pathic materia medica and diseases as well as the science of homoeopathy. In order that the patient derives the maximum benefit from his doctor he should have full confidence in him and give him his complete co-operation. He should not evince an early sign of impatience or nervousness if his old suppressed symptoms or diseases return, because this is the way in which homoeopathic cures of chronic diseases take place. Old symptoms have disappeared because newer ones have taken their place and their reappearance is a sure sign of the correctness of the remedy prescribed, as well as of the fact that the patient is on the road to recovery. At times it happens that owing to lack of this knowledge, the patient leaves, to his great detriment, his physician when success is within easy grasp.

Incurable chronic diseases also offer a fertile field for homeopathic remedies to show their pain-killing and palliative powers. The utmost that the patient desires in such cases is 'euthanasia' which is peaceful death and this also Hahnemann's homeopathy provides for, with his remedies applied under the law of similars, much better than the old school anodynes etc.

SOMETHING CONCERNING CHOLERA

Dr. S. C. Bhattacharya, B.A., H.M.B., Cuttack (Continued from page 373 of Vol. XXI.)

Homœopathy teaches us to cure not only the known diseases, but also those which were unknown before, so that we may truly claim for it the quality of being progressive. Hahnemann antedated science; and his prophetic eye discerned "the dawn that was to brighten into the most brilliant day of medical art." The grand success of Dr. Rubini, of Naples, in treating five hundred and ninety-two cases of cholera with Camphor verified the prediction

of Hahnemann. In many places, results in the homoeopathic treatment of cholera were almost dramatic and in Austria the laws against homœopathy were repealed. Hahnemann was the first to perceive and teach the parasitical nature of contagious diseases. In 1831 when Asiatic Cholera broke out in Europe, he explained its mode of origin and propagation in the following way "on board ships, in those confined spaces, filled with mouldy, watery vapors, the cholera miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists." By the word "miasm" he meant "Infectious, contagious, excessively minute, invisible living creatures," which we mean today by the term, "bacteriology". More than half a century before Koch, Hahnemann anticipated the conclusions and demonstrations of modern science. Hereafter we find that Koch demonstrated the truth of Hahnemann's idea. In 1883 Koch was sent by the German Government on a special mission to India to study Asiatic Cholera. He discovered the presence of a spiral, threadlike bacterinum which readily breaks up into little curved segments like a comma, each less than 1/10,000 of an inch in length, in the intestines of cholera patients. These microscopical living organisms multiply with great rapidity and swarm by the million in the intestines of such patients. In this connection we should bear in mind that the bacilus is not cholera, nor the sole cause of it, but it is the proximate cause of cholera. It is one of the several conditions necessary for the production and propagation of cholera.

Every ruling epidemic is in many respects a phenomenon of its own peculiar kind and is found very different-from all that preceded it. It is a matter of indifference whether before this time something similar has appeared; the peculiarity of such a disease makes no difference either in the investigation or the cure, since the physician has in

any case of presuppose the pure image of every disease now prevalent as new and unknown, and has to examine it thoroughly. It may happen that the healing artist does not perceive at once in the first case of an epidemic of cholera its perfect image but after a close observation of several cases, such a disease unfolds the complex of its symptoms. Where an epidemic breaks out the noting down of symptoms is most necessary. A general image can be formed by gathering together all the characteristic symptoms found out from various patients, which will then point out in a definite manner to the medicine best corresponding to this complete image. In this way we can get the whole picture before our eyes and not be easily led astray by personal and individual traits. The individual peculiarity is very often different from the individual genius of the disease, but the selection must always be so made as to lie within the sphere of action of the genius of the disease. For such a purpose sufficient knowledge of the mode of action of the medicines that are related to each other is necessary. The choice of the remedy in this way in the epidemic saves a great deal of trouble and can cut short in a few hours many an attack of the disease.

That form of cholera which is characterized by violent purging of rice-water fluid, cramps and symptoms of collapse is known as true or Asiatic Cholera. In cholera Morbus rice-water discharges are absent, though strength sinks, cold perspiration breaks out over the body and violent pains and cramps in the limbs at times occur. It never passes through the different stages of Asiatic Cholera and the asphyctic, spasmodic and paralytic symptoms never occur, though the onset is sudden and violent. Cholerine does not necessarily run into real cholera and never shows the rice water stools of cholera. When the patient only experiences the first stage and convalescence sets in before the second stage is reached, it is known as cholerine. Sometimes collapse sets in without the characteristic rice-water

discharges and is followed by death; it is known as Cholera Sicca

In short, there are three varieties of cholera—spasmodic, non-spasmodic and Paralytic. In the spasmodic variety cramps, cyanosis and objective coldness of the body set in at the commencement of the disease, when the patient is restless and full of anxiety about the want of air. In the non-spasmodic cholera cyanosis and objective coldness set in only with the frequency of the evacuations; the patient is listless, apathetic, indifferent towords his surroundings and the pulse is soft and compressible. In the paralytic variety there is threatening failure of the heart's action. It represents a state of complete paralysis of all the cardiac, intestinal and muscular functions, with complete cyanosis of the whole body. The cardiac action distinguishes the spasmodic from the paralytic type.

At any stage of the disease, the symptom-image expresses a suitable remedy. Our Materia Medica enables us to determine with certainty a reliable and efficacious treatment. "In homœopathic practice we carry out the simile, we merely set a thief to catch a thief." In other words we seek a parallelism between the drug symptoms and those of the patient. The duty of the physician is to cure. His mind must be on the alert to bring relief to the patient and restore him to health. In emergencies, however, homœopathic remedies in skilful hands have saved lives with a miraculous speed and with the happiest of results. The homœopathic physician is justly rewarded for the intelligent and thorough study of the Materia Medica.

Dr. Macloughlin, Inspector to the Board of Health, wrote in 1854, to one of the doctors at the London Homœopathic Hospital......"In conclusion I must repeat to you what I have already told you, and what I have told everyone with whom I have conversed, that though an allopath by principle, education and practice, yet, was it the will of Providence to afflict me with cholera and deprive me of

ij

the power of prescribing for myself, I would rather be in the hands of a homoeopathic than an allopathic adviser." It may be observed in passing that freedom of choice in medical matters is as essential as freedom of choice in any form of religious worship. Long live the name of Hahnemann, the founder of the homoeopathic doctrine.

"Thou best Philosopher, who yet dost keep Thy heritage, thou eye among the blind, That, deaf and silent, read'st the eternal deep, Haunted for ever by the eternal mind—"

MIRACLES OF PULSATILLA

Dr. I. K. Madhavan, L.R.C.H.P., L.H.M.S. (CAL.), ALATUR Case 1: AMENORRHOEA

In the end of 1941 a married girl, aged 20 yrs., came to my house with her mother for consultation.

History of the case: As usual, when the regular monthly period stopped, she and her guardians thought that she was pregnant. But there was no morning sickness. As months advanced, her abdomen began to grow bigger and bigger in size. Her relations were glad over her pregnancy. Since she had no experience of pregnancy, she was not aware of quickening of the child or foetal movements during the late months. According to their calculations 10 months passed. At that time there was a considerable enlargement of her abdomen, breasts also enlarged comparatively. They questioned her if there was any child movement in the abdomen but she answered in negative.

Then they brought her to me for consultation. The first thing I was able to note was her weeping mentality when narrating symptoms. She was very affectionate, mild, gentle, timid and of yielding disposition. There was no thirst at all. She wanted all things cold, cold food and drink. Desired cold-bath and fresh cool open air.