HOMŒOPATHIC PÆDIATRIC CASE-TAKING

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MR. PRESIDENT, LADIES AND GENTLEMEN,

Dr. Margaret Tyler used to say that the one disadvantage of Homœopathy was that it was difficult to practise. It is a serious handicap and one which, probably more than anything else, has limited the spread of Homœopathy. If accurate prescribing could be made appreciably easier it would represent a major advance. Case-taking, which largely provides the basis on which a prescription is made, has not received the attention it demands. It is not a subject which can be learned properly except in conjunction with homœopathic practice. There is a tendency for each homœopathic doctor, after learning the rudiments, gradually to develop his own technique. There is thus a very considerable amount of expert knowledge on case-taking which, if brought together and synthesized, might save the beginner from repeating the mistakes of his predecessors and generally help towards more accurate prescribing. This paper is primarily intended as a guide to students.

One of the reasons why there is a reluctance to get to grips with case-taking is that Hahnemann's theory of chronic disease is at present neither fully accepted nor completely rejected, and there is no alternative comprehensive theory to replace it. Every experienced homœopathic doctor recognizes in his patients the images of Hahnemann's Psora, Sycosis and Syphilis[1], but as a rule not so accurately or consistently that this can be made the basis of his everyday practice. It is, however, generally agreed that the aim of homœopathic treatment of chronic ill-health, apart from dealing with the end results of disease, is to treat the patient. The difference between an ordinary medical history and a "homœopathic" history is that the object of the former is to serve as a pointer to the pathological diagnosis, whereas the latter extends beyond this and includes information about the patient which may be utilized in the selection of similar remedies. The place of Homœopathy or other forms of treatment can best be assessed from the pathological diagnosis, but the application of homœopathic treatment depends on a careful appraisal of the individual patient, on what might be termed a "diagnosis of the patient".

SPECIAL FEATURES OF PÆDIATRIC CASE-TAKING

The chief difference between pædiatric case-taking and that of older age groups is that the patient has to be regarded against a background of a norm which not only differs from the adult norm, but changes considerably from infancy to puberty. The mother, or someone with an intimate knowledge of the child, is the best person to give the history in infancy and early childhood. Even up to puberty the child does not readily look at himself objec-

tively. An obvious advantage of having the mother is that she is able to give an account of the family history, has first-hand knowledge of pregnancy and labour, and has usually been in a position to observe any outstanding episodes in the child's early life, such as a severe reaction to vaccination, injury, severe acute infection or an emotional upset. This does not mean to imply that the older child's evidence should be discarded, but even in apparently obvious things such as cravings or aversions to foods, the mother can usually give more accurate information.

THE MOTHER'S HISTORY

The mother should be allowed to tell the story in her own way without interruption, as she might give her own history. Only in this way may certain invaluable clues be disclosed which might otherwise be lost. The emphasis given by the mother to various symptoms is noted in the same way that an adult history is appropriately underlined. The importance of obtaining really definite symptoms cannot be stressed too strongly.

Dr. Tyler used to say in regard to homœopathic case-taking that the longer she lived the less she wrote down. The homœopathic materia medica is so vast and there is so much overlapping that the best way to accurate prescribing is to select really definite symptoms characteristic of the individual and one of the remedies which adequately covers these is likely to cover the rest of the case.

CLASSIFICATION OF CONSTITUTIONAL REMEDIES

It is useful to keep in mind a rough classification of the ways in which similar remedies are used in constitutional treatment. I think of these as comprising three overlapping groups:

1. Remedies prescribed on the basis of a similarity between the psychosomatic make-up of the patient and the drug picture, such as *Sepia* or *Sulphur*.

2. Remedies administered with the object of antidoting some adverse influence of the past, including family history, the period of gestation, labour, and outstanding post-natal events.

3. "Pathological, etc." This group comprises pathological remedies, the bowel nosodes, autogenous potencies, sarcodes, hormones, and vitamins.

In history taking we are mainly concerned with the first two groups.

GENERALS AND PARTICULARS

Whilst making a note of the history it is necessary to clearly separte symptoms pertaining to the patient, such as a craving for ice-cream or a tendency to sweaty feet, from those relating to the illness. If a child suffers from asthma, the group of symptoms relating to an acute attack must be kept separate from the symptoms reflecting the psychosomatic make-up of the patient. A remedy which covers the attack will abort it, but no matter

how often the attacks are cured, the tendency to have them is unaltered until the patient himself is treated constitutionally.

INTERROGATION OF THE MOTHER

The mother's history is amplified by questions on points she has raised, such as how definite a symptom is, whether it can be taken to be outside the average pattern or not, and if not, it is discarded as a repertorizing symptom. Next, the picture is filled in by systematic questioning, and here arises a problem. Too long a list of questions leads to boredom and failure to achieve its ends, and too short a one could omit important symptoms and also end in failure. Whatever plan of questioning is adopted, it can only be effective with a background of knowledge of the materia medica.

If the following four headings are kept in mind—"Foods", "Environment", "Mentals", and the "Serial History"—sufficient information on which to base prescriptions will almost always be found.

REPERTORIZATION

From the first three, the salient psychosomatic features of the patient can be delineated, and Dr. Leon Vannier has pointed out that the most valuable and certainly the most useful symptoms on which to repertorize are those which he terms "entrusted characteristics of the individual",[2] that is to say, symptoms which are not apparently related to hereditary or environmental influences. For instance, a craving for salt in a child whose siblings do not crave it, or a sensitivity to music in one child of an unmusical family, can be taken as an "entrusted characteristic". While it might be difficult or impossible to prove that neither hereditary nor environmental influences played a part in its causation, it is nevertheless an invaluable criterion to selection of symptoms for repertorization.

In dealing with the four symptom groups, only really definite symptoms should be taken and then they must be considered against what is normal for a child of the same age group.

Rather than deal with every detail, a selection of some of the main symptoms will be taken and discussed, with the object of pointing out the way in which symptoms are evaluated.

FOODS

The mother should be given to understand clearly that what we are after is information about any definite cravings or aversions to food or drink. It is wise to run through a list of foods rapidly, so that the mother may pick on one or more items which stand out; otherwise the mother may waste time trying to be precise about irrelevant details.

These symptoms must be appraised against the norm. An aversion to sweets is of more value than a desire for sweets, unless the latter is a craving outside the normal child's liking for sweets. Quite a few children eat salt

by itself and to be quite definite "desire for salt" should include this.

A desire for fat meat is unusual, and therefore all the more valuable if present. Most children like ice-cream and it is only outside the average pattern when a child is constantly asking for it.

Bottle-fed infants usually like their feeds lukewarm, but occasionally an infant refuses the bottle till it is cold, or another may refuse it if it gets the least bit chilled. If present, these are useful symptoms at an age when guides to constitution may be difficult to discover.

It is worth while to ask about bacon rind. The children who crave it are usually covered constitutionally by *Calc. phos. Tuberculinum,* or *Carcinosin.* For children constantly drinking cold water *Tuberculinum* should be considered first.

Sometimes an aversion to food is natural to a child; few children like onions, for instance. Sometimes an aversion may be conditioned. If father cuts the fat off his meat, a child might copy him.

ALUMINIUM COOKING UTENSILS[3]

Without entering into the arguments for or against the possibility that aluminium cooking utensils may be harmful to some patients, it is my practice to advise their discontinuance in certain circumstances. Sometimes when taking the history, symptoms corresponding to the provings of *Aluminium* come out strongly. If not, the answer to three questions can usually provide information which may suggest looking into the subject further. Children who are sensitive to aluminium usually exhibit two or three of the following symptoms easily noticed by the mother: 1. They tend to frequently rub their eyes; 2. There is straining at stool; 3. They are slow eaters. The effects on eyelids are well known, also the weakness of the rectal muscles, and of the œsophagus. Occasionally in older children one gets the adult description of being conscious of a bolus of food going down. More often than not *Aluminium* is not the constitutional remedy; this may be *Sepia, Lycopodium,* or *Carcinosin,* etc., and I find that giving *Alumina* 200, ten to fourteen days after the constitutional remedy seems to work very well. Occasionally *Alumina* is the constitutional remedy. A girl of eleven years of age came with the complaint of leucorrhœa which had been investigated and treated by non-homœopathic methods but kept returning. She had suffered also from headaches for three years, and alternating constipation and diarrhœa from the age of eighteen months. This child had the triad of symptoms mentioned above and other *Alumina* symptoms. A change of cooking utensils, including the kettle, and a prescription of *Alumina* 200 was followed by a cessation of the leucorrhœa, headaches and bowel upset within a month. There was a slight return about six months later, when another prescription of *Alumina* 200 was followed by complete recovery for some months, after which she was not followed up.

It is probably worth while to stop aluminium in all allergic subjects.

Sometimes school dinners provide a problem for less strong-minded parents. I use *Alumina* 30, 200 or 1M as an antidote, given again when symptoms recur. *Vitamin E* 30 or 200 has in a few cases appeared also to be a very satisfactory antidote.

ENVIRONMENT

Under this heading we can ask about any unusual reaction, favourable or unfavourable, to the physical environment. Heat, cold, open air, sea air, sunshine, change of weather, windy weather, and thunderstorms.

Any outstanding symptoms such as "can't stand hot weather", or "always better at the seaside", or "always wants to be out in the open air", may be taken as a constitutional symptom.

A definitely useful symptom is that complaints are better or worse in sea air. This means that a particular is raised to the value of a general because of its strength.

Probably all remedies influenced by sea air are influenced both ways, although there may be a marked tendency in one direction. *Nat. mur.* is about 50-50 worse or better by the sea. *Medorrhinum* is almost always better, very rarely worse. The *Tuberculinums* are almost always worse, just occasionally better. *Carcinosin* has it both ways also, and is better at the East coast and worse in the South, or vice versa. In chilly patients it is worth while to find out if the patient is cold all over or only in parts, such as hands and feet, which suggests a sycotic remedy. Reaction to a thunderstorm may be an aggravation, fear, or enjoyment. Enjoys watching a storm is a useful confirmatory symptom of *Sepia* and *Carcinosin*. Fear has to be looked on against the family background, and the tendency for children to copy others.

It is convenient under the heading of environment to take into consideration events of the twenty-four hours, especially time modalities and sleep. If an infant gets "grizzly" towards bedtime, that is not outside the normal pattern, but if the child is always worse at 10 a.m. (*Nat. mur.*), 4-8 p.m. (*Lycopodium* usually), or 3-5 a.m. (*Kali carb.*, etc.), for no apparent reason, this is worthy of noting.

In some cases it is only after failure to produce satisfactory results by apparently careful prescribing that a nightly aggravation is noticed. In such cases *Lueticum* is almost always indicated. Sometimes there is an aggravation after sleep which, of course, is not the same as a nightly aggravation. For example, asthma is often worse at night, but only occasionally does one get the history of "attacks invariably commencing after sleep", in which cases *Lachesis* is often indicated.

Enquiry about sleep should not be omitted.

(a) If insomnia is present, its type, e.g. lying awake late, may be useful as a confirmatory symptom.

(b) Modalities of sleep, including effects of loss of sleep.

(c) Appearance during sleep:

1. Position adopted. The knee-elbow position is common up to nine months or a year. After that it is much less often observed, so that its value as a symptom would be higher. The following remedies have it: *Medorrhinum, Phosphorus, Calc. phos., Tuberculinum, Sepia, Lycopodium,* and *Carcinosin.*[4]

2. Perspiration and its distribution. A sweaty head at night is sometimes a useful confirmatory symptom for *Calc. phos.* or other remedy.

3. Whether the child is restless, or kicks off the bedclothes.

(d) Dreams in older children are not often helpful. Very occasionally there is a nightmare of this type. The child wakes up in terror, sometimes being afraid of something in the corner of the room, but after being reassured falls asleep and wakens in the morning without any knowledge of the episode. *Phosphorus* and *Carcinosin* have cured this condition. Dreams of falling are fairly common and must be frequent if they are to be taken as having high value.

MENTALS

It is probably better to leave mentals last, in case the mother thinks the doctor considers her child mentally abnormal, although, *other things being equal,* of course, mental symptoms are of most importance. I usually start with "affection", and ask does the child appear to want more affection than average or resent it ("consolation aggravates"). The average child needs affection, but if there is a craving for it, it is outside the usual pattern, whether or not it might have a psychological explanation. The child who never tires of affection often needs *Puls., Phos.,* a *Phos. compound,* or *Carcinosin.* It is a valuable confirmatory symptom. *Puls.* and *Phos.* differ in that *Phos.* is responsive and gives out affection, *Puls.* just absorbs it. The next symptom one can enquire about is sympathy for others. This may be expressed quite early in life. Many children are most concerned if they think anyone is suffering, and if it is a concern over someone outside the family, such as being upset on hearing an unknown child cry, it is worth while taking it as a symptom. To the rubrics concerned with sympathy to others may be added *Graphites, Sepia,* and *Carcinosin.*

SENSITIVITY TO MUSIC. The question is, does the child have an unusual appreciation of music? Some children show discrimination in the taste quite early and this should not be confused with the average child's liking of music. It is unusual for a child not to like music, except when there is a sensitivity to noise and the radio is playing loudly. Most children have a sense of rhythm and jig about on hearing suitable tunes, but this is not, of course, synonymous with discrimination of taste. Mongols and other mentally deficient children usually have a keen appreciation of music and in such patients it cannot be taken as an individual symptom and therefore should

not be taken as a symptom of much value. A very strong sense of rhythm is a useful confirmatory symptom of *Sepia* and *Carcinosin*.

OBSTINACY. The average child gradually begins to assert himself, but in some cases this takes the form of extreme obstinacy. If it is well outside the average assertiveness, it is a valuable symptom. The remedy to be first thought of for such children is *Tub. bov.* 30 or higher. It might almost be said that the more obstinate the child, the more likely *Tub. bov* is indicated. On one occasion a child of six years had to be dragged into the out-patient consulting room loudly protesting. It was impossible to examine him, but from the history it seemed that he had chronic upper respiratory tract infection, and he had some large, fairly discrete cervical lymph glands, another strong indication for *Tub. bov.*, a dose of which was given in the 30th centesimal potency. There was no trouble examining on his next visit a month later, and his glands had substantially subsided. If *Tub. bov.* is not otherwise indicated, the remedy may be one of many. It saves time to eliminate *Tub. bov.* first.

FASTIDIOUSNESS. Most children are untidy, some extremely so, in which case, especially if the child can never keep clean for any length of time, *Sulphur* or *Psorinum* may be the constitutional remedy. If the child is extremely tidy, naturally putting his toys away in neat rows, this is a useful symptom and the constitutional remedy is likely to be found among the following: *Arsenicum, Anacardium, Nux vom., Graphites,* or *Carcinosin.* Occasionally *Phos., Sepia,* or *Platina* may be indicated.

The value of being careful in assessing homœopathic symptoms is illustrated by the following case. A child of four years used to smack his younger brother and this was attributed to jealousy. He was given *Lachesis* on this and other grounds, without benefit, and on careful questioning it was discovered that the older brother was fastidious and he smacked his brother's hands only when they were unclean. One of the fastidious remedies was prescribed with excellent results.

FEARS. Very young children tend to fear noises more than anything else and babies start readily at sudden noises. If this symptom is to be taken it must be so marked that the baby "almost jumps out of its skin". Fear of the dark is common in childhood. The older the child, the more likely it is to be of value and if one child differs in this way from his siblings it gives more weight to the symptom as an individual one. As with any "homœopathic" symptom, it must be rejected as a repertorizing symptom if there is any doubt of its value. To include doubtful symptoms is probably the most common error in inexperienced case-taking. Fear of downward motion may be manifested in babies by crying when lowered into the cot, and in older children from their reaction to going down in a lift. Fear of animals, of strangers, or of other children may be present. For children who cannot hold their own at school with other children, *Silica, Carcinosin, Phosphorus,*

or a *Phosphorus compound* will nearly always be found to cover the case, and if so, the fear almost invariably disappears.

JEALOUSY is within the average pattern of children, so that it must be assessed within their background.

SENSITIVITY TO REPRIMAND. Dr. Twentyman pointed out that the mental characteristic of the sycotic group of remedies was "shame", and of the syphilitic group "fear".[5] For some years now I have used "sensitivity to reprimand", i.e. the child is terribly upset at being scolded even comparatively mildly, as a confirmatory symptom, say, for *Medorrhinum,* or *Nat. sulph.*, or any of the sycotic group, and can confirm the practical value of this observation.

TRAVEL. Some children are much better when travelling in a car or bus or train, forgetting all about their troubles, even eczema. *Nitric acid* is the chief remedy, or one of the others in the short rubric in Kent's *Repertory* under "Riding in the car ameliorates". Car sickness is worthy of note. While *Cocculus* 30 usually helps on a journey, the tendency can be used at least as a confirmatory symptom in constitutional prescribing.

In the section on Travel, under Mind, meaning desire to travel, it should be remembered that nearly all children like to travel, providing they do not get car sick. Only if there is almost a craving for travel can it be taken as an individual symptom.

THE FAMILY AND PERSONAL HISTORY

The two streams of heredity join at conception and from then on environmental influences begin to operate *in utero.* From the viewpoint of prescribing the serial history is studied to find out if there is anything outstanding when regarded against a background of an "average family and personal history".

THE FAMILY HISTORY. A study of the antecedents of patients, mainly children, benefiting from *Carcinosin* strongly suggested that there was a greater tendency to cancer, tuberculosis, diabetes, or a combination of these, than average. This knowledge can be utilized in prescribing. For instance, in the case of a child suffering from recurrent attacks of high fever after tonsils and adenoids had been removed and all investigations were negative—a doctor's daughter—the history of diabetes on both sides of the family suggested *Carcinosin* and this was confirmed by the child's appearance and other symptoms. *Carcinosin* 30, one dose, was given over a year ago and there has been no recurrence of the fever. From a practical point of view this knowledge of *Carcinosin* has been of more value to me than anything else regarding the family history. There must surely be much more to be learned.

PREGNANCY AND LABOUR. It is not very often that one can get help from the history of pregnancy or labour, although the period of gestation and birth must be of great importance.

The following factors merit consideration:

1. *Infection.* Influenza and other infections can cause abortion. German measles certainly and probably other infections may result in congenital abnormalities. It is reasonable to assume that infection of the mother could influence the fœtus less drastically yet leave its mark, just as post-natal infections are capable of leaving an aftermath of ill-health.

2. *Trauma.* Physical trauma may directly affect the fœtus, and possibly severe emotional disturbance of the mother.

3. *Drugs and X-rays.* The mother may be given iron, some preparations of which may be toxic, antibiotics, steroids, hormones, prophylactic immunization, and occasionally anæsthetics for an operation. The mother may smoke heavily, or be addicted to alcohol. Whether we can make practical use of the history in this respect is doubtful at present. A history of drugs should certainly be taken. A boy of 14 years, said to be intelligent, somehow could not "make use of his brains", according to his teachers. His mother had received pethidine to relieve the pain of osteomyelitis while pregnant. After a 30th centesimal potency of *Pethidine,* the boy shot ahead with his school work. The central nervous system depressant drugs generally seem to have this effect of blocking thinking in sensitive subjects. X-rays are now strongly suspect. Neither X-ray or *Radium bromide* in potency has had any effect in stopping the inevitable downward course of leukæmia in my experience, but in less serious conditions *X-ray* 30 or 200 may help if the case is hanging fire in spite of careful prescribing, and if there is a history of exposure.

4. *Endocrine disturbance.* It is well known that diabetes mellitus can influence the fœtus and it is likely that other endocrine dysfunctions such as hyperthyroidism may also do so.

In asking about pregnancy then, it may be worth while to enquire about any acute illness, drugs taken, the habits of the mother with regard to smoking and alcohol, exposure to radiation, physical trauma, emotional upsets, operations and anæsthetics.

LABOUR. The infant may be subjected to drugs, including anæsthetics, and physical injury. If there is a history of slow or precipitate labour, the use of forceps, and/or slowness in recovery from birth, or difficulty in taking solids later, the head injury remedies, *Nat. sul., Nat, mur.,* or *Cicuta* may be required. Unfortunately the effects of cerebral anorexia are irreversible. The mother is often in a highly suggestible state during labour and whether suggestion at this time can influence the infant or not is unknown.

POST-NATAL HISTORY. A record is made of any outstanding event in the medical history since birth, including undue reaction to prophylactic immunization, severe infections, injury including operations, frights or other emotional disturbances, effects of drugs and anæsthetics, general or local, and whether or not the episode immediately preceded ill-health.

When there is a history of severe reaction vaccination, or ill-health

appears to date from it, especially when symptomatically indicated remedies fail to benefit properly, *Thuja* may be considered as a pathological remedy. In any case in which there is a very large scar it is useful to make a note of it, as it might be useful as a confirmatory symptom. A bad reaction to vaccination is possibly of less value in an allergic subject than in others.

Thuja does not bear the same relationship to other inoculations. Sometimes a potency of the appropriate vaccine helps, but it may fail completely. There is need for study here.

When there is a history of a severe attack of one of the childish illnesses, such as measles or whooping cough, it may be necessary to antidote this by the appropriate nosode. The nosodes *Morbillinum, Pertussin, Scarlatinum, Diphtherinum, Patrotidinum,* etc., may be dramatically effective or have no effect. There is a generally accepted principle of homœopathic prescribing that the remedy which was indicated at the time of an acute illness but not given can be effective years later in clearing up an aftermath of ill-health. An outstanding example of this is *Drosera,* a pathological remedy for whooping cough, and it is probably more useful than *Pertussin* in this respect. It is usually impossible to find indications for the remedy which might have been required at the time of the acute episode.

Dr. Tyler believed that Hahnemann's Psora probably consisted, not of the effects of a single specific infection, but represented the aftermath of one or more of any of the acute infections. Obviously, if this is true, these diseases and their antidotes deserve more attention than they are generally given in homœopathic practice. Certainly Dr. Tyler used these nosodes to great advantage, but often in patients who had received her skilled attention for some time previously. In fact, my impression is that the psychosomatically chosen remedies should be tried first, and remedies whose selection depends on the serial remedies should be tried first, and remedies whose selection depends on the serial history should be considered when the former fail to produce satisfactory results, except when there are no clear-cut indications for a single psychosomatic remedy. In such cases it is worth while to go back through the whole history, family history, the period of gestation, labour, and post-natal events as outlined, and consider the bowel nosodes. The after-effects of poliomyelitis, apart from irreversible pathological changes, may be helped by *Lathyrus sativa* 1M, or an individual remedy. Glandular fever—calls for consideration of *Carcinosin* 30, 200 or 1M, or all three on consecutive days. A few cases in which the ordinary remedies failed to help when whooping cough persisted for a long time also responded to *Carcinosin.*

When children have had an unusually large number of acute infections *Carcinosin* should again be considered.

B. coli mutable 200 is a valuable remedy with which to clear up the end stages of urinary tract infection when there are no pathological barriers. It is possible that it might be useful in dealing with chronic pyelonephritis which is realized now to be not uncommon. For the more immediate after-effects

of any acute infection such remedies as *Sulphur, Psorinum, Carbo veg.*, etc., have to be taken into consideration before thinking of the nosode.

When a child's general health has not been improved after an acute infection, *Thyroidinum* 200 usually helps later on, even in adult life, perhaps because there has been a good response to thyroxin liberated during the fever. This can be added to Dr. Ghosh's indications.[6]

In dealing with the possible after-effects of a serious acute infection, it should be kept in mind that there may have been quite other disturbing factors operating simultaneously. For example, the child may have suffered more from grief, fright, or a sense of injustice at being taken into hospital or through a sadistic nanny. Possibly some of our failures are caused through lack of information on this aspect.

A history of fright may be antidoted by *Opium* CM. Sometimes it has to be surmised, as, for example, in cases of enuresis starting after being in hospital.

Causticum or *Opium* may help children who have been burnt. Again *Carcinosin* is worthy of consideration in cases of severe fright, prolonged fear, or unhappiness.

Injury remedies may be required on the basis of the history.

It is worth while to enquire about drugs and anæsthesics, as occasionally, for example, when there is a history of difficult resuscitation from nitrous oxide, when *Nitrous oxide* 200 may be tried.

OBSERVATION OF THE PATIENT

All experienced homœopathic doctors come to be able to recognize certain remedies in their patients almost at a glance, and quite often the choice of remedies may be narrowed down appreciably through some information obtained through the senses. For instance, obese children nearly always need *Calcarea* or *Graphites*. A wrinkled forehead in childhood, especially in infancy, is almost always covered by one of the small group of remedies listed in Kent's *Repertory*. Innumerable examples could be given. The point I want to stress for the student is not to neglect this invaluable part of the case history. Some authors are particularly helpful. Dr. Tyler's *Drug Pictures* contains much of value in this respect. Dr. Elizabeth Wright Hubbard[7] and Dr. Margery Blackie[8] have given us some excellent remedy clinical pictures. The best introduction is probably Dr. Borland's *Chilren's Types.*

Observation of the patient is one of the most important aspects of case-taking, especially as experience grows.

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EDITORIAL

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any where. We are sure, as soon as an All India Homœopathic Federation will be formed all sincere Homœopaths and homœopathic organisations in all the States will join hands with that and Indian Homœopaths will be in a position to raise their voice from one platform which is bound to be listened to by every body, a new epoch for Indian Homœopathy will be heralded.

J. N. Kanjilal
