

after a month. His face and left ear were free from disease. I gave him Placebo for a fortnight. No further progress was observed. He was again given one dram of Anacardium in globules. When he came to me next month, I was pleased to see him absolutely cured.

The incidence of leprosy is increasing and as a matter of fact it has become a problem for the state. Homœopathy extends a very great opportunity to eradicate this dreaded disease at a very low cost. I would request that homœopathic doctors should please try it also in higher potencies and report their results.

CASE REPORT

DR. C. B. PRASAD, M.H.M.S., LALGUNJ

On 19-8-55 I was called to see a case of hæmaturia in a lady with great pains and tenesmus during micturition. I examined the case and found that she was fainting and shivering during micturition. The discharge was quite red blood. The mouth was dry and the tendency of drinking water was very little. She was quite restless. I prescribed Puls. 30—but even after 6 doses she reported no change in her trouble; then she was given the 200th of the same drug but in vain. In the evening of 20-8-55 I was again called in to suggest about the change of the system of medicine. I examined the lady again and finding that she was covered by a chadar I enquired about it, when she reported that she felt chilly. She was always changing sides, on enquiry she told that there was much pain in loins which made her restless, and the changing of sides gave relief of this pain. There was also a little tendency to drink. I could no longer wait but prescribed the 200th of Rhus Tox, 2 doses, to be taken at 6 hrs. interval. The next morning i.e. on 21st I was reported to by her husband that she was quite O.K. There was a little pain in the loins.

She was given sac lac. After some days report came that she was O.K.

SOME OBSERVATIONS ON HOMOEOPATHY IN RELATION TO PSYCHONEUROSIS

DR. D. M. GIBSON, M.B., B.S. LOND.

THE question of the pathological aspect of psychoneurotic states and the proper handling of these conditions is, of course, a colossal subject. It is one, moreover, in which one can very easily get rapidly lost in a jungle of technical and often ambiguous terminology.

Fashions in terminology change, as do methods of diagnosis and techniques of treatment. The "hysterics" of the Victorian era with accompanying unlacing of corsets and applications of the smelling-bottle gives way to Edwardian "neurasthenia" and Weir-Mitchel regimes. Later the "shell-shock" of World War I merges into the present-day "anxiety neurosis". When it comes to treatment, a galaxy of therapies now awaits the victim of this all too prevalent malady—sedation with narcotic drugs of varying toxicity for months on end, insulin shock, deep narcosis, E.C.T. and its variants (prescribed only too often in an almost routine manner), and psychoanalytical techniques.

There are also personality-altering procedures such as prefrontal leucotomy. These may perhaps have a field of usefulness in certain cases, i.e. when the psychopathic state of the patient makes life intolerable for all concerned and in which, indeed, the personality of the individual can hardly be altered for the worse. But to add further trauma to an already damaged nervous system would seem to be very much a last resort.

It is evident, therefore, that there is a wide range of therapies available at the present time for the handling of