

tion of remedies goes. Even in structural changes when diagnosis can be established, homœopathy holds out hopes of complete cure in a shorter space of time, provided the patients are in a curable condition.

Physical diagnosis is very important in its own place and homœopathy never throws any cloud upon it.

By means of physical diagnosis the physician may find out the changes in the organs, decide how far the disease has progressed and determine if the case is incurable or not. Diagnosis will decide whether palliative or curative treatment should be given to the patient.

Diagnosis also gives information as to the course and duration of the disease. It will be of great help to the physician in the matter of prescribing diet for the patient. Diagnosis is something that the physician cannot be foolish about. He cannot afford to be a blunderer, he cannot afford to go around calling pleurisy influenza and influenza pleurisy.

But the study of pathology (diagnosis) is a separate and distinct thing from the study of materia medica (selection of remedies). Diagnosis for the purpose of selecting a remedy is an anomaly and is resorted to by those systems of medicine which study disease only in its ultimates.

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### RESCUED FROM THE SURGEON'S KNIFE

DR. R. S. RASTOGI, B.A., R.H.P., DEHRA DUN

Mr. D. C. S., aged about 26 years, an aircraft Engineer, on 14th June 1954, jumped from the main door (about 5 ft. high) of an aircraft after which he started feeling a little uneasiness in the abdomen. During the next two days the pain was felt more and more and there was a feeling of heaviness in the abdomen as if due to constipa-

tion. On the 17th June a light yellow foul smelling fluid oozed out of the navel, about a drop or two every 3 to 4 hours, and the pain had become severer. On June 20 he was sent to a good hospital where the doctor suggested Lipiodol injection and X'ray examination. This procedure failed on account of some defect in their injection apparatus and no definite diagnosis could be made. The injection was so painful that the patient dared not go back to the hospital to undergo the same procedure again, and consulted another doctor who advised mercurochrome paint and some powder on the navel. The discharge stopped coming out of the navel but the pain became very severe and covered a wider area. Boric fomentations were ordered and Penicillin injections were started 24 hourly. Immediately after the third injection much giddiness and weakness were felt. Some mixture was given and as the patient was going back home on his motor cycle, he again felt giddy, the motor cycle went off the road and the patient was tossed off but luckily received only some minor injuries which were dressed. For the original trouble, Boric fomentations were continued.

June 30, 1954. The region of pain decreased and fomentations were continued. The next day the swelling became hard below the navel. Another doctor called in consultation advised Aureomycin. An attempt was made to find out with a syringe if there was pus but not a drop could be drawn out. It was decided to try Aureomycin for 3 or 4 days and then, if not controlled, the ball-like swelling was to be operated. As the patient was alone at Delhi without proper nursing facilities and the family had great faith in homœopathy, the patient was removed to his home at Dehra Dun.

July 4, 1954. The uncle of the patient who is an amateur homœopath, put him on Kali Mur. 6x and Calc. Phos. 6x every half hour with external application of Kali Mur. 6x. Now pus started oozing out again through the navel. Temperature rose up to 101.8°.

July 5. Kali Mur. 6x and Ferrum Phos. 6x alternately every half hour. External application of Kali Mur. 6x. Temperature rose up to 101°. The next two days, the same remedies were continued every hour. Temperature rose up to 100.8°. A small knob appeared upon the navel.

July 8. An eminent surgeon was consulted who advised immediate operation as otherwise there was danger of infection spreading on to the liver. According to him there were several channels of pus communicating through the navel and all these would have to be opened and cleaned out.

July 11. At this stage I was consulted. The patient was given a dose of Silica 200. The temperature did not rise above 99.2°. Appetite better.

July 12. For the first time during this illness the temperature touched 98.2°. It did not rise above 98.6°. General feeling of the patient much better. Discharge was flowing out more freely. Same report on the next day.

July 14 to 17. Temperature varies from 97.2 to 98.6. Gradually increasing swelling and tension on the navel. Pus coming out freely.

July 18 and 19. No fever, but tension in the navel and the swelling below increased. The allopathic family doctor who had been watching the case now strongly advised operation. But the patient's general feeling was very good and he did not agree for an operation. No fever.

July 21. A cylindrical chunk of pus about one and a quarter inch long and a little less than  $\frac{1}{2}$  inch in diameter was discharged through the navel. The pain decreased a little.

July 22 to 30. Two more chunks of about the same size were discharged through the navel, with much relief to the patient.

July 31. Repeated a dose of Silica 200. The fourth and the last pencil like pus chunk discharged.

Aug. 1 to 9; 1954. Very little pus comes out now. The knob like swelling on the navel has receded and the navel looks normal.

Aug. 10. Another dose of Silica 200 given to impart the finishing touch. Hardness of the swelling below the navel has disappeared. The discharge of pus has stopped.

Aug. 23. The knob in the navel again appears to be somewhat raised with some tenderness on pressure. Should a dose be repeated? Perhaps it may reopen the outlet of the pus to discharge yet another chunk. As Silica is a deep acting medicine, it was decided to wait and watch if the things would settle down. All went on well.

The patient could not get more leave and resumed duty on Aug. 26, 1954 and continues hale and hearty.

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### PRESIDENTIAL ADDRESS

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I want to further add, and this is specially meant for our Government and its bureaucrats, that things done by Governments must not only appear right to the expert, no matter whether he comes from America, or Kamaschatka; their consequences must seem right to the plain and average man. And there is no way of discovering his judgment save by deliberately seeking it. This, after all, is the really final test of government; for, at least over any considerable period, no Government can maintain a special policy which runs counter to the wishes of the people or which does not show adequate and rapid results. Neither good-will in the expert nor efficiency in the performance of his function ever compensates in a state for failure to elicit the interest of the plain man in what is being done.