

there were no more troubles after taking those few doses of medicines which were so good and efficacious.

Now the question is how could I find similarity in Mag. Mur. In doing so, I had to do a very fine net work of comparison between this remedy and Mercurius which notably resembles it in regard to aggravation from lying on the right side. But the other modality viz., pain coming on immediately after his meals which is present in Mag. Mur., was wanting in Mercury and this particular symptom outruled Mercury to some extent.

Then, both the remedies have flabby tongue but the imprint of teeth which is so characteristic of Mercury was absent in this case.

Constitutionally, the Barometer like sensitiveness to both heat and cold of Mercury was not marked in this case and the patient was rather sensitive to cold, chilly with the peculiar fondness of fresh and open air which is present in Mag. Mur.

Finally, the "Totality of Symptoms" was in favour of Magnesia and the "Homœopathicity" was found in its 200th potency, which guided me to prescribe this medicine on the "Law of Similars."

A CASE OF EMPYEMA.

BY LATE DR. MAHENDRA LAL SIRCAR, M. D.

Abdus Sattar, Mahomedan, aged 18, resident of Dhobapara (Mudiali) near Garden Reach, about 5 miles from Calcutta, was brought to me on the morning of Tuesday, the 27th September, 1898. He was suffering from fever of the remittent type of the last 34 days, with aggravation in the afternoon. There was much emaciation and considerable dyspnoea. On examination the whole of the left side of the chest was dull on percussion. There was just a slight respiratory murmur at the apex of the left lung. The intercostal spaces were as if they were filled up and almost bulging as if from fluid pressure from within. There was much cough but no rales in the right lung. Heart beats exaggerated and visible. Considerable bulging of the precordial region. Can lie only on the left side ;

slightly jaundiced tint of the conjunctiva and of the skin, but no enlargement of the liver. Tongue slightly furred.

I diagnosed the case to be one of pleuritis of the left side with effusion filling up the whole of the pleural cavity, causing shrinking of the whole of the left lung, and probably also pericarditis with effusion. I gave *Bryo* 2 x.

29th Sept. Report was that the patient was better, fever and cough and dyspnea were less. Continued *Bryo* 2 x.

30th. Report was brought in the morning that the cough was worse, but in other respects much the same. Thinking the increase of cough was due to an aggravation of *Bryo*. 2 x, gave *Bryo*. 4 x.

2nd Oct. Report of strong fever yesterday. Sent *Aco*. 2 x.

4th. Fever less but cough worse. *Bryo*. 6 x.

8th. Patient brought in the morning. A swelling, about the size of a small orange with distinct fluctuation, was observed about 3 inches below left nipple. The dulness of left side was the same as before. Fever was less, but cough no better. The swelling appeared to me to indicate pus and not watery fluid as I had at first thought. I prescribed *Sulph*. 30 in the hope of causing absorption of the fluid whatever it was, and also to allay the cough which was very troublesome.

13th. Report came that the patient was better as respects the cough, otherwise much the same. Continued *Sulph*. 30.

14th. Patient's father reported that the swelling had increased and became more fluctuating. As my own health did not permit me to visit the patient at his house, and as I thought it too risky to bring him over to mine, I asked the father to have the swelling explored by a medical friend of mine who resides in his neighbourhood, and to make a small incision if there be pus.

17th. Report was that the swelling was explored and incised yesterday, as I had directed, with the result that about 4 pounds of pus had come out. Stopped medicine.

19th. Report that the discharge through the opening made is pure pus, and about $\frac{1}{2}$ lb. daily. Patient feeling better. No med.

26th. Patient brought to me in the morning. Found pus freely

discharging in considerable quantity through the opening. Patient was better in every other respect; fever and cough were less, and breathing easier. But respiration was not fully established. To check the suppurative process, I give *Sil.* 12x, which was continued till the 4th November, after which, the improvement being stationary, I changed the dilution to the 30th centesimal which was continued till the 10th. But no further improvement following I again stopped all medicine.

18th Nov. Report was that the patient was almost the same, the slight fever hanging on still. Gave *Sulph.* 30. From this day improvement became rapid. The discharge ceased and the opening through which it was flowing healed up in a day or two. The fever and the cough disappeared in about a week. The appetite increased and there was great cry for more food than was allowed.

16th Dec. Patient brought this morning. I was glad to find him nearly all right, the fistulous opening quite healed, the respiration fully established in the upper and partially in the lower part of the affected lung, though still frequent, being 28 in a minute, the swelling over the pericardial region quite gone. Continued *Sulph.*, and ordered a bath to be given to-morrow.

21st. Patient brought. Found him better still. Stopped med.

Remarks.

It is difficult to say whether this was a case of suppurative pleuritis from the beginning, or of simple pleuritis with serous effusion taking on degenerative suppurative changes in the course of old school treatment. When the patient was brought to me thirty-four days after the commencement of illness, there was nothing to lead me to infer that there was pus in the pleural cavity. Taking the fluid which had filled the whole of the left side of the chest to be ordinary serous effusion, and having regard for the jaundice and the symptom that the patient could lie only on the affected side I prescribed Bryonia. It did some, but not, much, good in the beginning. I had to use Aconite for the strong fever which had come on while the patient was taking Bryonia. Under Aconite though the intensity of the fever abated, the cough became more

troublesome, and I had to use Bryonia again, but this time in a higher dilution. Though the medicine was used for four days, the morbid process that was going on in the pleura went on unchecked and declared its true character by the matter within pushing itself out through the intercostal spaces, evidently the fifth and sixth, and forming a fluctuating swelling. The fact of Bryonia failing to cause absorption of the effusion shows that it was purulent and not serous at the time the patient was first brought to me, whatever it might have been in the beginning.

If the diagnosis of empyema had been positively made at once, could we have used any medicine that could cause the absorption of so large a quantity as upward of four pounds of pus? My experience with Hepar, Silicea, and Mercurius in such cases in the past does not return an affirmative answer to the question. And it is doubtful if anything else, than what was done, could have been done that would have hastened the progress of the case, which, it must be admitted, was satisfactory. It is remarkable that Sulphur should have played so important a part in expediting the recovery. This shows that probably there was some constitutional taint which this prince of anti-psories corrected, I must not omit to mention that I had to put the patient on a very restricted diet. I forbade all juicy and acid things. I kept him chiefly on milk and allowed him wheaten bread (chapatis) only when the fever had considerably abated. I have not yet allowed him rice, which I have found to be very prejudicial in fevers, dropsies, and suppurations.