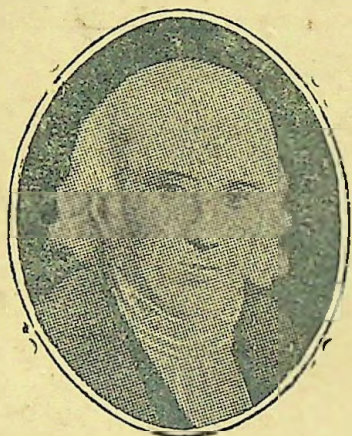


*The*

# HOMŒOPATHIC HERALD

(Journal of Pure Homoeopathy)



Vol. XIV.

June, 1953.

No. 3.

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EDITOR

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BUSINESS MANAGER :

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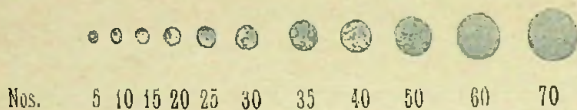
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THE  
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Editorial

MENTAL HEALTH.

In recent years there has been a considerable deterioration in the mental health of our people. Mental imbalance and insanity, partial or complete, present a difficult problem to our health organisations. It is well known to every careful observer that cases of insanity are steadily increasing in our country. Many insane persons, young and old, are seen wandering about the streets of our cities and towns and also in villages. The very sight of these unfortunate human beings causes a great distress in our minds. These wandering lunatics have forgotten their normal life and have entered into a world of their fancy. Father, mother, sweet wife and dear children fail to excite the emotion of love in their minds. They walk about laughing, weeping, talking, complaining of imaginary wrongs done to them. If the disease is allowed time and opportunity to spread, a great number of human beings may one day become wandering lunatics. The complete eradication of this frightful disease is possible if we can discover the real causes or the very source of this harmful malady. In this article we will try to trace the general causes of insanity and mental derangements as far as possible.

*Influence of poverty*: Poverty appears to be the chief cause of insanity and of various forms of mental ills of human life. The child born in a poor family does not receive suitable nourishment and nutritious diet for the

proper development of health, both physical and mental. Child requires sufficient quantity of pure milk in the very first period of infancy. But unfortunately he does not get it. Even his mother's milk is insufficient and in many cases quite unsuitable for taking. As the child grows in years he requires substantial diet for the development of his brain and physical health. But poor parents can not obtain such foods for the child. So for lack of good food and nourishment his mental and physical health suffers to a considerable degree. Moreover persons afflicted with poverty cannot live a peaceful life. Constant worries and anxieties dwell in his mind and allow him no rest or happiness. Thus unpleasant circumstances often become the cause of insanity.

*Influence of syphilis and gonorrhœa*: Persons who inherit syphilis or gonorrhœa or acquire them may suffer from insanity or from some forms of mental derangements. Syphilis and gonorrhœa are fruitful sources of insanity.

*Influence of emotions*: Sudden financial ruin has often caused grave forms of mental derangements. Disappointed love or great grief or suppressed grief should be considered responsible for many cases of insanity. Certain persons cannot bear insults and become insane when they get insulted. Disappointment in anything for which the person had the greatest craving becomes a powerful cause of insanity.

*Suppressed eruptions*: Suppression of eruption is another important source of insanity.

*Ill-treated acute diseases*: Some acute diseases such as typhoid (with brain symptoms), meningitis, etc. have often developed insanity when they were not properly treated.

*Injury*: Injury to brain is another cause of mental diseases.

*Use of poisonous drugs.*

Free use of poisonous drugs causes insanity. This should be considered more important source of insanity among the people especially in the modern world.

*Heredity*: It plays an important part in the production of insanity. It is a well known fact and it requires no explanation.

*Intestinal worms* : Intestinal worms may be stated to be a prominent cause of insanity or some forms of mental derangements. Homœopaths know well that typhoid fevers with irritation of brain have been caused by worms.

Other exciting causes of insanity.

- (i) Catarrhal affections of the stomach.
- (ii) Uterine troubles, mal-positions of uterus, etc.
- (iii) Climaxis.
- (iv) Neurasthenia.
- (v) Consequence of masturbation.
- (vi) Suppression or non-appearance of habitual discharges.
- (vii) Drinking habit and use of narcotic substances.
- (viii) Extreme heat and prolonged loss of sleep.
- (ix) Excessive loss of vital fluids.
- (x) Failures to obtain expected results, failures in examinations or in business matters.
- (xi) Sudden shock.

Both the forms of insanity, inherited or acquired, may be excited by any of the abovementioned causes.

Homœopathic treatment of the pregnant mother may often prevent the inherited form of insanity. Children who inherit the tendency to mental derangements may hope for a permanent cure if they are properly treated with Homœopathic drugs for all the ills of infant life. Besides this, we recommend Homœopathic medicines to be employed against the disease for the complete eradication of the ailment.

Homœopathic *Materia Medica* is very rich in mental symptoms and for mental troubles our potentised drugs are really very formidable in action.

"A few such remedies (*Verat. Alb.*) would empty our insane asylums, especially of recent cases. Insanity is curable if there are no incurable results of disease". Kent.

N. C. DAS.

## GLEANINGS.

1. Swelling of nose and upper lip in children : Calc-c.
2. Snoring in children : Mez.
3. Coppery redness of nose : Can. Sat.
4. Coryza caused by cold winds : Aco. Rhus. t.
5. Dry coryza, complete stoppage of nostrils : Nux-v. Sil.
6. Odors in nose like burnt hair : Sulph.
7. Very offensive smell from nose as of gunpowder :  
Calc-c.
8. Smell at night as of burnt hair mixed with vapor of  
sulphur : Graph.
9. Illusory smell, as of burning tinder in morning when  
rising : Anac.
10. Imaginary foul smells : Phos.
11. Itching of right side of nose : Fluor-ac.
12. Loss of smell with epilepsy : Plumb.
13. Loss of smell with catarrh : Puls.
14. Loud breathing through nose in tuberculosis : Calc-c.
15. Nose-bleed when washing face in morning : Am-c.  
Arn.
16. Fetid odor before nose : Plumb.
17. Odor as of blood in nose : Nux v. Psor. sil.
18. Odor in nose as of tobacco : Puls.
19. Odor in nose as of manure : Calc-c. Mag-c. Anac.
20. Putrid odor in nose : Aur. Bell.
21. Odor (in nose) of smoke : Sulph.
22. Smell before nose like Sulphur : Nux-vom.

N. C. DAS.

## MEDICINE AND MAN.

By J. H. MOORHOUSE

MEDICINE has always attracted those who view the sufferings of humanity as an unnecessary burden. From the discovery of anæsthetics to penicillin it has been a road of trial and error, and from the homœopathic angle often a road of complete misery for the patients involved. One has to admit much honesty and sincere effort on behalf of the allopathic fraternity ; the real quarrel one has with these people is their ability to close their eyes and minds to any other developments in medicine—whether homœopathic, osteopathic, naturopathic, or whatever springs from the work of natural healers.

While anæsthetics have proved, undoubtedly, a boon to mankind, especially in the accident section of surgery, the newer introductions of the sulphonamides and penicillin have proved, also, doubleedged weapons. In many cases they have been responsible for the *suppression* of disease, and consequently, death ! Penicillin poisoning, which we were once told was of no account and very rare, has of quite recent date proved itself menacing in more than a few cases.

Is it not true that medicine involves much more than drugging, much more than surgery much more than fancy hormone therapy and the such like ! Perhaps we can make a humble claim that Homœopathy differs with these methods insofar as it faces, realistically, questions of diet, right living, positive thinking and physical well being. One of the most important teachings of Homœopathy is the necessity to give a patient a full and adequate interview ; so much so, that without the attention to detail in the make-up of the patient little real healing could take place.

Now, what are we finding to-day in medicine on the orthodox side, particularly since the National Health Service came in ? The day of the leisured interview and the family doctor attitude is over. While we welcome the progressive developments in laboratory methods and the more serious

attention paid to aseptic conditions in the hospital and so on, yet the individuality in medicine is fast ceasing to exist. Homœopathy depends upon individuality, depends upon considering the patient as first, a human being, and afterwards a subject for curative treatment. This is both its triumph and defeat: triumph, of course, since Homœopathy has more basic cures to its credit than Allopathy; defeat, since in fact Homœopathy is not accepted officially, and is actually discredited by many orthodox doctors. Those of us who have known the power and wonderful healing value of Homœopathy accept this as part of the price one pays for pioneering commonsense and natural living, confident, of course, that this system of *non-suppressive* treatment must assuredly come into its own, *sooner or later*.

This brings us to the point of this article. Since the Industrial Revolution and the introduction of the combustion engine to society, the question of speed in every department of life has been the major problem. That, in fact, is the reason for the rapid development in drugs to ease pain and to allow the quick return of the worker to an economic system that stands or falls on his labour. Is it not the main purpose of the New Health Act to cut down on the lost days to illness? Very commendable no doubt, but when one realizes that not one individual in twenty returns as he should, with vital health, then it is time to ask whether mankind is not at the beginning of a period of regimentation which it may well learn to regret in "blood and tears"!

It is most surprising to hear quite intelligent persons claim the speed of orthodox drugs over homœopathic treatment. While that claim is completely false, the half-truth may be in the more thorough homœopathic diagnosis and consequently the rather slower interview. But is not this the correct procedure? To be honest, would any of us enjoy National Health interviews with an overworked and frustrated doctor? Homœopathy requires intensive study of the *Materia Medica*, of the human types in relation to the treatment and potency, and a deep knowledge of psychology, in bringing out of an

interview the worthwhile information for patient and practitioner. That is why the modern doctor turns to the speedy method of suppressive drug therapy. Just because so many of his patients become well again by the grace of God and Nature, this is no commendation of the allopathic system!

The problem of modern man is the problem of civilization: of the synthetic and shallow methods of living, without recourse to the healing forces of Nature. Education, diet, domestic conditions, social and personal relationships, economics and political backgrounds all require the attention of the pioneer for health and freedom. The homœopath should be aware of all these problems and be well able to counter the false statements made against his weapons of healing. He should see in his treatment not the mere tinctures and pilules of his trade but the vast array of traditional and developing knowledge of a patient's needs. He should be psychologist and physiologist in one: so adding weight and dignity and healing results to a great profession. This is true medicine for all ages. If Homœopathy has lost ground it is we who must share the responsibility, since our faith and work have been all too little for such a noble cause! If this sounds rather emotional let us consider those patients—including ourselves—who have benefited from a simple remedy of *Aconite* or *Pulsatilla* or *Sulphur*, of any of the more complicated remedies at higher potency, and we shall have to see the miracle in Nature as well as the scientific inventions of Man.

(The Homœopathic World.)

—o—

## PELVIC INFLAMMATION.

Most of the ladies are suffering from uterine hæmorrhage due to Metritis, endometritis or some other inflammatory diseases of the uterus. Curetting is often done by the Allopaths to cure this disease. But that is absolute failure in 75% cases. Several post-curetting cases came to me for treatment and got cured.

*Apis Mel 200, 1M*—is the best remedy I find to reduce the swelling of any part of the uterus. Even it contracts uterus and gives strength to the ligaments, hence cures displacements. Most probably these diseases are the after effects of Ergot treatment received before and the *Apis* is the best antidote to Ergot.

Mrs. B age 22, mother of two children came under my treatment on 30-12-49.

P.V.—2 inches cystic swelling connected with the body of the uterus. Cervix & OS. normal.

Uterus—Antiverted—Antiflexed.

Pain starts from the right groin, travels downwards to the whole leg. She was treated with *Sepia 200, Lil. Tig. 6x* with little success, but *Ayis 200; 1M* cured completely.

Mrs. L—age 52. mother of several children, came to me on 17-1-49 for treatment. She was suffering from hæmorrhage—China 30 was given to stop bleeding with success. But the swelling of the endometrium did not come down. Lach 200 was tried but failed. She was cured by *Apis* at last.

Mrs. Etha—age 40, Mobile retroverted uterus and chronic pelvic inflammation Pain in the abdomen, sometimes stinging, sometimes knife cutting, delayed menstruation etc. were her symptoms I gave her *Kali Carb 200 Kreosote 200* according to symptoms without any result At last I thought of giving *Apis Mel* though she was consuming plenty of water and except that stinging pain and inflammation there were no other symptoms for *Apis*. Yet *Apis* cured her.

Sometimes we do not get the symptoms of *Apis* in the beginning of the case as they come on the surface at last when the case becomes almost incurable. There is no harm in trying *Apis* only on subjective symptoms. Nat-Mur is the best complementary to *Apis*, and it should be used in anæmic condition after *Apis*

NANDA GOPAL BOSE.

## JAMSHEDPUR NEWS

The annual election of the Singbhum District Homœopathic Association was held at 2, Sakchi Highway, Jamshedpur on 5-4-53 at 3 P.M. The following office-bearers have been elected for the year 1953-54.

President : Dr. N. K. Mazumder, Homœopath.

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2. „ P. Mahapatra, H.M.B.

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9. „ S. P. Karan, H.M.B.
10. „ C. Ramakrishna, H.M.D.S.
11. „ N. C. Mandal, H.M.B.

—o—

## HAHNEMANN'S BIRTHDAY CELEBRATION AT DEHRA DUN.

Once again, this 10th. April 1953, The District Homœopathic Association, Dehra Dun, celebrated the birthday anniversary of Dr. Samuel Hahnemann at a public function in the Town Hall under the Presidentship of Dr. R. S. Rastogi, B.A., M.D.H., President of the Association and member of the State Board of Homœopathic Medicine, U.P. The function was

inaugurated by Dr. R. N. Saxena, M.A., P.H.D., D.Litt., Principal, D. A. V. College, Dehra Dun. The Town Hall was tastefully decorated and was packed to full capacity by about six hundred persons.

Amidst loud applause, Dr. R. N. Saxena declared that humanity would forever remember with deep gratitude the name of Dr. Samuel Hahnemann who discovered Nature's great and universal Law of Healing, "SIMILAR CURES THE SIMILAR" and gave the *gentle, safe, rational and effective system of Homœopathic treatment* to cure the groaning sick humanity. There were other enlightening speeches by Doctors R. S. Rastogi, H. C. Kumar, D. L. Asthana and B. Krishna on certain outstanding features of Homœopathy and on the life and work of Hahnemann, and there were two poem recitals by Dr. M. L. Bhatia and Mr. Shiam Naraian Mathur. After this, the audience was shown the following films which provided useful information as well as entertainment: (1) The Human body, (2) What is disease? (3) Community Health, (4) Community Manners, and (5) Know Your Baby.

S. P. Pahwa, D.M.S.  
Secretary, Dist. Homœo.  
Association, Dehra Dun,  
U. P.

—o—

## HAHNEMANN'S CONTRIBUTION TO MEDICAL SCIENCE.

By R. S. Rastogi, B.A., M.D.H.

*English Version of the Speech delivered on Hahnemann's Birthday at a Public Meeting on 10-4-53, held in the Town Hall under his Presidentship.*

One hundred and ninetyeight years ago, this memorable day of April 10 heralded the birth of that great apostle of rational healing, Dr. Samuel Hahnemann of Germany who gave the world Homœopathy to heal the sick humanity

gently, safely, surely, speedily and on easily apprehensible principles. Crores of the sick suffering humanity all over the world must today be offering their grateful homage to that great soul who unravelled the hidden mysteries of nature and announced to the lawless medical scientists of the world the existence of Nature's Law of Healing—"Similar Cures the Similar", which is as unerring and immutable as Newton's Law of Gravity.

It is a sad commentary on the progress of modern medicine that even the most plausible and spectacular discoveries in medical treatment have become obsolete with laps of time and sunk into oblivion. The caravan of scientific researchers marches on displaying placards of "SCIENCE ON THE MARCH", but the fact remains that their march has been a march in the dreary desert of human uncertainties, limitations and helplessness, interspersed with oases and mirages here and there. With all its boast, has science succeeded in evolving a single drug which is free from harmful effects and is able to remove just the malady from which the patient is suffering? The orthodox school of medicine dare not answer the question in the affirmative. The Hahnemannian homoeopath can say a positive "yes" without the least fear of contradiction. Hahnemann laid utmost emphasis on the "safety first" principle in therapeutics and devised a unique method of reducing the dosage of even most lethal poisons to such infinitesimal limits that if applied according to the nature's law discovered and announced by him, only their curative properties were brought into operation. The curative potentialities of drugs once discovered hold good for all time to come as the experiments to determine them are made on the basis of certain fixed and unchanging laws of nature.

Homoeopathy opens out before us great possibilities, especially towards the fulfilment of our avowed objective of establishing a "welfare state". It is now an admitted fact that the hitherto state patronised system of "modern medicine", apart from the question of merit, is absolutely beyond the reach of masses on account of its being so awefully

expensive, nor can the government extend on its basis the much needed medical relief in the rural areas on account of paucity of funds. Homoeopathy is pre-eminently suitable for this purpose as it can easily and economically carry the much needed relief to a large majority of patients just on symptomatic indications, without any expence or botheration of having the blood, urine, stool, etc. tested as a routine measure.

If Homoeopathy is to play its due role in banishing sickness and suffering from amonst the poverty stricken millions of this vast subcontinent, its rationale must be more widely understood, appreciated and, as a national duty, propagated than at present. Homoeopathy is not merely a new method of treatment, but in fact a radically different outlook regarding life, health, disease and treatment. While the other existing medical systems adopt a physical and materialistic view in this connection, Homoeopathy's approach is essentially dynamic and spiritualistic.

It stresses the great incontrovertible fact that it is the sphere of Vital Energy present in us from the very inception of life to automatically maintain health and to retain all the organs, glands and parts of the body and their functions in admirable harmonious Vital operation so that the indwelling reason-gifted mind can freely employ this living healthy instruement for the higher purposes of existence. Disease results only when this normal smooth functioning of the Vital Energy is disturbed by the impact on it of some *inimical force or influence*, call it an infection or germs, with the result that man begins to feel pain and all kinds of morbid sensations first and later on, if the integrity of the Vital Energy is not restored, functional and still later organic and structural changes come into existence and all manner of germs and worms are discovered in the blood, discharges and excreta of the patient. We homœopaths do not launch a crusade against these subsequently discovered germs and worms, but at once set about putting the house in order by restoring the integrity of the Vital Energy by providing it with the specific needed stimulus according to

nature's unerring laws of healing and cure. The discoverer of Homœopathy, Samuel Hahnemann, after careful experiments and scientific research, discovered nature's great and universal law of cure—"Similar Cures the Similar" according to which drugs can cure in small and potentised doses such symptoms in the case of natural sickness as they are capable of producing in the healthy in material doses. The force or dynamis released from the similar remedy, according to the above law, is enough to give the needed dynamic support to the struggling Vital Energy so that it becomes capable once again of resulting its normal and natural Vital functions and thus overpowering the germs or the infection. This briefly is homœopathy's dynamic or spiritual outlook regarding health, disease and its cure. It is dynamic because according to it the cause of disease *is not material* or something which can be seen, touched or handled, but is *dynami i. e. belonging to the plane of energy*. It goes beyond the material causes, the germs, worms and pathological changes etc. and *tries to reach the ultimate and the real cause* on the plane of dynamic energy which the eye, the senses or the most sensitive scientific instruments are unable to perceive, which can be discerned only by the mind through the signs and symptoms which it produces in the sick, and which can be removed according to the Law of Similars gently, effectively, permanently, in its entirety, in the shortest possible time and on easily comprehensible principles.

In this scientific age of germs, germicides and antibiotic wonder drugs, it becomes necessary to explain the homœopathic viewpoint in relation to germs. On close examination this business of germ killing will be found to lead us into a vicious circle. The medical scientists have already started coming up against Penicillin and Streptomycin resistant strains of germs necessitating the invention of stronger and stronger antibiotics, and so this race between the germs and the scientists will continue without anybody being able to tell as to who will win in the long run. When confronted with the question as to why all the persons exposed to the same infection do not come down with illness, the supporters

of the "germs theory" are obliged to fall back upon the great indisputable truth that a strong vitality is able to resist and overpower the germs and infections and that it is only persons with a weak vitality who succumb to it. This again confirms the homœopathic view point. We need not live in perpetual horror of germs which thrive in the human body only so long as they find suitable living conditions there on account of a deranged functioning of the vital administration and which *automatically quit* when order is restored and the Vital Force reasserts its supremacy. Experience has abundantly shown that the dynamic powers released from the remedy selected according to Nature's Law of similars supply the requisite stimulus to the struggling Vital Force to fight out the germs, worms and infections, gently, safely, effectively, yet *more potently* than the germicides or the antibiotics. Homœopathy enables us not only to get rid of germs and infections but also enables us *to resist them more effectively* by strengthening our vitality and enabling it to build its own immunity against disease.

A few outstanding features of Homœopathy may be briefly noticed here.

1. Firstly, homœopathy diagnoses and treats the patient and not the disease and thus the chances of error in the treatment are minimised and the patient as a whole is restored to health. In a majority of cases the diagnosis can be made on the patient's statement of his symptoms, without the extraneous aid of laboratory tests and reports, and so the treatment is pre-eminently suitable for rural conditions.

2. Secondly, by placing the art of healing on the basis of the unerring laws of nature, Hahnemann gave the medical science not only *precision* but also *pre-vision* by which a physician can approach with full self-confidence even a new type of illness which he may never have seen before. Before seeing a single case of Asiatic Cholera, Hahnemann could lay down the treatment to be adopted with a precision and accuracy which excited the admiration of the whole world.

3. Thirdly, we are indebted to Hahnemann for his discovery of the factors which give rise to and keep up the

progress of chronic diseases and which at times render the well chosen remedies ineffective in restoring health. He described these factors as PSORA, SYPHILIS and SYCOSIS.

4. Fourthly, Hahnemann was the first to emphasise that all sickness affects the mind and the Vital Energy first and the body and the organs afterwards, and he gave the highest importance to mental and moral symptoms. It is only recently, after more than a hundred and fifty years, that the old school of medicine has started recognising the role of the mind as a causative factor in physical ailments, many of which are now recognised to result from mental, normal and emotional causes like anger, worry, grief, excitement etc.

5. Fifthly, Hahnemann gave the science of medicine the method of graduated potentisation of drugs, *i.e.* a method of releasing the dynamic forces residing in drugs according to a graduated scale of decimal or centesimal measurement. This enables us not only to adjust the power of the remedy to the depth and chronicity of the affection or the plane of the disease, but also to increase the potency of the remedy when after sometime the patient gets habituated to a particular potency so that the patient can be kept under the influence of the remedy over a long period till the disease is effectively extinguished.

6. Sixthly, Homœopathy is able to treat medicinally many conditions assigned by the old school of medicine to realm of surgery.

7. Seventhly, homœopathy boldly and emphatically asserts the truth that disease and medicines can act on the body only through the medium of the Vital Energy. Accordingly the results of experiments on germ cultures in test-tubes and the results of testing drugs on artificially produced diseased conditions in animals cannot be logically transferred to the phenomena of natural sickness in human beings, which in fact accounts for many of the clinical failures.

8. Eighthly, in patients treated with homœopathy the convalescence is quick as all remedial measures aim at giving the maximum support to the struggling Vital Energy. The

patient soon begins to feel normal and is soon able to resume his work.

9. Ninthly, Homœopathy stands for the true democratic spirit and does away with the distinction between the rich and the poor, the king and the clown. The same set of symptoms will always call for the same remedy whether the patient is rich or poor.

10. Tenthly, homœopathy will save a lot of national wealth from being drained away into foreign countries for importing very expensive medicines which is no small consideration.

11. Eleventhly, homœopathy reasserts the supremacy of the spirit over matter. It declares in most emphatic terms that as man is something more than his physical frame and the organs, the problem of human sickness can never be solved on a purely materialistic plane, and that to do so satisfactorily, the medical science will have to rise to a metaphysical and dynamic plane, which homœopathy has practically made possible.

May Hahnemann's spirit continue to guide us in the quest and pursuit of the true and rational art of physical and mental healing so that with healthy minds and bodies we may be enabled to lay the foundations of the new world order of our dreams.

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## PNEUMONIA.

[Continued from page 65.]

### SILICEA.

*Type* : Lobar Pneumonia ; neglected Pleurisy ; chronic neglected Pneumonia.

*Stage* : Third stage. Suppurative stage.

*Location* : Both lungs.

*Causes* : Stone-cutters ; when the weather changes. From getting feet wet. Worm troubles ; uncovering head. Imperfect assimilation ; suppressed foot sweat. Exposing head or back to any slight draft of air. Bad effects of vaccination.

*Expectoration* : "Sputa profuse, fetid, green and purulent ; blood or purulent, often taste greasy. Only during the day. Viscid, milky, acrid mucus, at times pale frothy blood. Thick, yellow, green, fetid sputa (Phthisis). Copious expectoration. Yellowish-green pus. Muco-purulent, of pus globules. Makes the water turbid. Little granulus like shot. Smell offensive when broken".

*Cough* : Deep, exhausting cough. Frequent dry hacking cough causing soreness in chest. Cough from tickling in throat pit. Cough with hoarseness ; cough with rawness in larynx and chest. Hoarse, hollow spasmodic cough ; cough in the evening on lying down. Suffocative cough at night ; cough with expectoration in day, bloody or purulent. Cough at first dry, later loose ; worse cold drink, motion. Speaking, lying lying down, night ; hot drinks and food relieves cough.

*Respiration* : Shortness of breath worse exercise, lying on the back, oppressed, unable to take a long breath, frequent deep sighing. Arrested breathing when lying on back ; or when coughing or when lifting. Deep sighing-breathing ; shortness of breath and panting. Dyspnoea when at rest, when lying on the back.

*Pains*: Stitches in the chest and sides of the chest, through the back. Pulsation in sternum; weakness in chest. Lungs feels sore. Excruciating deep-seated pains in lungs.

*Pulse*: Pulse small, hard and rapid; frequently irregular and then slow.

*Conditions*: Slow recovery after Pneumonia. Inflammation of the lungs with suppuration; later stages of Pneumonia and the old chronic complaints following Pneumonia. Slow recovery after Pneumonia (Lyc., Sulph., Phos., Sil., Calc-c.) with flushes, rattling in chest. Pulmonary affections in stone-cutters. Want of animal heat; always chilly. Sense of hair on the tongue; better in warmth; suppressed foot sweat. Tendency to suppurations and cavities in the lungs. Dyspnoea when lying on back or coughing.

*Accompaniments*: Obstinate and head strong children. Yielding, faint-hearted, anxious. Sensitive to all impressions. Thinks only of pins, fears them, searches them and counts them. Melancholy, tired of life. Headache from fasting. Vertigo from looking up. Open fontanelles, the head is too large and the rest of the body in emaciation, with pale wax color of the face, hot swollen abdomen and fetid stools. Profuse sour sweat on head. Tendency to take cold in the head. Aversion to light; sensitive to noise; sense of a hair on tongue; painful dryness of nose. Pale face; white or burning red spots on the face or on the cheeks. Skin of the face cracks. Dry mouth; aversion to warm cooked food, desire for cold ~~foods~~. Disgust for meat. Stool comes down with difficulty, when partly expelled, recedes again. Icy cold and sweaty feet; offensive sweat on feet; soles sore. White spots on nails; yellow, crippled brittle finger nails. Emaciation; fainting when lying on the side. Takes cold easily especially when uncovering the head and feet. Sleepiness during a thunderstorm. Snoring during sleep. Awakens with erections and urging to urinate; debility; weakness of joints especially of the ankle-joints. Light haired people; Psoric persons; nervous and irritable persons; persons of light complexion. Fine dry skin; pale face; scrofulous rachitic children with large heads; distended

abdomen. Restless, fidgety, starts at least noise ; always chilly ; headsweat ; carrion-like odor of feet.

*Aggravation* : Winter : cold ; cold drinks ; uncovering motion ; sleeping ; lying down ; during new moon ; Night ; In open air. From getting wet ; when lying on painful side. Wine ; pressure ; during sleep ; new and full moon. Change of weather ; washing ; lying on left side. When single parts are cold ; stone-cutters ; in the room.

*Amelioration* : From wrapping the head up in the room. From warmth ; in wet or humid weather ; summer ; hot drinks ; hot food ; heat.

*Remedies following* : Hep-s, Lach, Lyc, Sulph, Ars. A, Calc-c, Rhus T.

#### TUBERCULINUM.

*Type* : Lobar Pneumonia. Broncho Pneumonia. Pleurisy. Abscess in lungs.

*Stages* : Second stage. Third stage.

*Location* : Apex of lungs, oftenest left

*Causes* : Change of weather especially to cold, and to damp weather. Warm damp weather. Rainy weather. Before a storm. Cold damp weather. Electric changes in the weather. Exposure to cold.

*Expectoration* : Thick, yellow, yellowish-green. Expectoration of blood. Sweet. Yellow, green, purulent ; fetid, profuse and rapidly prostrating. Thick, easy. Mucopurulent in morning. Viscid mucus. Expectoration diminished. Copious watery expectoration. Non-viscid, easy thick phlegm. Blood-tinged sputa.

*Cough* : All kinds of cough. In the first stage dry. Later loose, very loose with profuse expectoration. Irritating cough worse night. Severe cough in evening with pains below mamma on right side. Inclination to cough. Severe cough (mucopurulent sputa) cough prevents sleeping in evening. Cough with sticking pains in lungs Dry cough at night. Cough with viscid mucus. Slight tedious hacking cough. Hard, dry cough ; hard dry cough shaking patient, more during sleep without waking him. Dry hacking cough.

*Respiration* : Marked feeling of suffocation. Increased difficulty of breathing. Extreme rapidity of respirations, without dyspnoea, 60 to 90 in the minute. Obligated to take deep inspirations, dyspnoea. Shortness of breath. Suffocation even with plenty of fresh air. Longs for cold air.

Suffocation in a warm room. Easy breathing in cold doors and windows open (Sulph).

*Pain* : Feeling of pressure in chest ; heat in chest. Sticking pain in chest worse apex of left lung. Constriction in precordial region. Pains in both sides of chest going to back. Pain in left side. Sticking in side. Chest pain at night. Sticking pains in lungs, in left side, pains between scapulæ. Sticking in chest worse morning and afternoon and when laughing, with cough and palpitation ; pains in subclavicular region with cough. Cough with sticking pains in lungs. Cough with pain in right side of chest.

*Pulse* : Rapid pulse in evening.

*Patient* : Light-complexioned, narrow-chested subjects. Lax fiber, recuperative powers, susceptible to changes of weather. Always tired, motion causes intense fatigue. Wants constant changes. Mental and physical sensitiveness. Mentally deficient, children. Constant tendency to take cold. Emaciation ; symptoms changable especially pains. Blue eyes. Blonde in preference to brunette. Tall, slim, arrow-chested. Tubercular diathesis (family history of tubercular affections).

*Fever* : Cold feet in bed. High temperature. Fever worse afternoon and evening. Cold sweat on palms of hands. Longs for open cold air. Worse in warm room. Changeableness of symptoms. Tongue dry, lips dry, mouth dry, no thirst or thirst for small quantities of water. Œdematous pale face. Nervous, weak, irritable, melancholy, fretful peevish. Intense restlessness. Sensitive to music. Stool hard, dry.

*Conditions* : Every movement causes sticking in chest and back. Sticking pain in lungs with cough and palpitation, Pain on left side going to back. Longs for the open air.

Wants doors and windows open. Family history of tubercular affections and best selected remedies fail to help when Psor or Sulph has failed. Rapid and pronounced emaciation. Erratic pains. Very loose cough with profuse expectoration. Rales all over chest. Profuse sweating. Hard hacking cough. Chilliness between shoulders or up the back Broncho-pneumonia of children. General chilliness. Symptoms better in open air and worse in a close warm room. Craving for cold milk. Aversion to meat. Thirst for large quantities of cold water. Face red, even purple. Screams in sleep. Consumptiveness, debilitated, anæmic persons with inherited Phthisis. Persons with a history of repeated attacks of intermittent fevers (relapsing and of most stubborn character and with ever changing symptoms).

*Accompaniments* : Irritable especially when awaking. Fears dogs, animals especially. Depressed ; melancholy ; anxiety ; indifferent ; forgetful ; sensitive to music. Desire to lie down all the time. Sleepiness and weariness, with relaxed muscular system. Everything in the room seems strange as if he is in a strange place. Intense restlessness Whines and complains. Easily frightened, especially by dogs.

Great physical weakness, does not like to be disturbed ; soporous ; coma ; stupor and stertorous breathing. Viscid yellow-green mucus from nose. Thick tenacious gray-colored mucus from nose. Tongue, mouth, lips dry. Salty taste ; offensive breath ; tongue coated white at back and through the centre ; tongue sore at tip ; dryness of mouth wakes him frequently at night. Dry throat ; sensation of mucus in throat. Mouth, lips and tongue dry and parched great thirst for large quantities or for small quantities. Good appetite ; thirst for hot water which does not relieve. Ineffectual urging to stool ; cough with pain in rectum. Desire for cold milk ; aversion to meat ; early morning sudden diarrhœa (Sulph), urgent, watery, dark brown and offensive. Stool passing with great force ; stool watery, painless, bright yellow, not weakening. Constant ineffectual desire for stool. Urine intermits, stops and starts, flows slowly ; must strain

at stool to pass urine. Scanty urine ; excess of urates in urine. Greasy, dingy skin ; pain in back with palpitation. Trembling of hands and feet ; aching in head back and limbs. Twitching in the limbs, cramps in calves ; cold feet in bed. Sleeplessness on account of constant coughing ; restlessness worse from 3 a.m. until morning. Dreams of snakes ; Feeling on fatigue ; tired ; throbbing pain in parts affected ; enlarged tonsils ; small boils with green fetid pus.

Symptoms ever changing, they invade one organ, leave it and proceed to another, takes cold easily. Losing flesh while eating well ; eczema over entire body ; pains travel, worse from cold and from cold damp weather. Formication in skin, worse becoming cold ; wants to be covered in all stages of fever. Heat with chilliness ; complaints worse standing, keeping still, must move, better by motion. Muscles jerk during sleep ; pains and aches are better by motion (Tuber. after failure of Rhus-t.). Pains better by heat ; ringwarm ; talks in sleep ; grinds teeth ; constipation, stool large and hard, then diarrhoea (Calc-c. Lyc. Tuberculin). Persons on the borderland of insanity : anæmic nervous ; waxy or pale persons ; shivering when beginning to sleep. Rubbing causes itching to change place.

*Aggravation* : Slightest exertion ; walking ; rising ; every movement (Pain in chest) ; morning (purulent expectoration). 10 to 3 P.M. Evening ; evening in bed ; night ; after dinner (weakness in limbs) ; music ; rest ; motion ; before a storm ; standing ; draught ; early in the morning ; after sleep ; cold ; cold damp weather (Pais).

*Amelioration* : Open air. Cold air. Heat. walking. Motion.

[ To be continued.

N. C. DAS.

## HEADACHE REPERTORY.

[ Continued from page 67 ]

### AGGRAVATION.

*Closing eyes* : All-c ; Chin ; Sil ; Ther.

*Company or crowd, while in* : Mag-c ; Plat ; Plumbum ; Staph.

*Coughing on* : Bell ; Bry ; Lac-d ; Nat-m ; Phos ; Psor ; Squil ; Sulph ; Sep ; Spig.

*Darkness* : Carb-v ; Sil.

*Descending* : Bell ; Rhus-t.

*Eating, before* : Nux-v ; Sil.

*Eating, during* : Cocc ; Graph ; Ph-ac.

*Eating, after* : Alum ; Nat-c ; Nat-m ; Nux-v ; Puls ; Sulph ; Zinc ; Lyco ; Calc ; Bry ; Con ; Coff ; Lith ; Ph-ac.

*Overeating* : Nux-m ; Puls.

*Epileptic attacks after* : Caust ; Cina ; Cupr.

*Epistaxis, after* : Bor.

*Emotional excitement* : Nux-v ; Nat-m ; Ph-ac ; Puls ; Staph.

*Foot slip* : Coff ; Nux-vom.

*Hat, pressure of* : Carb-v ; Nit-ac ; Cal-p ; Glon ; Lach.

*Heat* : Ant-c ; Bell ; Carb-v ; Glon ; Lyco ; Bry ; Nat-m ; Sep ; Sul ; Thuja.

*Heat of fire of stove* : Ant-c ; Glon ; Puls.

*Hot drinks* : Phos ; Puls ; Pulph.

*Jar* : Bell ; Bry ; Glon ; Led ; Nit-ac ; Sil ; Calc ; Gels ; Kali-i ; Lyc ; Mag-m ; Nat-m ; Nux-vom ; Ph-ac ; Psor ; Rhus tox ; Sep ; Spig ; Sulph ; Pher ; Thuja.

*Light in general* : Bell ; Calc ; Ars ; Bry ; Coff ; Cocc ; Gels ; Ign ; Lac-d ; Lyc ; Nat-m ; Ph-ac ; Sang ; Sep ; Sil ; Sulph.

*Light, artificial* : Glon ; Sang ; Sil ; Stram.

*Light, day* : Calc ; Phos ; Sil.

*Gas, working under* : Bell ; Glon ; Nat-c.

*Looking fixedly at anything*: Anac; Aur; Calc; Caust; Glon; Ign; Nat-m; Nux-v; Onos; Puls; Spig; Spong; Sulph.

*Looking downward*: Alum; Kalm; Nat-m; Spig; Sulph.

*Looking sideways*: Aco; Sil.

*Looking up*: Aco; Bell; Calc; Ign; Lach; Puls; Sep; Sil; Sulph; Thuja.

*Lying*: Bell; Coloc; Con; Dulc; Gels; Glon; Lyc; Merc; Op; Ph-ac; Phos; Plat; Carb-v; Rhus-tox; Thuja; Sulph.

*Lying on back*: Bry; Cocc; Nux-v; Sep; Spig.

*Lying on side*: Bell; Ign; Kreos; Nux-v.

*Lying on right side*: Carb-v; Nux-v; Phos; Staph.

*Lying on left side*: Cycl; Nux-v.

*Lying on painful side*: Ars; Kali-bi; Nux-v; Spong; Puls; Calc; Stann; Staph.

*Menses, before*: Kreos.

*During Menses*: Bell; Glon; Graph; Kreos; Lyc; Nat-m; Sep.

*Menses suppressed*: Puls.

*Menses, after*: Bry; Calc; Chin; Lach; Lith; Nat-m; Nat-p; Puls; Sep.

*On ceasation of menses*: Carbo-veg; Puls.

*Mental exertion*: Aur; Calc; Cal-p; Glon; Lyc; Nat-c; Nat-m; Nat-p; Ph-ac; Pic-ac; Pul; Sil; Sulph,

*Motion*: Bell; Bry; Carb-v; Lad; Mez; Nit-ac; Sep; Sil; Spig; Stann; Staph; Ther.

*Moving head*: Bell; Ferr; Gels; Mez.

*Moving eyes*: Bell; Bry; Nux-v; Sep; Sil; Spig; Sulph.

*Moving eyelids*: Bell; Bry; Nux-v; Ign.

*Noise*: Ars, Bell, Bry, Nux-v, Calc, Lach, Nat-a, Nit-ac, Sil, Spig, Ther.

*Noise of falling water*: Lyss.

*Noise of foot steps*: Coff; Nux-v.

*Rattling of vehicles*: Nit-ac; Ther.

*Pressure*: Agar, Bar-c, Kali-c, Mag-c.

*Raising head*: Nux-m; Thuja.

*Reading* : Calc, Nat-m, Nux-v, Ph-ac, Sep, Tub.

*Riding in a carriage* : Cocc, Sep, Sil.

*Riding on cars* : Cocc ; Med.

*Rising from lying* : Bell, Phos-ac, Sil.

*Room in crowded* : Lyc, Plat.

*Running* : Puls.

*School girls* : Calc ; Cal-P ; Nat-m ; Ph-ac ; Puls.

*Shaking head* : Bell ; Glon ; Nux-v ; Spig.

*Sitting* : Agar ; Bry ; Calc ; Caust ; Chin ; Mosch ; Nat-c ; Phos ; Staph ; Sul-ac.

*After sleep* : Bell ; Bry ; Calc ; Carb-s ; Carb-v ; Cocc ; Con ; Graph ; Kali-bi ; Kali-c ; Lyc ; Mag-c ; Naja ; Nat-m ; Nux-v ; Phos ; Sul ; Sil ; Thuja.

*Sneezing* : Phos ; Sulph.

*Standing* : Puls ; Sulph.

*False, step* : Sil.

*Stepping heavily* : Bell ; Bry ; Con ; Glon ; Nit-ac ; Rhust-t ; Sil.

*Stooping* : Bell ; Bry ; Mang ; Merc ; Puls ; Sep ; Spig ; Sulph ; Valer ; Thuja.

*Straining eyes* : Kali-c ; Lyc ; Nat-m ; Ph-ac ; Rhod ; Ruta ; Sil.

*Summer* : Ant-c ; Bell ; Bry ; Carb-v ; Glon ; Nat-c ; Nat-m ; Nat-s ; Puls ; Sulph ; Thuja.

*Sun-exposure* : Aco ; Ant-c ; Bell ; Bry ; Calc ; Carb-v ; Chin ; Gels ; Glon ; Lach ; Nat-c ; Nat-m ; Nux-v ; Puls ; Sel ; Sulph ; Ther.

*Talking* : Aco ; Bell ; Calc ; Gels ; Ign ; Mag-m ; Nat-m

*Thinking of pain* : Hell ; Ox-ac.

*Thunder storms* : Phos.

*Tobacco smoking* : Ant-t ; Bell ; Gels ; Ign ; Nat-a ; Puls.

*Touch* : Aco ; Bell ; Bry ; Chin ; Gels ; Ign ; Kali-c ; Me ; Ph-ac ; Sil ; Sul-ac.

*Walking* : Bell ; Bry ; Glon ; Lyc.

*After walking* : Sulph.

*Rapid walk* : Bell ; Bry ; Puls.

*Warm food* : Phos ; Puls ; Sulph.

*Warm room* : All-c ; Apis ; Carb-v ; Kali-s ; Phos ; Plat ; Puls ; Seneg ; Sulph.

*Washing head* : Calc ; Rhus-t ; Sep ; Sulph.

*Wine* : Gels ; Zinc.

*Winter* : Bism ; Sulph ; Sil.

*Wrapping up head* : Iod ; Lyc ; Phos ; Puls ; Sulph.

*Writting* : Nat-m.

#### AMELIORATIONS.

*Morning* : Bov ; Caust ; Kreos ; Nat-m ; Verat.

*Morning on rising* : Kali-I ; Nux-v ; Rhod.

*Afternoon* : Ipec.

*Evening* : Bry ; Nat-m.

*Evening in bed* : Nux-v.

*Night* : Bufo ; Mag-c.

*Cold air* : Phos ; Lyc ; Puls ; Seneg.

*Open air* : Ars ; Lyc ; Mang ; Phos ; Puls ; Seneg ; Sep.

*Bending head backward* : Bell ; Cact ; Cham ; Hep ; Glon ; Thuja.

*Closing eyes* : Aco ; Bell ; Bry ; Calc ; Nux-v ; Chel ; Sep ; Sil ; Spig ; Sulph.

*Cold application* : Aco ; Alce ; Am-c ; Ars ; Bell ; Bry ; Cal-c ; Cal-p ; Glon ; Lac-d ; Lach ; Led ; Nat-m ; Phos ; Psor ; Puls ; Spig ; Stram ; Sulph ; Zinc.

*Cold drinks* : Bism, Kali-c.

*Eating during* : Anac, Chin, Lach, Lith, Lyc, Psor, Sep, Sil, Sulph.

*Eating after* : Anac, Kali-bi, Psor, Sep, Thuja.

*Epistaxis* : Bufo, Meli, Petr, Psor.

*Eructations* : Bry, Cinnab, Gent-c, Lach, Sang.

*Exertion of body* : Agar, Mag-m, Rhod, Sep.

*Frowning* : Caust, Phos, Sulph.

*Leaning against something* : Bell, Gels, Kali-bi, Nux-v, Sang, Spig, Sulph.

*Right* : Lac-c, Sil.

*Looking fixedly at anything* : Agn, Sabad, Sars.

*Looking sideways* : Oind.

*Looking upward* : Thuja.

*Lying* : Alum, Bell, Bry, Cact, Calc, Chin, Dulc, Hell, Kali-c, Lac-d, Lyc, Nag-c, Nat-m, Nat-ac.

*Lying in a dark room* : Aco, Bell, Bry, Lac-d, Sang, Set, Sil.

*Lying on back* : Bry, Ign, Kali-p, Nux-v, Puls, Spong.

*Lying on side* : Coc, Ign, Sep.

*Lying on right side* : Brom, Cinnab, Nux-v.

*Lying on left side* : Nux-v.

*Lying on painful side* : Anac, Arn, Bry, Ign, Nux-v, Puls, Sep.

*Painless side* : Mag-c, Nux-v.

*When flow of menses begin* : Lach, Meli.

*During flow* : Bell, Verat, Zinc.

[To be continued.

N. C. DAS.

## WHAT WE MUST NOT DO IN HOMŒOPATHY.\*

Translated

By Dr. Rajkumar Mukeerji M.A., L.H.M.S.

[Continued from page 80]

(This is very delicate point in Homœopathic practice. As a rule we may say that we must not repeat as soon as we have an effect of the medicine applied. But how long should we wait for the desired effect? No rule can be laid down in answer to this question. On the one hand the doctor is in doubt whether his medicine is acting or not and on the other hand the patient becomes impatient because you cannot assure him when he is going to have amelioration. This is really a dilema in Homœopathy. A suggestion, which I have seen very often useful during my long years of experience may be given here. Repeat the dose of however high dilution it may be at short intervals until its action becomes apparent or give a high dilution and intercalate it with a lower one and stop the medicine as soon as you have its action and so long it continues. If the amelioration is not complete repeat in the same way).

Alone the homœopaths who have a very long experience, do not make such an error regarding the dose. We try first of all to avoid a second error which will consist in stopping the medicine very soon. We must know to place ourselves on the borderline of these two dangers. To stop the medicine too soon is to cause the patient to fall back in his diseased condition. This error is generally done by very pusillanimous patients. The error that is generally done by the doctors, is to prescribe the same medicine for a very long time. In most of the patients this kind of continued prescription of the same medicine has practically no importance because their sensitiveness is of medium nature. But this kind of prescription has a very great importance in hypersensitive patients who are besides exceptional. In such

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\* From : *Ce qu'il ne faut pas faire en Homœopathie* by Late Dr. Fortier Bernoville, M.D. published in *l'Homœopathie Moderne*.

patients the sensitiveness is so great that the repetition of doses will cause in them not an imtoxication but will bring an extreme depression resulting out of too frequent medicinal excitations. IT IS A CASE OF RYTHME. In such cases we cannot fix well the rythme which suits him. In such cases you may take the help of a method in order to check this medicinal excitation. It is to tell your patient not to take the medicine all the days of a week, to take it as for example for 5 days after an interval of seven, or not to take any medicine at all till the day of his next visit. In this way we may check the medicinal excitation, if not we have the chance to fall in that extremely disagreeable situation which is: The patient has begun his first prescription, he has great amelioration. He continues his medicines and telephones you that he is going much more worse. Then you change the medicine because you find new symptoms, but the patient goes from bad to worse. If you persist in your error, you give continually some new medicines till one day you stop all remedies and the patient feels immediately better.

Against this danger the Unicists and the adepts of Anglo-American school have found out a system which consists in giving their "Placebo" or "Saccharum Lactis" or "Inertia". The patient knows not what he is taking day after day contains no trace of medicine, that it is nothing but sugar of milk. The patient is not told that he is taking only sugar of milk only to avoid all auto-suggestion.

In patients who are not very sensitive, when the amelioration is very great and it can no more be increased, the continuation of the treatment does not ameliorate any more, neither does it make any harm. The patient who continues the treatment will have no further benefit but at the same time there will not be any bad effect. This is what happens at the end of a well conducted treatment of chronic disease. But from time to time we have to deal with hypersensitive patients. His hypersensitiveness is so intense that whatever medicine we apply to him it will cause an aggravation and he will not feel well until all medicines are stopped. Only then he is put at rest from all medicinal excitations. It is also

possible that he may continue to feel well because some medicines taken previously may act at that time very slowly.

We have already seen while speaking about the duration of the action of remedies THAT WE SHOULD NOT REPEAT A MEDICINE UNTIL IT HAS CEASED ACTING. The superiority of Homœopathy had been established from the very beginning by Hahnemann who had discovered that we are capable of knowing the duration of action of the medicines by diluting and dynamising it. We have thus an immense superiority over the official school. We can measure the duration of the action of our medicine. It is now up to us not to fall in an inverse error becoming more Homœopath than Hahnemann himself and by repeating the medicines very often. We know that generally we apply lower dilutions, often in repeated doses in acute cases and that in chronic cases we use high dilutions repeating very rarely. Naturally it becomes a question of real technique, variable according to each patient. We know also that in urgent cases as for example a case of Hemorrhage, we are authorised to repeat our medicines every five or three minutes' interval: China 6 in dangerous epistaxis, Silicea or Naja in metrorrhagia should be repeated very frequently.

In acute case we know also that the 3rd and the 6th dilutions are applied every hour, every two hours or every three hours. But let us remember always :

1. *That we must avoid repeating for a long time a medicine when the amelioration is apparent and consolidated, But let us also remember at the sametime that we must not stop the medicine until the amelioration is really consolidated.*

2. *That we must avoid repeating a medicine until it has completed its action.*

As evolution is much more rapid in acute cases, the homœopaths in general and the beginner in particular commit the error of repeating the medicine for too long time. When you treat cases of Whooping cough, Measles, Mumps or Bronchitis, you make neither an error of repetition nor of dose. When the symptoms are yielding, the temperature is falling down, you will know well that the medicine is to

be stopped. It is in chronic cases where amelioration is often insidious, when it is feared that the patient may fall back again, it is quite possible to make an error of continuing the prescription for a long time.

A second important point is this: *How to check the aggravation from the high dilutions?*

All the medicines may be manipulated in high dilutions without danger but on the condition that we know how to use them. The beginners in Homœopathy are, according to their temperament divided into two groups. The audacious and the timorous. Fortune favours the audacious. They will advance very soon but will meet many failures.

Before knowing if it is necessary to check the aggravations it is necessary to ask oneself the following question: Is it necessary to check them or not? There are some American and English Homœopaths who systematically look for an aggravation. They are satisfied only when they get an aggravation while treating a chronic case.

But we Homœopaths of France, we cannot act in such a way on our patient.

It is always necessary to take into consideration the desire of the patient because it is they who feel what will suit them. So far as we are concerned we follow the teachings of Dr. Nebel who has made researches throughout his practice in order to check the aggravation caused by the high dilutions and it is from him has generated the idea of applying the antidote to cause a drainage\*.

You know that in the Materia Medica we have some short lists of medicines which are called antidotes of some other medicines. In fact they are not the antidotes of medicines considered toxic. Nebel, by antidotes, understands that the medicines called antidotes are complementary and satellites. Thus when Pulsatilla is indicated as antidote of Nux Vomica, it means that when Nux Vomica will finish acting it is necessary to apply Pulsatilla. Therefore in the place of "Antidote"

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\*Drainage is nothing but the art of toning up a diseased organ before applying a deep acting remedy as for example Chelidonium 1x before Lycopodium; Puls. 6 before Tuberculines.

it is better to use the word "Satellite" or "Complementary" and by so doing we will know to check the aggravation of such and such medicine. In this way Nebel has come to drainage. He began to observe in tuberculous patients that the most indicated remedy aggravates and the aggravation may not be dangerous for a patient who defends well or who has become ill very recently, but it may be terrible in patients in whom cavities are already formed. His first research was carried on, on the aggravation caused by *Calcarea Carbonica* in high dilutions. We have, therefore, continued like him to try to check aggravation by the high dilutions

*We have several means to check the aggravation.* The first means is that of Dr. Nebel, afterwards taken up by Dr. Chiron. Chiron systemetically drains during eight days *i.e.* to say he does not give high dilutions when he sees the patient. He gives him first of all some drops or some globules of a functional remedy. The medicine for the constitution is applied after a week.

The second process is applied by the Unicists themselves who always look for an aggravation. It is Doctress M. Tylor of London who first used this method which has been taken up by Dr. Renard in France. This process consists in fractioning the high dilution. Instead of giving 200 once, it is broken up into 3 parts and is applied every three hours, *i.e.* to say the complete dose is taken in three hours and in three times. It is a case of medicinal excitation. The medicine will cause diminution of its intensity by antidoting itself.

A third process is that which I practice myself. I have often noticed that when a medicine is applied for a long time before or after the meals it acts much more deeply but it may cause some aggravations if the patient is very sensitive. Therefore apply a medicine in course of a meal in hyper-sensitive patients. There will manifestly have an amelioration. This process is used by the doctors of the thermal stations.

[To be continued.]

## TAKING THE TEMPERATURE.

When a comparison is made of modern Chemical, physiological and industrial methods with those commonly practised only about a hundred years ago, it is quickly realised that without the expansion thermometers very little progress could have been made, temperature measurement and control having not only become essential features in practically every field of activity, but in a great many cases, having been the basis of the investigations, results of which are now seen wherever modern production methods are in use, or where the lessons of scientific research are being applied.

We must go back nearly 400 years, however, to find the first recorded account of an attempt to measure temperature, for until then, only visual or sensory evidence was used in its estimation—the bubbling of water when boiling point was reached, the formation of ice indicating freezing point; the change in the colour of the dough as bread was baked, and so on. Then in 1592, Galileo invented his air thermoscope, using the expansion and contraction of nearly all substances under the influence of heat and cold respectively as the basis of the appliance.

He used air as the expanding and contracting medium, and employed a glass-tube with a bulb at one end the other end being open. To prepare it for use, the open end was immersed in a vessel containing water and the bulb gently heated. The air in the tube expanded and some of it bubbled out through the water. The bulb was then allowed to cool and the consequent contraction of the air inside caused water to be drawn up into the tube. From then on, if the temperature of the air surrounding the bulb rose, the water would be driven down the tube, to rise again as the temperature fell.

It was not until some years later that any real form of temperature measurement was attempted when, in 1626, Sanctorious made a thermometer working on the same principle, having a tube with a number of bends to provide a greater length. This was fastened to a

board on which a rough scale was inscribed and the apparatus is generally accepted as the first clinical thermometer, because its main object seems to have been to measure the heat of the body. This, curiously enough, does not seem to have been connected with physiological research, but had as its object the establishment of a system of calibration in which the heat of the body was to be one reference point. Variations of atmospheric pressure affected the air-thermoscope adversely, and in 1654, Boyle, often described as the "Father of Chemistry", improved on it by introducing hermetical sealing of the tube and using liquid (alcohol) as the expanding medium instead of air, the instrument reaching a form from which it has departed very little up to the present time.

During the latter part of the seventeenth century, research continued with the object of establishing a system of calibration which would enable comparative readings between thermometers to be taken.

As before, the heat of the body was taken as one reference point, but the desirability of other fixed points became apparent, and in 1694, one Renaldeni used the freezing and boiling points of water for this purpose, but these were not generally accepted until Fahrenheit established his scale in 1709. It is interesting to note, however, that the first scale made use of the freezing point of water and the body's temperature as the reference points and had only twelve divisions. Later on these were sub-divided into eight, giving ninety-six divisions on the scale, the highest of which corresponded approximately to the recognised normal body temperature to-day.

Fahrenheit is also considered to be responsible for the introduction of mercury as a filling, so that by the early years of the eighteenth century, the direct reading expansion thermometer had been evolved in a form differing very little in general design from that in common use today.

With such means of temperature measurement becoming available to chemists, physicists, physiologists and others, it was natural that investigation into the application of the

thermometer in wider fields should take place. The early experiments, using body heat as a reference point, had shown that a relation existed between a person's temperature and his or her general state of health, but it was not until the middle of the nineteenth century that Wunderlich, after some years of studying the problem, published, in 1868, a treatise setting forth the results of his researches and it is generally considered that the use of a clinical thermometer became an established part of the medical routine after its appearance.

The clinical thermometer of those days was very different from the small, handy and easily read type familiar to readers of this article. They took the form of engraved stem instruments, sometimes up to about 12" in. long, with a range of 90° to 110° F., each degree being sub-divided into  $\frac{1}{4}$ ° F., a scale so open that reading must have been very difficult.

Apart from this, readings had to be taken with the thermometer in position as no maximum registering device was incorporated, and where the temperature under the armpit was required, a bent thermometer was used. The medical practitioner of those days was consequently burdened with a large wooden case containing a set of two thermometers, one straight and one bent, to do the work achieved by the small 4" in. instrument with which we are familiar.

Prior to Wunderlich's researches, however, scientific working in other fields had devised means of registering the maximum temperature attained, such as the metal cored glass index as used in the Sixe's maximum and minimum thermometer (invented by James Sixe of Colchester in 1782), and much later the separated mercury column type of index known as the Philips' maximum index, invented by a professor of the University of Oxford of that name just prior to the Great Exhibition of 1851, the adoption of which to clinical thermometers took place some years later.

In the meantime, Luigi Peroni, a glass-blower of Hatton Garden, London, invented the lens front, by means of which the thin column of mercury in an open scale thermometer

could be magnified considerably to facilitate reading, and this, together with the constricted bore tube in which the whole of the mercury column remains at the highest temperature reached until shaken down, remains the last important development in clinical thermometers.

Parallel with the increasing use of the thermometer by physiologists were the extensive applications being made in other branches of science. Once it was realised that the thermometer was the key to almost illimitable fields of research, physicists and chemists began to demand more and more special types of thermometer suited to the particular problems they were investigating, and as a result of growing interest in temperature measurement and control among the industrialists still further patterns were produced.

In the same way, more scientific methods of food production, farming, and domestic industries generally, emphasised still further the extent to which those improved methods relied on accurate thermometers, and by the later years of the nineteenth century the demand for thermometers had reached significant proportions.

It was about this time, in 1888 to be exact, that the late Giles Henry Zeal established himself as a thermometer maker, specialising in the production of high-grade clinical thermometers, in Turnmill Street, off Farringdon Road, London, already known as the district in which skilled glass-blowers were to be found.

With a force of about twelve skilled journeymen, he commenced operations and prospered. In 1902 his elder son, Henry Herbert Zeal came into the business, which continued to expand, and in 1921 was turned into a private limited company with G. H. Zeal as managing director, the other directors being H. H. Zeal and his younger brother, Raymond Oakley Zeal who had joined the firm in 1920.

In 1922 the continued growth of the undertaking demanded larger premises, and these were found in St. John Street, Clerkenwell, where the concern remained for some twelve years during which time a system of production had been

established which catered for a far wider variety of instruments than had at first been contemplated, and that side of the business which specialised in industrial thermometers had achieved a system that might be described as approaching mass production, but retaining as essential features those processes which ensure that each instrument is treated individually at the important stages of its construction.

As indicated above, by 1934, the St. John Street premises failed to provide adequate accommodation for the staff, which had increased to 280, and a modern ground floor factory was built at Lombard Road, off Morden Road, Merton, to which the business was duly transferred on completion.

In 1935, the firm of W. Reeves & Co., specialists in brewers' instruments, was acquired and a new company, W. Reeves & Co., Ltd., was formed to continue the business which had been carried on for a number of years and had a high reputation in the industry for which it catered.

Meanwhile, the business continued to expand and additions to the new factory became necessary, work on which was to have started in 1940. The outbreak of war in 1939 delayed the completion of the plans, and it was not until 1948 that the factory, as stands to-day, was completed.

In the meantime, the thermometer and hydrometer business of A. C. Cossor & Sons (Thermometers) Ltd., was acquired, together with the factory and staff of 200 at Vale Road, Finsbury Park. This, in addition to the new factory at Merton, has been re-tooled and re-equipped and apart from one or two patented designs, are able to turn out any type of expansion Thermometer, both direct reading and dial indicating, apart from a wide variety of glass U-tube manometers and innumerable patterns of hydrometers.

It is worth mentioning that well over 5,000 different patterns of thermometers are produced at the Merton and Finsbury Park factories, where a staff of 900 is currently employed.

A further development took place in 1952, when a substantial interest was acquired in that very old-established and world-renowned concern, James Powell (Whitefriars), Ltd.,

whose works were originally situated in Tudor Street, London, E.C. on the site of the Whitefriars' monastery. These works were founded somewhere about 1680 (about the time that Boyle had laid the foundations of the research which resulted in the instruments we have to-day) and apart from the production of thermometer tubing, in itself a highly specialised task, they have contributed in no insignificant manner to some of the most beautiful of the many lovely features of our mediæval churches and other buildings, namely the stained glass windows. This is a far cry from thermometer making, but one is permitted to consider that this point will not be without interest to readers of this journal.

Talking of glass naturally leads us to consideration of its use in thermometer making and it is probable that the memory of the day when one constructed a crude form of thermometer in the "stinks lab" at school will form the basis of the mental picture one might conjure up when thinking of a thermometer factory, but such a picture would be misleading.

Reference has already been made to the fact that each thermometer must be regarded as an individual product, the reason for this being that the most important item of raw material, the glass tube, is rarely uniform. This is due to no lack of skill on the part of the glass-blowers who draw the tube, but to the fact that their internal diameter is measured in quantities which would be regarded as critical tolerances in most other industries, and consequently the glass-blower cannot be expected to produce exactly what is required, but will, nevertheless, succeed in furnishing something surprisingly near to the dimensions to which he is asked to work.

The results of his labour are delivered to the thermometer maker in "canes" of tube about 6' ft. long which are measured on receipt for external and internal diameter, the latter being by far the more important as it enables the capacity of the bore to be estimated. Using a microscope with a graticule divided into microns, or one-millionth of a metre, the cross-section of the bore at each end of the canes measured

and noted. The cane is then cut in half and the process repeated with the two new ends, after which the halved of the original cane are themselves halved, and more measurements taken.

A comparison of the various readings enables those responsible for the selection of tube for the various types of thermometer to sort the short lengths into groups composed of tubes of very nearly the same volumetric capacity, and by doing this it is practicable to work out, within a little, the size of the bulb required for a particular range or a particular purpose. Thus, when the blower has completed the tube ready for filling, he knows that little or no time will be wasted on adjustment.

Even so, it is probable that each tube in, say a dozen intended for instruments of one particular pattern, will vary slightly from its companions. Therefore, after it has been filled, sealed and aged artificially or naturally, it must be calibrated exact according to its own characteristics.

The calibration is carried out in carefully designed tanks in which an elaborate system of paddles and baffles ensures that variations in the temperature of the liquid it contains are reduced to a minimum. In them are suspended standard thermometers for which an N. P. L. certificate has been obtained, and the instrument to be calibrated is hung in the tank beside the standard, the tank having had its contents raised to a suitable predetermined temperature, which is read off from the standard. When the mercury column in this instrument shows no sign of rising or falling, and not until then, the new instrument is examined, and if its mercury column is stationary a minute "point" is made on the glass-tube exactly opposite the top of the column.

This procedure is repeated at other temperatures until enough "points" have been made to indicate that expansion of the filling is even, the tube passes to the graduating shop where the scale will be applied either directly on the tube, as in the case of clinical and other engraved-on-stem thermometers, or on a separate material according to the purpose for which the thermometer is intended, but in each

case proportions of the scale will correspond exactly to the linear measurement between the points.

The actual dividing is done on dividing engines, designed and constructed in the tool room at the Merton factory, which are capable of engraving either an evenly-spaced scale for mercury-filled tubes or a correctly-tapered scale for spirit-filled tubes.

In the case of instruments in which a scale separate from the tube is to be used each scale is graduated according to "points" on the tube with which it is to be used, so that when the two components arrive in the mounting shop, the mounters have a complete check to ensure a uniform standard of accuracy.

It will be seen that, all through the process of producing a thermometer, continual checks have to be made of the instrument is to do what is expected of it, and these checks do not cease at the point where the tube is mounted on its scale for in most cases, both will have to be enclosed in some kind of case for industrial use. The design of these cases frequently presents a difficult problem to overcome, as for instance where the application calls for the stem of a metal case enclosing the tube and scale that must withstand very heavy pressure.

In such instances, a well is often used to receive the stem, and these are also made in both factories, the simplest being the ordinary brass type found in many heating systems and the most elaborate being of stainless steel bore cut from solid hexagon section rods. At the Merton Works, these are constructed in lengths up to 2' ft. special machinery having been installed for the purpose.

Thus it will be seen that the thermometer maker of to-day must be prepared to engage in activities far removed from the complicated process of glass manipulation and blowing required to produce the heart of the industrial thermometer, and this is especially the case where dial-indicating instruments are made as well as the direct-reading (liquid in glass) type, although in both instances the methods which result in instruments of unquestioned quality and accuracy are basically the same.

R. O. Zeal  
Managing Director, G. H. Zeal Ltd.

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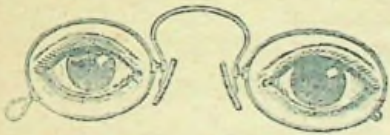
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