

## HOMOEOPATHIC EXPERIMENTATION\*

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Sir Robert Hutchinson in a recent memorial oration in discussing medical literature considered under the heading of 'Measures For Stemming The Flood' such pertinent questions as to what it was that prompted doctors to write or to speak.

*Good* reasons, he said, were those of putting on record observations or results of experiment. *Bad* reasons were the desire for prestige and priority!

He deprecated (whilst delivering one) the pernicious habit of demanding presidential addresses, ceremonial orations and memorial lectures suggesting that "surely there were better ways of remembering the dead than by boring the living!"

Powerful astringents might be required he said to check the verbal diarrhoea which afflicted so many medical writers. But then he knew not the British Homoeopathic Society which harbours but few, too few indeed, chronic diarrhoeics. Would there were more or surely there would not exist the equally pernicious habit of cleeting a President for two successive years, and, worse still, of expecting him to deliver a second presidential address within three months of delivering a valedictory oration! Was there ever anything so absurd!

Now I have no desire for prestige nor priority in this regard and so I have taken this opportunity for one of Sir Robert's good reasons that of putting on record the results of experiments, but experiments in Homoeopathy which each and every one of us are trying out every day of our professional lives.

It may be as boring to you as listening to one of these interminable memorial lectures, indeed, some of you here may have heard the self same record before. I claim as I said no priority. I have laid myself open to the same criticisms as the Bishop who, visiting a strange church, after the service at which he had preached, had the temerity (apparently not knowing the verger race) to ask the verger how he had liked his sermon.

Well, said the verger, you had four heads to your sermon and I have four heads to *my* criticism. *First*, you read it. *Secondly*, you couldn't read. *Thirdly*, it wasn't worth reading, and *Fourthly, and worst of all*, I had heard it before!

To those of you then who have heard my remarks before I shall close my eyes to your departure, if so you feel inclined. Were it allowed by precedent I might have given you the opportunity afforded himself by the late Andrew Carnegie who attending church for the first time for a long period

\* Presidential Address read before the British Homoeopathic Society.

was 'spotted' by the preacher who asked if Brother Carnegie would engage in prayer. Brother Carnegie being most unwilling to oblige said: "Let us engage in five minutes silent prayer" and, when the others were so engaged, made his escape!

So following on the advice which I myself gave in my valedictory remarks and endeavouring therefore to make this a Homoeopathic Session I propose that this be attempted even in spite of present difficulties.

In the summer I ventured to open a discussion on the place of the peculiar symptom in prescribing followed by a contribution on prescribing in acute disease as exemplified by the treatment of influenza. I was gratified by the reception of both of these contributions and have received many expressions of opinion since that it is *such like* descriptions of how one man chooses his drug which is likely to be helpful particularly to those isolated members who are more or less dependent upon their journals for sustenance and for encouragement.

Of course this could and should be multiplied a hundred fold. If we had records from each one of our members of how *he* chooses or has chosen his remedy in say ten or twenty apparently successful cases what a powerful weapon we should have when discussing our therapeutics! What a marvellous textbook for the enquirer and the beginner!

Anyone who has read the cases of, e.g., Carl Dunham or of Nash, knows the thrill one gets from recognising the symptoms one has met and missed and which one is determined by the force of such distinguished example, never to miss again.

To quote the heading of an American Rotarian Journal: "Make a note of it". Take a lesson from the classical story of the man, who seized by a wonderful idea fell on his knees to thank God only to discover that the *idea* had slipped his mind. Don't enthuse over the next wonderful case and forget *why* you gave it! It is of no help to anyone except of course the patient to *hear* of your success, unless you can tell us the *why* and *wherefore*.

The records of this hospital are *full* of very good results, following apparently upon the administration of remedies given. *But*—But we know not *why*!

I therefore today suggest in all humility giving you an account of twenty Pulsatilla cases in which the drug seemed to do some good and of which I have some record as to *why* the remedy was given. Not all the cases are my own though the majority are; Generally speaking—it is simply a record of how and why in the particular case I gave Pulsatilla!

Now I have no intention of giving you a lecture in materia medica, nor even of giving you a drug picture *per se* unless you can yourselves derive such a picture from the cases described.

In a previous lecture on the same drug I suggested that had I been more gifted or precedent allowed I might have introduced the subject with a verse of a very old song, viz., 'Jock o' Hazeldene'. Those who know it will recollect the appropriate beginning. "Why weep ye by the tide ladye, why weep ye by

the tide?" If that is not a very good introduction to Pulsatilla then surely the refrain most certainly is: "And aye she let the tear doon fa' for Jock o'Hazel-dene."

By this you will have judged that one regards Pulsatilla as a predominantly *female* remedy which is not to say that it is never of use in man for I hope to describe to you cases treated successfully in man, woman, and child, and even in a dog! but I may say it was a lady dog!

Case 1.—Mrs. S., aet. 39.

Always tired. Nerves bad for months: she has had a series of shocks, the latest being that her husband had lost his job! In my experience the Puls. worry is not usually the big type of worry like death or accident, etc., but rather the everyday, more or less expected type, e.g., unemployment which in another type of woman might inspire her to greater efforts to keep the home going. Puls. *wilts* and gives into things.

Interestingly enough recent correspondence in the medical press shows that it is this type of distress as opposed to big cataclysms which produces exacerbations of the psychoneuroses. It is not the great dangers of life, one writer states, shared in common which produce mental illness. Few people are neurotic in face of inevitable death! Many become so from disappointment in e.g. careers or unhappy marriages and so forth, so you will see that in ascribing importance to the so-called petty disturbances of life we are really up to date, or should I say that modern thought is beginning to make up on us!

Her indifference also is different say from that of Sepia. It is indifference to everybody but herself simply because she is sorry for herself and selfishly I think: cannot be bothered with any other trouble or any other body's troubles!

This case: > cold weather, < heat, < warm room.

Depressed: tears; better with people.

Aversion eggs; gone off sweets. Looks anaemic but physical examination negative.

Ailments fright in hot remedies include both Puls. and Graphites (=Puls. type in older persons).

Pale wilting type.

Pulsatilla 200. V.M.B. in one month and continued better. Three years later returned. Often in the relapse one gets new and confirmatory symptoms.

Depressed: easily flustered; panic stricken. If she gets a tight frock on, must tear it off quickly. Fear of suffocation analogous to worse warm room. Kent says worse *too much clothing*, or *too heavy clothing*. (Useful variation more classical description.)

Rheumatism: Shifting pains (another good Puls. symptom!).

Puls. 200 four weeks, V.M.B. and continued better.

Case 2.—Mrs. T., woman again, aet. 61.

Depressed, and Puls. is often that!

Had 18 children, 10 dead. Enough to cause depression in all truth and now all the others are out of work!

Can't sleep. (Can't get off, Puls.)

Everything a trouble. (Sinking and trembling abdomen, Sul. and Sul. ac.)

Nausea on taking food.

Depressed—*must get out and walk about.*

Likes company as a rule, but not too much talking.

Physical examination: B.P. 160/80. Nil otherwise.

*Depression better walking about out of doors.*

Kent, 6. 78, Sadness > walking out of doors: Plat., Puls., Rhus t.

She had none of the plat. *temperament*. Rhus I find rarely successful unless the physical symptoms are better for motion, but in Puls. both physical and mentals are better for *motion*.

Puls. 200. Month later V.M.B. and then "all smiles", although the employment question was still unsolved.

You may say that most depressions are better for getting out and having a walk round, but are they? What of the other, not uncommon type, who are better at home, quiet at rest and without company as e.g. Sepia.

Case 3.—Mrs. M., aet. 53. Arthritis of the knees.

Pain in the left knee, worse walking.

Creaking in both knees on examination.

She is worse for *heat*, better *cooler weather*; feels faint in a warm room.

Not often depressed (isn't always so).

Fair appetite. Aversion *fats*; aversion *pastries*.

History of boils in auditory meati.

Puls. 200.

Better in every way and continued so. Returned a year later with indigestion; scalding urine and a history of a lot of worry and trouble.

Canth. given on the local symptoms, helped but not till Puls. was repeated did she report again "better in every way".

Two years later seen by another prescriber: got various drugs without much effect. Symptoms: strangled feeling round the heart, always worse hot room or hot weather. Sense of depression as if everyone was against her.

Got Puls. again. This time 12, and reported better and better.

It is I think a continued proof of the efficacy of potencies that a relapse often responds to the same drug again after the failure of other drugs which equally eliminates the criticism of suggestion as being the potent force.

Case 4.—Anæmia, or so she said. Mrs. D., aet. 33.

Feels listless and no energy.

Never well.

Appetite not good.

Aversion *fats*. Desires sweets.

Prefers the heat, *but* feels the cold and cannot stand a hot room, feels *faint* at once. Typical Puls. symptom.

Depressed, better alone *because sympathy only makes her weep the more*. This is most important, but must be asked for. *Why don't you like sympathy? > consolation*. Kent, p. 16 is Puls. She likes it though it may make her weep the more.

She was not very anaemic, but Puls. 200 put her right with herself.

Case 5.—Always languid, and Puls. is very frequently that.

Mrs. A., aet. 31. One child 7½.

Curretted at one hospital for discharge which was bland.

Puls. has often had a lot of gynaecology. As has Sepia.

M. P. scanty. (Puls. is more often scanty than profuse.)

Not sleeping well. Mind on things of the day.

Worse heat. Face gets hot in the evening, or if she bends.

Worse very cold. Worse hot room.

Worse alone, dark, thunder. Better *with* people.

Been suicidal on occasion. Puls. prefers the Ophelia like method of suicide by drowning. Kent, p. 85.

Aversion fat; aversion rich things. Aversion milk, common aversions to Puls.

Uterus was low.

Coition was painful, but there was no local reason for this.

Puls. 200 was given with great improvement in all her symptoms.

Case 6.—Indigestion. Mrs. D., aet. 48.

Indigestion for some time.

Pain epigastrium in the evening, about 2 hours after tea.

Sharp stabbing, blown-out feeling. Acid taste in throat.

Vomits in the night what food she has had in the day.

Nausea < lying down, < lying back; better right side.

Prefers winter. Worse heat, *faintish* warm room.

Worse alone, worse dark. Depressed, tears, better with someone.

Can't touch fat, aversion to fat. Not always the same thing (got to be dug out sometimes). Enquire if on diet, for example.

Puls. 200.

Completely rid of the pain!

Six months later came back. Upset by someone who had been rude to her. Sensitive *very*. Puls. again put her right.

Return of indigestion 2 years later. Puls. again—12.

Indigestion, p. 513, Kent. Pain in stomach 2-3 hours after eating; (Anac., con., Mag. mur., Nat. p. Nux. v., Phos., Puls.)

History of boils, armpits, ears and breasts. Cf. styes. (Common to Puls., though only a clinical symptom).

< fat would make one think of possible gall stones so that your symptoms often help in diagnosis.

Taking only the indigestion pain as a guide not necessarily as an eliminating symptom, it is possible very quickly to satisfy one's own mind that the case was probably Puls., and not any of the others. With history of > for Puls. previously one gave Puls. confidently.

Case 7.—As an example.

Disseminated sclerosis. Miss W., aet. 28.

I am not claiming any miraculous cure though I wish I could but Sir James Purves Stewart discussing another form of treatment said that he considered it to be strong proof of the efficacy of any treatment if an extensor plantar reflex disappeared.

This did happen in this case.

She was a very nice person and that was what struck one as soon as she entered the room. This is nothing to be ashamed of any of you nice people. for remember that "the meek shall inherit the earth". Pulsatilla is often a nice person.

Legs went funny. She staggers. Tired after a few hundred yards.

Worse heat; worse cold. Excitable, emotional, tears easily.

Depressed: better with people; worse sympathy, because she feels worse for it. Makes her cry the more; but she does not resent it!

Sensitive: offence; critical rather; fussy rather.

Hates fat. M.P. not regular. Little. Very little. (Often Puls.)

Double Babinski. + + knee jerks. Weakness both legs, not equally so. Absent abdominals. After six months, following Pulsatilla 1M she was better. No Babinski, though right knee jerk was more brisk than the left.

Unfortunately I have been unable to trace her thereafter, and so to follow her up. I believe the result was due to Puls. and not to a remission but of course I can't prove it.

Case 8.—Depressed and tearful.

Miss D. W., aet. 24.

Feels the cold, likes the heat, but 'dizzy' in a warm room. Another variation of < warm room.

Chilblains in winter. (Another good Puls. indication.)

Lies awake at night. Can't get off.

Snappy over nothing. Puls. can be snappy, but is likely before long to melt into tears.

Doesn't want to go back to business. *Lack of grit.*

Would like to leave.

Shy, reserved.

No fat, no milk.

Single girl. History of having had a baby. (Is this evidence of being easily imposed upon, or of a degree of simple-mindedness.)

Puls. helped her along and I believe sent her back to work, which is something.

Case 9.—Funny heads, *not* funny feelings.

Miss I. L., act. 27.

Nerves run away with her.

Gave up work since Christmas, 6 months.

Dropping things (a waitress). Cf. Agaricus for the maid breaking dishes in the kitchen!

Could scream. Cf. Sepia.

Everything worries her.

Rushed. Tears talking to me. P. 94, Kent: "tears, when telling of her sickness: Kali c., med., Puls., Sep."

Appetite erratic. Puls. always so up and down; variable.

Depressed: better in company, likes sympathy.

Worse heat, better cool weather.

No fat. No milk.

Puls. obviously, once again.

Case 10.—Growing pains. (Puls. is an adolescent remedy.) Cf. Graphites for later life.

Miss F., act. 19. Aching in the legs for years. Cannot walk far.

M.P. very painful.

Worse wet weather.

Likes the heat. Worse in thunder.

Depressed: tears, better company. Sympathy makes her feel worse.

Examination was negative, but she had a quiet weep during the examination. What struck me was that it was a gentle, not unpleasant sort of cry, nothing hysterical about it, nothing aggressive, *just gentle pleasant tears!*

She could scarcely speak for *herself*. Looked down. Turned to mother for an answer. Mother's baby. Baby of the family.

Now the difficulty in getting symptoms from the Puls. patient is more from shyness than indifference. It is not the "*can't be botheredness*" of Sepia, not the impudence of Nat. mur. who seems to resent being asked anything about herself at all! Why she comes at all I often wonder.

To be asked questions is bad enough, but to suggest to Nat. mur. that you would like to examine her heart is to risk a look that would kill and resentment which often results in obstruction so that when you go in to examine the heart, or whatever it is she is sitting there with hat and gloves still on!

She may feign stupidity but it isn't. It is sheer *obstruction*.

It is certainly not *modesty*, or if so, there is rarely anything to be modest about.

The Puls. patient on the other hand is *modest*, and is diffident about being examined for this reason alone.

There is another type who when asked to undress takes you at your word and appears 'in puris naturalibus' without a blush. That is usually supplied by the examiner.

I do not know into what group. Dr. MacCrae would place nudists! but it certainly isn't the Pulsatilla group, nor the Nat. mur.

Returning to our gentle, modest Pulsatilla, she received Puls. 10M. Returning (and though the menstrual symptoms had not been specially considered) for the first time in her life she had been able to do without drugs during the M.P.

Incidentally as it seemed the pains in the legs had gone.

Case 11.—Mrs. C., aet. 22. Baby of 3 years.

"Nerves" ever since prolonged labour 3 years before. (Arnica might be considered.)

Feels all muddled. All sorts of treatments.

Can't stand the child. Sent it away to the grandmother.

Feels as if can't stop indoors.

Depressed, worse alone, better walking out of doors. Also the symptom of Case 2.

Pre-occupied with self, entirely. *Selfishly* so to the neglect of the child.

Worse cold, worse too hot.

Worse alone, dark, thunder.

Better sympathy. Worse rich foods and pastry.

She looked sad and sorrowful.

One really felt sorry for her. How the patient affects the doctor is often useful as a symptom, even if she annoys him as in the Nat. mur. cases. Cf. child crying, the child you could kill. Cham. or Hep.

The child whom you feel like cuddling and comforting may be Puls.

This patient looked pathetic!

She was typical Puls.

Came in quietly. Closed the door gently. Walked with eyes lowered, sat down quietly, or waited for permission before she did so. Then only sat on the edge as if afraid to occupy the whole seating accommodation.

Answered in a still small voice, simply cried out for sympathy and consolation.

Going out she *whispered* good day; as she went one noticed her thick ankles, fat flabby, puffy legs—as the Irish would say, she had straw in her shoes.

At any rate she got Puls. 10M, and the last I heard of her she had the baby home again.

Case 12.—Nerves, just nerves, but probably petit mal.

Miss C., aet. 21.

Attacks of loss of memory when everything goes blank for a year.

Moody. No interest in anyone but herself (see how often that comes out).



Selfish rather. Kent, p. 78, has it under selfishness—along with Sulph. Sulphur often appears selfish because being of the inventive turn of mind he considers what he is doing of more value than supplying bread and butter for his wife and family.

It isn't just ordinary plain selfishness. It has a core of self-justification.

There are many of our symptoms want elucidation, as in this case.

Can't bear to be alone.

Sleeping badly. (Puls often so.)

Worse heat, worse sun, worse warm room—feels faint.

Worse alone, dark, thunder.

Depressed: tears, nausea (often this).

No fat.

Puls. 10M. Report better; more confidence; no attacks, and three months later; still improved.

Case 13.—C.A.P., aet. 55.

A case of very bad gout of which some of you may have heard before, but as an example of prescribing it bears retelling.

The patient had had all sorts of treatment and was nearly crippled, having to lie up each week-end in order to be able to drag himself to work.

Pulsatilla was given with dramatic results.

The guiding symptom was *one-sided sweat*. It is not the only drug with the symptom, but other confirmatory modalities led to its choice. One sided sweats appear in Kent, p. 1300, under Sides.

Conium you will remember sweats as soon as he closes his eyes. Thuja on covered parts only and Belladonna on uncovered parts only.

So even the peculiar symptoms may lead you to Pulsatilla in the male, who need not therefore be in the words of Lord Haw Haw a pitiable 'Sissy'.

Case 14.—Chorea. E.T., aet. 10.

Movements present for some months. Variable: improved and then relapsed and so forth. (Puls. often gives us variability of symptoms and signs.)

It was noticed that she melted to tears on the slightest provocation in order to attract attention and sympathy; but she craved for sympathy. It wasn't acting.

Puls. seemed indicated on this and the variability of the signs. Variability is as good a symptom for Puls. as is tears.

The response was speedy and was maintained.

You will see how important from the prescriber's point of view are the observations of the nurse or attendant. But care must be taken in deciding the value of these. There are natural pulsatillas and pretended pulsatillas just as there are natural blondes and bottle blondes. The simpering maiden who looks like pulsatilla may be acting, so do not believe first impressions unless confirmed any more than you believe that every rouged lip means Tuberculum!

Case 15.—Chronic eczema. F.N., aet. 14.

This was a very chronic eczema which had had all sorts of treatment and all sorts of drugs without avail.

She was a quiet, shy child, who rather considered herself an outcast, probably because of her skin condition.

This consisted of a red, weepy eczema, most marked on the abdomen and thighs.

There was little or no improvement until she had a severe *diarrhoea* apparently after eating fat.

This does not appear in the *Repertory*, but an analogy of aggravation from fats and the general make up of the patient, Puls. was given and immediately the skin condition began to clear.

At any rate from being morose and outcast she began to develop an enthusiasm for doing physical jerks in bed and this before the *get fit* campaign was inaugurated.

The aggravation from fat led to Puls. being considered.

Case 16.—Acute tonsillitis with adenitis. An acute case for of course, Puls. is often indicated in *acute* cases.

D.E., aet. 6.

T. 104° P. 120. Sore throat, angry tonsils, big glands. On previous occasions had had a prolonged fever which did not subside under at least a week and slowly petered out with an annoying evening rise which seemed to me suspicious of tuberculosis.

I was threatened by the child that if he was not fit to appear at a school pageant in three days' time I would be crossed off his list!

Recollections of the previous illnesses made my reply non-committal and to his mother extremely pessimistic.

The only symptom present was that, in spite of a temperature of 104° he was not the least bit thirsty.

*Thirstlessness with fever* is a very marked Puls. symptom present also in Gels. and Apis but there was no help from other signs or symptoms. No aching, no heaviness of the eyes. No anything.

At any rate I gave Puls. scarcely expecting anything miraculous but next day the temperature was normal, the gland soft and pliable and he went to the pageant.

The acute Puls. indications are often given as: red face, bloated, congested and even purplish mottled with the typical *irregular* distribution.

Irregular sweating or as mentioned, even *one-sided*!

Miserable disposition. Lost, cry pitiful. Draws your sympathy.

Thick yellow discharges. *Thirstless*.

Case 17.—A pneumonia. G.O., aet. 71.

Caught a cold. Bad cough. No pain. Breath short. Right off food. Never

seemed so ill and he had had his share of all sorts of illness, including several pleurisies.

He had a 'vile' head as he said, shooting neuralgic pains extending into the face and cheeks.

Expectoration was greenish-yellow. He felt better sitting up.

I could not see any remedy well marked on this.

And then he said apropos of his lack of appetite "and I can't even drink. I don't want it even though my mouth is dry. It is like the food, I simply turn it round and round in my mouth, but I really don't want it and I cannot get it over".

*Thirstlessness* again with fever. T. 101.8. P. 114.

I could make very little out in his chest. But he was long-chested and with previous pleurisies there may have been reduced breath sounds at the left base, but it was doubtful. Twenty-four hours later the T. was normal and there was tubular breathing at the left base. He was much more comfortable and though slow to resolve he cleared up perfectly.

*Pulsatilla* was the remedy.

He was rather sorry for himself but it was the thirstlessness which led to a consideration of the drug and if you read *Puls.* you will see that all his ordinary symptoms and signs were covered: headache, sputum, etc.

At any rate the first definite signs of a pneumonia on the day that the temperature was normal is good enough evidence for me that the drug had altered the natural course of the disease.

Case 18.—A pleurisy commencing pneumonia.

L.G., aet. 13.

Twelve hours before admission didn't feel well; had pain in the chest.

Looked flushed and heavy.

Pleural rub right side, anteriorly with a few moist sounds right base. T. 103.8°. P. 100. R. 30.

And she was thirstless. *Puls.* was given. T. right down next morning. Rose to 102° next afternoon, but came down the following morning and did not rise again.

The puls. cough it should be remembered is often a guide since it is *dry by night and loose in the morning.*

*Causticum* is the very opposite.

The thirstlessness of *Pulsatilla* has been explained by the theory that since *Puls.* is a congested circulation proved by the fact that there is a desire for air—the intake of fluid would only serve to increase this congestion.

Whether it is a satisfactory explanation or not it may serve to help one to remember the symptom.

Case 19.—M.M., aet. 5. A long, worrying case of pneumococcal septicaemia after a double mastoid operation.

Pneumococci were recovered from ear discharge and blood.

She had many remedies, but responded best of all to Puls. which might have been the remedy all the time.

The guide was the report from the nurse in charge that *the child simply craved for sympathy.*

In such a case it is often the report of the nurse or attendant which will put you on to the remedy.

At any rate after Puls. the temperature ceased to swing and she got well.

And now finally Case 20.—A lady dog.

A patient of mine, who himself was a very good prescriber, on this occasion rang me up about his bitch, which he said had either a cystitis or an acute vaginitis or something of the nature.

She seemed to have pain on urination and though he had given her Cantharis and Merc. cor. there was no improvement.

I asked if the animal was snappy, or growled, or bit.

On the contrary he said she seems very sorry for herself and has whimpered all night just like a sick child with the earache.

Then there was he said a thick yellowish discharge, apparently p.v.

I could think of nothing else but Pulsatilla, could you? So Puls. she got and the animal got well.

I wonder if animals are susceptible to suggestion, even if given over the telephone!

I have described then 20 cases each with a different history may be a different diagnosis, different symptoms perhaps, and yet each of which received the same Drug. viz., Pulsatilla, because each had what I considered *some* Pulsatilla symptoms sufficiently well marked as to be considered typical of the case and drug. You will not get the whole gamut, you may get one at this end of the scale and another at the other end. You may get a peculiar symptom which impels you to read over that drug and then you see how it fits many of the other more common symptoms.

A picture and then some confirmatory fact. In the history it might be of boils or styes (clinical symptom though they be), of late menses, scanty and painful, of old otitis media, of a nurse's report "craves sympathy", you may hear that lost cry in the night the Puls. baby with earache and so forth. But remember relief from motion, often in the open air.

Chilly *with* relief from *open* air and aggravation from a warm room. Faintish, dizzy, muzzy; < tight clothing; < heavy clothing.

Faintish in church (emotion + temperature).

Changeability of mood; of discharges; of symptoms.

In diarrhoea, e.g. of stools: no two alike, neither in colour, nor consistence.

Never twice the same story. "I am like the traffic lights," one patient said, "always changing!"

(Continued on page 280)

because of the natural tendency of these viruses to change their pathogenetic activity, their nosode often do not to act; a preparation consisting of colibacillus is added to the stock and a special nosode is prepared which is claimed to give better result, in its preventive, curative and sequelae. Tuberculosis is closely associated with colibacillus and hence he advises use of Tuberculinum intercurrently. He has also suggested successful use of Joseph Roy's (1925) Oscilloccinum, and an anti-plague serum prepared at Pasteur Institute. The entire study is based on 1933-34 epidemic.

Dr. R. K. Mukerji must be thanked for undertaking these translations, However, one finds lack of continuity that should normally be present in the translations to be more useful.

### HOMOEOPATHY AND TUMOURS: CASES

(Continued from page 277)

the inflamed area advanced. The sensations were of pricking and smarting, < at night, as if inside the cheek, a creeping feeling as if something were alive in it.

Sulphur 10M, two doses, and 50M, one dose, three in all during fourteen months, at the end of which time only a trace was visible. Then it began to spread again with sharp stinging pains. Arsenicum 40M cleared it up absolutely and there was no trace, objective or subjective, until now, at ninety-six, the skin on the cheek has taken on a suspicious appearance.

—*The Homoeopathic Recorder*, July 1940

### HOMOEOPATHIC EXPERIMENTATION

(Continued from page 270)

The Puls. patient draws your sympathy, may be your affection.

They are *nice* people, mostly *shy* girls. Yes, girls if you like.

Girls with blue, fat, flabby legs. Girls with straw in their shoes.

But in general Pulsatilla, thy name is *woman* at least constitutionally. Though one should never forget that it may be indicated, if the symptoms are present in man, woman or child, or even in a dog.

—*The British Homoeopathic Journal*, Jan./Apr., 1940