

NEUROLOGICAL CASES WHICH HAVE RESPONDED TO HOMŒOPATHIC TREATMENT

DR. T. FERGUS STEWART

LADIES AND GENTLEMEN,

For my Presidential Address I have selected the records of a few "neurological" patients who have apparently responded to homœopathy. The method of presentation is based on the belief that one most effectively recalls the pictures of a homœopathic medicine from memories of patients helped by that particular remedy. Accordingly, an attempt has been made to illustrate a picture of the patient and indicate the symptoms which fit the chosen medicine.

Kent's *Repertory* references are made in the order mentioned in the patient's story, and *not* as in normal repertorizing where according to Tyler and Weir, symptoms should be taken in their order of importance for selecting a remedy, i.e. graded as mentals, generals, cravings and aversions, menstrual modalities, peculiar unexpected particulars and the last and least important, the common particulars with unusual modalities. Secondly, although Kent's *Repertory* is quoted extensively, it will be appreciated that, in actual practice because of the time factor, it could not be used so frequently in the original selection of the remedy.

Lastly, minor symptoms, which in the light of the author's present knowledge do not fit into the picture of the chosen remedy have been purposely excluded, so that those mentioned are true symptoms of the effective medicine and thus cannot confuse the particular drug picture displayed.

Miss M.S., 21. ? Anterior Poliomyelitis. *Physostigma*. (2) ?
Hysteria. *Thuja*.

This is the story of a previously plump, pale, mild young lady student, who had never been really well since an acute attack of right-sided salpingitis seven months previously.

Her frequent absences disgusted one of her teachers, who

was most unsympathetic and as she really was a conscientious student, an only child, accustomed to sympathy of devoted parents, she was greatly hurt by this foreign attitude which made her extremely nervous, especially before examinations. From these remarks it will be appreciated that the stage is set for hysteria.

Anterior poliomyelitis ?

On 25.9.47, during the poliomyelitis epidemic, after being an indirect contact with a case in her class and having had a sore throat, sneezing, running nose, earache, for about a week, then she developed cramps in her legs and pain in the back of her neck. On examination, temperature and pulse rate were normal, but the right knee jerk appeared slightly diminished. When seen later in the evening she was hoarse and had slight paresis of the left side of her face and left side of her palate. The right knee jerk was still slightly diminished and the right abdominal response was then greater than the left. Suspecting poliomyelitis and knowing that Sir John Weir had recommended *Physostigma* as a prophylactic for this condition, the 30th potency was given four-hourly. On the next day, she had difficulty in speaking and coughing, still had paresis of the left side of her face and palate, now had a definitely diminished right knee jerk and hoarseness suggesting paralysis of a vocal cord, although this was not successfully viewed. Since the paralysis appeared to be spreading but especially on account of the difficulty in speaking and coughing, it was considered advisable to admit her to a fever hospital where adequate nursing facilities were available. Twelve days after admission to hospital she was discharged with a diagnosis of hysteria, because the cerebrospinal fluid findings did not indicate poliomyelitis. After discharge from hospital she had exercises and physiotherapy for several months before she could raise her right heel off the ground. Wasting of the right calf and diminution of the knee jerk persisted. She had coldness and blueness and finally developed troublesome chilblains of the affected leg.

Seven years later, she aborted as a result of a fall in which she injured her back, and when examined by an orthopædic

specialist at that time he noticed she had slight flattening of the right lumbar muscles.

Although this patient also may have had a neurosis, the acute illness described and the subsequent physical signs appear to indicate that she had anterior poliomyelitis suggesting that the pathological tests of the cerebrospinal fluid (e.g. raised cell count and increased protein) whereby one confirms this illness are relatively crude methods of assessing whether infection has actually taken place, or, alternatively, that possibly the homœopathic *Physostigma* was effective in aborting the illness. Certainly all the symptoms of the acute illness of this patient are covered by *Physostigma* in Clarke.

Hysteria

So far, the acute illness has been discussed, but a month after discharge from hospital the patient was still far from well, being depressed and having severe vertex and frontal headaches (similar to those following her lumbar punctures), also nausea, vomiting and pains in both iliac fossæ.

She was referred to Dr. T. D. Ross who, even with his wealth of experience, said that after spending an hour and a half examining her, she was still a proper puzzle, but he considered that her sycotic history and her schizophrenic make-up pointed to *Thuja* as her constitutional remedy, e.g. :

History : Frequent colds in childhood.

Urinary frequency and polyuria for over a year.

Acute left salpingitis in February, 1947, and never well since.

Lower abdominal pains at the beginning of her periods, the pain extending down her right thigh. Dr. Ross mentioned that although *Thuja* is more suited to left-sided ovarian or tubal troubles, a feature in this case was the persistence of the pain during the menses.

Mind : This patient had been bright and happy until she felt that she was being persecuted by one of her teachers. This had lasted for eighteen months, and now she was very depressed, nervous and worried, especially before examinations when she suffered from loss of memory. She was weepy at music and

if spoken to kindly. She felt slow in her movements and speech which worried her. She was scrupulous in her work and frequently dreamed of falling.

These symptoms might be attributed to hysteria, because during the previous six months, she had had X-ray of chest, pyelogram, cholecystogram, barium meal and follow through, also examination by a gynaecologist and all these investigations revealed no abnormality apart from a calcified gland in the right side of the abdomen and a mobile right kidney.

Similarly examination of urine, stool, white cell count, and repeated Widal tests indicated nothing conclusive, only urates and calcium oxalate crystals and a few *B. coli* in the urine (non-catheter specimen) and *B. abortus* 1 : 25.

On 13.11.47 the patient was given *Thuja* 200/3. Three weeks later she reported that her headaches were not bad now and she had no vomiting or abdominal pains.

After a further three weeks without any other medicine being given, she reported that she was stronger and eating well and had no headaches and seemed to have forgotten about her abdominal pains.

Subsequently she won the medal of her year, the only medal given in the whole course. She is now happily married and in spite of her previous abortion she had an 8 lb. baby last year.

K.L., Boy 16/12. Meningococcal meningitis. Remedy—*Bryonia*.

29.4.50. This typical *Calc. carb.* baby, who had been well since a dose of the 30th potency four months previously, was desperately ill to-day. His mother's story was that he had been "girny" and having a dry cough for about a week; on the previous day he had been fevered, was grinding his teeth and thirsty for milk, but this morning he had put up green vomit, was twitching and drowsy and extremely irritable when roused.

He appeared moribund, but his extreme irritability when disturbed indicated that he was still capable of reaction. His temperature was 106° taken twice. No abnormality was detected in chest or ears, there was no rash or Koplik's spots or abnormal neurological signs and he had no symptoms suggesting

urinary infection. *Bryonia* 30 in water half-hourly was prescribed. One may ask—why not *Belladonna* when it is the acute remedy of the *Calc.* child? Because one was struck by the extreme irritability, physical as well as mental. Of course, *Belladonna* has that symptom too, but he did not have the flushed face and dilated pupils that one is accustomed to see in patients responding to *Belladonna*.

Two hours later his temperature was 103° but there was still no localizing sign; after a further two hours his temperature was still 103°, there was no localizing sign, but he was much brighter and was wanting milk.

Seven hours after he was first seen his fever was reduced to 101°, but he had now developed nuchal rigidity, so he was promptly given Sulphamerazine and admitted to a fever hospital where the diagnosis of meningococcal meningitis was confirmed.

On 21.5.50, three weeks after admission, a letter from the hospital stated that he had made an uninterrupted recovery under treatment by Sulphadiazine and that he had been normal for a fortnight.

According to Tidy "fulminating forms of cerebrospinal fever may be :

1. The encephalitic type with sudden onset, vomiting and fever. Lethargy passes rapidly into fatal coma. Respiration stertorous. A petechial rash in 12-18 hours. The blood pressure is normal. Meningococci are present in the blood and acute encephalitis is found post mortem.

2. The adrenal type, with sudden malaise and fever, a purpuric eruption soon appears and progresses to massive hæmorrhage. In contrast to the encephalitic type the blood pressure becomes very low, but the mental state remains clear. Meningococci can be isolated from the blood. Hæmorrhage into the adrenals is found at necropsy, i.e. the Waterhouse Friedrichsen Syndrome.

In the case under discussion, the rapid diminution of the fever and apparent improvement with no treatment other than *Bryonia* suggests to those who understand Homœopathy that this remedy may have saved this patient from a fatal issue due to the fulminating encephalitic type of cerebrospinal fever.

On 23.5.55, two days after discharge from hospital, the mother reported that the baby had been very irritable, screaming and kicking at everyone, screaming at night and screaming as soon as his parents tried to put him down, as if he had fear of going to bed. He was also startled by noise which made him jump right up onto his knees.

On looking over these past notes it now appears that these were beautiful symptoms for *Borax*, e.g. according to Borland comparing *Baryta carb.* with *Borax* he states that "whereas in the *Baryta carb.* child it is anything strange in its surroundings which terrifies it, . . . it is any sudden noise in the vicinity of a *Borax* child which simply terrifies it" (p. 11). Again, he says, "the *Borax* children are much more irritable and the irritability does not end up in weeping, as it very often does with *Baryta carb.*, but it ends up in a violent passion—the child very often kicks and screams"; later he mentions "the notorious *Borax* aggravation from downward motion" . . . "a peculiar terror of downward motion"—perhaps in this patient the screaming when being put down in his cot was due to this terror of downward motion.

However, the main symptoms on this day were red ears, hot and cold turns. On examination, his temperature was 101.5° and there were white patches of exudate on both tonsils and enlarged glands. Although the fever was rather high for diphtheria, the possibility of contact in the fever hospital was a factor in deciding to give him *Merc. cyan.* 30, three powders four-hourly, after which the throat cleared in a couple of days.

As you all know, *Merc. cyan.* is considered to be a very efficient prophylactic in diphtheria and according to Clarke, had been perhaps popularized by Dr. Alexander Villers, who as an infant appeared to be dying of diphtheria till he was given *Merc. cyan.* when he immediately began to recover and subsequently lived to do much brilliant work with the same remedy in St. Petersburg.

Later on this patient had *Sulphur* because of anal itch, nose picking and pale face with red lips. Subsequently *Tub.* and appeared to be thriving when he left this area, since when a Christmas card has come from him every year.

M.M. Boy, 7 years. Measles convalescent encephalitis followed by hypothalamic epilepsy. Remedy—*Pulsatilla*.

On 16.4.52 this poor, forlorn looking little boy, who stood stiffly leaning a little forward and wearing a rather mournful wooden expression, was brought by his mother to the Homœopathic Children's Hospital.

He had been having attacks of crying for no obvious reason during the last couple of years and had had great difficulty in walking since measles four years previously.

The mother mentioned somewhat hesitantly that the Professor of Pædiatrics had suggested a possible diagnosis of hypothalamic epilepsy, but that other doctors, to whom she mentioned the diagnosis, had said that she must have been mistaken.

The history revealed normal delivery and development, vaccinated at three months, injected for diphtheria and whooping cough at twelve months and healthy until the age of three, when he took a severe attack of measles. Five weeks later, when convalescing, one morning he awoke, unable to walk without holding on to things and after this illness he used to give a scream and fall, and was given phenobarbitone for two years, since when he had had no fits, apart from one occasion about a year ago, when, after vomiting off and on for about a month, he had a single fit.

For the last two years he had been having attacks of causeless weeping which might last all day but never lasted less than one hour and were uninfluenced by sympathy or scolding. As he was having at least one such attack every day, it was understandable that his mother was quite distracted; fortunately he was free from attacks during the night. So far there are strong indications for *Pulsatilla*, as shown in Kent's *Repertory*, page 1373 :

GENERALITIES, MEASLES, after : here there are fifteen remedies with CAMPHOR, CARBO VEGETABILIS and PULSATILLA in capitals.

Page 903 : MIND, WEEPING causeless : which has twenty remedies with APIS, PULSATILLA and SULPHUR in capitals.

Page 1341, GENERALITIES, DAYTIME aggravation, where

Pulsatilla is found in italics among sixteen remedies, of which SEPIA, STANNUM and SULPHUR are in capitals.

When the mother said that he was a good, clean, tidy child who had no tempers and liked sympathy, these statements seemed to indicate *Pulsatilla*, e.g. Kent, page 65, MILDNESS, having sixty-one remedies with PULSATILLA in capitals along with other seven remedies. Page 16, CONSOLATION, ameliorates one remedy only—*Pulsatilla* in italics, although Boenninghausen *Repertory* has under the rubric sympathy, craves, has *Phosphorus* as well as *Pulsatilla*, but one would think that there must be many more remedies which like sympathy.

On taking further homœopathic data it was found that he had a very good appetite (APPETITE_increased (p. 477)) and he was THIRSTLESS (p. 530), both rubrics having PULSATILLA in capitals in Kent.

His mother stated that he tended to be constipated (constipation is mentioned in Clarke's *Dictionary*, page 911, under *Pulsatilla*) and some difficulty in starting his urine. Kent, page 660, BLADDER, URINATION, Retarded, must wait for urine to start, where there are over fifty remedies, one of which is *Pulsatilla*.

When discussing the effect of heat and cold, the mother thought that he preferred heat. One is accustomed to think of *Pulsatilla* as a remedy which always likes cold, and so if this modality had been strongly marked it might be taken as a contraindication to *Pulsatilla* as his remedy, but it is worth noting that in Kent, page 134, in COLD in general aggravates, *Pulsatilla* is found in italics and is also present under the rubric aggravation by both heat and cold, page 1349. Anyway, Clarke, p. 910, mentioned that *Pulsatilla* is a "chilly remedy with an extreme aversion to heat", (p. 910), and also mentioned a case of epilepsy cured by *Pulsatilla* (p. 911), but probably under modern terminology that case would be called epileptiform convulsions rather than epilepsy.

Although it was unlikely that any appreciable effect could be produced on this child's stiffness which was obviously due to permanent damage to his pyramidal and extra pyramidal tracts, his story fitted so well into the drug picture of *Pulsatilla* that it seemed not unreasonable to expect some improvement, so

he was given *Pulsatilla 1m* in three doses at four-hour intervals (on 16.4.52).

A week later the mother reported that he was very weepy for three or four days after starting the medicine, but had been brighter since then. This appeared to be most encouraging, because if one had a definite aggravation due to the remedy one would expect a prolonged improvement to follow.

Four weeks after the *Pulsatilla* his mother reported very much better, not crying so violently, nor so frequently, and now only about three times a week.

A month later he was having attacks of crying about once a week only and those that he was having were less severe and of about three-quarters of an hour in duration; while in the following month he did not have a single attack of weeping.

At this time it was suggested that he should be referred to an orthopaedic unit to ascertain if physiotherapy or exercises might be able to improve his walking. He was admitted to the Glasgow Sick Children's Hospital, where the paediatrician in charge of the ward on 25.10.52 reported that he had "seen the patient periodically since 1951 and that his original impression was that his peculiar nervous condition was a sequel to encephalitis and that there was probably some damage to the hypothalamus" (although he personally had not made a diagnosis of epilepsy). "Our investigations this time confirm this opinion and I feel that the damage involves both pyramidal and extra-pyramidal systems as well as the hypothalamus . . . I am afraid there is very little that we can do to help him. Presumably his brain damage is permanent."

On 4.11.52 his mother brought him back to the Homœopathic Dispensary stating that he was now having no fits of weeping unless someone struck him.

Two excellent orthodox physicians, one a paediatrician and the other a neurologist, had seen this patient, and both indicated that medicine was unlikely to help him. No doubt these physicians referred to the pyramidal and extra-pyramidal lesions, because, as you all know, if central neurones, which never leave the brain or spinal cord, are destroyed they never regenerate

and so no doctor could expect medicine to restore these destroyed parts.

In conclusion, this is the story of a patient whose mother was distracted for two years by his daily or more frequent attacks of inconsolable and causeless weeping which may or not have been due to hypothalamic epilepsy. The point of interest is that, after a primary Homœopathic aggravation for three days, the administration of a single divided dose of *Pulsatilla 1m* coincided with the beginning of the improvement, which led to the cessation of these attacks, and must have contributed some considerable benefit to the home life of that family.

(To be Continued)

—*The British Homœopathic Journal, April, '56.*

TREATMENT OF CONDITIONS INVOLVING RESPIRATORY TRACT ESPECIALLY THOSE DUE TO ATMOSPHERIC POLLUTANTS

DR. CARL H. ENSTAM, M.D., CALIFORNIA

It seems traditional for man and nature to have a falling out, a failure to collaborate in order that living man may benefit.

In typical American fashion, a name for a nameless condition has recently been coined, "Smog," and a serious thing it is. We have learned of the lethal and otherwise injurious effects of London's perennial fogs, accompanied by inevitable rising death lists due to the combining of atmospheric gases, fumes, soot and other products of poorly combusted materials, which resulted in what is now called smog. Inhaled, these atmospheric pollutants have killed and injured many thousands, not only in London but in other large cities of the world. My own City of Los Angeles has been the center of more recent attraction because of the greatly increased need for sensible scientific investigation into its particular sources of smog.

Factually, every community has its peculiar share of causes

Whooping Cough	<i>Coqueluechin</i> ; <i>Carbo veg.</i> .
Yellow Fever	<i>Crotalus horr.</i> ; <i>Carbo veg.</i> .
(My additions)	
Varicella (chickenpox)	<i>Antim. crud.</i> ; <i>Puls. nig.</i> .
Parotitis (mumps)	<i>Merc. viv.</i> .

As many prescribers have learned, in the presence of an epidemic, the best preventive may be the leading epidemic remedy. But for general purposes, the list given is dependable. Choice of single or of repeated dosage depends upon circumstances, and, of course, upon potency used. In cases of continuous or repeated exposure, repeated doses may be required, but not in higher potency than the 30th. For general immunization, a daily dose for one week is usually sufficient. Another advantage of our method over the vaccines and serums is that ours can be taken again if occasion indicates. We have a breadth of action and an adaptability that cannot be equalled in any way by the standard methods of immunization. Why not adhere to our superior pathway?

—*The Layman Speaks, Jan., '57*

NEUROLOGICAL CASES WHICH HAVE RESPONDED TO HOMŒOPATHIC TREATMENT

DR. T. FERGUS STEWART

(Continued from page 157)

MR. H. M. Age 26. Tram driver. Left frontal lobe injury with frequency of micturition. Remedy—*Natrum muriaticum*.
On 21.4.53 this young man's mother came to the consulting rooms stating that he had frequency of micturition since

infancy. He was a quiet, shy, rather pleasant fellow, who said that he had to "go to the toilet more frequently than other people", approximately every hour and sometimes at shorter intervals during the day, but only once during the night.

He related that he did not have more than "a minute's warning" and, as a boy, used to hate the Boys' Brigade Parades in case he was "taken short", as he sometimes was!

His mother recounted that she had had a difficult breech delivery, resulting in an injury to his temple, that when aged ten months he developed twitching of the right side of his face and had always had slight difficulty with his speech.

So far it is of interest to note that there are many indications for *Natrum mur.* as seen in Kent's *Repertory* :

Page 657. BLADDER, URINATION, frequent day time, only 7 remedies, *Ham., Mag. m., Nat. m., Psor., Rhus Tox., Staph.*

Page 655. BLADDER, URGING VIOLENT, 20 remedies and of those in the first rubric only *Nat. m.* in italics.

Page 128. HEAD, INJURIES of the head, after, 5 remedies only, *ARN., Cicuta, Hyper., Nat. m. Nat. s.*

Page 395. FACE, TWITCHING, 79 remedies, with *AGAR, LYC., OP., SEL.* in capitals and *Nat. m.* in italics.

Page 8. MIND, SPEECH, confused, 18 remedies, *Nat. m.* in italics.

Page 419. MOUTH, SPEECH, difficult, 87 remedies, with *BELL., CROT. C., Gels., LACH., NAT. M., OP., STANN., STRAM.,* in capitals.

Borland (p. 13) mentions that the *Natrum mur.* child is slow in learning to speak and the speech is faulty, but it is much more a difficulty in articulation rather than a lack of mentality, as it is in the *Baryta carb.* child.

Physical examination revealed no abnormality of the central nervous system, except a tigroid fundus, which is of no clinical significance, and is attributed to the choroidal pigment being dense in comparison with the retinal epithelium, so that the polygonal areas between the choroidal vessels appear darkly outlined giving a spotted or mosaic appearance.

He had rather a small penis but his scrotum and testicles were apparently normally developed.

On further questioning to obtain information for a homœopathic prescription, there were some mental symptoms indicating *Natrum mur.* He was sometimes shy, witness his mother's first approach, instead of the patient himself interviewing the doctor. In Kent there is no rubric for shy, but *Nat. mur.* is in italics under Timidity (p. 88). As a boy, he had fear of sudden noises. There are only two remedies under this rubric (p. 46), *Borax* and *Cocculus*, both in italics, but this symptom was not now well marked and in addition it is too small a rubric to be used as an "eliminating symptom" as described in Dr. Margaret Tyler's and Sir John Weir's excellent pamphlet on Repertorizing (p. 10) (which incidentally should be studied by all new recruits to Homœopathy). However, as you all know, NAT M. is in capitals for starting at noise (Kent, p. 83). He had a very good appetite, disliked fat and fish, liked fruit, and, as a child, he craved salt, all of which are features of *Nat. mur.* see Kent, under STOMACH, e.g. :

Page 477. APPETITE, increased, about 200 remedies with NAT. MUR. in capitals.

Page 480. AVERSION, fats and rich foods, 34 remedies with *Nat. mur.* in italics.

Page 450. AVERSION, fish : *Colch.*, *GRAPH.*, *Quare*, *Nat. m.*, *Phos.*, *Sulph.*, *Zinc.*

Page 485. DESIRES, fruit, 19 remedies, including *Nat. m.*

Page 486. DESIRES salt things, 30 remedies, with ARG. N., CARB. VEG., LAC. C., NAT. M., PHOS. and VERAT. in capitals.

On 21.4.53 he was given *Natrum mur.* 1m three powders four-hourly, and a week later he reported "frequency better and now only every two hours". On 30.10.53, six months later, he came back stating that, while he had been a tram driver, the journey only lasted an hour, but he had now been transferred to trolley buses, and sometimes it was not quite so easy to relieve himself ; however, he had been doing well but had noticed that his frequency had been worse since the colder weather. Although one always thinks of *Natrum mur.* as a hot blooded remedy it is in italics under COLD, in general aggravates (p. 1348). He was again given *Natrum mur.* 1m/3 and a month later he reported that he was managing two or three hours and still improving.

Seven months after that dose complete control of urinary function except perhaps in cold weather, and a year after that second dose, managing two, three or four hours, and similar reports this year.

Here are some extracts of a report by the physician in charge of the outpatient department of a large hospital, sent in 1951 to the previous doctor before the patient removed to this area : "Investigation showed no glycosuria and a glucose tolerance test was arranged (but there is no report so presumably it was normal).

His whole symptomatology could be accounted for by a birth injury due to a prolonged breech delivery through a small pelvis, his mother was told that a caesarean section should have been done. An injury was noted on the child's left temple after birth and his symptoms developed within ten months of delivery . . . a peculiar winking and twisting of the face on the right side and also peculiar fits, which were called chorea. These symptoms persisted for many years . . .

It seems more likely . . . that it was due to a cerebral birth injury to the left side of the brain, probably in the frontal lobe. This is also supported by the fact that he has a slight stutter.

His present complaint of precipitancy of urination is almost certainly cerebral in origin, and, no doubt due to a birth injury. If this is the case, then I doubt whether any therapy, beyond that advised by you, is of any value. No doubt a rubber urinal will help to give him confidence. His own doctor had recommended the rubber urinal.

It would appear to be of interest that this patient, with a history of a birth head injury, which resulted in distressing frequency of urination for twenty-six years, and was considering wearing a rubber urinal, was apparently greatly helped by two divided doses of common salt in homœopathic form at six month intervals and seems to have remained well for two years following the last dose.

MRS. A.S. 62. Paralysis agitans. Remedy—*Gels.*

When first seen on 27.4.53, the story about this poor lady was that she had had a terrible fright three years previously, when from her top storey window she had witnessed an old

man being attacked by three men. That night as a result of the excitement of being at the Police Station she developed a tremor of her right big toe. During the succeeding four months she was constantly worrying about the anticipated ordeal of appearing at court. She maintained that as a result of this anticipation funk the tremor began to spread and continued after the trial till now it involved her right arm and leg; and although she liked company at home, she would not leave her home for fear of what people would think of her.

This obese patient had always been healthy. Her B.P. was 160/100. She had a slightly enlarged heart with occasional extra systoles, marked tremor of her right hand and leg and absence of wrinkling in the right frontal region. Presumably she had cardiovascular degeneration with a permanent extra-pyramidal lesion (paralysis agitans), from which no recovery was possible, but her emotional objection to seeing people and refusal to go out of doors could perhaps be helped by Homœopathy. So particulars were taken with a view to prescribing and it was noted that she had absence of thirst, taking only four small cups of tea per day.

Gelsemium fits the picture nicely as can be seen by re-per-
torizing the main features in the order in which they are men-
tioned above :

Page 59. FRIGHT, complaints from : 46 remedies with *Gels.* in italics.

Page 40. EXCITEMENT, emotional ailments from, 39 remedies with GELS. in capitals.

Page 4. ANTICIPATION, complaints from : *Arg. n., Ars., Gels., Lyc., Med., Phos acid*, although Tyler (p. 75) includes *Carbo veg., Plumb.* and *Sil.* in this group.

Page 1210. EXTREMITIES TREMBLING, over 100 remedies, GELS. in capitals.

Page 1405. GENERALITIES, TREMBLING, externally, about 150 remedies : GELS. in capitals.

Page 12. COMPANY, desire for : 58 remedies, with *Gels.* in italics:

Page 12. COMPANY, avoids site of people : *Acon., Cic., Cupr., Ferr., Gels., Iod., Led., Nat. c., Sep., Thuj.*

Page 1390. PARALYSIS AGITANS : 14 remedies, MERC., RHUS T. and ZINC., in capitals, and *Gels.* in italics with 6 others.

Page 530. STOMACH, THIRSTLESS : about 80 remedies with GELS. in capitals.

The patient was given *Gels.* 1m three powders four-hourly on 27.4.55. A month later she reported that for the first five days she had been very tired and weepy and the tremor had been much worse, but during the following fortnight she felt better and could eat better (perhaps not a good thing in view of her weight and cardiovascular system). She also found that she could talk to people more easily, while the tremor did not worry her so much.

On 23.6.55, i.e. about two months after remedy : Able to go places and work better ; thinks the leg is perhaps a little better. Was given *Puls.* 30/3. Unfortunately indications for prescription not noted in the records, presumably for a cold. 4.7.55 : Tremor on leg and hand had been worse during the last fortnight ; worse thinking about it. Kent, p. 87, THINKING, complaints of, agg : 44 remedies, with OXALIC ACID in capitals and *Gels.* in italics among others. Again *Gels.* 30, three powders four-hourly was given.

As the patient appeared to have re-established her confidence and was able to go out and meet people in spite of her tremor, it was suggested that as the object of the treatment had been accomplished she should discontinue consultations.

Miss E.W. Over 70. Hypertension—Hypertensive encephalopathy. Remedy—*Opium*.

This patient's records have been mislaid, but, fortunately, my assistant in 1954, Dr. John Raeside, has been able to furnish most of the particulars concerning this deaf and somewhat wizened lady of over seventy whose blood pressure approximated 200/100.

This old woman had lived alone, until she had a cerebral vascular lesion resulting in some loss of power in the right side and loss of speech, but even before this incident she did not speak much or distinctly, perhaps due to her deafness.

After admission to a nursing home, she had been apathetic,

delirious and trying to get out of bed ; after a few days her general condition deteriorated and she would not eat. One evening she suddenly became worse and lay pale and almost unconscious. Dr. Raeside was called to see her and phoned to say that he did not think she would see the morning. He suggested that her remedy was probably homœopathic *Opium*, but he had none with him.

It is of interest to note how right he was in his remedy selection, because in Kent, *Opium* is found under all the important symptoms so far mentioned, e.g. in the order as stated :

Page 1376. OLD people : 37 remedies, OPIUM in capitals along with 8 other remedies.

Page 1175. EXTREMITIES, PARALYSIS, apoplexy after : LACHESIS and OPIUM in capitals among 21 remedies.

Page 419. MOUTH, SPEECH difficult : 87 remedies. OPIUM in capitals and 7 others in capitals.

Page 54. For Apathy see INDIFFERENCE, apathy, etc : OPIUM in capitals among over a hundred remedies.

Page 18. DELIRIUM : OPIUM in capitals among over a hundred remedies.

Page 39. For trying to get out of bed : ESCAPE, attempts to : 47 remedies with BELLADONNA and HYOSCYAMUS in capitals and *Opium* among 14 remedies in italics.

Page 39. EAT, refuses to : 19 remedies, including *Opium*.

Page 360. DISCOLORATION, pale : OPIUM in capitals among about 200 remedies.

Page 89. UNCONSCIOUSNESS : OPIUM in capitals among about 150 remedies.

Over the telephone it was suggested that perhaps making up a potency of morphia might serve the purpose, but on further consideration it was realized that potentizing Omnopon would be preferable to the pure alkaloid as Omnopon would be more closely related to homœopathic *Opium*. So Dr. Raeside dissolved an Omnopon tablet in water in a medicine bottle, shook it vigorously, diluted it about six times, each time shaking vigorously. He was somewhat over-enthusiastic about his succussion and on one occasion scattered most of the bottle contents over the sceptical nurse and himself.

The next morning, preparing for the worst, I collected my book of death certificates and called to find the patient sitting up reading a newspaper and having scoffed a good breakfast. As Dr. Raeside has written, "Next morning she was very much better—quite dramatically better, to the astonishment of nurses (and doctor!)." He recounts that: "Eventually she came out of the nursing home when her brother arrived from Australia to look after her. She improved and relapsed and improved again until she was able to go into town aided only by her niece. She almost completely recovered, regained her limb power and something of speech and was able to fly back to Australia."

DISCUSSION

DR. T. D. ROSS : I think we are very lucky to have a man with us who is following Hahnemann and Kent so closely and getting such good results. It shows, too, the value of Homœopathy in general practice as distinct from consulting practice.

I have always regretted that I have lost general practice since the war—the interest is much greater and the cases are more dramatic and I think the scope of Homœopathy there is much wider. The polio case was very interesting and looking back on it as described by Dr. Stewart now, I think it *was* a polio with possibly hysterical superadditions and that his remedy may well have diminished the severity of it. That also applies to the cerebrospinal meningitis, where the *Bry.* was obviously acting, but I think it was very wise of Dr. Stewart to put the case into hospital and get it treated with one of the Sulpha drugs because it is such a fulminating overwhelming poison that it is asking too much just to stimulate nature with a homœopathic remedy, without doing everything else possible to kill the infective organism. It is one of the few occasions I think where a Sulpha drug is really required. The interesting point about these very good cases, the *Puls.* case and the *Nat. mur.* case, was the wisdom of Dr. Stewart in waiting—you notice he got, after *Puls.* relief in the first month, considerable relief in the second, and really brilliant relief in the third month,

having left the case that time. The same applied to *Nat. mur.*, where two doses over 6 months were active. That really is a lesson that none of us ever can afford to forget. The trembling case was interesting and it also might have responded to *Lyc.* where I have found the right-sided trembling helped, especially in association with lack of confidence. Another remedy that has a reputation in Parkinsonism, but which I have not used sufficiently to have much experience of, is *Manganum*—not so much in the Homœopathic provings as in the gross poisoning—manganese poisonings—where the resemblance to Parkinson's Disease is seen. It would be worth trying it out in a low potency over a long period.

Now, Dr. Stewart has asked us to bring properly prepared cases and I am sorry to say that I have failed him there to-night—just one or two little asides about neurological cases. I agree with him that we can do a great deal to help the post meningitis case perhaps associated with deafness or the case of disease following cerebral injury, the Little's disease and similar birth injuries. Not always, but quite frequently I think we can help these birth injuries. I remember one little girl who was brought to me very young with a hopeless prognosis from Yorkhill and she responded to *Sulph.* and then to *Calc. carb.* and is now a beautiful, intelligent and quite normal child. It is amazing that Disseminated Sclerosis has not been mentioned so far and I have not much to say about that except that if we can get cases fairly early I do think, allowing for the variations in the disease, that we *can* help them with Homœopathy. I found *Lac. caninum* once or twice of value recently where the symptoms shift from side to side and I do think we can help these cases somewhat, although cure is another matter. Of course the very gross end results I do not think we can do much for. Well, I think I have talked enough, Mr. President, but I do hope this paper will go down to London. I think it should.

PRESIDENT: I have an interesting case of Disseminated Sclerosis—a man who was a pilot during the war. He did a parachute landing and damaged his back. He had a spondylolisthesis. He had been round several doctors, who had confirmed the diagnosis of Disseminated Sclerosis and gave a very

hopeless prognosis, but they seemed to have ignored the fact that he had a lot of pain in his back, and pain is not often a symptom of Disseminated Sclerosis. When I examined him there was this knob on his back, so I sent him to an orthopædic surgeon. X-ray of his spine showed spondylolisthesis, and since then he has worn a support on his back. He has been much better as regards his legs. Unfortunately he still has Disseminated Sclerosis, because he has nystagmus and symptoms due to lesions above the level of this back injury. I understand that one of this modern differential diagnoses in disseminated sclerosis is spondylolistheses or spondylosis in the cervical lesion, but this was in the lumbar region.

DR. WILSON : I would like to thank Dr. Stewart although I am like Dr. Ross, I did not bring anything specially here to-night. In regard to disseminated sclerosis, I will be more than indebted if somebody will help out with that disease, because I am quite mixed with it. There are a few cases coming to the Dispensary who are doing very well indeed, and have been doing well for years, and yet, one or two I have in private, whom I would do anything to help are hopeless—I cannot do anything at all, but there are two or three ladies coming to the Dispensary at present, even coming without assistance now, who are doing very well. I have given them a series of remedies. The thing I was amused about Dr. Stewart is the time he must have taken to count all these remedies. I have never counted a rubric in my life, unless it was under ten. I think that he mentioned that there were certain symptoms of *Belladonna* which were not present. Dr. Borland corrected me in that—he said, "Remember it is not the symptoms which are *not* there, it is the symptoms which *are* there, you have to prescribe on."

DR. STEWART : I said the patient had not the flushed face of *Belladonna*.

DR. WILSON : Perhaps this meeting will remember Dr. Allan's brilliant case of epilepsy in a child who fell from a three storey tenement and was in the Royal Infirmary with epilepsy. When Dr. Allan got the case, it was three years later, and *Arnica* cured the whole thing. There were no more attacks at all and there was a definite injury. I had a simiilar case, a fireman in

a railway engine—you know the big handle in the engine—it came back and struck him on the head, and he developed epilepsy and *Arnica* and *Tuberculinum* stopped his attacks. He has had no more for years, though naturally the Railway Company discharged him. One more thing I would like to say about *Natrum mur.*, one symptom that nobody seems to notice, it is that they usually cry when they laugh. I wonder if anybody is accustomed to that symptom. The other case I want to mention is one of epilepsy which has done very well as far as I am concerned with *Calc. carb.* I never prescribed for the epilepsy at all; he is the very picture of *Calc. carb.* and he has now gone the length of six to eight months and had no attacks. He was given no Epanutin or anything, only *Calc. carb.*, but he is up to 50m now, but I must admit I never prescribed for the epilepsy. Not only has he done well, but he is the top of the class as well.

DR. EMSLIE: This is a case of Ménière's disease which I saw first in October 1945. She had quite a few remedies which only helped slightly, but it was quite severe. It started 7 years before when she was 50 and there used to be nine months between attacks, but she has been bad since June. She had fallen on the stairs one Sunday and got a crash on her head. She used to fall suddenly. External objects went round and she heard a rushing noise in her ears and had a tendency to fall backwards and to the left side. She used to have vomiting but not now. She had a few remedies, some of which helped a little. *Thuja* helped but did not hold. On 18.1.47 I gave her *Gels.* and she was back on 15.2.47—had a good month—2 attacks on 18th February. On 15.3.47 she was back—no attacks at all. She got *Sac. lac.* On 12.4.47—not such a good month. Dr. Duthie saw her and repeated the *Gels.* She did not have any more *Gels.* until 5.7.47. Then it was repeated in September and not again until 15.11.47, when she got *Gels.* 200 three powders. She has been keeping very well. 1.5.48 *Sulphur* was given, but since then she has not had any more attacks of dizziness though she has had other troubles. It was *Gels.* that cured her of Ménière's disease. I have seen her as recently as 10.8.55 and she has been clear. I thought it quite a good result.

DR. WILSON : You people always tell about your good cases. I would prefer if you told about your failures. But I have had what I consider one of my most brilliant results—I did not even diagnose it, an ear specialist did it for me, but one dose of *Natrum salic.* cured him. Three days at a time he had to be off business, but one dose of *Natrum salic.* cured him, and it was an absolutely sure case, because I did not diagnose it.

DR. GORDON ROSS : I must also add my little mite of praise to the President. The *Opium* case interested me. Kent says in these cerebrovascular lesions the keynotes are *Opium*, *Phos.* and *Alumina*, and I was wondering if anyone here had used *Alumina*.

Another point I wanted to speak about—pet neurological case of mine. A fellow who came to me just at the nationalization of coal—he was a big noise in the coal business—and he looked dreadful—he had nodules on fingers and toes and a lot of extra symptoms, and I started him off on *Sulph.* He did well, but next time he came he still looked absolutely dreadful, as white as anything. I went in to him carefully, he had two or three very peculiar hard glands under both arms, so I gave him *Calc. fluor.*, and we went on and seemed to get better. Certainly the glands came down a bit but he still looked dreadful. Then he told me he was always embarrassed passing water, as he thought it smelt very high. I gave him *Benz. acid.* That helped him a bit but he still looked dreadful and I did his blood, and his blood picture was phenomenal, his red blood cells being about half what they should be and whites down to about 6,000, so I suggested we have him fully investigated and he said he would prefer to go to the Royal Infirmary. So he went to the Royal and was fully investigated there and they took him in. They put him on to Cytamen and it did not do any good, so he said he was coming back to me because they were going to put him on Epanutin and he did not want that. He had once been on it when he was young, for an epileptic attack. He said, "Look here, doctor, I want to live till I'm 65 because I'm getting six times the salary I was getting before, and I've a big family." It turned out that he had been seen by Mr. Sloan Robertson and had a tumour of the pituitary and Mr. Sloan

Robertson wanted to operate, but the patient did not want them to operate. That was in 1952 and I am still treating him and he is still at work, holding down that very good job. The only thing is, he is getting a bit dizzy and he is not very sure about his eyes—sometimes he worries about them, and he is still on *Calc. fluor.* and doing very well. I have asked him to try and get his photographs from the Royal—they are amazed in the Royal that he is still alive and that he is still able to work, and I would like to bring him to the next meeting. His glands are normal now. He has only another four months to go and he has done it.

DR. H. BOYD : I would like to thank Dr. Stewart. I was very impressed with his detailed notes of his symptoms and also his very careful repertorizing which is a thing we are apt to neglect when we are working. I have not any particular comments about his cases, but I thought I might mention one or two interesting ones of my own, though again I am afraid I have failed to bring any detailed notes. I was most interested to hear about Dr. Wilson and *Natrum salic.* as that is a remedy I have used 3 or 4 times in Ménière's syndrome with very good results. One man I can think of, who had very acute attacks of vertigo and vomiting and I gave him *Cocculus* in the acute phase—he was extremely sick, intense nausea and dizziness. The *Cocculus* seemed to help his acute phase and I followed it up with *Natrum salic.* and he was very much better after that. Another remedy I have used in Ménière's syndrome is *Conium*. I saw a man recently, a middle aged man who was working on the railway and he was getting recurrent attacks of severe vertigo and was in such state that he was afraid to go to his work in case he had one when he was in a dangerous position in the shunting yard. I had only seen him about three months, but he has had two doses of *Conium* and he has had practically no attacks since then, although he was having them perhaps two or three a week prior to that ; I will be interested to see whether that lasts. I have got several cases of disseminated sclerosis at the moment, two I think may be of interest. Regarding Dr. Ross's remark that one can do very little in advanced cases—I have two bad patients, one was a man who was confined to

a chair—he was very rigid with severe spasms and jerks of his legs and arms, and he was having a great deal of pain down one side (right). I do not know what that was due to at all—a sort of vague pain and also a lot of indigestion—he was swallowing large quantities of alkali and was on sedatives every night because he could not sleep and I thought I could do nothing for him. However, I gave him *Lyc.* 10m and within a fortnight his pain was completely gone, his indigestion was very much better, he had stopped his sedatives and he was beginning to have less jerking and able to move a little. He has been under treatment now for 2 years mainly with *Lyc.*, with some doses of *Silica* and recently *Secale*. He has a lot of sensory sensations in his hands and feet—the feet are very cold and he gets cramps of his limbs. He can now walk quite well. He is in a new housing scheme. He has walked round the block without any assistance and can go upstairs with a stick. He can move about in his house to some extent with no support whatever. That man was completely unable to move—he was having to be lifted into bed. He can now get out of and into his bath by himself. Whether he will improve any more I have my doubts.

A second case, recently, a man who was even worse. He was in a chair with his legs in scissor position and his arms were quite rigid and fixed. His arms were in front of him, and his head was down on his chest. He could not feed himself—he could hardly move at all. He was lifted bodily into his chair and into his bed by his family. He also has had *Lyc.* He can now move his head quite freely from side to side, feed himself and move his arms and legs—he has now got them uncrossed. He cannot straighten them yet, though they straighten in bed and mentally he is enormously improved. I do not think we can do much, but he is quite a different man from the one I saw originally and I think even that is worth while. I have had several other cases, one I can think of a patient of my father's—a lady he had treated for disseminated sclerosis for the last six or seven years and she is remarkably good. She has a slight drag in one leg but in her good phases she can even do country dancing, and she comes to me fairly regularly and

is very annoyed if she cannot get through her dances. I would like to ask whether anyone has any experience of writer's cramp. I have a patient at the moment with writer's cramp, and while I have helped his pain in his forearm and made him more comfortable, I have not been able to do anything at all to reduce the cramp. He cannot hold his pen for more than a few seconds or he gets stiff and shaky. He has had *Stannum* and *Cuprum* and one or two other remedies but I am interested to know if anyone has had a good result with that and talking of hands, I have one patient with disseminated sclerosis who developed a very marked intention tremor of his right hand. He used to write quite well but now he cannot write at all. His other symptoms have not changed much but I do not know whether anybody could suggest a remedy which could help that.

DR. HECTOR MACNEILL : I would like to add my thanks to the rest of the company for your presidential address which I enjoyed very much. I was interested in the *Opium* case, not from any deeply scientific viewpoint, but just from one case—I do not know whether you will remember or not—a baby at Mount Vernon who became drowsy for a couple of days, she had to be wakened to feed. We had a new sister there, and I said to Matron, "I think we will just give him some *Opium 30*" and next day the kid was very much better—there was no cerebral cause for the drowsiness—the child was recovering from bronchitis.

I remember a case of disseminated sclerosis which I had fairly recently, a young woman in her thirties. It reminded me of the different types of disseminated sclerosis we see. It is protean in its manifestations, and we have been discussing advanced cases this evening. Of course advanced cases are ones with a great deal of permanent damage to the nervous system and we cannot hope to cure them, though we may help them, as Dr. Boyd has said. However, this looked a very advanced case, but it really was a fulminating, acute disseminated sclerosis. She had not been ill very long when I saw her, but the disease had advanced very quickly, and she had complete hemianopia, in fact with one of her eyes—she could not see at all. She had

a disturbance of all her deep reflexes. She could not stand, she could not walk, she could not feed herself because all her movements were so inco-ordinated. She could not speak properly. When she did try to speak she could not say what she wanted to say and became hysterical. Also the other thing was that her mother said to me that she would not wear the trousers or her pyjamas, and it did not matter what the bed-clothes were like. All these symptoms pointed to *Hyoscyamus* in my opinion. I remember when I was studying *Hyos.* some twenty years ago, all these symptoms came out—lack of modesty and so on—so I gave this young lady *Hyos.* 30 and in a few days she became better and has never looked back since. Within a matter of 3 or 4 weeks she was able to come and see me at my surgery, and she has very little in the way of symptoms. She had a very slight Romberg's sign when I saw her after about 4 weeks, but that disappeared rapidly too. Her eyesight is completely better and she is to all intents and purposes normal. I am quite certain that *Hyos.* was the indicated remedy—there were good indications for it.

THE PRESIDENT : How long had she been like that.

DR. H. MACNEILL : I am not very certain of that—I meant to bring my notes to-night and I just cannot remember. She had been suffering from disseminated sclerosis perhaps for a year or several months, but in the last week or two before I saw her she had deteriorated very quickly indeed. Within days she had been put to her bed and could not walk and could not co-ordinate her movements at all.

DR. LANG : I would like to thank Dr. Stewart for a very interesting series of cases. Recently there seemed to be a minor epidemic of colds going round, and I found *Gels.* very effective in those characterized by marked nervous prostration. The other case which comes to mind is a young lady who came to me recently, facing the prospect of going to a wedding—she asked me for a powder and I gave her some powders of *Gels.* She came back later, singing the praises of homœopathy, having carried out her duties very successfully, which seemed to stress the anticipatory symptom of *Gels.* which is quite marked.

DR. T. D. ROSS : Dr. Boyd mentioned a severe case of

disseminated sclerosis which responded to *Lyc.*, the one in the position with the scissor gait and the hands crossed. There is one other remedy there which occurred to me—*Lathyrus*, if the *Lyc.* failed, though I must confess that I have not found a great deal of benefit from *Lathyrus* myself in scissor gait in the spastics. Again, about the same remedy, the Americans are very keen on it as an anti-polio and I cannot quite see it there either myself, but other people might have a different opinion. Now Dr. Boyd mentioned also writer's cramp, well, the two remedies that I would suggest looking up would be *Ignatia* and *Lyc.* I have found *Lyc.* the best myself—it usually comes in a person—a sedentary person who has a lot of worry and loss of confidence and I think *Lyc.* perhaps also *Ign.* could be considered. I agree that Ménière's can be helped a great deal if one is lucky enough to get the patient's remedy. I can remember cases who did very well with the following: *Morgan*, *Lach.*, *Calc. carb.* and *Tub.*, who have really got rid of their Ménière's; although it is a difficult disease, I think we can help it. Now I would like to ask a question about disseminated sclerosis, if anyone can answer it. Does anybody think any particular miasm is connected with that disease, if so, what? Is it a mixture and does anybody think anything about the allergic theory? I have noticed a few people with disseminated sclerosis who as they got better began to have allergic phenomena, particularly sneezing. Now just to finish, seeing the discussion is about neurological conditions, I want to mention one on the diagnostic side which I missed, a man who attended me for a good many years. He did not deteriorate a great deal, but did not improve much. He was emaciated when I saw him, and his emaciation was more proximal than peripheral, affecting face, arms, thighs to a great degree and he could not get his fingers properly relaxed, if he ever could contract them. I could not see his fundi properly because of spots of cataract. I did not realize what he was suffering from was a disease called dystrophia myotonia, which is associated with cataract and it has a family history of cataract attached to it, and in his case about four members of his ancestors a generation back had cataract. The remedy he gets is *Nat. phos.* and he has perhaps improved a little. His

general health is much better but the condition is not curing. I suppose it is being a congenital thing it is not curable.

DR. BOYD : I am most interested in Dr. Ross's case. He may remember a man who was brought up to a clinical meeting at the Hospital a few years ago, whom I had seen at the Dispensary here with dystrophia myotonia. He again has a family history—it runs back through several generations and it seems to get progressively worse as each generation descends. This particular man had been in the Infirmary and was one of the prize exhibits at examinations before he came to me, and he also had this inability to relax his hands and marked fibrillation of his muscle under the skin. He was also very exhausted. He could not do any more than an hour or two's work in the day, before he got quite exhausted, and he has been on *Carbo veg.*—no other remedy has been given in the last year and a half or two years, and he has made remarkable progress; he can now cycle to his work and does a full day's work except for an hour or two's rest after lunch each day, and that keeps him going. The fibrillation is completely away and although his muscle wasting is still present, his hands are better.

DR. A. D. MACNEILL : I had a case of what I thought was severe flu at one time and I am afraid I failed to make any impression on the case and she was gradually getting worse and in retrospect I think it must have been an influenzal meningitis. At any rate at the peak of the case when I had considered calling in a consultant the patient took the matter in her own hands and called in another Homœopath, who did not know that I was attending. And this Homœopathic doctor without seeing the case, on the description of it prescribed *Hellebore* and the case immediately started improving and got better in no time. I heard later from that other doctor—who had not realized I was attending at the time—the improvement was remarkable on *Hellebore*.

DR. CAMPBELL : The only case I can think of at the moment is a baby born with a very bad squint. A specialist was in charge of the case—I do not do midwifery at all—and she was in very good hands as regards the birth, but when the baby was born I went to the nursing home to see it and it was quite

definitely squint. The specialist said nothing could be done at the moment. Perhaps in seven years an eye specialist might do something. I cannot remember why, except that I had found *Arg. nit.* good in cases of squint, that I did give it and the eye became perfectly straight and it has been straight ever since and she is over two now. That had also cleared up a running eye in another baby.

THE PRESIDENT : How long had she had the squint.

DR. CAMPBELL : About three weeks, as I could not give the baby anything till she came home from the nursing home and was finished with the specialist. She is a highly nervous child and is a bit of a puzzle although she has improved a lot. She has been unfortunate in that she pulled a kettle of boiling water over her feet, but they healed completely with a beautiful skin on both feet with *Calendula* ointment and of course the remedy too. She has also cut herself with razor blades.

DR. WINNING : I am afraid I have nothing but failures to tell you about. One of my first cases of Ménière's disease was my brother-in-law and he had it very severely for probably a year or eighteen months, and I tried all sorts of remedies, but the outside friends thought he should have a specialist to find out what was the best remedy for him. He was sent to one of the specialists in Glasgow. The specialist said, "Good afternoon, Mr. Hamilton, take off your jacket." My brother-in-law meekly and quickly took off his jacket. Now he said, "Just put it on, that's all I want to say to you. Take things easy, do not hurry, do not run for a car and you will be alright." That was told to the office people and whenever they saw him hurry they said, "Now watch your step." He has never had an attack since. He is now about 80 years of age, works in the garden, is an ardent bowler and an ardent golfer, and is a very healthy man.

The other failure recently, a little boy about six. He had started to cry repeatedly in school, much to the annoyance of the teacher. He is a nice quiet individual and I put him on *Puls.* because of the crying but I do not see a great deal of improvement. The other cases of a neurological origin that have been puzzling me for some time that I might want infor-

mation about—those mongol or semi-mongol types. I do not know if I have more than my share, but I have four cases, one is now about four years of age, and when he was only two the inspector from the public health department said to the mother, "That child will never be any use to you. You had better allow me to take it away from you now. The mother, of course, would not do it. I saw the child last week. It is certainly making headway and is able to speak not too badly. Whether there will be any permanent improvement I do not know. I wonder what sort of remedies one should apply to children of that type. The other child just lies more or less like an animal taking its food and responding in no way to words of comfort or cheer from the mother. I have two other cases of the same type but I often wonder whether at the Children's Hospital you have cases of mongolism and how you treat them. Whether it is due to an injury to the brain or whether there is some mental upset. It was a first child. The second child is normal and healthy and the parents are young.

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WHAT MAKES A HOMŒOPATH ?

DR. S. M. RAHMAN, B.A., B.T., M.B.H., DACCA

To the uninitiated, to the beginner and the self-taught, to all of them potentised drug administration on the Homœopathic method appears to be a simple problem. This is because our materia medica is written in the simplest and most easily comprehensible language and is free for the most part from the technical vocabulary of Medicine we find in ordinary use. The pathogenetic symptoms are so beautifully and methodically described in word pictures that any body and every body jumps to think he can equate the symptoms of any illness with those