

windows closed? He at once answered: "Closed warm room is nauseating to me. I do not at all bear the warmth of room. I feel very much nervous. I have a strong inclination to remain out-of-doors, and when I go to sleep, I keep all the windows open."

Hearing all these, I did not jump into any conclusion in selecting a remedy for him. I, at length, dwelt on his mental symptoms, which were very promising.

By nature, he was mild and yielding. When he was describing his ailments, I obviously marked that he was very anxious for his skin eruptions, and sooner the disease was healed—the better.

I gave him hope that he need not be afraid for his eruptions. He at once *fell on my feet* with a supplicating hand.

Furthermore, on being questioned whether any medicine was taken by him or not, he said "I took Sulphur 30, but there was no improvement."

I smiled, but did not rebuke him for his foolishness and ignorance. I prescribed *Pulsatilla 200*. The very next morning he was *very much wild, and began to chatter like a foolish man*, and did not give me any chance for asking what was wrong with him. After a while, when he somewhat cooled down, I asked him "Brother, why are you so ill-tempered?" He said "I cannot bear the brunt of my skin eruptions. It is increased" I told him not to be afraid, and give him *a false dose, and a basket-ful of hopes*.

Next morning, to my utter surprise, he came to me and held my two hands, and asked for mercy. He said "Fourteen-annas of my ailments have gone. *I am better now*" I did not give him any medicine and he was cured by and by afterwards.

HOMCEOPATHY IN DROPSY.

DR. P. C. SEIN, H. L. M. S., CALCUTTA.

In August 1928 a widow about 30 years of age came to me for the treatment of Dropsy from which she had been

suffering from about March of that year. From her outward appearance it seemed to me that she had not a drop of blood in her body and she was over-loaded with fluid all over. The face was pale, waxy and swollen. The abdomen was so swollen up with fluid as if it would burst immediately. Her legs became as thick as an elephant's legs and were on the point of bursting with pitting on pressure. There was entire stoppage of urine. She could pass a few drops of urine only when at stool. She had a peculiar burning in the stomach and abdomen. Along with these symptoms she was then suffering from hard breathing and dyspnoea which she used to get even when at rest. She was entirely thirstless.

After hearing from her of all these symptoms I proceeded to examine her physically i. e., to diagnose the case in the words of Allopaths whether it was a case of Dropsy. I examined the case according to the instructions laid down in the Practice of Medicine together with differential diagnosis and subsequently it appeared to be a true case of Dropsy. The points on which this diagnosis was made are the following:—

“The abdomen was prominent and the superficial veins were marked. The sides were rather flattened with the greatest prominence in front. On palpation ‘fluid thrill’ was obtained. On percussion the front of the abdomen was resonant and the flanks were dull, there was movable dulness and this condition was also diagnosed from distended bladder, ovarian tumor and hydronephrosis.”

Although this case was diagnosed as Dropsy yet we could not write out our homœopathic prescription before we could get symptoms of sufferings along with modalities. We cannot base our prescription on what the Allopaths say, pathological changes.

On the ground of the above mentioned symptoms, I prescribed 2 doses of Apis 30th to be taken morning and evening. After taking this medicine the patient reported to me of no improvement. I repeated two doses of this medicine and

asked the patient to take a dose each morning. On the third day the patient sent a report to me that slight flow of urine was then established. I now stopped medicine and gave 4 doses of Sac. Lac to take a dose each morning. After this, a report of no further improvement came to me. On this report, I gave a dose of Apis 200th and asked the patient to report after a week. This dose of Apis 200th could not do any progress towards cure. After this, I again engaged myself to take the history afresh on the reason that some changes in the symptoms might have surely taken place after administration of Apis 200th. On scrutinising enquiry it transpired that the patient used to get rise of temperature particularly from 4 to 8 P.M. each day with slight burning of eyes. She also told me that she was fond of taking warm food. On the ground of the symptoms mentioned previously together with these symptoms, I prescribed Lycopodium 200th and asked the patient to come back after a week. After this period of time she came back and informed me that her flow of urine was fully established and her fever was totally off by that time. I despatched her with a few doses of blank powders requesting her to report after a fortnight when the medicine would be used up. When the patient came again to my place I was astonished to see her, because, as if a new person was made by the Diety of Homœopathy. She had then no swelling of any kind and was reduced to skeleton. I gave her no further medicine. This only dose of Lycopodium 200th managed to absorb and excrete all the fluid which accumulated in the peritoneal and serous cavities of the whole organism.

Now I would venture to say, is there any medicine on earth in any pathy which can cure Dropsy radically by a single dose? Those who know nothing of Homœopathy cannot dream what wonders our Homœopathic treatment can do. Our Allopath friends engage themselves busily in search for causes and waste time for nothing, during which time we Homœopaths can cure diseases effectively by prescribing our medicines on "symptoms totality" and save the

patient from sufferings in no time and at the same time patients money too is saved, for by far less expenses are needed in this treatment.

A CASE OF CATARACT AND PANOPHTHALMITIS.

LATE DR. M. L. SIRCAR, M. D.

Patient, a Hindu female, aged 55, came under treatment on the 25th Nov. 1897. There was cataract in both eyes, in the left it was fully formed and there was no vision. There was some dim vision in the right, but there was inflammation of the whole ball with considerable pain. I gave her *Phos. 6x*, pilules, one for a dose, twice a day. In three days the pain in the inflamed eye was considerably less, in a week more it was nearly gone, and she could see better with it. In a month the inflammation altogether disappeared, and much useful vision was restored. Further progress of her case could not be observed, as she went away to her native village, and no report has since been received.

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