

central organs, and generally from below upwards. Hence, in the selection of a remedy one should be chosen which acts in the opposite direction—from within outward, from above downward, from the brain and nerves outward and downward to the most outward and lowest of all organs, the skin. Hahnemann's antipsoric remedies all have this peculiarity as characteristic, viz., the evolution of symptoms from within outward. Hence, all symptoms of the skin having such a direction, from without inwards, and all symptoms of remedies from within outwards, the opposite direction, are always to be considered of the highest rank of value in the choice of the simillimum.

Rule No 3. The symptoms recently developed are the first to yield, older symptoms disappear later, or, as Hering says:—In diseases of long standing, when the symptoms or groups of symptoms have befallen the skin in a certain order, succeeding each other, more and more, being added from time to time to those already existing, in such cases this order should be reversed during the cure, the last ought to disappear first and the first last.

It should always be borne in mind that *the greater the value of a symptom for purposes of diagnosis, the less its value for the selection of the remedy.* When the most similar remedy has been selected and administered, allow it plenty of time to do its perfect work, using *placebo liberally* if necessary.

### CLINICAL CASE.

PARESIS IN A T. B. PATIENT.

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

Mr. E. A.....C. E, a civil Engineer under the employ of a very respectable Iron and Steel Works Company, came to my office last rains for the paralytic weakness of his lower limbs, which commenced, as he supposed, from a bad fall from a height when he was supervising a bridge

construction work. The accident took place in 1929, November, and he was severely hurt, so much so, that he was quite unconscious for 14 hours. He regained his senses and found himself lying in the Medical College Hospital. This much he only remembered that the fall was on the coccyx, and there was as well a concussion of the brains, the head striking over a big stone lying just below the bridge under construction. The Medical College Hospital gave him every attention, and treatment continued for more than two months, when he was discharged. When he left the Hospital he got a report of his case, which shew that all the surgeons there were afraid of some grave wrong in the spine which ached all along and that they discharged the patient when they thought him "out of danger." Though the pains and aches were no more, still a peculiar sort of soreness within the lower portion of the spine remained and a paralytic rather a paretic condition of the legs made him all the more miserable. His good wife was extremely annoyed at the surgeons' instructions to take to crutches when walking, and she said she came to me with the hope of a perfect cure. A near relation of her had a tubercular child with hydrocephalic head and I cured it when at Dhanbad, and that relation gave her an assurance of a cure at my hands and sent them to me. Mr. Engineer mournfully said that he would prefer death to such a maimed life, because the peculiar calling of his life demanded activity and exertion to the fullest extent, and his wife and children would surely starve in case he could not resume his work of an Engineer.

The patient, as I came to know after an enquiry, was extremely chilly, bath was, as a matter of fact, quite unknown to him, as bath, even a tepid bath, would fearfully aggravate his coryza and sneezing which were his constant companions. Any exposure, even if he would come out of his sleeping room, would set in sneezing and next morning he will have hemming and hawking. He could never endure a blast, even in a summer day. Profuse perspiration upon

the slightest exertion was a very much inconvenient concomitant, and he had to change his inner garments at least thrice a day. The sweat was badly fetid and excoriating. But with all his susceptibilities to cold, he would like winter very much in preference to summer or rains. Cloudy atmosphere would quite upset his condition. I noticed a few condylomatas over his neck and breast. The temper was rather sweet, at least there was nothing abnormal in the mental sphere.

I made the above record, but I intended to try Arnica before I would think of any constitutional hit. I generally make a full record, even when I am almost sure of a snapshot cure in some fine cases with clear and convincing image of a remedy suitable for them. In case, I could not cure on the very first hit, there is no inconvenience,—as my records will give me a good guide for ever and ever. In recording the very easiest of cases even, I am never too sanguine.

My first shot was Arnica 1 M in 3 graduated doses on 3 consecutive days with a pause of 2 weeks, from the 5th day after the use of the 3rd graduated dose, pain arose of aching nature which gave the family an alarm, but on the 7th day, an amelioration ensued. The patient was brought over to me again on the 18th day, but as I found him still improving, I gave him *sac. lac.* for another fortnight.

A report came which shewed that the patient was all right so far as his paretic weakness of the lower limbs was concerned, but he was not much improving regarding his general condition. I re-examined him and got his hereditary history and found that his grandfather died of abdominal T. B. My patient had also an acute susceptibility to cold and frequent coryza. So I hit upon Tuberculinum Bovinum 1 M, which set him right, at least, for the time being. The susceptibility was still there and his treatment must have to be continued to put him right *constitutionally*. The Tuber. Bov. 1 M dose acted nicely for 3 months, his susceptibility grew less and less, the interval between two attacks of coryza and cold increased gradually. The other day only I repeated a dose of 5 M of T. Bov., and the case is still under my care and treatment.