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सचैव भिषजां श्रेष्ठो रोगेभ्यो यः प्रमोचयेत् ॥

चक्रेर्षहिता ।

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He alone is the true physician who can restore health.

*Charaka Sanhitā.*

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## TREATMENT OF CHOLERA

BY

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[No. 10.

NEED OF AN INDIAN HOMŒOPATHIC  
PHARMACOLOGY.

(Continued from p. 99).

204. *Croton Tiglium*. The seeds of the *Croton tiglium* are used for tincture. There are several varieties of *Croton*, of which *Croton Tiglium* is known as the Purging *Croton*. The Bengali name is *Jaypala* (জয়পাল), the Sanskrit is also *Jaypala*, the Hindi *Jamalgota* (जमालगोटा), the Persian *Batoo* or *Dund*. The nuts were formerly taken to England under the name of "Molucca grains."

Of the several species of *Croton*, *C. Tiglium* is principally used as purgative. Another *C. Oblongifolius*, whose Bengali name is *Baragach*, has also purgative property. It is mostly found in Southern India, whereas *C. Tiglium* has habitation in Bengal. The seeds of *C. Oblongifolius* are mildly cathartic but the nuts of *C. Tiglium* are violently purgative.

205. *Cubeba*. The tincture of the dried unripe fruit is used. *Cubeba*, *Piper Cubeba* or *Cubeba Officinalis* is generally known by the name of *Kabab Chini* (কাবাবচিনি) and available in the market as dry seed.

206. *Cucurbita Pepo* is *Pumpkin* or the *Vegetable Marrow*. The tincture of the fresh plant is used. In Bengal it is widely

cultivated for the fruit. The Bengali name is **Sada Kum** (শাদাকুমড়া).

There are so many kinds of Cucurbita that it is difficult to distinguish them by their Indian names. The following are among them. 1. *C. Maxima* is Melon-Pumpkin, Squash, or Red Gourd. The Bengali name is **Lal Kum** (লালকুমড়া). 2. *C. Moschata* is Musk Melon. It is a kind of **Safed Kumrha** (শাদাকুমড়া).

207. *Cundurango* is *Gonolobus Cundurango* or **Conder plant**. It is found in the high altitudes in Ecuador, South America.

208. *Cuphea Viscosissima* is the *Lythrum Petiolatum*, **Waxweed**, **Flux-weed** or the **Red Pennyroyal**. It is found in some parts of the United States, Maryland, etc.

209. *Cupressus Australis* comes from Australia. Several species are found in India. 1. *C. Funeris* is **Weeping Cypress**. It is often planted in Nepal, Sikkim and Bhutan. 2. *C. Sempervirens* is **Common Cypress**. It is a tall tree found in Afghanistan and North West India. 3. *C. Torulosa* is the **Himalayan Cypress**. It is a large tree of the North West Himalaya from Chamba to Nepal. 4. *C. Lusitanicus* is the **Cedar of Goa**.

210. *Cupressus Lawsoniana* is found in Europe.

211. *Curare* is **Woorara** or **Hoorali**. It is an arrow poison used by the South American Indians. A few investigators think it is derived from *Strychnos Guyanensis Toxicaria* while others suppose it to be a composition of the different species of *strychnos* or of *Cocculus Toxiciferus* with serpent poison. A third class of speculators believe it to be prepared from the venom of toads. At any rate, the derivation or the composition of the poison remains unknown. Wessellhæft's provings were made from the poison derived from Merck of Darmstadt. The difficulty is that the source of the poison being unknown, a fresh supply may render different kinds of provings.

212. *Cuscuta Europea* is found in Europe, Asia Minor and Japan. We have *C. Reflexa* or the **Dodder** known in Bengal as **Algusi** (আলগুসি) or **Aloklata** (অলোকলতা). The Sanskrit

name is *Amarballi* (অমরবালী). Watt wrongly calls it *Amarvela* (অমরভেলা).

213. *Cyclamen* is *Cyclamen Europeum* or the Sow-bread. It is found in Europe.

214. *Cynoglossum Officinale* is found in Europe, Western Asia and America. In India, we have, *Cynoglossum Micranthum* found in North India and the Himalaya.

215. *Cypripedium Pubescens* is Lady's Slipper and found in America.

216. *Cystisus Laburnum* or *Laburnum Vulgare* is found in Europe.

217. *Daphne Indica* is the sweet scented Spurge Laurel. The tree is found in Eastern Asia. While it retains the name of *Indica*, the curiosity is that it is not observed in India. In India, we have: 1. *Daphne Cannabina* or the Nepal Paper Plant. 2. *D. Involucrata* found in the Eastern Himalaya, East Bengal, Assam and Burma. 3. *D. Mezereum* or *Mezereum* known in the Persian and Arabic languages *Mazureon*. 4. *D. Oboides* observed in the Western Himalaya. 5. *D. Pendula* found in Burma.

218. *Daphne Laureola* is found in Europe and Asia Minor.

219. *Datura Arborea* is *Brugmansia Suaveolens* and found in America.

220. *Datura Ferox* is Chinese *Datura*.

221. *Datura Metel* is a species of Indian *Datura*. In India, we have various kinds of *Datura*; some of them are: 1. *D. Fastuosa* or the Black *Datura*. The Hindi and Bengali names are *Kāla Dhutura* and the Sanskrit *Krishna Dhutura* (কৃষ্ণধূতুর). 2. *D. Alba* or *Swet Dhutura* (শ্বেতধূতুর). 3. *D. Metel* is also *Swet Dhutura* (শ্বেতধূতুর). Evidently it is not the same plant as *D. Alba* which is found in the warmer parts of India. On the other hand, *D. Metel* is found in the Western Himalaya and mountains of the West Deccan Peninsula. It seems probable that the *Swet Dhutura* of the ancient Sanskrit medical writers is *D. Metel* and not *D. Alba*. *Charaka*, *Susruta* and *Bagbhatta* were written when the *Rishis* were in the *Panjab*.



Evidently they meant by *Svet Dhustura D. Metel* and not *D. Alba*. 4. *D. Stramonium* or Thorn apple is the widely distributed plant of the genus *Datura*. It is also called *Sada Dhutura*. The plant is mostly found in the Temperate Himalaya from Baluchistan and Kashmir to Sikim 5. *D. Tatula* comes from Persia and Afghanistan and is mostly found in the Bombay market. Its Persian name is *Gharbhukh*.

222. *Demantium Petracum* an algae comes from Europe.

223. *Deris Pinnata* is a plant of Cochin China. In India, we have: 1. *D. Elliptica* which is met with in Martaban, Burma, Penang, Molucca, Siam, etc. 2. *D. Robusta* found in Eastern Bengal and Assam. 3. *D. Scandens* observed in the Eastern Himalaya rounding the coast of Chittagong and the Western Ghats.

224. *Dictamnus Albus* is met with in Europe.

225. *Digitalis Purpurea* or Fox Glove is found in Europe.

226. *Digitalis Lutea* is also an inhabitant of Europe.

227. *Dioscorea Villosa* or the Wild Yam comes from America. In India there are several species: 1. *D. Aculeata* or the prickly stemmed Yam or the Goa Potato. It is also called the Guinea Yam. It is a native of Central and Southern Bengal and of Western and Southern India. In Bengali the name is *Maualu* (মৌআলু). 2. *D. Alata* or the Wing-stalked Yam is *Kham alu* (খামআলু). 3. *D. Atropurpurea* is the Dark Purple Yam, or the Malacca Yam. It is sometimes sold in Calcutta under the name of Rangoon Yam. 4. *D. Batatas* is generally found in China. 5. *D. Bulbifera* or the Bulb-bearing Yam is wild in Chittagong, Sylhet and in the Western ghats (কথ আলু). 6. *D. Deltoidea* mostly found in the Himalaya. 7. *D. Fasciculata* (শন্ধি আলু) is the Kidney-shaped Yam or the Karren Potato. It is extensively found near Calcutta. 8. *D. Globosa* (চুবড়ি আলু) is the Common Yam. It is found in Lower Bengal. 9. *D. Nummularia* (ভোরআলু) is the Tivoli Yam found near Calcutta. 10. *D. Oppositifolia* comes from the East and West Coast of Southern India. 11. *D. Pentaphylla* (কাঁটা আলু) is the Kawan Yam of

**Fiji.** It is common in the jungles and on low hills. 12. *D. Purpurea* (লালআলু) is the Purple Yam. It is cultivated in many places of Bengal. 13. *D. Rubella* (গরগণ আলু) is mostly cultivated in Lower Bengal. 14. *D. Sativa* (রাতালু) is the Common Yam. Its Hindi name is Ratalu. It is cultivated over the greater part of India. 15. *D. Triphylla* is common in the Concan and Malabar. 16. *D. Versicolor* (হুধ আলু) is found from Monghyr to Kumaun.

228. *Diosma Fetida* comes from Africa.

229. *Dipsacus sylvestris* is found in Europe and Western Asia.

230. *Dirca Palustris* is the Leather wood or Moose wood and comes from America.

231. *Dolichos Pruriens* is *Mucuna Pruriens* or Cowhage. It is found in India. The Hindi name is Keeoach.

232. *Dracontium Fetidum* or *Symplocarpus foetidus* comes from America.

233. *Dracontium Polyphyllum* is met with in the Malabar hills, Bombay and the Concaus in India.

234. *Drosera Rotundifolia* is found in Europe, Asia, and America. It is Round-leaved Sundew. In India, the plant is cultivated on the Nilgiri Hills. The other species found in India are: 1. *D. Burmanni* which is plentiful in the Gangetic plains. 2. *D. Peltata* which occurs on the Himalaya and the Nilgiri Hills.

235. *Dulcamara* or *Solanum Dulcamara* is Woody Night shade or the Bitter-sweet. It is found in Europe, Asia Minor and China but not in India.

236. *Dulongia* comes from America.

237. *Echinacea Angustifolia* is found in America.

238. *Echinacea Purpurea* or Black Sampson is also an inhabitant of America.

239. *Elaegnus Angustifolia* is found in Europe, Asia Minor and Egypt.

240. *Elæis Guineensis* or Avoira comes from America and Africa.

241. *Elaterium* is *Ecbalium Elaterium*. It is found in Europe.

242. *Ephedra Vulgaris* is a Russian plant. It is found in the Western Himalaya and known as Butshur.

Apart from the medicinal plant *Ephedra Vulgaris*, it will be interesting to know something about *Ephedra Pachyclada* or *Soma Lata* (सोमलता), of which so much has been said in the Vedas and the Zend Avesta. In the Zend, it is mentioned Homa. In other words Homa and Soma imply the same plant. Parsis still use it for sacred purposes. The identification has come from several sources. Dr. Aitchison in his botanical report in connection with the Afghan Delimitation Commission calls the plant *Ephedra Pachyclada*. In the Hari-rud valley it is called Hum, Huma or Yohma. Dr. Aitchison has found it "a very common shrub, from Northern Baluchistan along our whole route, in the Hari-rud valley, the Badghis District, and Persia, growing in strong gravelly soil. The Badghis district is the Bagdi of the Zend.

*Ephedra Pachyclada* is rather a tall shrub of the Western Himalaya and Western Tibet. In the *Dhurtasvamibhasyatika* mentioned by MaxMüller, a commentary of the so-called Ayurveda, its juice is said to be sour, milky and destroys phlegm. A tincture of the plant may serve many useful purposes in medicine. In fact, it is a plant which produces fermentation like yeast; its juice alone did not serve the purpose of intoxication.

243. *Epigea Repens* is Trailing Arbutus and comes from America.

244. *Epilobium Palustre* is *Epilobium Lineare*. It is met with in Europe and America.

245. *Epiphagus* is *Epiphagus Virginiana* or Beech Drops or Cancer Root. It comes from America.

246. *Equisetum Arvense* is found in Europe, Asia, Africa and America. In India, we have *Equisetum Debile* which is found in the Punjab, North-West Province, Bengal and Burma.

247. *Equisetum Hyemale* or Scouring Rush is met with in Europe and Asia.

248. *Erechthites Hieracifolia* comes from America.

249. *Erica Vulgaris* or *Calluna Vulgaris* is found in Europe, Asia Minor and America.

250. *Erigeron Canadense* is found in America, Europe, Asia and Africa. We have *E. Asteroides* which is found in Bengal, the Eastern Himalaya and the Western Peninsula. In Bombay it is called Maredi.

251. *Eriodictyon Glutinatum* is also *E. Californicum*. It is found in America.

252. *Erodium Cicutarium* is found in Europe, Africa, Asia-Minor and America.

253. *Ervum Ervum* is found in Europe.

254. *Eryngium Aquaticum* or Button Snake-root comes from America.

255. *Eryngium Maritimum* or Sea Holly is met with in Europe, mostly in the Mediterranean region.

256. *Erysimum Officinale* comes from Europe, Africa and America.

257. *Erythrinus* is a kind of red Mullet and found in South America. In India, there is *E. Indica* or the Indian Coral tree or Mochi wood found in many places. In Hindi it is known Pangra.

258. *Eucalyptus Globulus* is an Australian tree. It has now been implanted in India.

259. *Eugenia Jambos* is Rose-Apple (গোলাপজাম). It is cultivated in the gardens all over Bengal. Clarke has wrongly called it the Malabar Plum tree. His source of information remains unknown to us. In this connection we mention of *Eugenia Jambolana* or *Syzigium Jambolanum* (জাম), known as the Jamun tree. The bark and the seeds of the fruit are used for medicine. Other kinds of *Eugenia* are also found in India. Most noticeable among them are: 1. *E. Jambolana* var. *Carophyllifolia* which is Chota Jam (চোটাজাম). 2. *E. Javanica* or Jamrul (জামরুল). *E. Malaccensis* or May Apple, Kavika Tree. The Bengali name is Malacca Jamrul (মলকু জামরুল).

4. *E. Operculata* which is found in the Sub-Himalayan tracts ; its Hindi name is Rai Jaman ( रायजामन ).

260. *Eunymus Atropurpurea* or the Burning Bush is found in America.

261. *Eunymus Europea* or Spindle Tree is found in Europe. In India we have: 1. *E. Grandiflorus* an inhabitant of the Himalaya. It is called Gula or Grue at Simla. 2. *E. Hamiltonianus* another Himalayan variety. Its Kashmiri name is Bramhani and the Panjabi Sikha. 3. *E. Pendulus*. Its Hindi name is Chopra, and inhabits the Himalayan region. 4. *E. Tingens* also a Himalayan tree. Its Hindi name is Kungku.

(To be continued).

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## SUPPURATION.

(Continued from p. 364).

*Arnica*. The principal point which will solve the applicability of *Arnica* in suppuration is, whether *Arnica* has been applied in any case of suppuration and proved useful? The glaring fact is its application in bedsores, and has at least relieved the pains incidental to them and lessened the extent of the sores. It has also been used though in less extent than before in other kinds of suppuration with good effect. This much *Arnica* has done when used as a homoeopathic medicine. According to Nash it has been administered in "Many small boils, painful, one after another, extremely sore." The effect of *Arnica* in boils is an often verified fact. Hempel and Arndt write as to the action of *Arnica* thus: "If you consider the specific manner in which *Arnica* depresses the capillary vessels and the absorbent system you have proof of its homoeopathicity to bruises, contusions, wounds and sanguineous extravasations. *Arnica* relaxes the contractility of the capillary vessels, hence it favors effusion from the capillaries into the surrounding cellular tissue." The effusion favors the migration of the white cells which destroy the microbes outside the blood-vessels. Their destruction in the blood-vessels is also being accomplished by those cells.

The amœba like corpuscles not only reside in blood, but they also form part of the all-pervading connective tissue. A wound or an inflammation bringing in micro-organisms or other foreign matter produces engorgement of the blood-vessels and the colourless corpuscles of the neighbourhood invade them in and out of the blood-vessel thus affected. These facts have been clearly demonstrated by Metschnikoff in his 'Leçons Sur l'Inflammation. The fact of migration of the leucocytes is a safety process of nature.

The condition is that inflamed blood-vessels exude serum and allow passage for the white cells. We have seen that Arnica can produce pathogenetic inflammation. For this reason Arnica is useful in various kinds of inflammation. It helps the leucocytes in eating up the foreign matter and also to eat up and remove the dead, wounded, and degenerated tissues. These phagocytes perform the most useful functions and proper homœopathic medicines help them to perform their work, if they are overpowered by their antagonists.

So far with inflammation. The residue or debris of the white cells and the degenerated tissues are generally converted into suppuration and allow the foreign matter thus formed to pass out of its location. Arnica can help the living leucocytes to be absorbed when suppuration has commenced. But when suppuration has so far extended as to alter the character and function of the living leucocytes which are present at that place, then Arnica fails to help the absorption. In other words, dead white cells and tissues which have partaken the suppurative process can not be helped for absorption by Arnica.

The next point is, whether the exuded serum retains that quality so that absorption can be helped? For information on this point we take the following from "The Kingdom of Man" by E. Ray Lankester. "The discussion and experiments arising from Metschnikoff's demonstrations have led to the discovery of the production by the phagocytes of certain exudations from their substance which have a most important effect in weakening the resistance of the intrusive bacteria and rendering them easy

prey for the phagocytes. These are called 'sensitisers,' and have been largely studied. . . . . Dr. Wright considers that such sensitisers are formed in the blood and tissues independently of the phagocytes, and has called them 'opsonins,' under which name he has made most valuable application of the method of injecting them into the body so as to facilitate the work of the phagocytes in devouring the hostile bacteria of various diseases. Each kind of disease-producing microbe has its own sensitiser or opsonin; hence there has been much careful research and experiment required in order to bring the discovery into practical use. Metschnikoff himself holds and quotes experiments to show that the 'opsonins' are actually produced by the phagocytes. That this should be so is in accordance with some striking zoological facts, as I pointed out nearly twenty years ago. For the lowest multicellular animals provided with a sac or gut, such as the polyps, have that sac lined by digestive cells which have the same amœboid character as 'phagocytes,' and actually digest to a large extent by swallowing or taking into their individual protoplasm raw particles of food, such particles are enclosed in a temporary cavity or vacuole, into which the cell-protoplasm secretes digestive ferment and other chemical agents. Now there is no doubt that such digestive vacuoles may burst and so pour out into the polyp's stomach a digestive juice which will act on food particles outside the substance of the cells, and thus by the substitution of this process of out-pouring of the secretion for that of ingestion of food particles into the cells we get the usual form of digestion by juices secreted into a digestive cavity. Now this being certainly the case in regard to the history of the original phagocytes lining the polyp's gut, it does not seem at all unlikely, but on the contrary in a high degree probable, that the phagocytes of the blood and tissues should behave in the same way and pour out sensitisers and opsonins to paralyse and prepare their bacterial food. And the experiments of Metschnikoff's pupils and fellowers show that this is undoubtedly the case. Whether there is any great variety of and difference between:

'sensitisers' and 'opsonins' is a matter which is still the subject of active experiment. Metschnikoff's conclusion, as recently stated in regard to the whole progress of this subject, is that the phagocytes in our bodies should be stimulated in their activity in order successfully to fight the germs of infection."

The next point is, whether the serum which has exuded retains its physiological quality, and not being converted into pus can be absorbed by Arnica? We believe that this kind of function pertains to Arnica. The absorption lessens the quantity of puriform matter which is about to invade the whole of the exuded material as well as the degenerated tissue. The fact is that all medicines which help absorption of the exudation can do so at the beginning of the suppurative stage.

In view of the above mentioned physiologico-pathological facts, we will not be justified in using only a few noted medicines during suppuration to confine its limit. We have used Arnica in several cases at the commencement of suppuration with marked success.

*Arsenicum Album* or Arsenious Acid has peculiar action on the general constitution. Its acute and chronic symptoms are so different from each other that they have special characters of their own. In suppuration, the acute symptoms are not manifested for want of time to develop them. As sequel to acute or in chronic cases, the symptoms of suppuration and ulceration are manifested. In Hempel and Arndt, we find the following: "Hahnemann graphically sums up the effect of slow poisoning by arsenic as a gradual sinking of the powers of life, without any violent symptoms; a nameless feeling of illness, failure of the strength, an aversion to food and drink, and all the other enjoyments of life." It is to be noted that symptoms of suppuration or ulceration are not mentioned. In another place several occurrences of erysipelatous and gangrenous inflammations have been cited by the same authorities. We are at present interested to examine whether Arsenic can cure cases of chronic suppuration.



Allen writes. "The skin is irritated, and violent itching and burning are followed by eruptions and finally ulceration." With regard to this clinical observation he says: "In unhealthy states of the skin and in low fevers we may have ulcerations and even gangrenous sloughs." Clarke adds the following hints: "Ulcers with raised and hard edges, surrounded by a red and shining crown; with bottoms like lard or of a blackish blue-colour, with burning pains or shooting, principally when the parts affected become cold. Ulcers, hard on the edges stingy burning spongy; with proud-flesh; turning black; flat; pus thin, ichorous (cancers). Fetid smell, ichorous suppuration, ready bleeding, putridity, and bluish or greenish colour of the ulcers. Thin crusts or proud-flesh on the ulcers. Carbuncles (burning). Inflammatory tumours with burning pains. Ulcers in form of a wart."

All these symptoms have proved curative in chronic ulcers. These ulcers are generally callous or unhealthy, with or without burning pains. The low, sickly constitution of the patient is also a leading character. The stinking, foetid pus with proud-flesh granulations also helps the selection of the remedy. The main features mentioned above are the principal indications.

Hoyne has the following records? "*Ulcers*, chronic, with callous, hard and swollen edges, bleeding easily; surrounded by blisters and vesicles; foetid discharge; gangrenous. Aggravation from cold and at night, better from warmth. Violent lancinating pains; bottom of ulcers appear livid; spreading in width.

Girl aged two, superficial ulcers on legs, surrounded by a somewhat raised pinkish areola. In center of each was a small, dry, black, slightly depressed scale, from under the edges of which oozed a mixture of thin, light yellow matter and very dark blood. Complained of burning pains in ulcers and had a great desire to scratch round the edges, but disliked to have them exposed to the air. Loss of appetite, generally prostration and intense thirst for small quantities of water frequently. Ans cured."

It is impossible to separate symptoms of suppuration and ulceration from each other. In fact, suppuration generally ends in ulceration and the two run concurrently. The indications of pus should be taken into consideration with the ulcer, for ulcer can not remain alone without the excretion of puriform matter.

*Arsenicum Iodatnm* is a medicine for syphilitic suppuration and ulceration. It has cured a few cases of mammary abscess when the pus had the unhealthy character of Arsenic or syphilitic origin. Clarke says with regard to the medicine thus: "The conditions resemble more closely those of *Arsen.* than those of *Iod.* worse from cold wind; better from warmth. Great vital prostration. Worse by any exertion. . . . Kent observed in a proving made by himself that a thick, yellow discharge resembling honey is characteristic, and he cured with it a case of disease of the nasal bones, with weak intellect, in a girl being guided by the symptom: 'discharge excoriating, thick and yellow.' There was also a great improvement of the mental state. Hale's keynote of the remedy is: The peculiar and persistently irritating, corrosive character of all the discharges."

It will be seen that the thick, yellow discharge like honey or the corrosive irritating character of the pus is the keynote to use the remedy. The thin emaciated condition will help the selection.

*Arsenicum Metallicum* is capable of being used in syphilitic cases. The leading indications correspond with those of *Arsenicum Album*.

*Arsenicum Sulphuratum Flavum* is Arsenious Sulphide or Orpiment. It has the quality of both Arsenic and Sulphur. Clarke says: "The periodicity of both *Arsenic* and *Sulph.* are marked; worse every afternoon and evening. Better from steam or hot water. Better by lying down."

The Indian quacks use orpiment (হরিভাল) in small dose to cure chronic ulcers.

*Arsenicum Sulphuratum Rubrum* is Arsenic Sulphide or Realgar and used for the same purpose as Orpiment.

*Asafetida* is another medicine for chronic ulceration with ichorous pus. Clarke writes: "Ulcers with high, hard edges, sensitive to touch, easily bleeding; old ulcers on forearm, wrist, hand; ulcers, especially when affecting the bones; pus profuse, greenish, thin, offensive, even ichorous. Ulcers very painful to contact, especially in the circumference, gangrenous." Hughes quotes a case of Dr. Holcombe: "I have twice verified the value of this remedy in scrofulous caries of the bones. I used the 12th dilution. It is singular that a remedy, whose principal applications are to the most fugitive and sympathetic disturbances of the nervous system, should extend its curative power to the most deep seated and chronic organic lesions." Then he adds, "It is also highly commended in acute periostitis. I give you these facts as they stand. For myself I have given *Asafetida* very persistently in several cases of chronic caries, without being able to discern the slightest result from its use."

Hoyne writes in favour of the use of *Asafetida* in caries and necrosis: "*Syphilis*.—*Asafetida* has been employed chiefly in the tertiary form after the use of *Mercury*. Ulcers, particularly when affecting the bone discharging ichorous fœtid, thin pus; ulcers which are painful when applying the bandage; stinging in the bones, worse at night; pain in bone when touched. Syphilitic caries and necrosis with fœtid and bloody suppuration.

Lady aged 45. Both tibiæ were bowed out with bone swelling; extreme nocturnal pains preventing sleep for weeks. Had taken *mercury* by inunction. *Iodide of Potash* and *Bromide of Potash* without benefit. *Asaf.* 30 very soon relieved the pains and produced sleep. The nodosities of the tibiæ also disappeared in two or three weeks. Dr. J. M. McClelland.

Tertiary syphilis in a man aged forty. Large ulcer upon the right leg with a bluish, hard edge, painful to the touch; nightly pains in the tibiæ; bone very sensitive to touch. *Nit. ac.* 200 benefited him for a while. Afterward *Asaf.* 200 cured. Hoyne."

The difference between the opinions of Hughes and others rests on the application of Asafœtida in syphilitic cases. It seems that Hughes used the medicine in caries and necrosis indiscriminately. On the other hand the successful use of the medicament rests on the administration in syphilitic caries and necrosis. Our experience is in favour of the use of Asafœtida in caries and necrosis originating from syphilis. In a few cases of syphilitic ozæna and ulcer of the leg it has proved efficacious.

The following remarks of Clarke are with us: "The fœtid smell of the drug may be regarded as one of its 'signatures'. Fœtid discharge from nose; bones affected. The following is a strong characteristic: Bones of orbits bruised, sore, and sensitive (iritis; after abuse of *Mercury*. *Merc.* has less of the sensitiveness). Caries of bones. Multiple nodes on roof of mouth, discoloured, bone deeply involved..... Periosteal affections ending in ulcers which are so sensitive that no dressing is tolerated."

(To be continued).

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Meteorological Observations taken at 8 A.M. at the Indian  
Association for the Cultivation of Science, Calcutta.

For the Month of September, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		Humidity.	CLOUD. Proportion.	Rainfall in inches of past 24 hours.
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.			
1	29.410	E	3.0	92.0	79.0	96	10	0.78
2	29.422	S	3.0	91.6	79.5	91	10	0.47
3	29.586	S	2.9	84.8	78.5	93	10	0.06
4	29.576	S	1.4	88.0	80.8	85	7	Nil.
5	29.552	E	3.2	91.0	80.0	83	6	0.09
6	29.604	E	3.6	90.0	79.5	85	8	1.00
7	29.636	S E	2.8	86.6	79.8	89	7	0.25
8	29.582	S E	2.5	89.0	80.0	88	7	0.38
9	29.550	S E	2.7	92.5	80.0	86	7	Nil.
10	29.633	E	2.1	91.0	80.0	93	7	0.21
11	29.652	S	2.3	91.2	81.0	80	5	Nil.
12	29.689	S	1.9	92.8	81.0	88	5	0.35
13	29.690	Calm	1.9	91.5	78.5	92	8	0.29
14	29.704	Calm	1.5	90.5	77.0	96	8	0.55
15	29.716	Calm	1.9	91.0	77.0	93	10	0.85
16	29.679	S	1.1	91.0	79.0	88	9	Nil.
17	29.712	N	2.0	92.8	81.5	69	10	"
18	29.731	S	2.0	93.0	81.0	78	Nil.	"
19	29.769	N	2.4	93.5	83.0	70	4	"
20	29.795	N E	2.5	92.2	74.0	100	10	2.92
21	29.800	S	1.2	83.0	76.0	91	8	0.05
22	29.741	S	2.5	88.6	77.0	93	8	1.76
23	29.735	S E	3.5	90.0	79.8	87	7	Nil.
24	29.819	S	3.8	89.0	79.5	86	6	0.42
25	29.829	S	3.1	90.0	79.5	86	6	Nil.
26	29.794	S	3.5	90.0	80.2	84	4	"
27	29.772	S	3.7	91.5	81.5	84	6	"
28	29.769	S	2.9	92.5	82.0	82	Nil.	"
29	29.752	S	2.5	93.8	83.0	90	6	"
30	29.830	S	2.6	95.8	82.5	88	8	"
Mean	29.684	S E	2.5	90.6	79.7	83	7	TOTAL 10.43

Remarks: The mean atmospheric pressure during the month of September was 29.684, in contrast to that of the last month

which was 29.509. The mean direction of the wind was S. E., as it was in the previous month. The mean velocity of the wind per hour was 2.5 miles, less than that of the last month by 1.4 miles. The mean maximum temperature was 90.6 and the mean minimum 79.7, shewing a difference of 10.9 degrees. The mean humidity was 83, whereas in the previous month it was 86. The total rainfall was 10.43. It was 10.08 inches in the previous month.

The mortality from cholera, during the week ending the 31st August came to 28. During the week ending the 7th September it was 13. In the week ending the 14th September it suddenly rose to 38. In the week ending the 21st September the number of deaths was 31. During the last week ending the 28th September, the mortality remained at a standstill to 31. The appreciable rainfalls during the month were on the 6th, 20th and 22nd. Rain could not produce any effect on the disease.

From plague, during the week ending the 31st August, only 8 persons died. During the week ending the 7th September the mortality was confined to 6 persons. In the week ending the 14th September, it was 6. During the week ending the 21st September, it was 11. In the week ending the 28th September, it was 7. It seems that the rainfalls of the 20th and 22nd produced the lessening effect.

Mortality from smallpox never took away more than two persons in a week. The fact is that smallpox like cholera and plague permanently prevailed in Calcutta.

Deaths from fever in the week ending the 31st August took away 164 persons. They were 130 in the week ending the 7th September. During the week ending the 14th the mortality was 129. In the week ending the 21st September, it rose to 155. In the week ending the 28th September, it was 133. The notable fact is that the mortality from fever began to increase from the month of July.

Bowel complaints took away more persons than in the previous month. From 38 the mortality increased to 67 in a week.

The total mortality during the above-mentioned period of four weeks was 1,837 among the population of 8,47,796 persons, shewing the ratio of 27.8 per mille. During the month of August the ratio was 25.48, shewing an increase of 2.32 per thousand population.

## EDITOR'S NOTES.

**Sepia in Inflammation of the Elbow.**

The following is taken in the *Homœopathic Envoy* for September from the *Leip. Pop. Z. f. Hom.*, July 1, 1907.

"A few weeks ago the wife of our farmer called on me and showed me her swollen arm, and stated that she first felt the pains in her elbow; but she could not remember having knocked it against anything or hurt it in any way; nor had she had any similar ailment before. For weeks she has not been able to use the arm; she had used several remedies, but instead of becoming better, it had only become worse. On my advising her to see her physician, as I thought that in the bad state of the arm and the considerable pains in it no time should be lost to use strong remedies, she answered that had been done, but these prescriptions had not proved of any avail. The patient is forty years of age, and looks well-nourished but sick; and this determined me to give her *Sepia* 6, which according to Hering has a particular relation to the elbow. After a week she came back and asked me for some more of these salutary Homœopathic little pills. According to her statement, her arm has been improving from day to day, so that with some caution she is able to use it again.

Soon after this an older laborer from another farm came to me stating that he was sick. He also was unable to use his hand and his arm, which were swollen up to the shoulder. Also he stated that the ailment had come of itself, without his having knocked against anything or hurt himself in any way. I gave him *Sepia*, and the nurse in the hospital ward assured me that the improvement which set in soon afterwards had evidently been the result of the homœopathic remedy."

The above cases have proved what *sepia* can do in inflammation of the elbow and even in the whole inflamed arm. The cases are evidently those of erysipelas. Erysipelas of the face cured by *sepia* has been recorded but cure of erysipelas of the arm does not find place. The peculiar symptom of itching on bends of elbows has been prominently noticed. The itching does not much help to treat a case of erysipelas. Whatever the affinity of elbow may be with *sepia* the clinical cases prove that the inflammatory symptoms of arm and elbow come within the jurisdiction of *sepia*.

### Sterility in women.

The *Medical Times* for September writes :

"Some aspects of sterility in women are considered by A. T. Roginsky (*N. P. Med. Rec.*, June 23 '07), who finds that in searching for the cause in any given case one must not only scan the whole range of diseases peculiar to women, but must also take into account the physical and social conditions of the individual. A detailed knowledge of the physiological and pathological processes that take place in the female genital tract, is very essential. Once healthy semen is deposited in the upper segment of the vagina and conception does not take place, clinically speaking, the woman is at fault. Sometimes the cause is very obscure; but aside from the many structural lesions that may exist, functional disturbance, no matter how mild, may be causative—especially when women suffer from a general muscular relaxation, are ill-nourished and highly nervous. In order that the male factor may reach its destination, two mechanical forces besides its own motor power are essential to compel the spermatozoon to travel toward the uterine cavity. First the perineal body or pelvic floor, by the constant contraction and relaxation of its muscular structure, produces from below a wave in the direction of the cervix upon which the spermatozoa are carried upward. This perineal function is no doubt one of the most important factors in holding the uterus in its normal position. Again, the hollow uterus, constantly undergoing, as it does, some contractions, must 'have some suction power which aids also the upward passage of the spermatozoon.' In women who suffer from a general muscular relaxation these mechanical processes are greatly diminished, with the result that conception does not take place. Another untoward factor is that the wave produced by the uterine ciliated epithelium is outward, opposing the progress of the sperm."

In cases of sterility of women generally the fault is placed on men, who are accepted to have contracted disease which prevent impregnation. The following are the noticeable features which create sterility in women.

1. Ill nourished and nervous women with muscular relaxation.
2. Want of normal contraction and relaxation of the pelvic floor.
3. Want of the supposed suction power of the uterus.
4. The outward wave of the ciliated epithelium is opposed to the normal process.



5. Dryness of the mucous surface of the vagina opposes the inward passage of the spermatozoon.

6. Irritability of the mucous surface of the vagina which provokes irregular contraction of the muscles of the vagina and uterus, preventing the inward passage of the spermatozoon.

7. Diseased mucous membrane of the vagina prevents the inward passage of the spermatozoon.

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### The Prophylaxis of Plague by Immunization.

The *British Medical Journal* of September 14, writes as follows:

“Dr. Strong has contributed an interesting article on his studies in plague immunity to the *Philippine Journal of Science* for June, 1907. Before discussing his own experimental work he reviews the various prophylactics which have been already used in human beings, giving a short account of their preparation and the immunizing powers which they possess. He quotes the experiments of Kolle and Otto, who found that guinea-pigs cannot, except in rare instances, be immunized against plague infection by the use of Haffkine's prophylactic, and argues that if large and repeated doses of the killed plague bacilli fail to immunize such small animals as guinea-pigs, it seems unreasonable to expect very favourable results in man from such a method, particularly since the amount of the bacteria inoculated in human beings is so much smaller in proportion to the body weight. Such theoretical considerations should not be allowed to outweigh the practical results obtained in India until some more effective method has been discovered, but this Dr. Strong believes he has found. He relates a series of inoculations of animals with living attenuated cultures (vaccinations), and concludes that, ‘in spite of variations in the results of immunization sometimes obtained in the different series by the same method of inoculation, nevertheless, an examination of the experiments demonstrates conclusively and beyond any doubt the great value of vaccination (living attenuated cultures) against plague infection and its evident superiority to the other methods of immunization.’ During the year dealt with, nearly 200 such vaccinations were performed on human beings in the Philippines. Dr. Strong observed no unfavourable results in the inoculated, and believes that the cultures with which he worked proved themselves to be entirely safe for human beings. He quotes Douglas and Bulloch's criticism on his work in Allbutt and Rolleston's *System*

*of Medicine:* 'Naturally very great care would be necessary in recommending a method like this on a big scale in plague stricken communities, as from unforeseen circumstances the virulence might increase and plague be induced,' and meets it by pointing out that there is no evidence to support this statement, his cultures, which for nearly two years have been used at intervals in human beings, being as safe for use in man to-day as they were at the time of his first inoculation. We feel inclined to agree with Douglas and Bullock in their words of warning; true there may be no direct evidence to justify it as yet, but nevertheless the indiscriminate use of living cultures on a large scale might furnish this only too quickly. If the new method should prove of great protective value to man, then, of course, the risk of any such unfortunate accidents would have to be faced. All that can be said for the present is that it is to be hoped that such a procedure in the hands of others will always prove as safe as it has in the hands of Dr. Strong."

The prophylaxis created by plague inoculation is always doubtful, as all artificial means are. Doubt cannot exist that artificial immunity cannot take the place of natural immunity. The present fad is to create waste of energy by depending on artificial immunity at the sacrifice of the natural immunity. Efforts to create natural resistance to diseases have been minimised by the artificial work. Having so many dangerous enemies in our front, it is useless to select a particular weapon for a particular enemy and have all of them at our side for continual warfare. If natural immunity as one weapon can baffle the attacks of all the dangerous diseases when properly applied, it is our duty to imitate nature and create that immunity and not to replace it by an artificial method, which may either fail or prove dangerous. The law of sanitation should rigorously be enforced in time of danger. Sanitary associations should be established to educate Indians to obey the natural laws of sanitation.

As for the difference between Haffkinism and other methods, it seems from the actual experiments of Haffkine, that after an existence of about ten years of his inoculation in India, no influence has been made on plague. We do not rely on the official reports, for they have not taken into consideration the failures of that system. The sufficient proof of the failure of inoculation can be found in the Punjab alone, if other provinces are not taken into consideration.

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### Prolonged Artificial Respiration.

We read in the *Medical Times* of September :

"J. W. Trask, in the *Military Surgeon* reports two recoveries after having been immersed in water for a time beyond which resuscitation is generally not hoped for, and he concludes that the Sylvester is the best method of artificial respiration without apparatus, and when there is but one operator. The combined Sylvester and Howard methods are the best where there are two or more to do the work. The Life Saving Service prescribes these methods. Schafer's results by his new method are so good that they would appear entitled to corroborative experimental work by others. An apparatus consisting of an O'Dwyer intubation tube attached to an ordinary bellows should be very effective in cases of apparent drowning, because the recharge of air can be made as great or greater than in normal respiration ; here one operator will suffice, and he need not possess the amount of strength and endurance required in the other methods. One should persist in artificial respiration for at least two hours in all cases, especially where the submersion has been for thirty minutes or where the length of time has been in doubt. In the first of Trask's cases the man was in the water about half an hour, and his resuscitation 'was due entirely to the persistence and perseverance of the life saving crew, who kept up the artificial respiration for over an hour and three-quarters, and thus supplied the energy for breathing until his blood and tissues had received enough oxygen to continue the process for themselves.' The second case was in the water for probably half an hour, yet the boy recovered after somewhat over an hour of artificial respiration."

Saving of life after prolonged immersion in water has gained an importance in view of the fact that a few hopeless cases can be cured by artificial respiration continued for more than an hour until enough oxygen impermeates the lung tissues to work for themselves. The persistence of artificial respiration for a long time is the keynote by which natural respiration revives. In fact the artificial supply produces stimulation for the natural to renew its own work. It is to be noted that the artificial supply of the natural product is an incentive to nature to renew its organisation. In fact, the involuntary effort is supplied by voluntary means. Those involuntary efforts which can be obstructed by voluntary action and replaced by withdrawing the opposition can have the

support of voluntary attempts to revive its energy. The respiratory action is an involuntary effort which can be obstructed for a time by voluntary action. The involuntary action of the beatings of the heart can neither be obstructed by will nor be replaced by artificial means. Perhaps, science will not advance to that point where the cessation of the involuntary action of the heart can be re-animated by voluntary action.

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### Criminal Responsibility.

The *British Medical Journal* of September 14, writes :

“At the recent Congress of French Alienist Physicians a resolution was passed to the effect that the question of the responsibility of a delinquent is not one which a physician ought to be called upon to determine ; it is enough for him to say whether the accused person was mentally disordered or not at the time when he committed the offence. According to Article LXIV of the French Penal Code, if the accused's mind was disordered at the time when the act was committed there is neither crime nor offence ; it is not necessary that the mental disorder should last indefinitely or be complete, that is to say, affecting all forms of psychical activity. While it neither excuses nor attenuates crime, it is an absolute bar to a conviction. A case in point has been recently tried, where a man was condemned to imprisonment for six months for stealing a hand-bag. At the trial he was examined by several expert physicians and regarded as responsible by some and irresponsible by others. On appeal the Court ordered three expert physicians to examine him again, and of these two reported that he showed real mental disorder, but left to the Court to pronounce on the question of responsibility. The counsel for the appellant asked for the acquittal of his client on the ground that the disorder recognized amounted to mental alienation that would exclude all responsibility, or throw a serious doubt upon the state of his mind by which he had the right to benefit. The Court accepted this view and reversed the conviction on the ground that the experts found that the accused was in a state of dementia (*démence*) when he committed the offence. This view is infinitely more simple than that usually taken in this country of the duty of the medical expert, who is generally expected and often takes upon himself the duty of attempting to decide whether the accused person was responsible for the act committed. Our judges, moreover, have laid down the principle

that responsibility is determined by the capacity of an admittedly insane person to appreciate the character of the act in its true relations, and in consequence insane persons may be punished, or even submitted to the extreme penalty of the law, if the judge is not satisfied that the admitted mental disorder prevented the accused person from recognizing the nature and quality of the act committed."

The consideration of criminal responsibility is decided in France on the ground whether the criminal was really affected by dementia, mono-mania or any other kind of mental disease which the criminal had no power to control. The acceptance of the view naturally releases the prisoner from punishment as he was not responsible for his action.

There is another side of the question. The criminal creates a danger in society which can not be ignored. The lives of honest good men are thereby endangered. Some remedy should come into existence to control his actions. It can not be denied that mono-mania, melancholia, partial dementia and other diseases of like nature may rest on certain disturbed conditions of brain centres, either organic or functional. The power of the disease may not be noticeable at the beginning, but it assumes grave character after a certain period by continual pondering over some supposed wrong which creates the mischief to make him violent in order to retaliate the grievance. The nervous force by continual meditation for making mischief assumes disproportionate intensity over which the criminal at last loses control. It can not be denied that this state of hypersensibility is his own creation. Like hysteria, the mental diseases depend on imaginary wrongs, and if not controlled assume grave character.

The criminal should be held responsible for aggravating his malady, which he could have controlled at the beginning of his disease. The loss of criminal responsibility makes him a dangerous character in society which should be controlled by law.

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## CLINICAL RECORD.

### Indian.

#### A CASE OF ACUTE TONSILITIS.

BY DR. P. L. KUMAR, L. M. S.

About the middle of March 1907, a Hindu child aged about 10 months had been suffering from fever and cough for two or three days. It was a rickety child thin and very pale, several glands of the cervical and inguinal regions were indurated. Its mother had died about five months ago of tuberculosis of the intestines.

The child's temperature was 103°F, it was coughing frequently, and its voice had become hoarse. On examining the throat it was found to be red and both the tonsils inflamed. The lungs were in a catarrhal condition. Prescribed Bell 6th, dose glob. three times a day. Finding no benefit except a slight decrease in the redness in the throat, Hep. sulph. was prescribed the next day. Instead of doing any good it raised the temperature one degree higher. On the fourth day, the child was very weak, the voice almost inaudible, and in a drowsy condition. Now I thought I wanted a medicine which will suit the same condition in an anæmic case as Acon. or Bell. in a plethoric subject and on consulting Clarke's Dictionary of Medicine I found that according to Schussler's therapy, Ferrum Phos. takes the place filled by Acon., Bell., Gels., &c., which correspond to disturbed states of circulation, irritation and relaxation of tissue; that it also retains the leading features of other iron preparations: anæmia, inflammation, induration and enlargement of blood-vessels; great mental and physical lassitude; and that it is suitable to the leucophlegmatic temperament. Hence I prescribed Ferr. Phos. 3rd Trit.  $\frac{1}{4}$  gr. three times a day. It brought down the temp. after two doses to 102°F and the next day the temp. came down to 100°F. The medicine was continued for 2 or 3 days more, twice a day and the child became well.

### Foreign.

#### CRATÆGUS OXYACANTHUS.

G. M. WATERHOUSE, M.D., WEISER, IDAHO.

I notice an article in the June *Therapeutist* by Dr. H. S. Lawrence, on *Cratægus Oxyacanthus*. I have had excellent results with this remedy in certain heart troubles. My experience has been mostly in mitral lesions following rheumatism where there is loss of compensation.

I was called in consultation to see a girl, aged 14, who had mitral insufficiency some time after an attack of rheumatism. The attending physician stated over the telephone that the family wanted me to see the case, but he did not expect I would find her alive when I arrived. I found a loss of compensation, her lower limbs swollen from dropsy, and the other symptoms usually accompanying that condition. The usual treatment had been used but without results. I recommended *Cratægus* in five drop doses three or four times daily, which was given her. The dropsy disappeared soon afterwards and she was up attending school in a short time.

I saw her three years after and she informed me that she was as well as she had ever been, could run, climb stairs and attend to her usual duties without any return of the trouble. I had no opportunity to again examine her heart.

The attending physician, seeing the results in this case, has used this remedy in three other cases of a similar nature and with like results.

Another case in my own practice, with similar symptoms, was a young married woman, who had a mitral lesion resulting from rheumatism. There was loss of compensation, the limbs greatly swollen and the abdomen filled. She was nearly ten minutes getting breath enough to talk after climbing one flight of stairs to my office.

I gave her five-drop doses of *Cratægus* three times daily, but on account of the effect she thought it had on her stomach she reduced the dose to three drops and continued it for some time before I knew of the reduction. The next time I saw her, however, she was, improving nicely and I had her continue at that dose. The dropsy soon disappeared entirely and without any other treatment and she is now, after three years, well, so far as can be seen.

I saw her a short time ago on the street asked her to go to my office that I might examine her heart again. She accompanied me and I purposely had her climb the stairs as fast as she could immediately examined her heart. I found some regurgitation yet but not so pronounced as before, but I was surprised to find so little acceleration of the heart's action on account of rapidly climbing the stairs. I still have her take the *Cratægus* for about two weeks every two or three months and she gets along, so far as I can see, as though she never had a heart lesion.

I have used this remedy in many other cases and have had the best results in those cases where there is loss of compensation. I had one failure in a case of insufficiency, but did not see the case early

enough to do any good.—The *Homœopathic Recorder*, September, 1907.

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### CASES FROM MY PRACTICE.

BY DR. G. SIEFFERT, PARIS.

#### ANGINA PULTACEA.

Irene M., a girl twelve years of age, had recently taken cold. She came home from school complaining of a violent chill and considerable trouble in swallowing, so that the little girl thought she was gone.

I was called in and found that she had high fever with temperature up to 102° Fahrenheit. The tonsils were swollen, and the whole of the soft palate was very red. At the same time the corresponding glands on the neck were swollen. There was no cough. Only swallowing was peculiarly painful.

I prescribed *Belladonna* 3, C., two drops every two hours. On the following day she was somewhat better. The temperature was somewhat lower, and the swallowing was not quite so painful. On the other hand, I noticed on the left tonsil yellowish-white spot, which next day appeared somewhat greyish. I prescribed for it *Mercurius sol.* 12 in alternation with *Belladonna*. No other spots developed, and on the sixth day everything was again normal.

#### CHILBLAINS.

In winter we have frequently cases of Chilblains, especially with lymphatic persons. Allopathic physicians usually content themselves with embrocations of warm petroleum or spirits of turpentine. If they do not succeed in this way, they leave the cure to "Sweet Spring." But not every patient is inclined to wait patiently. A working woman lately came to my office, who had been compelled by her chilblains to give up her usual employment. Her hands and feet were so entirely covered with chilblains that I never before in my practice had seen anything like it. Even the ears and the tip of her nose had not escaped these attacks and some of the chilblains on her hands looked as if they would burst open.

She had tried an allopathic physician, but his ordinary remedies had failed to relieve her. So I prescribed *Agaricus* 3. C., two drops of the dilution four times a day, and externally as an ointment a cerate of three grams of the tincture of *Agaricus* with thirty grams of vaseline. In a week all the chilblains had disappeared.

#### MEGRIM.

This is an illness which chiefly afflicts the female sex, especially during the menses. It is usually accompanied with nervous distur-



passes originating in the sexual sphere and is increased by mental exertions.

Thus an actress came to my office lately, who in consequence of her avocation abused coffee, and with whom megrim set in whenever she should appear on the stage.

I found that she was suffering from anæmia. Her corset was too tightly laced, causing disturbances with constipation and consequent headache. She was unwilling to be closely examined, though she complained of a painful leucorrhœa. So I was compelled to start a somewhat empirical treatment. The patient said that she had come to me with the expectation that I would be better able than her allopathic physicians to cure these attacks of megrim. I prescribed at haphazard *Sanguinaria*. This remedy seemed to me to correspond most closely to the symptoms of which she complained; bilious vomiting with toothache, earache, pain in the limbs, electrical twitches in the head, with chills. The illness also usually appears during the menses. So she received *Sanguinaria* 2. D. in the dilution, eight drops in fifty grams of water, a teaspoonful every hour. I succeeded in removing the attacks and the patient is now inclined to subject herself to a thorough treatment.

#### CONSTIPATION.

A German merchant, thirty-five years old, domiciled in Paris, consulted me on account of an obstinate constipation by which he was as it were suddenly seized. He was also suffering from heart disease, originating from articular rheumatism, though he made no complaint as to this.

An examination showed the presence of piles, I felt myself justified to prescribe *Nux. vomica* in alternation with *Hannamalis*. But from this I had no success, especially since my patient to whom I had also prescribed clysters with glycerine had neglected the prescription.

I then tried *Collinsonia Canad.*, but again in vain since my patient omitted the use of the clysters, and secretly as he had been accustomed to do, before, used laxatives, as he finally confessed because this seemed to him easier than the use of clysters. He would not trouble himself with sitz-baths, and these did not seem to be fully indicated owing to his piles. But now his liver troubles became more prominent. The skin became yellowish, and a closer examination showed a considerable congestion of the liver. I warned the patient and gave him to understand that there was

no time now to make sport of the treatment. He promised to obey, and now attended regularly to the clyster.

I prescribed *Ignatia* l. in the dilution, giving two drops in a teaspoonful of water, one hour before breakfast and before supper. Of course this was combined with a suitable vegetable diet. On the second day of this treatment, which was conscientiously followed by the patient, the discolorization of the skin had already become less. In four days the yellow color had altogether disappeared and the excretive functions had again become normal.

#### COLIC.

*Colocynthis* is one of those remedies which is not so frequently used, but it gives remarkable good service.

A servant girl has taken cold from washing. At midnight I was called in. The patient complained of unendurable colic; she was doubled up forward, had cramps in the calves with violent urging to stool and to urinate.

The lady of the house thought that it might be peritonitis or appendicitis. The master of the house even thought of cholera, although there was neither vomiting nor discharges and the painful colic was the only prominent symptom.

I prescribed Priessnitz compresses on the abdomen and every two hours a drop of *Colocynthis* l. Next morning all was assuaged.—The *Hanaepathic Recorder*; September, 1907.

#### CURES OF ANIMALS.

1. Jan. 6.—Taumann's cow had a calf a week ago and the after-birth had remained behind: 1., 3: *Sabina*; *Secale cornut.* every 24 hours. Cured.

2. Jan. 12.—Stevencek's mare, restlessness from desire for the horse: *Platina*. Cured.

3. Jan. 15.—Mennemann's horse (it had received on Dec. 11 last on account of glanders; with sore throat, which had lasted eight months, and was worse in the evening, *Belladonna*) was now considerably improved, only in the evening there was still some coughing: *Hepar-sulph. calc.* Cured.

4. Jan. 22.—Kemper's horse has been broken-winded for nine months, worse from getting cold: *Arsen.* Cured.

5. Jan. 25.—Reer's colt had inflammation of the throat from which its mother had also suffered: 1. *Aconitum*; 2. *Bellad*; 3: *Hepar a. c.* every twelve hours. On the 31st of January, much better, but it now has glanders with a sharp secretion from the nose: *Arsen.* Cured.

6. Jan. 28.—The cow of the pastor of Altenberge is bloated and has no appetite at all; she has on that account received *Chamomilla*. I gave 1. *Nux vom.*; 2. *Arsen.*, every two days, with slight improvement. Jan. 30. There is a loud cracking of the joints and continual rubbing, owing to itching of the body: *Sulphur*. Cured.

7. Jan. 31.—Bruening's mare has been lame for two weeks, from a swelling of the coronet: *Lachesis*. Cured.

8. Feb. 10.—Eilker's calf has been quite lame for several days, and now it is not able to stand up; worse in the evening: 1. *Nux vom.*; 2. *Bryonia*, every two days. Cured.

9. Feb. 14.—Schroeder's cow, after having a calf, the after-birth is delayed: Q., 3. *Sabina*, 2. *Secale corn.*, every twelve hours. Cured.

10. Feb 16.—Kinnebrock's pigs have a white diarrhoea: *Mercurius* in two doses, one for every four pigs. Cured.

11. Feb. 23.—Twenhoever's hog had "dropping out of the bristles" around the neck and had quite lost its appetite: *Arsen.* Cured.

12. March 7.—Werlemann's cow had born a dead calf, and the after-birth stayed behind: 1. 3. *Secale corn.*; 2. *Sabina*, every eight hours. Cured.

13. March 9.—Sudhoff's pigs have for some days been ailing with white diarrhoea: *Mercurius*. Cured.

14. Nettmann's horse had received *Thuja* for worms on the 11th of July, 1862, and had since then been well. On the 10th of March the ailment had returned: *Sulphur*. Cured.

15. March 11.—Luelf's horse has been broken-winded since two months, with cough and a very hot temperament: *Nux vom.* On the 24th of March it was improved, especially the cough, but the asthma was still present, though in a less degree: *Arsen.* April 15. The cough has returned and now it comes more while at rest after feeding: *Pulsatilla*. April 28. Now the cough is worse in the morning: *Nux vom.* May 23. Much improved, but the cough is still there and there is mucus from the nose: *Pulsatilla*. June 2. The cough comes but rarely, but the mucus from the nose, which now is corroding, is increased: *Arsen.* Cured.

16. March 14.—Samson's seven year old horse is asthmatic: *Arsen.* April 3. Much improved, and only shows its ailment when starting out: *Thuja*. Cured.

17. March 24.—Luelf's *mare* for the last two years has had, in spring, *itching* and *loss of the hair*: *Sulphur*. April 28. It was better but now it starts in again: *Thuja*. May 23. Not improved by *Thuja*, and is much tormented by flies: *Sulphur*. June 2. Neither was there a success this time, and it *bleeds* where it rubs itself: *Mercurius*. This finally effected a cure.

18. March 26.—Strobaud's *cow* after calving has violent (puerperal?) *fever*, the *milk stopped*, and there was trembling: 1. *Aconit.*; 2. *Cham.*, a dose every six hours. March 27. The milk has come back, but now she is paralyzed in her whole body, so that she can neither stand nor eat: *Pulsatilla*. Next day she was quite well.

19. April 11.—Heissing's *horse* had a *sun-stroke*: *Helleborus*. Cured.

20. April 25.—Borgert's *gelding*, afflicted with the quiet *staggers*, only in the stable, with trembling: *Pulsatilla*. Cured.

21. May 7.—Kriesekamp's *horse*, *inflammation of the left eye*: 1. *Arnica*; 2. *Bellad.*, one dose every other day. Cured.

22. Gr. Schuermann's *horse* is again *asthmatic*, after it had been cured from it last year on July 26, with *Nux vom.*, and on August 19, with *Bryonia*; now on the 16th of May this year it received *Arsenicum*, which had to be repeated on July 25. Since then it has been well.

23. Waltermann's *mare* had been cured on October 13, 1862, from an old *eruption* in the *mane* and *tail*, with *Sulphur*. This eruption reappeared on May 17: *Sulphur*. Cured.

24. May 19.—Cildeg's *cow*, after having a severe calving, had *retention of urine*: *Arnica*. May 21. She now has *diarrhœa* and a *swelling* on the lower part of the belly: *Sulphur*. Cured.

25. May 21.—Baronet v. Twickel's *mare* was lamed after getting wet while perspiring. She had been treated with Gunther's remedies according to Gunther's directions. She received *Rhus*. May 26. Without success; when she starts to walk, her paralysis is worse: *Arsenicum*. June 21. On this she got much better, but there is still some lameness, when beginning to walk and also afterwards: *Arsenicum*. Cured.

26. May 21.—Hoelling's *cow* had a calf two weeks ago, and since then she is *lame* and *does not eat*: *Pulsatilla*. Cured.

27. May 20.—Wolmer's *mare* has *itching* in the *tail* and the *mane*: *Sepia*. Cured.

28. May 29, June 3.—Several animals, horses, cows and hogs were bitten by a mad dog: 1., 3. *Belladonna*; 2. *Hyooscyamus*, one dose every five days. They remained well.

29. June 5.—Bolten's yearling heifer and hæmaturia: 1. *Ipecacuanha*, 2. *Nux vom.*, once a day. Cured.

30. June 9.—Stegemoeller's cow is constipated, bloated, and quite lame. The veterinary surgeon has given her up: 1. *Nux vom.*, 2. *Puls.*, every twelve hours. June 10. Improvement, but a severe prolapsus of the rectum: 1. *Ignatia*, 2. *Nux vom.*, every twelve hours.

31. June 10.—Miltz's mare has become asthmatic and coughs, (after receiving a medicine from the veterinary surgeon): *Arsenicum*, June 27. Considerable improvement, but she has grown worse again: *Thuja*. July 9. Almost wholly restored, but she still coughs: *Arsenicum*. Cured.

32. June 16.—Schening's four pigs have the hog's disease; their hind quarters are paralyzed and they drag their hind legs after them; total loss of appetite: 1. *Ran. scel.*, 2. *Spongia*, 3. *Arsenicum*, one dose every four days. July 9. Very decided improvement. 1. *Ran. scel.*, 2. *Sulphur*. Cured.

33. June 17.—Hermann's bullock has first hæmaturia, then obstinate constipation: *Nux vom.*, every twelve hours. Cured.

34. June 20.—Borchert's three cows and one calf were bitten by a mad cat; every animal was given 1., 3. *Belladonna*, 2. *Hyooscyamus*. There were no ill consequence, they remained healthy.

35. June 27.—Hermann's cow had hæmaturia since this morning: 1. *Ipecac*, 2. *Nux vom.*, every twelve hours. Cured.

36. July 1.—General v. Hobe's saddle-horse had been *shoulder-shotten* for ten weeks on the right side and several veterinary surgeons had been called in without success: *Arsen.* July 26. Strikingly better and only becomes lame a little when trotting on a pavement or on hard ground: *Arsenic.* Aug. 11. As good as cured but as a caution: *Thuja*.

37. July 21.—Leppermann's cow was seized with the malignant mouth and hoof diseases: 1. *Arsenic.*, 2. *Thuja*, one dose every three days. In eight days she was perfectly restored. During the last years there have been several such cases here, which were quickly cured in the same way.—The *Homœopathic Recorder*, September, 1907.

## OXALURIA :

BY R. F. RABE, M. D., Hoboken, N. J.

This is a condition frequently met with, but to be diagnosed by a microscopic examination of the urinary sediment only. Numerous crystals and even concretions of calcium oxalate are to be found under the microscope. A high specific gravity of the urine, together with a faint trace of albumin and a few pus corpuscles and kidney epithelia, may also be found, and denote an irritation of the kidney structure. Certain fruits, such as bananas, oranges, berries, etc., are credited with the ability to cause this state. Subjectively neurasthenic symptoms of uniform occurrence are present. Of these mental depression, irritability and back-ache are quite common. Remedies said to be of use in this abnormal state are, Oxalic acid, *Calcarea oxalica*, *Kali sulphurica*, Nitro-muriatic acid and others. Of course the symptom totality must be the sole guide, hence any remedy may be required.

The following case is interesting: Dr. M., age 29, veterinary surgeon, powerfully built, inclined to obesity though very active, for some time had complained of lack of ambition, backache and mental depression.

He became averse to social intercourse, always tired and out of sorts.

Could not take any interest in his work of which he is usually fond.

Strangely enough his symptoms were worse every other day. Habits excellent.

Physical examination negative. An examination of the blood showed no malarial parasites or other abnormality. Hemoglobin normal. He had had intermittent fever years ago, suppressed by quinine, still later a recurrence of a severe remittent fever, this time treated homeopathically and cured by *Arsenicum album*. Hence the absence of the plasmodium malarie was not surprising.

Accordingly he was given one dose of Nitromuriatic acid, 500 (Skinner), with immediate improvement and prompt cure. No change in diet or habits was made.—The *Medical Advance* September 1907.

## Gleanings from Contemporary Literature.

### STIMULI AND THE ORGANISM.

BY FEROT WIEDR, M.D.

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A "STIMULUS" is usually defined as "an agent which produces a quickly-diffused and transient increase of vital energy in the organism, or some part of it."

There are few things which cannot be used in such a manner as to cause a transient increase of vital energy, and employing the word in its widest sense, the subject may appear too large for the limits of a brief paper. But I shall restrict myself to general principles and merely outline a great subject. When we say that a stimulus produces an increase of energy, do we mean that the stimulus supplies a force capable of being translated into vital energy, or is the increased energy the result of an effort of the organism to resist the action of the stimulus? In other words, Where does the energy come from? In which direction is it going?

The number of agents capable of being directly translated into vital energy is small. We may omit the energy derived from food in its last stage of assimilation, and also that of the oxygen taken from the air, because this is practically locked up on delivery and is only issued to meet requirements. As free forms of energy we have heat, light, mechanical friction and electricity in some forms. We have also certain compounds existing in such a chemically active state that they are readily converted into energy, e.g., alcohol, nitro-glycerine, ammonia, aconite, hydrocyanic acid. Also the active principle of certain animal extracts, of which thyroid gland may be taken as an example.

Apart from these we must classify all agents, including food prior to the act of assimilation, cold and drugs in their crude form, as bodies only capable of producing vital energy by exciting the resistance of the organism.

The classification is not complete, because whether a particular agent belongs to one class or the other depends upon its physical state. There are also probably some drugs of which an infinitesimal part of a dose becomes chemically active, while the remainder acts as a physical stimulus.

But we may content ourselves with the broad distinction at this stage. When we find such powerful drugs as morphia, iodide of potassium, arsenic and astryrin, pass out of the body chemically unchanged, we cannot assume that any form of energy which results from their action belongs to them. They can only act as physical stimuli.

For the lack of better words I will designate those stimuli which directly increase vital energy as "co-stimuli" and those which excite

its resistance as "anti-stimuli". The direct action of stimuli can be most conveniently studied by observing the effect they produce upon the capillary blood-vessels, not only because such effects are visible to the naked eye, but because contraction and dilatation of the capillaries are an exact index of the vital activity of the organ or tissue they supply. The heart is merely a pump, the arteries pipes, which convey the blood to the capillaries; it is here that all these changes take place upon which vital energy depends. Experiments will show that all stimuli which are not forms of energy contract the capillary blood-vessel. In fact, we may provisionally define all agents which contract the capillaries as anti-stimuli, all agents which dilate the capillaries as co-stimuli. This gives a definite basis to our classification.

As a type of anti-stimuli "cold" is an example, because it is universal in its effects and most rapid in its action. There is hardly an organ or function of the body which cannot be stimulated by the skilled application of "cold." When cold water is applied to the skin the capillaries contract. Within a short time after its application they dilate. Why does this happen? The physiologist explains the contraction of the capillary as the result of stimulation of the vaso-constrictor nerves, their dilatation to exhaustion of these nerves or sometimes to the stimulation of vaso-dilator nerves. The therapist tells us that all drugs have a primary and secondary action, the first being the opposite of the other. With these statements before us it should not be difficult whatever a stimulus does to give an explanation of it. But when we come to close quarters with no desire to shrink the issue, it is not quite so easy to explain the result of experiments. For instance, if cold contracts the capillary because it has stimulated a vaso-motor nerve, it should be only necessary to continue the application of cold to exhaust the nerve and cause the capillary to dilate. But this result does not happen. The blood-vessel remains contracted so long as the general application of cold continues. If we apply cold to those lower organisms, which consist of one cell and have no nervous system at all, the same contraction takes place. If we take a probe and press it firmly upon the skin we can write a name or draw a design in red lines upon it because the dilatation of the capillaries corresponds exactly with the point of stimulation, it has no relation to the area of the distribution of a nerve. This tends to shake one's confidence in the view that a capillary contracts because of the stimulation of a vaso-constrictor nerve.

Another fact that appears worthy of notice is that the capillary blood-vessels *possess no nerves and have no nervous connection*. Before we can accept the view that cold stimulates a vaso-motor nerve, we must persuade ourselves that cold is a form of energy, but as cold represents the abstraction of energy and is a universal depressant of all organic life, it cannot stimulate anything.



Why does the capillary contract? The capillary blood-vessel is built up of protoplasmic cells joined together at their edge to form a tube. Each of these cells contains about a thousand molecules in a continued state of activity and in loose association. Wherever in Nature we find such groups of molecules we observe that they expand under the influence of "heat," and contract under the influence of "cold," that is to say, that when energy is added the molecules fly farther apart, and that when it is subtracted they draw closer together. This fact can be instantly demonstrated. If the finger is placed upon the bulb of an air thermometer no sensation of cold is experienced, because the thermometer is at the temperature of the room, but instantly the fluid in the tube rises, showing that vital energy has been abstracted from the body, and that this has been converted into the physical energy which causes the water to rise in the tube. The beautiful mechanism by which the capillary blood-vessel is built up of cells which are nearly as sensitive to change of temperature as the bulb of an air thermometer, and from precisely the same cause, has never been properly represented by physiologists, because they start with the conception that every action and function must be explained through the nervous system.

Not only is the capillary blood-vessel unconnected with the nervous system but each cell in the capillary wall acts as an independent unit. At any point a portion of the tube may be contracted or dilated without reference to the other parts. It is for this reason that the point of expansion or contraction always corresponds with the point of stimulation.

The importance of this arrangement to vitality does not appear to have been considered. If the functions of the capillaries, which are the source of nutrition and vital energy to the tissues, were dependent upon an intact nervous system, paralysis of a limb would be followed by immediate gangrene. As it is, a limb may have all its motor and sensory nerves completely destroyed and the capillary vessels continue their work unchecked, responding to every stimulus, and setting up, if necessary, all the complicated processes of inflammation. When we once realise that the contraction of a capillary blood-vessel represents an abstraction of energy and not the stimulation of a nerve, we shall understand why we associate pallor of the skin with shock, sickness and death, and the opposite condition with robust health. We shall also realise that drugs are not agents which impart their energy to nerves and so stimulate them, but that they are direct depressors of the tissues upon which they act.

I have so far drawn only one side of the picture. It is because cold is a universal depressant of all organic life that it is so valuable a stimulus, for it is impossible to contract the capillaries over any area without raising the pressure of the blood in the arteries, and without stimulating the heart to increased action. Cold causes an increase

of vital energy by exciting the resistance of the organism. It is to this same resistance set up by drugs, by abstracting energy from the parts upon which they act, that they owe the action attributed to them. We know nothing of the direct action of drugs, we only know them by the symptoms they produce, and these always represent the resistance of the organism to their action or the failure of this resistance. This is equally true of the symptoms of disease.

I wish to make it clear that I am not trying to give expression to any law peculiar to therapeutics. It is necessary to the performance of the functions of the body that there shall be an ever-varying series of vital energy in different parts of the body. The digestion of a piece of food may be taken as an example. From the moment that piece of food is placed in the mouth, it is subjected to all kinds of chemical and physical processes, which have the result of making it pass through the alimentary canal and become disintegrated in the process. I hold that the whole of these processes are set in motion because the food is an anti-stimulus, which, by abstracting energy from the tissues with which it comes in contact, excites the resistance of the organism. I have strong doubts about the elaborate system of telegraphy which the physiologists describe as necessary before the simplest function can be performed. The arrangements of the body are so perfectly conceived for automatic increases and decreases of function that it seems unnecessary, but this is only a passing remark.

That it should be a normal arrangement of the organism that it is necessary to depress the vital element in order to excite an increase of energy is in complete accordance with all natural laws. We are too apt to regard the organism as if it were a field of corn, to be swayed hither and thither by the forces brought to bear upon it. It may be better compared to an ever-flowing stream, the energy of which is concealed by its placid surface. If we wish to increase the energy of this stream at any point, if we want to convert its energy into mechanical work, we can only do it in one way, that is, by opposing resistance to it. So it is with the current of electricity, we light our rooms by resisting its passage. We convert vital energy into static electricity by opposing resistance to the revolving plates of the Wimshurst machine.

Just as vital energy must be regarded as a continuous stream flowing in one direction so must the action of the anti-stimulus be regarded as a stream flowing in the opposite direction, but continuous only during its application.

The view put forward by so many therapeutists and pharmacologists, that drugs have an opposite action in large and small doses must be regarded as the effort to explain observed phenomena by the statement of a physical impossibility. It is the organism to the action of the drug which is described as the stimulant action of the drug. Its true action

is only observable when the dose is large enough to break down that resistance.

But while it is necessary to keep before us a proper conception of the resistance of the organism, we must equally recognise its marvellous capacity to adapt itself to its environment. The term "failure of resistance" must not be taken as the equivalent of "exhaustion." Co-incident with the effort to resist is the effort to circumvent the obstruction and given time, successful circumvention leads to adaptation to circumstances, and the resistance fails. The new condition becomes normal to the organism, and subsequent efforts to change it leads to further resistance. Thus, if a limb is maintained in a contracted condition for a time, the organism not only adapts itself to the condition, but resists all efforts to straighten it. If we use a splint, which exercises gradual extension, there will be a fight between the splint and the muscles lasting perhaps twenty-four hours, and then the limb adapts itself to its new position. Another familiar example is the result of keeping a patient for too long a time in a room at one temperature. The organism so adapts itself to this condition that the slightest change of temperature may involve the patient in a severe chill. In this case, if cold water be applied to the surface of the skin a small part at a time, until the whole body has received an application, there is an immediate rise of temperature of 1° F. If the application is repeated daily the patient's power of resistance is speedily recovered. Here we are obliged to momentarily depress already depressed vital units in order to arouse the organism to resistance. It is typical of the way in which we must use all anti-stimuli for curative purposes.

We have to ask ourselves what agent will produce in the healthy organism symptoms similar to those from which the patient suffers. When we have found it, we have the remedy which will either assist the resistance of the organism or arouse it to action. But there is one thing sometimes forgotten, the resistance of the organism or its failure does not always produce symptoms, that the symptoms present may not be directly due to the disease, but to a chain of circumstances which have followed it. There is something left, therefore, for the intellectual capacity of the physician. The habit of the organism of adapting itself to conditions which do not threaten its existence must also be taken into account. We have often to think, not what the organism is doing, but what it *might* have done, and has done in other cases. We must free ourselves from these narrow interpretations of a natural law which spring from the difficulty of grasping it in all its fulness and flexibility.

Thus the action of strychnia is to paralyse the spinal cord. When we find a patient whose debility depends upon a failure of power in the spinal nerves we can, by giving strychnia in dose of 100 gr., excite the resistance of the spinal cord, and the result is a tonic action. But

the patient may have an undue excitement of the spinal nerves. This is due to the resistance offered by the nerve centres to a condition of exhaustion. We can, now, by giving strychnia in doses of 10,000 gr., or 100,000 gr., assist this resistance, with the result that strychnia acts as a *sedative*. We cannot increase this effect by raising the dose, we should only diminish it or produce aggravation. But instead of assisting the organism in its act of resistance we may elect to use strychnia in its chemically active form to supply energy to the spinal cells, and so remove the cause which has set up the resistance. In this case we must use strychnia in a high dilution, because in no other form can it act as a co-stimulus.

#### CO-STIMULI.

While all our "tonic" drugs are agents which produce their effects by depressing the vital elements upon which they act, those agents which are forms of energy are chiefly known by their sedative or depressing effects upon the organism. As Co-stimuli dilate the capillaries, they, of necessity, lower the blood pressure. The greater energy they exert at the point of application, causes a diminished energy at other parts. While larger doses of an anti-stimulus excite increased efforts at resistance up to a certain point, the only answer of the organism to over-stimulation by a form of energy is exhaustion. The action of co-stimuli can best be illustrated by a few examples. If we lightly stroke the palm of the hand with a feather we shall cause the capillaries to contract, and the sensory nerves to become highly excited—the feather has simply abstracted energy from the surface. If we now rub the skin briskly, so as to raise the temperature, the capillaries dilate, and the titillation of sensory nerves is soothed.

This simple experiment proves that sensory nerves are excited by the abstraction of energy and soothed by the addition of energy. This explains why the patient persists in scratching the irritable skin, and why heat soothes pain.

If we take a case of brachial neuralgia, the persistent pain is due to loss of energy in the nerve. If we apply friction to the trunk of the nerve with the fingers we can distinctly convey energy to it, and relieve pain. If we repeat such applications daily the pain is permanently removed. But if we continue the act of friction a little too long, on one occasion we shall not only set up pain which will continue for some time after the manipulation, but may cause an exhaustion of the nerve that it may take a long time to recover from.

Heat, like friction, cannot be regarded as a form of energy until it has raised the temperature of the tissue upon which it acts. Its effect when applied only a little above the indifferent point is to relax the capillaries without exciting any act of resistance. We call conditions of the atmosphere which set up this state of things "relaxing."

When we apply heat at higher temperatures we at once raise the energy of the tissues upon which it acts to their highest level.

The value of heat as a therapeutic agent, apart from its power to soothe pain, is as a means of assisting the organism in its efforts at resistance or for artificially exciting such acts which the organism might do so with advantage, but fails us. As an instance of the first we may take the process of inflammation, which is a form of resistance in which the organism is frequently very tardy and inefficient in its performance, and of the second, we may take a chronic rheumatic joint, which remains chronic, because its organism will not set up that active resistance which is necessary to its cure.

The organism has the power of resisting the action of heat so far as the accumulation of heat in the body is concerned, providing the skin is healthy and surrounded by dry air, but by altering these conditions and checking the radiation of heat from the body we can produce artificial fever. When, many years ago, I brought forward the view that fever was one of the most powerful therapeutic agents we possessed, it did not meet with a very favourable reception. To-day I suppose no one will contradict the proposition and yet there are few physicians who make practical use of it.

Fever is the only resistance which the organism can offer to most toxins or to the products of its own secretions when they take on a chemically active form. It is rarely that the resistance of fever which the organism offers is sufficiently vigorous and complete. Especially is this noticeable in rheumatic fever. Not only can we help it considerably by daily doses of fever artificially induced, but this proves the most efficient antipyretic. The subject is too large for discussion here, although it is necessary to mention it.

While it is easy to cause a temporary rise of the body temperature, we have no drugs which will raise one that is persistently sub-normal. I am speaking of a permanent rise. Alcohol given with the food is the only agent which will do so in the majority of cases. On the other hand, this form of energy when given to a patient whose temperature is normal and in excess of what can be utilised in the system, dilates the capillaries and lowers the resistance to cold.

In the discussion on this vexed subject it does not appear to have been considered that alcohol, being a direct form of energy, has all the advantages and disadvantages of agents of its class, and must be considered in relation to the individual and his actual condition.

Thus raw beef juice contains iron in a chemically active form. If we give this to a patient who has a deficiency of 30 or 40 per cent. of hæmoglobin in his blood, no symptoms are produced and there is a great improvement in his general health. If we continue it after the hæmoglobin has gained its normal percentage, it will cause anorexia and a general feeling of fatigue. If we give thyroid extract in a case of

myxœdema in dose sufficiently small to meet the requirements of the tissues, we have nothing to notice except the cure of the symptoms, but if we use too large a dose, there will be exhaustion and heart failure, and even death may occur; yet, if the value of thyroid extract depends upon iodine in a chemically active form, as is generally supposed, the dose which causes these symptoms must be infinitesimal.

If we take nitro-glycerine and hydrocyanic acid as types of the few chemically active drugs we possess, we find that they cause such profound effects upon the organism, even in small dose, that we are forced to use them with the greatest caution. If they were used in still smaller dose we should know more of their value as forms of energy. From its effects, I believe acouite to become chemically active after its admission to the body and to be a form of energy. We can perceive its power in dilating the blood vessels even when the most infinitesimal doses have been given and its power to soothe nervous restlessness, which represents a diminution of nerve energy, is evidence of its action as a co-stimulus. In the same way, hydrocyanic acid and nitro-glycerine, like heat and friction, soothe nerves by raising their energy, but an increase of dose gives us an exhaustion of the nerve so sudden and complete as to destroy vitality. The organism, on the other hand, can offer a prolonged resistance to such an anti-stimulus as strychnia.

It is clear that chemically active drugs can only be used to increase energy in very infinitesimal doses. As the only method we have of making a drug chemically active is by infinite dilution, there is not much risk on this account. But it is a fact of common observation that "aggravations," as they are called, occur much more frequently with these extreme dilutions than when the crude drug is employed.

When we speak of making a drug chemically active by dilution, it means that we have to place its atoms in such a position that their cohesion is overcome and that they are held asunder by the attraction of the molecules of water or spirit with which they have been brought in contact by vigorous concussion.

This subject has been debated for a century, and yet I have failed to find in medical literature any concrete figures which would help us to a conception of the physical problems involved. We have not the data for accuracy, but it is a question in which an error of a few millions is not of great importance. Thus an atom is estimated to have a diameter of one fifty millionth of an inch. Recent investigations make the unit of energy considerably less, but this figure is sufficient for our purpose. If we arrange fifty million atoms in a row, they will occupy a line exactly one inch in length. To separate these atoms and to overcome their affinity for one another we must place these in cohesion with groups of molecules of water or spirit at least 10,000 times larger than themselves. (I have described the reason for this in my paper "Energy in its Relation to Drugs.") If we now arrange these molecules and atoms alternately in a row, they will

occupy a line 10,000 inches in length. A bottle to hold these dissociated atoms and the molecules holding them asunder would require to have a capacity of rather more than 22 cubic inches. I find that a cubic inch represents 2000 minims of water, therefore a 14 ounce bottle would meet our requirements. This bottle will contain fifty million dissociated atoms, so that a single drop will contain 74,404 atoms.

Now, the particle of matter from which we obtained our original 50,000,000 atoms is very minute. Professor Dolbear tells us in his interesting work on "Ether, Matter, and Motion" that "if we compute the numbers of atoms there will be in the smallest amount of matter that can be seen with the highest power of the microscope, the one hundred thousandth part of an inch, it will be seen that 500 atoms in a row would just reach this distance, and the cube of 500 is 125,000,000, which could be contained in a space so small as to appear like a vanishing point, and the structure or details be utterly invisible." This is not absolutely accurate, because Professor Dolbear takes for his diameter the length of one side of a cube, but as we are dealing with only 50,000,000 atoms, we have sufficient to show that the particle is so minute that a single grain weight of a substance could hardly contain less than one million such particles. If this is so, then we should want a million of our 14 ounce bottles to dissociate the atoms of a single grain weight of a substance. This represents an enormous quantity of fluid as compared with the grain, but it does not alter the fact that there will be still 74,404 atoms in every drop.

To those uneducated in physical science the idea of diluting a grain with so much water appears ridiculous. To the physicist the question is simply this. Given so many thousands of billions of atoms, how much fluid is required to overcome their cohesion and then hold them asunder even in varied temperatures. I have stated the smallest possible quantity.

The fundamental error of all writers on this subject is the conception that matter is energy, and that by diluting matter energy is diminished. The reverse is true, all matter represents energy, but it is energy locked up and useless for all purposes. Dilution is one way of releasing it. Another error is the attempt to express energy in terms of weight. Energy is imponderable. The whole of the electricity in use in this country at any given moment will not weigh a single grain. By diluting matter we diminish its power as an antistimulus or physical irritant. The lower decimal dilutions are only useful to *diminish* the dose of a stimulus. We must proceed to extreme dilution before we can secure chemical activity in relation to the living protoplasmic cell. This is the conclusion reached by the study of molecular physics. Now, it is a curious fact that Hahnemann adopted this system of extreme dilution before the atomic theory was invented, as a result of clinical experience, that it is only as a result of clinical

experience that these extreme dilutions have continued to be used, and the result of this experience is that there is a demand for low dilutions, and for high dilutions, but no demand for those which are intermediate. This is in exact accordance with the results of physical study. We either have to use drugs as anti-stimuli to assist or arouse the resistance of the organism, when we must use a dose in proportion to the effects we wish to produce, or if we wish to use them as form of energy we must use something approaching the sixth centesimal dilution and upwards.

In conclusion, I may say that I have been guided in this paper by a profound belief in the unity of natural law to which physical science gives expression. It helps us to understand more clearly problems which have been much discussed, but never interpreted because the laws which govern all life and all motion have not been applied.—*The British Homœopathic Review*, October 1907.

## HOMŒOPATHY AND BIOCHEMISTRY.

BY DR. STROHMETER, FRANKFURT, A. M.

From an interesting article on this subject we excerpt the following :

I will here adduce a few cases of disease and their cure, which may show how well these two methods of cure can be made to agree, and how advantageously they at times complement one another, and how we may at times produce a change in a disease by means of biochemical remedies, which will then enable us to find out the simile, which is not always so easily discovered, and by this means then totally gain the mastery of the disease.

I. Miss E. S., in this city, has been suffering for four years from a moist eczema on both of her hands, and has been treated for it by the most eminent specialists ; she also for a time, following the advice of a Nature-physician, lived almost exclusively on a vegetarian diet, and used the remedies peculiar to that curative method—but all in vain. Her condition alternately improved and was aggravated ; often her condition for five or six days is quite endurable, when suddenly over night a new eruption will appear ; attended with the most horrible itching, and next day her hands will look as if flayed, cracking open here and there, becoming moist, and at times secreting a puriform liquid—preventing the girl altogether from following her business of tailoring. Besides the troubles caused by the eczema she feels but tolerable good health, only her digestion and her stools might be better. The patient is the oldest of five children, is pretty vigorous of constitution, has a fresh and blooming complexion, but from her youth she has suffered from carious teeth, which kept breaking off and becoming black ; a view of her upper incisors still allows us to recognize the type of "Hutchinson's teeth ;" still there are no other signs of hereditary syphilis. Among the medicines used in her case I find



recorded in my journal: *Sulphur*, *Graphites*, *Arsenicum*, *Dulcamara*, *Mercurius*, *Sepia* and *Natrum muriaticum*. The best results were obtained from *Graphites*, *Sepia* and *Natrum mur*; through their use her condition became more endurable, there was a diminution in the burning, the itching and the moisture—still there was no perfect cure. One day the patient told me that she had for some time been suffering from a slight attack of heartburn, for which she had been taking *Natrum bicarbonicum*, which always helped her; she had not mentioned this before, because she had not thought that this slight ailment had any connection with her cutaneous trouble. But I was of quite a different opinion, and forbade the further use of the *bicarbonatæ*, changed her diet with especial regard to this ailment and then prescribed Schuessler's *Natrum phosphoricum* in the 6. trit., what would lie on the point of a small knife four times a day. What I had scarcely myself dared to hope for now came to pass, the appearance of the cutaneous eruption became more rare, the moisture diminished, and in the same degree the itching and burning decreased, and in about five weeks the hands were smooth and dry, and have remained so, it is now a number of months. And the heartburn, that also gradually disappeared as the eczema was healed! Prof. Hebra would no doubt have a pitying smile for this cure, and my supposition that there was any connection between the two symptoms; but the gist of the matter is, that several skin specialists—and these gentlemen all follow more or less in the steps of Professor Hebra—had tried themselves on this same case in vain!

.. II. Mrs. R. H., lately married, brought her anæmia, as is often the case, into her marriage, and can not accomplish the work of her household in the manner she desires. There are continual complaints about headache, backache and pains in the limbs, and her paleness, unhealthy complexion, lack of appetite, and her restlessness and broken sleep at night induced her husband to ask medical advice and to request me to make a thorough study of the trouble. There was no objective disease of any organ to be discovered, but the way to the correct selection of a remedy was pointed out to me by her menstrual irregularity, which had existed ever since her school days, the menses being very sparing and appearing only every five or six weeks, attended with violent colicky pains, chilliness, headache in the temples, and her lachrymose disposition, all pointing to *Pulsatilla*. But as I did not only desire to regulate the abdominal irregularities, but also supply to the system what it needed, I followed an old prescription of the late Dr. Goullon in Weimar, and added to the *Pulsatilla*, *Calcarea phosphorica* in the 6. D. trituration, giving to the patient morning and evening as much of the trituration as would lie on the point of a knife, and an hour before dinner and before supper each time four drops of *Pulsatilla* 6. D. I also directed her to discontinue the use of coffee, tea and alcohol, directing her to use instead plenty of cream, milk, cereal food, vegetables, lettuce, butter, honey and fruit; also to take every evening a sit-bath at 95° F. in temperature, gradually taking it more and more cool, and I had the pleasure to note in a short time a considerable increase in weight and the cessation of all the troubles complained of.—The *Homœopathic Recorder*, September 1907.

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