

I heard everything in detail, I thought it to be the Bryonia symptoms in the aggravated form. Baru Babu was also taken aback and asked me the why of it, & I then made the gentleman understand that our most revered Master in his valuable Science (Organon) inculcates that medicine should be discontinued when the patient will feel even a slight amelioration. The gentleman then thanked me and requested me to prescribe some suitable medicine for the present condition of the patient. I, accordingly, gave some sac. lac. powders with the expectation that all the ailments would certainly be off on the next day, and it happened so in due time.

2. In a case of infantile diarrhoea, I was compelled to prescribe Calc-carb symptomatically. Unfortunately I did not remember that the day was the full-moon-day. The patient, however, after taking the medicine became worse than before, to tell the truth the patient's condition became so much alarming that the parents could no longer rely on me and were forced to call in an Allopathic doctor—thus losing their faith in me—a circumstance that affected, however little, my fame and prestige in that quarter. Is not it a moral punishment? Certainly so. Hence it has often been found as well as proved that any violation of the Law of Similia will bring untold misery and inconvenience both upon the patient as well as upon the unscientific prescriber.

Remarks.—Quite true. The young Dr. Ambiah is in true line and his success is sure.—(Ed).

A THUJA POX.

DR. N. GHATAK, B.A., CALCUTTA.

Last January 1st week I was called in to treat a probable Pox case in a family which got quite alarmed, as two cases of small pox had proved fatal very recently inspite of all the

treatment and care which were possible. A girl of 9 years or so had a high fever with all the premonitory symptoms of pox, exactly as they were in the other two cases. It was quite dark when I was taken to see the case, and I could not ascertain the colour of the skin, nor could I feel the nature of the eruptions that were only sparingly out in her lower parts of the body. Any how, I could prognose the case to be of extremely bad type as the eruptions appeared on the lower parts first and the temperature was still so high as 105.8 on the 4th day evening. The patient was quite unconscious, and with all my attempts could not examine her tongue. Nausea was vehement. The only favorable feature of the case was persistent constipation from the very beginning. I could not individualise the case and kept Malandrinum 1000—3 doses in water to be given every 4 hours, to be stopped only when the fever showed signs of abatement or any the least mental improvement was felt.

I was called in next morning as was pre-arranged. I was informed that the only change which Malandrinum might have brought, was that the patient slept throughout the night, and that the fever came down to 103.4 at about 2 p. m; the medicine was discontinued after 2 doses having been given. However, I examined the case more carefully and found to my dismay that I would have to contend with an extremely bad type of confluent small pox. The temperature was taken and found to have been 104.2 against 103.0 last morning. The *tout ensemble* was all the same, the same nausea, the same brain condition, &c. The upper portion of the body fearfully swollen and mottled, eyes deep red and tumified, hurried breathing, and a deep coma. The family could not ascertain that a deep coma supervened, which they took for a healthy sleep. The eruption were found in groups and only in the lower portion, and the patient was feeling an extreme agony on swallowing her diet. I tried in vain to individualise the case, three of my College students accompanied me, (as they do in all typical cases), one of whom

suggested Bell, two others, Lach. I would have given Lach. had it not been a Pox case. I thought within myself that Lach. would be at best only *curative*, it could hardly *abort* the course. The chief credit in this case would be to abort, if possible, because from my long experience in these cases I was pretty sure as to the most dangerous character of the case in hand, and in case it was allowed to run its course, the patient had hardly any chance of life. I prescribed my *abortive* medicine on the following grounds—viz., (1) The father was sycoptic, and hence the fatality of the previous cases, at least so I concluded; (2) the patient was vaccinated very recently (3) asthmatic breathing of the patient (4) the fever commencing to rise at the small hours of the night (5) history of the girl's constitution as being hydrogenoid, so as to take cold easily, especially in the rains. My medicine was Thuja 1 M in distilled water—3 or 4 pellets, put 3 marks, to be given one spoonful every half an hour, commencing from 6 p.m. (as I found from the temperature chart that 4 p.m. showed the highest temperature every day, and then it remained stationary up to 1 or 2 a.m. and after 3 to 4 a.m. it commenced to rise again). My previous selection of Malandrinum was not a happy one,—it was a routine course; but I allowed its action to finish during the whole day, and then Thuja doses were to be given; though the case was highly doubtful, still in our inner mind we were rather hopeful upon the medicine selected.

I was called in the next morning and what did we see? Why, the patient was rather conscious, so much so that she could complain about the soreness in her abdomen, and constant thirst. We pacified her in various ways with the help of our sympathetic talks, and she was also found hopeful. The family were fully obeying our direction regarding the diet,—which was principally Masur-juice and very scanty Barley water, say 10 to 12 spoonfuls a day. The Masur-juice was being given twice or thrice a day, to keep up strength. As regards other symptoms,—the temperature was found to have been 102.8 against 104.2 the previous morning, the pain on

deglutition was also far less, the general mottled appearance was also greatly changed and the tensity of the skin was almost none. No more eruptions were found and those that were already there appeared more desicating than heading or progressing. The family and the father asked if there was any danger, as they thought it a *suppression*. We gave him a full sermon on Homœopathic principles; and because his child was mentally better, he trusted us in our words. No medicine, and no placebo.

All the painful symptoms and the fever gradually waned and waned, and in course of 2 days more the patient was all right, the fever coming down to normal point on the 4th morning after the administration of Thuja. It was a wonderful cure, they all declared,—I mean, the family and the neighbours. This brought me a few more pox patients, in that locality; and though I could not find time for aborting any of those cases, thank God that I could cure all of them.

In those cases of Small Pox where no individualising symptoms for any other remedy are to be had, I know from my experience in these terrible cases that Thuja can abort; in cases where it could not be used in time, it can shorten the course. I know its efficacy even in almost fatal cases. I would request my younger friends to put it to the test and verify. Thuja has the wonderful virtue of avoiding the Pox marks which so badly disfigure the body.

CONDYLOMATOUS TUMOUR OF THE PERINAEUM.

DR. J. SANYAL, M. A., (HOMŒOPATH) CALCUTTA.

Mr. J. Banerji's mother, aged 70 years, fat and flabby, widowed about 7 years ago, suffered from an Erysipelas about 5 years ago when her life was despaired of. Her husband had several wives, and it is not known whether he had any venereal disease. The patient herself is of an