

mechanical shock, in which any molecules of the original substance can no longer be shown to exist, and whose activity is attributable to an unidentified factor of which homœopaths have been dimly aware from clinical experience, and which they have been accustomed to refer to as 'potency energy.'

"The meticulous manner in which the report is presented and the obvious care which has been taken to ensure that every experiment was carefully controlled, every finding checked and cross-checked, every possibility of error considered and allowed for, must make it completely authoritative. We feel sure it will attract the attention it deserves, not only in homœopathic circles, but throughout the world of medicine." (Reprinted from the British Homœopathic Journal).

—*Homœopathy*, Oct. 1954.

TWO "CHRONICS"

DR. JULIA M. GREEN, M.D., WASHINGTON

Case 1: Sept. 4, 1943: Male, 19 months. Ill 4 days, treated by a doctor who gave Sulphathiazole and next day Sulphadiazene, also argyrol in nose, enema of soda and salt.

Fever high from the start, 103 to 104 and still high. Respiration about 50.

Either screaming or sleeping fitfully.

Objects to being touched or handled.

Thrashes about when awake.

Lies prone habitually when well; knees drawn up.

Some coarse twitching in sleep.

Tongue clean. Thirst great; sips water. Takes no food.

Stools undigested, dark green, mucus and water.

Anus ex-coriating.

Eruption shoulders, worse left, for several days. Large dark red papules. \mathfrak{R} *Medorr.* 1M

June 8, 1949: Since 2½ mos., attacks of white areas inside cheeks, on gums and on tongue; patches extending into mouth, soft, irregular outline on tongue. Weakened because cannot eat but energy good. Mumps the last 4 days, double and much pain. T—100°, flesh cool. Thin, wiry. Restless. \mathfrak{R} *Borax* 2c

June 10: T—went up to 102° first night, down to 100° in A.M., now normal. Still very sore mouth; will not eat or drink much of anything. Easy sweating. Glands neck swollen; does not seem so much like mumps now. Prostration marked. \mathfrak{R} *Medorr.* 10M

Aug. 11: Been fine up until just now. Glands neck and one left thigh or groin swollen. Two sore places in the mouth. Headache frontal. \mathfrak{R} *Medorr.* 10M

Dec. 27: Been just fine, not missing a day in school since it started. Three days ago first ulcer in mouth; then more until now can hardly eat. No fever and good color. Some swelling cervical glands again. \mathfrak{R} *Medorr.* 50M

Mar. 20, 1950: More ulcers in mouth in the last three days, one three days ago, now 4; small. No constitutional symptoms accompanying this time. One gland under right chin sore. \mathfrak{R} *Medorr.* 50M

Apr. 3: Stomach upset last two days, vomiting. Mouth sore; sore on tongue. Cervical glands swollen, very sore.

July 31: More mouth sores. Very sore on tongue. \mathfrak{R} *Medorr.* 50M

Dec. 30: Another attack began last eve with swollen cervical glands and 3 cankers in mouth, 2 on tongue, 1 on inside right lower lip. No fever. Can eat and is up but getting sicker all the time. \mathfrak{R} *Medorr.* CM

Apr. 2, 1951: Another bad attack. Cervical glands swollen and lots of sores in mouth as before. \mathfrak{R} *Medorr.* CM

Nov. 2: Threatening 3 times but no real attack. Now bad one again but no fever and can eat; ulcers smaller and

only one on inside left lip and one end of tongue. β
Medorr. cm

Nov. 25: Glands still swollen and a few aphthae in
mouth which stay there. Not ill in general. β *Sulph.* 10M

Aug. 4, 1952: More trouble with mouth ulcers last
2 days; some fever today. β *Sulph.* 10M

May 25, 1953: No more ulcers to date.

This illustrates the value of persistence; it was obvi-
ous from the start that this was a deep seated case.

Case 4: May 29, 1951: Very thin, skin muddy all
over. Features small. Tires easily. Female 7 years old.

Well until 4 years when severe whooping cough. Ten-
dency to colds ever since with gagging cough.

Appendectomy soon after. Never strong since.

Sleep never good. Eyes rather staring.

Voice rough.

Congestion head, now nose stopped all the time.
Mouth breathing since whooping cough.

Appetite small. No thirst. Desire sour foods.

Skin dry. Perspiration axillae. Chilly easily; also
easily heated.

Nervous, excitable. Sensitive. Bright mentally. β
Pertussin 1M

July 7: Has gained 5½ lbs. in the last 10 days; hun-
gry at last. Looks happy and stouter. Pain head gone;
some in back between scapulae. β *Pertussin* 1M

July 16: Very much better but not quite strong yet.
Good color. Slight head cold.

July 30: Continues to feel fine; going away soon.

Sept. 20: Has gained up to 61 lbs., much better in
general. Still has stuffy nose, much discharge from it;
some pains head. β *Pertussin* 1M

Oct. 23: Well except for old congestion over eyes
and in sinuses. Chronic discharge nose thick, generally
colorless, worse A.M. Postnasal drip. Nose stopped fre-
quently but scabby condition gone. *Kali bi.* 10M

Nov. 23: Still some symptoms of the last cold; cough and thick mucus every day. *p. Kali bi.* 10M

Dec. 3: Lost 7 lbs. in the last 2 weeks or so, now 56 lbs.; sits bent forward in her chair or leans on something, languid. Appetite gone again. Mouth open good deal of the time. School work hard for her. Growing tall fast. Dark circles under the eyes. Features small, mouth small. Chilly; feet and hands cold in bed. Desire sour things. Cough dry, hacking. Yellow thick mucus from nose. Head congested all over, voice thick. Quantities very thick yellow mucus which gets with difficulty and comes out in thick chunks; hard to blow nose, this seems so thick. Voice thick. *p. Kali bi.* 50M

Jan. 29, 1952: Been fairly well until the last week or so when most of the stuffed nose, thick yellow mucus from it has returned; hard to sleep with this. *p. Kali bi.* 50M

Aug. 27: Been very well until now starting out with what may be hay-fever. *p. Kali bi.* CM

May, 1953: No report since to date.

Illustrates opening the door with *Pertussin* and later wider with *Kali bi.*

—*The Homœopathic Recorder, May, 1954*

PRESIDENTIAL ADDRESS*

DR. N. M. JAISOORYA, M.D., M.P., HYDERABAD

Dear Colleagues, Ladies and Gentlemen,

At the outset I am compelled to make a complaint. Because I am aware of the great honour you have done me by allowing me to address you today, you have, at the same time, put me in one of the most awkward and embarrassing position I have ever experienced in my life. The fault is not wholly yours but also partly mine. Namely, I am a

* Read at the eleventh session of the All India Homœopathic Medical Conference held at Gaya on 8th and 9th January, 1955.