The article was most probably published in the Annals of the Homeopathic Recorder.)
In considering its chemical composition we find it to be a silicate compound containing potassium, sodium and aluminium.

Kaolin is a disintegrated feldspar which has lost its potassium and sodium but has retained the silicate of aluminium. It is not similar to feldspar in its use.

Its chemical composition makes us think of arteriosclerosis and all those illnesses showing sclerosis and fibrosis of the tissue.

Clinically, there were **two cases of otosclerosis**, each one forty one years of age.
Both were nervous, disposed to tremble, and complained of weakness.
One said he felt if he had been struck on the head and was about to faint; he had sensations of heat on hands and feet; his head pained on moving.
Both cases recovered after many weeks of treatment.
These symptoms are common to silica and the kalis.
Hence, let us take weakness as an essential Feldspar symptom.

A woman age 38, had had varicose veins for many years.
Her skin injured easily.
Under Feldspar she was freed of the pains in the legs.
The tendency of the skin to injure disappeared at the start of treatment.
Of course, the varicose veins remained.
None of the elements composing Feldspar contain varicosities in a high degree; but aluminium and silica have them in low degree.
Nevertheless, let us regard varicose veins as one of the pathological indications for Feldspar in chronic diseases.

A woman age 48, was given Feldspar for retinal haemorrhages five months after the attack.
At times she showed glycosuria and she was very nervous.
After two months treatment under Feldspar, she improved fifty percent, as regards nervousness and eyes. She experienced a feeling of general well-being.

A woman age 53, received Feldspar for fainting spells resulting from an arteriosclerotic heart.
She suffered from incipient arcus senilis, seldom seen at the age of 53.
By resting in bed she regained normalcy, at least as regards her domestic work.
I am not aware that arcus senilis is an indication for Feldspar or any other remedy.
I mention this because of my great interest.

A man age 70, with an arteriosclerotic kidney, suffered from haematuria.
Under Feldspar he was on his feet again as an ambulatory patient.

A woman age 84, with marked arteriosclerosis; cardiac decompensation and oedema; received Feldspar and a decoction of Apocynum cannabinum.
The dropsy disappeared. Several weeks later the dropsy returned, gangrene of the foot developed, and she died.

A man age 70, with severe dropsy of both feet, received Feldspar and Apocynum cannabinum. He recovered in two months. We can only guess what the future holds in store for him.

A woman age 50, with high arterial pressure, spells of weakness, and nervous exhaustion, received Feldspar in a series of doses. Her complaint disappeared.
Hence, arteriosclerosis is one of the indications for Feldspar.
Chronic cases improve slowly.
Quick results should not be expected in these cases.

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I was just doing some reading from two articles from the Homœopathic Recorder in 1943 and 1947.
Fred Morgan, MD having discussion with

- *Allan Sutherland, MD,*
- *Edward Whitmont,*
- *Arthur Grimmer, MD,*
- *Thomas K. Moore, MD,*
- *Akron,*
- *Martha Boger-Shattuck, MD,*
- *Joseph Kaplowe, MD, D. M.*
- *Campbell, MD, and*
- *Charles A. Dixon, MD*

concerning the use of Feldspar for ***glandular fever***

the article mentions Masie Panos getting it from E&K (Ehrhart & Karl)

I find no provings or MM, can't find any pharmacy that carries it.
anyone have any information on Feldspath Quadratique
Aluminosilicate of calcium and sodium with Cl, C and S.....
which is different from alumina silica (Kaolin)

Lynn

Two articles about the use of Feldspar in Mononucleosis

These two articles appeared in the HomÏopathic Recorder in 1943 and 1947.
Fred Morgan, MD practiced in Clinton, Iowa. He was a Graduate of Chicago HomÏopathic, 1898.
It comes to light that he used "electronic means" to determine the usefulness of Feldspar in some cases of mononucleosis before he found it to be "a specific" for the disease. When we speak of "electronic means" we are talking about the use of a Radionics machine.
Those speaking in the discussions are:
Allan Sutherland, MD, Brattleboro, VT
Edward Whitmont, MD, New York City (who often used "electronic means.")
Arthur Grimmer, MD, Chicago, IL (who often used "electronic means.")
Thomas K. Moore, MD, Akron, OH
Martha Boger-Shattuck, MD, Portsmouth, NH (daughter of Cyrus M. Boger)
Joseph Kaplowe, MD, New Haven, CT
D. M. Campbell, MD, Toronto, Canada

Charles A. Dixon, MD, Akron, OH

Infectious Mononucleosis

Fred B. Morgan, M.D.

>*From The Homoeopathic Recorder, Vol. LVIII, No. 10, 11, 12, (April, May,* June) 1943.

Read before IHA, Bureau of Clinical Medicine, June 16, 1942.

Glandular fever. Lymphoid cell angina. Monocytic angina. Acute benign lymphoblastosis. Acute lymphadenosis. Each name indicates some particular diagnostic feature of the disease.

The cause of the disease is not known, consequently our knowledge of the disease is very limited. It is an acute self-limited infectious disease, characterized by an increase of the small mononuclear cells of the blood. Quite possible accompaniments are glandular enlargement, fever, angina, enlarged liver and spleen. The disease occurs in epidemics, but cross infection is extremely rare. The mode of transmission of the disease is not known.

In spite of the lack of knowledge as to its bacteriology, a serum test has been developed which is very valuable. It is known as the Paul-Bunnell test.
It is to be found in every laboratory. Every physician should avail himself of its use in every case where an infection exists and a diagnosis has not been made.

Oftentimes the illness is severe and prolonged. Just as often it is so mild it is overlooked. There are cases so mild that they do not seek medical relief. While some cases may be very ill, uncomplicated cases do not die of the infection; neither do the glands suppurate. No one symptom is diagnostic in itself.

While glands in the neck or elsewhere are usually enlarged, the infection may occur and no palpable glands be inflamed. There may be no sore throat or sore mouth although we always look for manifestations, hence the desirability of always doing the Paul-Bunnell test. Most cases occur in the spring, but may occur any time of year except when it is freezing cold.

Many mistakes are made in diagnosis when the Paul-Bunnell test is not used.
The most common are to diagnose influenza, follicular tonsillitis, meningitis, appendicitis, agranulocytic angina, acute leukemia or diphtheria. These mistakes have been made and were explainable if the symptomology was considered; hence a blood test for infectious mononucleosis is advisable in a cases of illness when some other diagnosis has not been positively made.

There may be sporadic cases when there is no epidemic. Any group of glands anywhere in the body may be involved. Hemorrhagic and jaundice forms have been described in our literature.
The period of incubation may be from one to fourteen days, ten days being the most common. The attack may come on gradually for three or four days and differ in no way from an influenza; or the attack may come on with a chill, high fever and sweating; or the attack

may be so mild that one can not characterize the onset either as to time or mode. When sore throat is present it may be membranous, ulcerative, follicular or diffuse.

Pain in the neck may cause rigidity and make one think of meningitis.
Many cases have been operated upon for appendicitis only to find that infectious mononucleosis caused the pain from swollen infected mesenteric nodes.

The temperature is much like septic temperature, varying greatly in short periods of time, and disappearing slowly as the patient recovers. The pulse increases with the fever, but not so much as in sepsis. The glands may enlarge at the onset, or may not be manifest for two or three weeks. The duration of the enlargement may be one day or one month. A moderate degree of enlargement may be overlooked. This may have been the case when infectious mononucleosis without enlargement of the lymph glands has been reported.

Mouth lesions may be present, sometimes resembling Vincent's angina. The engorgement of liver and spleen is probably the same as that which goes with any acute infectious disease. The congestion of the skin may cause lesions resembling scarlet fever, measles, urticaria or typhoid fever. Relapses are frequent. Sequela are rare or non-existent.

It is essential the physician be cognizant of the many varying manifestations of the disease, and that he know the value of the Paul-Bunnell test, and use it or some other good test. If not, he will miss diagnosis of half of his cases. The test is positive on or about the fourth day. The patient has usually been ill that long when the physician suspects this disease. When the disease occurs in a patient who is already suffering from some chronic diseases that has enlarged glands the diagnosis of mononucleosis cannot be made without a laboratory test.

It is interesting to know that at one time this disease was considered a form of influenza, and was designated "influenza lymphatura." Homeopaths will usually prescribe Bryonia at the onset of the disease, the picture being so near that of influenza. The regular school have no therapy for the disease except the symptomatic.
The homeopathic school must go to the repertory and their materia medica for their treatment. I will not enumerate the many remedies that may be indicated.

There is one remedy that I wish to emphasize, as it is not in our literature.

It is Feldspar used anywhere from the 10M. to the 6x.
In an epidemic in the middle west, this remedy was well-nigh specific.
I used it in a series of potencies, beginning with the 1M. and ending with the 6x., in much the same way that allergies are treated.
Improvement would begin in 24-48 hours.

The course of the disease would be short, and there were no relapses.
In this epidemic Feldspar was as specific as Bryonia ever was in any influenza epidemic.
The ***Feldspar*** that I used is ***albite, Na Al Si 08***. It was prepared by ***Ehrhart & Karl*** at my request. They have it under the name ***Feldspar*** (***Black Hills***).
It is by far the most important remedy that I have used in infectious mononucleosis.
CLINTON IOWA.

DISCUSSION

DR. GRIMMER:
The paper stresses the necessity for accurate diagnosis and the remedy actions. It is well taken when Dr. Morgan speaks about going to the materia medica and the repertory to individualize the cases. I was interested in hearing Dr. Morgan's account of the action of Feldspar.
I was also interested in knowing why he preferred to go up high and come down in the potencies, when I think the majority of prescribers, to my knowledge at least, go the other way around, from lower to higher. It would be very interesting to hear Dr. Morgan explain his reason for such procedure.

DR. MOORE:
I should like to ask Dr. Morgan if there has been any proving of Feldspar, this particular Feldspar, and if he has found this Feldspar of use in other fields besides this particular one.

DR. SUTHERLAND:
This spring I had a patient who, I believe now after listening to Dr. Morgan's paper, had infectious mononucleosis, although there was no definite diagnosis made. That patient required Tuberculinum which as you know, has a great many glandular manifestations. Later on Lycopodium served to clear the case. It was a very interesting case and had me puzzled for quite a while. It is a condition that rarely occurs.

As we all know, the diagnosis is not important, as far as homeopathic treatment of the case is concerned, and the patient I cite is an illustration of that fact. We made no definite diagnosis, but the patient got well, and completely well, under the exhibition of the homeopathic remedies.

DR. DIXON:
I have been wondering, as I listened to the paper, how many times I had neglected to diagnose that condition. I am satisfied I have had them and treated them without diagnosis. I think perhaps Ailanthus has been a remedy which has done me good, or done my patients good in those cases, especially where there has been considerable mouth involvement, fetid breath, cervical gland involvement.

DR. CAMPBELL:
I would like to ask Dr. Morgan, if before using Feldspar, he used Tuberculinum?

DR. MOYER:
Is there any materia medica where one can find the indications for Feldspar?

DR. KAPLOWE:
I believe that perhaps the only reason for trying to make a diagnosis of infectious mononucleosis or glandular fever would be the possibility of confusing the condition with one or two malignant states, such as lymphosarcoma and Hodgkins' disease. I believe it would be quite important, therefore, to know what we are dealing with from the prognostic standpoint.

DR. MORGAN:
The question was asked if there were other uses for Feldspar.
There are many uses for Feldspar; it is a polychrest.
It is a remedy for old age.
I read a paper yesterday before the American Institute, which will be published in their Journal, which goes into that far more extensively than I could in this discussion. But I will say that it is a remedy that should be thoroughly proven. When you consider that it contains potassium, sodium, silicate, aluminum, you know that there is something in it. Those remedies have been proven. It is from those provings that I was able to get at the use of this Feldspar in other work.

As to the potency, I usually start with the higher and come down. I know that is not customary. However, somewhere toward the back of the Organon, Hahnemann gives something along that line. We say, if a remedy doesn t work, go higher. What is the reason? I think it is because we don't go high enough to start with, and we are just correcting a mistake.
We should have started higher and come down as we ordinarily treat allergy.
When the disease is acute, the vibrations are higher.
At the beginning you use the higher potency and come down because of that. I worked that out in influenza cases.

I have many of those and I keep a record of them. I am one of those doctors (what do you call them in Iowa?) who use electronic work.
With that system I am able to prove, to myself anyway, that that is the case. I would like the opportunity to demonstrate to any of you over two or three days during an influenza epidemic.
There is no proving of Feldspar that I have ever been able to find.
I am a Feldspar case myself; 1M. of that remedy will knock me out for a week.
If I had taken the 1M. of Feldspar I Couldn't come up those stairs because of an arthritis, and if I got up to cross this room I would waddle like a mud turtle with corns.

Now the importance of diagnosis; I understand that you don't have to have a diagnosis to prescribe homeopathically, but a good deal of my work is in the hospital, where they require a diagnosis. And I want the diagnosis correct when I put it on the chart.

Another reason is that if you don't hit your remedy you may have a long continued case, six weeks, and you will worry if you don't have your diagnosis. The family will worry you; they will want to call in a surgeon to operate the appendix or something equally wrong.

Dr. Dixon thinks he has missed a diagnosis of mononucleosis; he has never missed more than I did before I learned how to make it-- If the lymphatic glands in the neck didn't enlarge, I missed the diagnosis.

I have had no experience in the use of Tuberculinum in those cases because I don't think I have ever had a Tuberculinum case in those I have treated.

DR. BOGER-SHATTUCK:
In defense of changing from the higher to the lower potency, I will quote Dr. Henry Houghton of Boston, although he may not wish me to use his name.

Several years ago I had a consultation with him and we talked about Lycopodium.

I said that my experience with Lycopodium had not been as satisfactory as I had wished, although it would seem to me to be clearly indicated. He suggested that instead of using the CM or the 1M or even the 200th, to come down to the 70th. He said he found that was the best potency there was of Lycopodium.

To my great surprise, when I started using the 70th of Lycopodium, my faith in the remedy immediately increased, and I was restored to thinking there was something in Lycopodium. I had reached the point where I thought that anything cured with Lycopodium was largely mental.
DR. MOORE: Was that the 70th centesimal?

DR. BOGER-SHATTUCK: No, the 70x. (D 70)

DR. JOHNSON:
Relating to this question of potency. Dr. Yorks, who recently died, worked with me and my father. We have much chronic alcoholism, especially women. We would start with the indicated remedy Strophanthus or Nux or some other remedy, with the 200th or 1M giving three doses one hour apart. When we would give a bottle of the tincture on No. 40 tablets, one pill to be taken three times a day. The improvement was much quicker by this method. That is the chief instance of reverting to the lower after giving the high potency.

Acute Infectious Mononucleosis

Fred B. Morgan M.D.

>*From The Homïopathic Recorder, vol. LXII, number 11, May, 1947, pages* 332-335

Read before I.H.A., Bureau of Pediatrics, June, 1946.

The object of this paper is to emphasize a new and better remedy for the treatment of this disease. Fifty years ago, this illness was shown as glandular fever. Its present name comes from more recent blood findings.
When the cause of the infection is found, probably the name will again be changed so as to be more specific.
This is now believed to be a virus disease. Most cases are sporadic, but in children the infection may be epidemic. The disease seems to be not contagious, at least a case may be kept in a ward without any others contracting the illness.

The most outstanding feature of the disease is pathology of the glands. This is usually in the cervical glands, but may be a general pathology of the glands, or may be limited to any chain of lymphatic glands; as for instance, the mesenteric glands. These glands do not go on to pus unless the case is long drawn out, and a mixed infection occurs. More than one doctor has incised an acute tumefied cervical gland, expecting to find pus, and been surprised to find nothing but tumefaction. When there has been a general adenopathy, leukemia has been erroneously suspected. When the mesenteric glands have been involved, acute appendicitis

has been diagnosed and operated, only to find that enlarged, inflamed mesenteric glands were the only pathology.
The spleen, as in all infectious diseases, is congested and enlarged, but to a greater degree than in most infectious diseases. The spleen may become so inflamed that it ruptures, necessitating surgical measures. Such a tragic thing will not occur if the patient is treated as indicated in this paper.

This may be a benign disease, or it may occasionally lead to death. All cases should be considered as possible mortality hazards.
Chills, fever, sweats, prostration, deceptive fluctuation of swollen glands are present in the more severe cases. In less severe cases the patient may be so little inconvenienced that he continues about his work.

The *nasopharynx may exhibit an exudate on an inflamed mucous membrane, or the mucous membrane may appear nearly normal*.
A near-normal pharynx with an acute cervical adenopathy should make one think first of all of acute infectious mononucleosis. Some cases with exudate have been wrongfully diagnosed as diphtheria, or as Vincent's angina.

Laboratories give the Paul-Bunnell blood reaction tests.

When it is positive, it is reliable, but it may not be positive for the first few days.
Men who are skilled in giving the so-called electronic test claim to get positive diagnostic reactions from the first day of illness. If this electronic test is to be relied upon, it must be given by one skilled in this line of work.
There is only one treatment that is recognized by all schools of medical thought. That is rest in bed. Old school medicine has tried out sulphathiazol, sulphadiazine, penicillin, bismuth potassium tartrate, scarlet fever serum, convalescent serum, and a few other treatments with negative results.
In "old school medicine," there is no specific therapy for acute infectious mononucleosis.

When one of the aforementioned remedies is given it is of no benefit. It but adds one more burden to the patient's reactive powers.
In homeopathic medication, I formerly used Belladonna, Bryonia, or yellow Iodide of Mercury--always in low potency; but my patients did not respond as rapidly as I wished. Severe cases would be in bed for two to four weeks. Of course mild cases got along well. They would have done so if nothing had been given.

Of late years, I have been *giving Feldspar. I have found it well-nigh specific. I have learned to expect improvement in 24-48 hours that will continue steadily until complete recovery in a few days.* I do not know that the potency of the remedy makes much difference.
I usually give the

- *10M. on the first day;*
- *the 1M on the second day,*
- *the 500th the third,*
- *the 200th the fourth,*
- *the 30th on the fifth day, and the*
- *12x. or 6x. thereafter.*

This scale is not followed rigidly. More rapid recovery leads to skipping some of the numbers in the scale. If one does not care to use the higher potencies, the 12x. may be given from the first.
This treatment never causes agranulocytosis, nor adds another burden to the physiological economy. It always promptly initiates the reactive powers of the patient.
It has never
disappointed me when given in the manner which I have indicated.

CLINTON, IOWA

DISCUSSION

DR. SUTHERLAND:
I don t know very much about infectious mononucleosis except that it is a "stinky" sort of disease. My elder son had it two years ago; in fact it almost prevented my attending the convention at Atlantic City. I think he was ill about three weeks altogether, including his convalescence, to the point where he could be out of bed.

The diagnosis was made on the basis of the differential stained blood smear, which showed a preponderance of mononuclear leukocytes. There was a great preponderance, there was no question about it. I can't remember whether he had glandular involvement, but undoubtedly he did because that is a characteristic of the disease, as Dr. Morgan just told you.
I am sure the mesenteric glands were not involved, there were no complaints of abdoinal pain. He did have a sore throat but of course the tonsils are glandular tissues too. The characteristic of this particular case, the one which led to the use of the remedy, was the *tremendous amount of saliva* generated during the course of the disease.
He was cured by *Mercurius sol*., I think in the two-hundredth. It was dissolved in water and he had a dose every two hours until he was cured.

DR. WHITMONT:
I have heard about the use of Feldspar from a former paper on the subject, and I would like to know a little more about the indications of Feldspar.

DR. SUTHERLAND:
I think Dr. Morgan can enlighten you on that when he answers his discussion. I would like to ask him the chemical constituents of the Feldspar, too. Is it a sodium silicate, a natrum silicate?

DR. MORGAN:
It is a complex silicate. It is potassium, silica, alumina silicate.

DR. SUTHERLAND: For the benefit of some of the younger members of the society, Dr. Morgan's remarks on Feldspar are really extensions of what have gone on before. Feldspar is a favorite remedy of Dr. Morgan's and one that has stood him in very good stead, and he has talked on it on many occasions, as I have reason to know. The first time I heard him speak was in 1942 in Chicago. He writes a serial! We will hear about it in French Lick, or wherever we go!

DR. GRIMMER:
I am sure that Dr. Morgan, like a number of us using the electromagnetic method, has run onto Feldspar and developed it from there on and he will probably tell us about that.
About the potency, while I am talking, I do not usually give the potency as Dr. Morgan has indicated, but perhaps he has a better way.
I have experimented since I heard him talk some years ago about it, and I am free to confess that in my cancer cases I much prefer to give the drugs rather low than too high.
I have found that out. I never start any more in cancer cases above the thirtieth, and then I come down in the scale and I have had better results so far with that.

DR. MORGAN:
I don't know as I caught the question from the doctor from New York City. You wanted to know about Feldspar?

DR. WHITMONT:
Modality symptoms.

DR. MORGAN:
There are some. I realize that we are supposed to prescribe for the patient and not for the disease, that is our teaching; and yet, universally, wherever homeopaths discuss things, I hear them mentioning diseases and a certain remedy is good for this disease. It may be a group of remedies. It is not entirely the patient. It is the patient plus what is wrong with him that they are prescribing for.

This is an empirical prescription, Feldspar, in an acute infectious mononucleosis.

My hobby is minerals. I have maybe three thousand specimens of minerals, amongst them many feldspars. In that regard, this one from which this remedy was made came out from the *Black Hills and was analyzed at the state college* there and it was developed through the electronic test.
My patients that had this disease called for Feldspar. I have only had one in the last three or four years but what called for Feldspar. Unless you are familiar with the electronic test and. are able to do it, you wouldn't make your choice with the electronic test. It is a rather extensive test.

DR. WHITMONT:
I do use the electronic test but try to cut down the number of remedies. Apart from glandular fever, this one might be indicated in other conditions.
What modalities of symptoms would make you think of putting it in your choice?

DR. MORGAN:
All right, we will put it this way: it is a complex silicate.
Look to Silica for the basis of your build-up and ...
DR. WHITMONT: I see.
DR. MORGAN: It is a glandular remedy.
DR. WHITMONT: That answers it.

DR. MORGAN:
But Silica will not do what this complex silicate does do. I think you spoke about potency. I well remember when I first spoke about starting high and coming down like they do in allergy cases. That is where I got that idea first and then my electronic tests seemed to indicate that I should do that way.

I brought it up here at a meeting and Dr. Grimmer took me to task in as fine and gentlemanly a way as it was possible for anybody to do, and I always appreciated that because I knew that I was running crosswise of the established custom of the day; but somewhere in one of Hahnemann's works, I forget which edition, he speaks of the fact that you may do that.

DR. GRIMMER: Other doctors in our profession have made the same observations but they are greatly in the minority and those cases were generally acute cases of typhoid fever where the potency failed to cure in acute cases and the tincture cured them promptly. That was the reason I inquired. I didn't take the doctor to task but I inquired for my own and for all of our information.

We can always get good from the other fellow That is why these meetings are valuable to us. We don't know it all. Even our wisest professors haven't delved into the ends of homeopathy and homeopathic philosophy, so when one of our members comes in with something like this, we want the constructive answer if we can get it, and Dr. Morgan has very nicely given it to us.

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on 7/26/05 1:45 PM, Lynn Cremona at freelynn at optonline.net wrote:

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> concerning the use of Feldspar for glandular fever
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> anyone have any information on Feldspath Quadratique
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>
> Lynn
>
>

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>_____

- Previous message: [H] Feldspar
- Next message: [H] Feldspar
- **Messages sorted by:** [date] [thread] [subject] [author]

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