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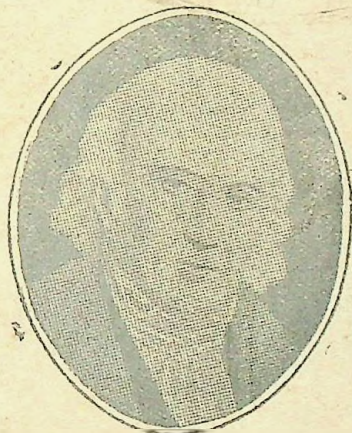
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Vol. X.

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No. 6.



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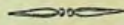
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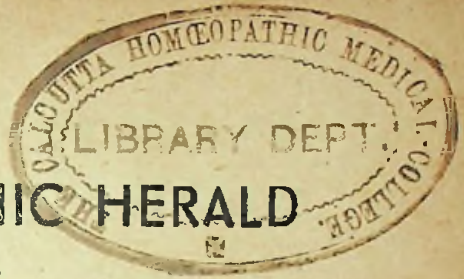
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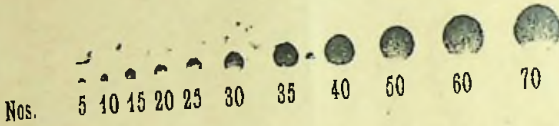
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Editorial

MODE OF ADMINISTERING THE MEDICINE.

Dr. Hahnemann is the father of Homeopathy and he has suggested several modes of administering Homeopathic Medicines. According to him all parts of our body which possess the sense of touch can receive the influence of medicines and can send the medicinal force to all other parts. Stomach, tongue, mouth, interior of nose, rectum, genitals, parts destitute of skin, wounded or ulcerated spots and even the external surface of the body are capable of receiving the influence of the medicine. Hahnemann has treated many acute and chronic diseases solely by means of OLFACTION with the most happy results. OLFACTION is possible even when the patient is destitute of the sense of smell. Medicines given by the mouth or by OLFACTION will serve the purpose to our full satisfaction and hence the practice of rubbing in of any medicine or using ointments has been fully discarded by our Master. Dr. Hahnemann has no-where advised that medicine is to be injected into the skin or flesh with the help of an injecting needle. In the vast literature of Homeopathy we never find any mention of Injection. Besides this lack of precedent the very operation of Injection is painful and therefore distasteful to our patients. Injection is usually dreaded by the patients especially by the children who cry at the very sight of the doctor. This dread-inspiring act should be wholly discarded, especially by the followers of Hahnemann.

It is not only a painful and dreadful operation but it also constitutes a danger to life. There are many sensitive patients who faint or die before the needle is withdrawn. Besides its money-making capacity it has nothing to recommend it to the profession.

Homeopathic physicians commit unpardonable faults when they inject medicines, as this process is not sanctioned by any trustworthy authority. Doctors who write treatise on Homeopathic Injections or chemists who prepare homeopathic injection remedies are no friends of Homeopathy but formidable foes threatening to discredit or to destroy Homeopathy which has rendered eminent service to the human population of the world in a most gentle, harmless and peaceful way. Such chemists or doctors deceive innocent patients and confuse sincere physicians. Able Homeopaths who have thoroughly studied their subject and who have the rare skill to use the art will never adopt this foul method. On the other hand persons who have no sound knowledge of Homeopathy, who can not or do not study *Materia Medica* and *Organon*, are likely to favour this mode of administering medicine. Such unskilful Pseudo-homeopaths may fall into this unlawful practice as they are devoid of all knowledge necessary for accurate prescribing. Homeopathy requires honest search for knowledge and no love of indolence. Laborious physicians can find it an easy job but idle persons may find it most difficult. Therefore a homeopath who adopts this method of administering medicine only exposes his ignorance and folly and deceives his clients.

Our brothers who have become misguided either for lack of knowledge or for greed of money are advised to discard this illegal practice and to disfavour it and to return to Hahnemannian Homeopathy, which has for them, if diligently cultivated, immense possibilities.

N. C. DAS.

WONDERS OF HOMEOPATHY.

(1) Mr. P., 52, consulted me for sexual debility and gave me the following symptoms.

(a) Desire strong but erection falls at the very contact. Fall of erection is followed by discharge.

(b) A habitual smoker.

(c) Itching in ears.

(d) Unusual craving for salt and he always takes additional quantity of salt with his food.

(e) Aversion to vegetables.

(f) Pain in liver region, better by motion.

(g) Sweat absent.

(h) Wants everything cold.

Natrum Mur. C. M. cured him,

(2) Sumati Bala Samanta, 40, came to me with the following symptoms.

(a) Constant discharge of watery matter from left ear. This ear feels heavy, deaf. The discharge is often sticky. Noise in the ear. Discharge is worse during rains. Discharge of pus is sometimes noticed. The trouble commenced with a pain. Usually there is pain before heavy discharge. It resisted treatment for 4 years. Worse morning and night, better during day.

(b) Left half of head feels numb, heavy.

(c) Appetite poor, thirst less, sleep unsatisfactory, stool normal, urine normal, absence of sweat, craving for open air, cold extremities.

(d) Pain in back constant, worse sitting, better walking.

Natrum Mur. 200 cured in a month.

(3) Mr. Nitai Ch. Santra, Manirampur, H. B. chord, brought his child to me with these symptoms.

(a) For last two months the baby gets very great pain in ears especially in the night. Heat relieves.

(b) Discharge of thick, white and offensive pus from ears.

(c) The discharge is excoriating, it causes eruption on parts over which it flows.

Ars. A. 200 moderated the trouble in 15 days. Ars. Alb 1000 cured the trouble very quickly.

(4) Woman, 50, complained of bad headache especially in the morning. This trouble continued for 4 months. She cannot open her eyes or move them during an attack. Head very hot, it has burning sensation. Frequent application of cold water to the head relieves. She is a maid-servant and washes utensils or works in water.

Natrum Mur. 200, two doses cured her fully.

N. C. DAS.

—o—

GLEANINGS.

1. After weeping and whining, cough in children :
Arnica. M. P.
2. Nausea with flow of saliva : Camphor. M. P.
3. Constant bitter taste in the mouth : China. M. P.
4. He snores in his sleep when lying on his back :
Drosera. M. P.
5. He is apt to bite on one side of the tongue posteriorly
when speaking or chewing : Ignatia. M. P.
6. Insensibility of the whole body : Ignatia. M. P.
7. Head sensitive to rattling of wagons over paved
streets or to stepping hard : Nitric acid. M. P.
8. Hardness of hearing, from induration and swelling
of tonsils : Nitric acid. Hering.

Hering.

9. Hands tremble when writing : Oleander.
Hering.
10. Sweaty palms especially at night : Psor.
Hering.
11. Small pox, stage of maturation : Thuja.
Hering.
12. Asthma, worse at night, with red face : Thuja.
Hering.
13. Eczema moist and oozing profusely, secretion more watery than viscid : Natr. Sulph.
Hering.
14. Great dryness of the hands, especially of the palms :
Lycop.
Hering.
15. Vomit has a fecal odor : Plumb.
Gentry.
16. Odor of acids from cough : Sulph-ac.
17. Paleness of face after meals : Kali-c.
Gentry.
18. Burning thirst in typhoid : Agar.
Gentry.
19. Jaundice with hæmorrhages from nose : Crotal.
Gentry.
20. Weak digestion, especially in aged : Nux-m.
Gentry.
21. Vomiting with hunger : Cina.
Gentry.
22. Vomiting with offensive breath : Ipec.
Gentry.
23. Vomiting with sweat on face : Sulph.
Gentry.
24. Red spots on pit of stomach : Nat. M.
25. Continued swallowing relieves soreness (stomach)
and cough : Apis.
Gentry.
26. Hiccough with abundant flow of saliva : Lob.
Gentry.

27. Nausea with pain in feet : Ars. A. Gentry.
28. Nausea with pain in ears : Puls. Gentry.
29. Nausea with pain in chest : Merc. Gentry.
30. Hiccough with pain in chest : Am-c. Gentry.
31. Bovista antidotes effects of charcoal fumes. Clarke.
32. Inability to articulate without any affection of the tongue : Bothrops. L. Clarke.
33. Tendency of old wounds to suppurate : Borax. Clarke
34. Parts usually red, turn white : Borax. Clarke.
35. In the female a marked symptom is absence of pleasurable sensation during coition : Berberis Vul. Clarke.
36. An occasional dose of Lyco. helped : Berb. Clarke.
37. It relieves troubles of pregnancy ; inability to walk ; varicose veins. Bellis. Per. Clarke.
38. Boils returning every spring : Bell. Clarke.
39. Smoking causes desire to vomit : Cajuputum. Clarke
40. Saliva resembling white of egg : Caladium. Clarke
41. Complaints of drunkards after leaving off alcohol : Calc-ars. Clarke.
42. Nitric acid is one of the best antidotes to Calc-c. Clarke.

43. Flatulence in pregnant women : Calc-flur.

Clarke.

44. It is proved useful in tubercular meningitis, with moaning, sleep with half open eyes and an afternoon aggravation, and for chronic hydrocephalus with screaming out in sleep but without general Apis symptoms : Lyco.

Pierce.

45. It is a remedy useful for polypi of the nose associated with an acrid Coryza : Lycopod.

Pierce.

46. We use *Urtica Urens*, with success, for insufficiency or entire absence of milk after confinement.

Pierce.

47. It is a very valuable remedy in hysteria that is worse as evening comes on and up to midnight : *Valeriana*.

Pierce.

48. It has been used with success for the effects of Opium poisoning : *Verat. Vir.*

Pierce.

49. Cramps in abdomen and legs of pregnant women : *Viburnum Op.*

Hering.

50. The severity of the pains (*Menses*) have been my chief guide in the selection of *Xanthoxylum*.

Pierce.

51. Zinc. is the only remedy mentioned in the Handbook for hysterical retention of urine.

Pierce.

N. C. DAS.

THE CHRONIC CHILD*

H. A. ROBERTS, M. D.

Homœopathic Recorder, April 1937.

Theoretically, if we could have the child under homœopathic treatment from birth, and if we would govern diet, hygiene and environment as well, there would be little adult practise for us. Actually, there are other problems to consider, conditions over which we have little or no control; and there is always the problem of our own insufficiency or lack of knowledge: lack of understanding of the child's actual condition, of his needs, of the needs of his parents or more distant ancestors; and worst of all, too often lack of knowledge of our materia medica, its possibilities and how and when to utilize it.

Somewhere between the actual and theoretical lies the field of possibilities open to us; it is to the extent that we avail ourselves of these possibilities that our success may be measured. We must face the fact that there are always obstacles that may prove insurmountable; there is the ever-present probability of conditions beyond our control. There are hereditary tendencies that may be curbed but may not be eradicated in one generation. There are the problems of ignorance and poor environment and difficult financial conditions—too often a vicious circle. There are always those who are destined to rise strong and healthy from the worst environment and hereditary; there always will be those who sink to a lower level, mental, physical and spiritual, from the best conditions.

If we could have an adequate endowment for homœopathic care of under-privileged children, who are sick of mind, body or spirit, we unquestionably could save many to useful futures who would be otherwise not only problem children but problem adults. If homœopathy were given a free hand in treating the chronic child, homœopathy could

*Read before I.H.A., Bureau of Obstetrics and Pediatrics, June 27, 1936.

render tremendous service in spite of discouraging backgrounds.

Everything else being equal, we may assume that a sickly child prognoses a sickly adult; that is, the chronic child becomes the chronic adult sufferer. If the child's need is met homoeopathically early in life, whether this be the similar remedy or the similar disease, it will do much to correct the chronic tendency; but the normal course of a similar disease all too often meets with suppression and the result is more deeply rooted chronicity. If we can teach the parents the dangers of suppression, and to comprehend that a succession of acute illnesses is in reality a chronic manifestation in ever-repeating and ever-varying forms, we shall have gone far toward laying a basis for constructive treatment of the chronic child.

Consider a typical history. At a very early age the babe presents feeding problems: the mother's milk disagrees, or she may wish to avoid the trouble of nursing. If the child is taken to a clinic probably evaporated milk will be recommended as making the baby "fat and healthy". Rapid gain in weight is a real danger in these days of baby clinics and the frequent comparison of weight with other babies. Presently a rash appears; ointments are prescribed. If this is a successful suppression the next step may be bronchial "colds". Probably the child has had a succession of nose colds for some time. Too often there is abnormal perspiration. If this rate of progress is maintained the child will be a confirmed chronic—probably asthmatic—by the time he is two years of age, and perhaps even before he reaches his first birthday. This picture is not an exaggeration, but the actual observation of case histories in many small patients who have been under popular treatment, either through clinics or under the care of intelligent but uninstructed physicians.

If the child survives puberty, when the hereditary taints will appear to add to the chaos, he will go on into adult life carrying an increasing burden and with a decreasing

ability to participate in normal interests, unless he receives that help he so sadly needs.

Here is a boy thirteen years of age. Leonard is asthmatic, and so worn and weary by his sleepless nights that he cannot respond to the tasks laid on him in school. Directed by his teacher, who has witnessed the power of homœopathy on her own suffering mother, the boy was brought by his father, an illiterate Italian. This was the history : Dyspnoea < night, < on lying down, < rainy weather, < winter and foggy weather, > sunny and warm weather. Always wheezing ; sneezing frequently. Coughs a great deal, with thick green sputum. Weight on chest during the attack ; sweats with the attack. Thus far no spectacular symptoms have been given ; the identifying concomitants are lacking. He cannot play long with the other boys, for while he is restless and active he soon tires, and this brings on pains in the arms and legs ; running causes pain in the head, about the heart, and in the extremities. His lips get blue at such times. These asthmatic conditions appeared before he was a year old ; as a babe his head was covered with scabs which disappeared under the application of various ointments. These eruptions appear only at rare intervals now, and they never thought until now that his breathing is better while the eruption is out.

A chronic child, heading for a chronic adult—if his heart does not fail under the strain ! *Rhus tox.* 10M. on November 4, 1935, and placebo since, has made this child over into a normal, healthy boy. Some eruption reappeared but cleared of itself, without repetition of the remedy. This child belongs to that class we designate as under-privileged, but instead of a potential social problem he is a potential worker.

Seven-year-old Rita has a chronic history that dates back to first dentition, perhaps farther. As a matter of fact, it dates back to her ancestors, for her grandmother, aunts and cousins all have asthma ; Rita herself has notched teeth. Always sore throats as a tiny child ; tonsils were removed at four years but the sore throats continued. Continual colds

since babyhood ; colds in the head every time she goes out to play ; these hang on for a month and run into asthmatic attacks. Cankersores in the mouth. Cries out and talks in her sleep ; rubs her nose frequently, even in her sleep. No appetite. Exertion, even a natural amount of play, brings on asthmatic attacks. It is not necessary to go into the detailed symptomatology of the attacks ; it is sufficient for our purpose to point out the tendency toward a frail adolescence and invalid adult period ; even now the child has the appearance of a fragile ornament. *Phosphorous* 9M. gave wonderful impetus toward health. Later, because of early decay of the teeth and a closer study of the remedy, *Calc. phos.* seemed indicated and did even better work.

This year Rita's mother wrote that for the first time in years Rita was able to go out doors and play with the other children before summer came, without taking cold.

A young woman with great courage and patience adopted a three-year-old fairy-like child. Virginia's mother was dead, probably from tuberculosis ; the father, a confirmed drunkard, committed the child to an institution. The child was frail, slender and waxen. The new mother believed in good feeding, care, and homoeopathy, and gave the child a chance to win against the chronic background. Yale Medical school x-ray plates, required before the child was permitted to leave the institution, revealed well defined tubercular lesions in the chest ; the sputum was positive for tuberculosis. The first "acute" condition was a discharging ear. On a single dose of *Sulphur* she did well for several months. Then she developed night sweats, especially about the head, and *Calc. carb.*, one dose, carried her for a year. She grew and thrived. After several months a series of seemingly acute conditions, at first treated with what we arbitrarily class as acute remedies, yielded to *Lycopodium*. After a time the family moved to another city, where she has continued under homoeopathic care ; but reports from time to time indicate that there has been no serious illness and few acute attacks of any kind. Thus good care in the home plus the *simillimum*

have given this delicate child a very fair chance to attain a normal, healthy adult life.

George, just in high school at 17 years of age, was brought to homoeopathy through the influence of friends of the family who knew what homoeopathy could do when given a chance.

George was a perfect example of the "chronic" child. The history began at two years of age, with an oozing eczema all over the body. This had been successfully suppressed by the time he was five, but long before that he had developed a tendency to take cold; if it were an east wind he had a nose cold, if some other breeze played upon him it was a cough, or a sore throat—he ran through the complete series repeatedly. In the brief intervals between colds, measles, chicken-pox and whooping cough did their best to clean house. Digestive difficulties set in. Tonsils and adenoid tissue were removed, and heart symptoms developed, but there was no recession in the other difficulties. With this chronic picture mental retardation became quite marked, and the poor psychic effect of his noticeable difference from other boys was an added factor toward chronicity.

After a year of homoeopathic treatment George's mother writes: "Everyone who knew George as he was marvels at his condition now. His health is excellent and he is getting on well in school. His father and I appreciate this more than we can say." *Sulphur* 1M, started him on the right track; *Fuls.* 200, an occasional dose for "acute" conditions, carried on the good work. George faces the cheerful prospect of a useful manhood.

Harvey came to homoeopathy when he was seven years of age. Here are the pertinent items of his history: dentition difficult and irregular; eczema on the face and body "cured" by salves at eight months. Colds continuous since one year of age; antitoxin and vaccines at different times before he was five-and-a-half. Asthma developed before he was five. Tonsils and adenoids removed at about that time. Ulcers on one eye. Sweat, particularly about the head. He tumbles, screams and jumps in his sleep. Two doses of *Sepia* 1M. in

three years have made this boy over. His case was so spectacular in the eyes of the specialist who had "done everything" for the boy that the specialist threatened to send more patients for the privilege of observing their reactions—but he is still threatening,

Marcia developed a limp at five years of age. She comes of a family with a very chronic history: all her mother's family failed to erupt a full set of teeth; some teeth were markedly notched; some members of the family had extensive psoriasis; all the aunts were hysterical almost to the borderline. Marcia's parents were what might be termed intermittent homoeopathic patients, so not content with medicine, they decided Marcia must have up-to-date treatment. So she was hustled off to one specialist after another; she was hospitalized and later she wore a brace for a year. At last Marcia came back into homoeopathic hands, and in spite of the tubercular hip condition that the early x-rays revealed, *Pulsatilla* at long intervals has taken care of Marcia and her occasional acute manifestations as well.

These are not intended as case reports. Rather, they are given as corroborative evidence of our claim that the "chronic" child has an excellent chance to gain normal health, even against heavy odds of environment and heredity.

Not every child can be saved; there is a certain percentage of circumstance against this; but given the opportunity, how many children can be saved to a useful, productive life with increasing opportunities for future generations?

In order to accomplish sound results we must recognize the sequence of events; we must give due thought to hereditary problems. The delicate child, with silky hair and waxy skin, who develops severe headaches upon application to school work, severe nosebleeds, the tendency to take cold, sensitive to every breeze, emotionally unstable, is not manifesting a series of unrelated conditions. We must realize the tendency for this child to develop an active tuberculosis; and we must recognize it before the x-ray reveals a lesion if we are fair to our healing art and to the child's future.

While we know that even if the condition has developed into active manifestations the child may be saved for a healthy future, we must stress the fact that regeneration will not be brought about by careless prescribing.

In other words, we must look to past history for background, to the present symptomatology as a stage in progression, and to our homœopathic materia medica for that power which unlocks the patient's vital energy to cure, which is our goal for the patient's future.

DISCUSSION

DR. HEIMBACH: I just want to relate my experience with an infant that I delivered at birth. We couldn't get anything to agree with that child, breast milk, or any other combination. It had diarrhoea and vomiting until the child was pretty well emaciated, then I discovered she had influenza. *China sulph* 30x in two weeks' time brought her along very nicely, and she is a very husky girl now.

DR. SPALDING: This paper decries careless prescribing, which, after all, is one of the difficulties of almost everyone. There is no question but that many, many children can be brought to useful manhood and womanhood through the application of a homœopaehic remedy. It is important to get the right remedy to begin with in this sort of work, much as in the cancer cases, and the only thing I could possibly add is that regardless of the time it takes to study the case, do not hurry the prescription; if necessary, observe the child two months, and I believe the work will be very much more satisfactory.

DR. GRIMMER: There is no short cut to real homœopathic prescribing, but work, work. It seems the farther along the road we get, the more we have to work; the more we can do, the more work we have to do, but we never cease to get a thrill and kick out of a case that is held by a homœopathic remedy.

DR. PANOS: Dr. Roberts brought out if a child is attended, the child naturally in later life will have less troubles from chronic conditions, not only physically but

mentally, and we will have less criminal problems. Healthy minds and healthy bodies make fewer criminals.

(I would like to ask Dr. Roberts if he ever had cases where under such prescription the indicated remedy did not restore the child to health, and also if the posture of the child has been taken into consideration. I think that fact should be taken into consideration in the growing child where the indicated remedy does not restore the child to complete health.)

DR. ROBERTS: I said in my paper there were cases that were beyond the control of anyone. There is a possibility of that, always. My plea is for the homoeopaths to get back to the foundation in prescribing and more of them take up pediatrics. You know this school of medicine can make the "old school" look sick if they just get into pediatrics and do the things that are possible to be done.

DR. STEARNS: Dr. Roberts, does *Tuberculinum* come often for you in those cases?

DR. ROBERTS: Not very often; comparatively seldom.

DR. STEARNS: We find it useful occasionally; it wakes up the case that fails to react to good constitutional prescribing.

DR. ROBERTS: Sometimes it wakes it up, but it seldom cures it.

DR. STEARNS: We have never had any harm from it. It opens up the case so the constitutional remedy is more clearly seen.

DR. ROBERTS: You get the right remedy, and it will open up; you give *Tuberculinum* and it carries you along for a little way and you think you are on the road to recovery, and you are not always. Dr. Margaret Webster brought out *Tuberculin* in the *Recorder* recently, and she makes this statement: That the nosodes seldom cure.

I do feel that we should go more into pediatric work. The possibilities of a young man going into the practice of medicine and specializing in pediatrics is simply

marvelous today because they can walk away with the "old school's" work right away.

Who asked about tonsillitis? I said I didn't see why you asked such a silly question. Does the removal of a tonsil ever cure the patient?

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LEPROSY SCOURGE IN COMMONWEALTH

A MILLION LEPROSERS IN INDIA

Mr. Attlee On Task Of Fighting The Evil.

LONDON, MAY 13.—Prime Minister Clement Attlee, declared in London today that the people of Britain had a responsibility to do their utmost to eradicate the evil of leprosy from all the lands of the Commonwealth and Empire.

Few people, realised that the world had more than seven million lepers, he said. More than three million of them were in the British Commonwealth and Empire.

Mr. Attlee was opening the silver jubilee exhibition of the British Empire Leprosy Relief Association.

The exhibition sought to bring home to Britain the magnitude of the evil and the efforts being made to deal with it, and to enlist support for the work, he said. He added "In the work of the Association there has been fruitful collaboration as in other fields between British and Indians."

Mr. Attlee said the disease was widely distributed. India had at least a million lepers while in the Colonial especially in Africa, an immense field awaited help.

He said that the first angle of approach to the problem was the preventive.

Great advances had been made, but the victory was still to be won.

Equally important was the indirect attack. Leprosy was a disease of poverty and bad conditions, thriving where nutritional standards were low and environment bad.

"In this field the work of Governments is of first importance. The work now proceeding, with the stimulus of the Colonial Development Fund, to raise the standard of life in the Colonial Empire and the greater awareness of world nutritional problems which the establishment of the food and Agriculture organisation is bringing about, will I am certain, be of major importance in the eradication of leprosy".

The third was the curative aspect. Here, too, he said, great advances had been made.

Mr. Attle said, "In the war on leprosy, as in so many other campaigns, there is needed the close co-operation of the scientific worker, Government agencies and voluntary service."

The exhibition emphasises that with an expenditure of 250,000 a year the Empire could be rid of leprosy in one generation. The British Empire Leprosy Relief Association's present income is 40,000 a year.



LEPROSY NOW AN URBAN PROBLEM

NEED OF EFFICIENT TACKLING

The war and the partition, by accelerating big population movements into Calcutta and other towns, had, as one of the results, turned leprosy into more of an urban problem than considered hitherto, opined a leprosy research doctor in an interview.

It is difficult, however, to produce any reliable statistics on the incidence of leprosy for they have always been wanting. But since leprosy is a contact disease, reason would support the conclusion that the abnormal rise in density of population in urban centres together with acute housing difficulty which forces men to live practically huddled together, helps the spread of the disease.

Roughly estimated, the number of lepers in Calcutta can be put at 20,000 and the records of the four existing leprosy clinics, including that of the Leprosy Research Laboratory of the School of Tropical Medicine, for a decade from 1936 to 1945, showed that over 10,000 patients had permanent residences in the city of Calcutta.

It was absolutely urgent, said the doctor, that the Government and the people became alive to the importance of the problem and set their minds seriously to devising methods for a successful war against the scourge.

The Committee appointed by the Government of West Bengal to draw up provincial anti-leprosy scheme reported last year that existing arrangements for the treatment of lepers were extremely inadequate. There were facilities for the treatment of only about 20,000 while the total number of cases in the province was about 2,00,000.

About 50,000 infectious cases needed segregation but accommodation for isolation was sufficient for 716 of them only. The Committee stated that "the quality of work done in the majority of clinics is poor on account of bad selection of site, poor housing condition, lack of proper staff and equipment, and very poor pay and want of supervision."

The Committee submitted suggestions for a satisfactory improvement in the present state of affairs, but very little of those recommendations had so far been implemented, it was stated.

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NEW DRUG FOR LEPROSY TREATMENT

BETTER RESULTS

Disease Definitely Not A Social Stigma

LONDON, July 6.—The view that the new drug, Sulphone, used in the treatment of leprosy was beginning to give satisfactory results, was expressed by Rev. R. G. Cochrane today.

He was speaking at a luncheon party given by Indian High Commissioner, Mr. V. K. Krishna Menon to Rajkumari Amrit Kaur, Indian Minister of Health and leader of the Indian delegation to the World Health Organisation Conference which concluded its session recently in Rome.

Rev. Cochrane said that India had given a lead in dealing with the problem of leprosy. It was beginning to be realised that leprosy was a medical disease and not a social stigma.

He paid a tribute to Mahatma Gandhi's appreciation of the importance of work in the field of leprosy treatment.

Rev. Cochrane said that though the old treatment of leprosy was not superseded, the new Sulphone drug was expected to bring greater relief. He added that it was most important for India that there should be a reduction in the price of drugs and he expressed the view that there was hope that within the next year the cost of treatment per case would be reduced to 20 rupees.

Rajkumari Amrit Kaur stated that the Indian delegation had been able to interest the World Health Organisation in leprosy work.

Mr. Aneurin Bevan, British Minister of Health, said that it was necessary for doctors to be seconded to India and other parts of the Commonwealth, to gain valuable clinical experience. He drew attention to the recent incident where small-pox cases discovered on board a ship in a British harbour and the doctor found difficulty in distinguishing between the symptoms of chicken-pox and Small-pox. Mr. Bevan expressed gratification at the co-operation that exists today in many fields of beneficial activity between India and Britain.

COMBATING TUBERCULOSIS WITH B. C. G. VACCINE

INDIA'S PLAN OUTLINED AT LONDON CONFERENCE

LONDON, July 7.—India's plan of campaign to bring down the annual death roll from tuberculosis of 500,000 people by mass inoculation with B. C. G. vaccine was outlined in London today by Dr. Verghese Benjamin, Tuberculosis Adviser to the Govt. of India.

He told the Commonwealth Tuberculosis Conference, attended by delegates from 50 countries, that if B. C. G. had reduced tuberculosis mortality among the North American Indians by four-fifths, it was reasonable for India to anticipate a reduction by the same method.

It was too much, however, to expect that B. C. G. could make any appreciable effect upon the epidemiology of tuberculosis in India, unless it was carried out on a mass scale and this in the shortest possible time.

"It is estimated," Dr. Benjamin added, "that 100,000,000 people in India are likely to be tuberculin negative and will need vaccination. They are mostly in the age groups below 20.

"If at least 80 per cent of these can be vaccinated during the next five years, and if succeeding generations vaccinated, then in about 15 to 20 years we may be able to note an appreciable reduction in tuberculosis morbidity and mortality.

"If a reduction in mortality similar to that achieved among the North American Indians can be attained in India, the present annual mortality of 500,000 can be reduced to 100,000.

"This is what we aim to achieve by B. C. G. vaccination. Can it be done ?

REQUIREMENTS

"One team of vaccinators consisting of a doctor, a nurse or health visitor and other necessary staff with a mobile van can test and vaccinate about 100,000 persons a year. Two

hundred such teams should be able to test all the tuberculin-negative people in the country in five years.

"Two hundred teams could be equipped at a cost of Rs. 3,00,00,000 and work at the cost of another Rs. 3,00,00,000 per year.

"We require roughly 40,000 tuberculosis clinics and about 500,000 beds for tubercular patients; about 1,500 doctors and a large number of nurses, health visitor and ancillary staff.

"Against this we have a present only about 125 clinics, 7,500 beds for tuberculosis patients and about 200 odd trained personnel.

"Four thousands clinics would need about Rs. 40,00,00,000 and the provision of 500,000 beds would require at least Rs. 400,00,00,000.

The cost of running these institutions is not included in these figures, nor is the amount needed for improving housing, sanitation, education and so on.

"The expenditure of about six crores of rupees per year for the next 15 years would probably save three and a half times that cost on the construction of institutions. Vaccination is, therefore, probably the cheapest way in which tuberculosis can be controlled.

"The first B. C. G. centre in India was inaugurated in August 1948 at Madanapalli. It is hoped that 200 teams will be trained and working by the end of 1950.

RESULTS OF EXPERIMENTS

B. C. G. has been in use for 20 years among small groups of population in different Western countries. The results of controlled investigations show that tuberculosis mortality and morbidity can be reduced considerably by this vaccination.

"It should be noted that wherever these investigations were done the standard of living and the conditions in which people lived were better than what they are in India at present.

"These countries also had well-co-ordinated anti-tuberculosis measures with a large number of institutions and

tuberculosis had been controlled to a large extent even without B. C. G. vaccination.

"Whether B. C. G. can be expected to show as good results in India as shown by the controlled investigations in the West is a matter which cannot be definitely answered at present. Some years would have to pass before results could be noted."

Among those present was Rajkumari Amrit Kaur. Indian Health Minister.

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RURAL HEALTH CENTRES

Chinsurah, May 14.—The Government of West Bengal have decided to start about 60 thana health centres this year as part of their programme of public health services. The capital cost of each proposed centre is estimated to be about Rs. 80,000.

Maternity and child welfare clinic, a small clinical laboratory and bullock-cart ambulances will be attached to each of the proposed health centres.

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DEALING WITH SUPPRESSIONS IN CHILDREN*

H. A. ROBERTS, M. D.

The problem of suppressions is unquestionably the hardest with which we have to deal. As we look over the medical records of a period of years, we realize that medical problems do change in many aspects; those of a century or more ago had unsanitary and unhygienic conditions as their greatest factor. Authors of that day record cases in which simple lack of cleanliness gave objective symptoms of the gravest type; these are not possible now with the supervision exercised by the public

*Read by title before I.H.A., Bureau of Obstetrics and Pediatrics, June 19, 1937.

schools. Our problem of the present day is suppression—suppression of excretory functions, suppressions of natural symptomatic manifestations usually come first, and thus early in life symptoms become masked, if not entirely suppressed, and the guideposts to curative prescribing are destroyed or so misplaced as to be far less valuable.

If we recognize these suppressions we may be able to unlock the conditions. Of course, the vital force overcomes even these impediments to some degree, and the impress of the thwarted energy becomes a part of the constitutional state; so the earlier we can set about the restoration of natural expressions the better for our patient. When we speak of unfolding the case and the reappearance of old symptoms we realize we are considering the elements of this problem of lifelong suppressions. Here we need careful prescribing.

Our repertories give us some help for these conditions, although for such as have become a part of the constitution of the patient, the constitutional remedy as manifested by his symptoms is probably our surest guide. Nevertheless, especially for the earlier manifestations, we find many valuable hints for our assistance. Let us consider briefly the material in Knerr's *Repertory*, and while we do so, let us give thanks that this valuable work has been restored to us in a new edition.

Of course *Sulphur* stands at the head of our remedies useful in suppressions; perhaps *Pulsatilla* ranks second in importance, particularly for chronic work. *Apis* holds an important place for attacks on the brain following suppressions. Because one of the earliest suppressions impressed upon children is directed toward eruptions of every nature, let us look at the list compiled by Knerr from Hering's *Guiding Symptoms* :

Sulphur : Throbbing headache ; vertigo ; amaurosis, amblyopia and many other eye troubles ; deafness from suppressed measles ; chronic laryngitis ; typhoid symptoms after suppressed measles ; Asthma ; asthma from suppressed

itch ; asthma alternates with psoriasis ; convulsions ; paralysis ; glandular affections from scarlatina.

Apis : Inflammation of the brain ; hydrocephalus after suppressed eruptions in general and after scarlatina ; shortness of breath ; asthma from suppressed urticaria.

Pulsatilla : Asthma from suppressed rash in children, from suppressed urticaria, from suppressed eruptions in general ; pains in ears after scarlatina ; deafness after measles ; typhoid symptoms after suppressed measles.

Arsenicum : Pericarditis after suppressed measles ; asthma from suppressed itch or from suppressed eruptions in general ; typhoid symptoms after measles.

Rhus tox : Suffocation in suppressed urticaria ; glandular affections, especially swelling of the parotids, after scarlatina ; chorea after suppressed measles.

Zincum : Mania ; loss of sensation ; chorea ; convulsions ; somnambulism.

Calcarea carb : Caries of bones of the ear after scarlatina ; glandular affections and swelling of the parotids palpitation ; epilepsy.

Carbo veg. : Typhoid symptoms after suppressed measles, asthma.

Ipecacuanha : Asthma from suppressed eruptions in general or from suppressed miliary rash.

Antimonium crudum : Headache ; convulsions.

Other remedies we find noted for the suppression of eruptions and the conditions in which they were indicated, are :

Convulsions : Camph, Stram.

Epilepsy : Agar., Caust.

Headache : Graph., Nux-m.

Paralysis : Dulc.

Cerebral troubles : Cic.

Diarrhœa : Hyos., Urt. u.

Dyspnœa with receding rash : Bry.

Asthma : Verat. a.; from suppression of acute rash, Acon.; from disappearance of herpes in face, Dulc.; from

suppressed itch, Ferr.; from suppression of erysipelas, Ptel.; from suppressed eczema after vaccination, Ammoniac.

We all know what such remedies as Bryonia and Rhus tox. do in cases where sweat is suppressed by a sudden dash into cold water, as children love to do on warm days. When spinal meningitis follows, we find Acon. useful; otitis, Cactus; pneumonia, Gels; paralysis, Colch.; toothache, Cham., Rhus, Sil; diarrhoea, Acon., Cham.

For the diarrhoea of children, suppressed by crude drugging. Opium, Zincum.

And what of the suppressions from the modern methods of preventive medicine? Of course we have learned that Pulsatilla is outstanding, but we have come to appreciate also the value of Phosphorus, Sulphur, and occasionally the nosodes, particularly Psorinum, in antidoting serum treatment.

For the constitutional effects of vaccination we have long depended upon Thuja and Silicea; we consider Phosphorus here also: and in the nosode group especially Malandrium, Vaccinium and Variolinum.

We have taken into consideration only a few of the suppressions to which children are subject; we have not thought of those children who from earliest childhood are given paregoric to quiet them, or those children who are ruled by fear to the complete suppression of their natural mental and emotional development. In either of these conditions we must not forget Opium, which by its potentization and homoeopathicity becomes anti-suppressive.

Nor do we limit ourselves to the suggestions noted for our selection of the *simillimum*. In any case the outlines of the case provide us with guidance to a greater or less extent; but if we understand the underlying cause we often arrive more surely at the proper remedy. There is one red thread running through all these records—the personality of the remedy and its peculiar applicability in certain symptomatic groups. For instance, note the places where *Zincum* has been found peculiarly appropriate in releasing suppressions; these touch, almost invariably,

nervous imbalance. *Apis* has its characteristic congestion and inflammation. *Sulphur* expresses itself widely in its characteristic breadth of psoric manifestations.

Nux vomica is often useful in suppressions, but these are usually in older people where there is more mental strain from business affairs, or where the suppressions are due to much crude dosing or the use of alcohol or narcotics. Except as an occasional measure we rarely see the indications for *Nux vomica* in the suppressions of small children.

Carbo veg. may be indicated after suppression in very small children where dissolution threatens with the characteristic *Carbo veg.* symptoms; into this field or impending collapse that may follow suppressions in frail children we may find *Arsenicum* or *Camphor* useful.

Needless to say, where the indications for a remedy are clearly marked, that remedy is indicated beyond any doubt, regardless of its pathological setting or the causes that led up to the present symptomatology; we can only point out that the remedies mentioned here have been successfully used, by virtue of their own individual characteristics, in like conditions. He who knows his materia medica best is best fitted to untangle these conditions. We can only point out the truth that homœopathy is the best method to deal with these suppressions in children.

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“IS HOMŒOPATHY DECLINING ?”

BY A. K. BOMAN-BEHRAM, M.B., B.S., M.F. HOM.

Health Through Homœopathy Feb, 1919.

In the last issue of “*Health through Homœopathy*” questions were asked why Homœopathy is not better known and more widely practised. ‘Enlightened’ (on page 10) has challenged Homœopathy whether it is competent enough to attract medical people into its fold.

It is not the incompetence of Homœopathy which is responsible for the lack of converts but the incompetence of homœopathic physicians. Homœopathic physicians for over a century, with an air of superiority, have always pointed a finger at Allopathy, not knowing that they are incapable of seeing themselves as others see them. They look back to the early Victorian period and not to the present era of fast developing sciences. In fact they look back to Hahnemann rather than look forward to the tremendous advances in the field of biology, medicine, physics, and chemistry.

Physics, the most advanced of all sciences to-day, does not feel shy to take a leaf both from astronomy and philosophy of Laplace, Kant, etc., in order to achieve better comprehension of new phenomena discovered day after day. But the homœopathic physician believes only in symptomatology and is solely interested in therapeutic hints. He is not interested to know why Calcarea, Phosphorus, Natrum mur., etc. have their own peculiar constitutional appearance. Why Conium is useful in cancerous conditions, or why Sepia and Pulsatilla act in hormonal disturbances. All these and much, much more can be explained by our knowledge of pharmacology and a more comprehensive idea of drug action can be achieved. Rather, I have heard a famous homœopathic lecturer describe Pulsatilla "A person so yielding that you can easily make her pregnant." This alone is quite enough to make any person, and more so a trained medical man to be disgusted and denounce Homœopathy. More than a century of homœopathic practice has not taught homœopathic physicians to describe and to teach Homœopathy in the language of exact science but rather the vague nondescript terms of Hahnemann's times of medieval medicine are adhered to till to-day. Hahnemann in his time made use of knowledge of every branch of science both for the understanding drug action and for the purpose of cure. I would greatly differ from "the doctor who explains" that there is an active opposition to homœopathy in the medical profession. I would rather say that there

is a professional apathy towards it rather than active opposition. And such an apathy can be easily substituted by active interest provided homœopathic physicians show the important facts of Homœopathy in the precise language of Science.

This brings us straight to the sore question of why Homœopathy has not been taken up by even a good minority of members of the medical profession. The causes of the decline of Homœopathy may be grouped as under.

1. The inherent weaknesses of Homœopathy.
2. The lack of opportunities for research and observation.
3. Defects of homœopathic practitioners.
4. The defects of homœopathic teachers.

1. The inherent weaknesses of Homœopathy

Though Homœopathy has scored its greatest triumphs in constitutional therapy, its greatest defect is that it is entirely based on symptoms as related by the patient himself. It takes the objectivity from the doctor's hands and makes him completely submissive to what the patient has to tell him, and in this way there is very likelihood of his being misguided unwittingly by the patient. Hence the doctor, being so entirely dependent for successful treatment on the tale of the patient, can no longer, in all cases, be entirely sure of the first choice of the remedy. Also owing to this he cannot plan his course of treatment unless his first remedy has produced therapeutic results. One can understand why Homœopathy is blamed for being slow in curing, though the fact is that it is the most rapid and the most efficient method of cure, considering that the homœopathic remedies always strive to put the constitution in order.

Homœopathy aims at synthesis ; in dealing with wholes rather than with parts ; it is this synthesis, this idea of treating man as a whole rather than his particular organs, which has made Homœopathy survive many storms, but Homœopathy is poorer for abandoning an analytic attitude

and solely confining itself to synthesis alone. Exactly opposite is Allopathy in which analysis is a sole aim and purpose of study of organs as well as drugs, completely neglecting integration of available data and knowledge for synthesis. But the modern analytic trend has yielded immense knowledge, not only in the field of medicine but also of other sciences. Homœopathy could have entirely displaced modern medical Science by this time if it had, side by side to synthesis, analysed more fully the action of its remedies and given a consistent explanation of its theory. For example a Phosphorus constitution is tall and lean. There is no homœopathic explanation why Phosphorus should act on such a constitution, but detailed biochemistry of Phosphorus on human and animal organism has revealed that it has a profound influence on the metabolism of glucose. By its action depletes the store of glucose in the liver, muscles and other tissues for rapid combustion. Naturally, the fats are also burnt along with glucose, so that there is no chance of the fat being deposited in the body, therefore the person remains lean. Secondly, Phosphorus has a marked stimulating effect on the growing ends of the bone so that the person grows tall. Hence you have the Phosphorus constitution, which is essentially tall and lean. Conium, homœopathically, is an important cancerous remedy, and the reason for this is easy to find. Conium contains a volatile oil which on oxidation is identical to Stilboestrol, the follicular hormone of the ovary, and Stilboestrol is a carcinogenic substance. Therefore it is not surprising that Conium acts in Cancer of the female genital organs, especially the breast and uterus. The reader can judge how easily such a clear explanation of the fundamental action of a drug can help in making Homœopathy acceptable to the most critical medical man. No homœopathic physician so far, with exception of Dr. Otto Leeser, has taken the trouble to give a sound explanation of the homœopathic drug action on the basis of extensive analytical study. *I do not for a moment advocate that the homœopathic physician departs from basing his remedy on the totality of symptoms.*

2. *Lack of Opportunity for Research and Observation.*

Homœopathy bristles with many important problems. The first and the most important one is the content of high potencies. There is no doubt that the Hahnemannian way of making a potency does impart a dynamic action to the drug, for reasons entirely unknown to us. There is also a possibility that by means of succussion the molecule of the drug many undergo a change. Thus it is an established fact that long chained molecules undergo fragmentation, and the giant molecule of proteins change their characteristic on succussion. From this one wonders whether Hahnemannian ideology is still hundred years in advance or not. The problem of potency is one which even the greatest of physicists have feared to tackle. You may ask your physicist friend a question. 'What happens to matter when it is diluted to infinity and succussed as it is diluted?' Fortunately this aspect has been taken up courageously by Dr. Boyd, and it has been possible for him to carry out a series of experiments for years by means of donations.

The second important problem is thorough analytical investigations and provings of new drugs. Unfortunately no work of this kind can be done without co-operative effort and immense funds. The third important problem is clinical research. Homœopethic physicians have yet to prove the contentions of Homœopathy as mentioned in Hahnemann's *Organon* by extensive clinical trials with controls and statistical analysis. Here again immense funds are required which are not available.

3. *The Defects of Homœopathic Practitioners*

The homœopathic practitioner is always searching for symptoms because he can achieve effective cures when he bases his remedy on the mass of symptoms. But in his anxiety to collect all the relevant symptoms he often forgets to diagnose his patient's condition. In Scientific Homœopathy, diagnosis is as essential as in allpathy for two very definite reasons: (a) To evaluate the symptoms so that he

may not fall into the error of prescribing on pathological symptoms. For example a person suffering from inflammation of the gall-bladder will have both aversion to and aggravation from fats. And this symptom is not a prescribing symptom but should an aggravation to fats occur in a chronic gastro-intestinal complaint it becomes a prescribing symptom of a high order. (b) Diagnosis is essential for prognosis, the proper valuation of achievement. For example gall-stones can be often dissolved out by means of homœopathic remedies. It is an achievement which must be repeatedly brought before all members of the medical profession in a proper statistical form, in order to show what Homœopathy can do where Allopathy completely fails. Another defect of the homœopathic practitioner is that he depends far too much on the action of his remedy and completely ignores all the subsidiary help to treatment. He is inclined not to take into account the state of nutrition of his patient, his hygienic and nursing requirements—for example, enemas and hydrotherapy, etc. He waits too long for the expected action of his drugs. Often he will give one dose of the drug in the 30th potency and arrange to see him after a month. The second time the patient puts in an appearance, the remedy is often not repeated, because when he says he is slightly better no other remedy is necessary, and when he says he is worse, then it is considered an aggravation, and therefore again no remedy is necessary. When the patient says that he is better one must take into consideration the patient's own natural resources to recover, when given some rest warmth or better food; instead of claiming improvement due to the action of the remedy. Thus one can see that the practitioner's attitude towards his patients is far from scientific when actually he needs to be much more scientific in his approach to the patient than his allopathic brother.

4. *Defects of Homœopathic Teachers*

In this country there are facilities for post-graduate teaching in homœopathy. By the word post-graduate one

understands that the subsequent studies after graduation are based on what the student has already learnt. What does a young man coming fresh from a medical college hear at the post-graduate course? He sees that the teaching in Homœopathy has entirely no bearing on the fundamentals of the medical sciences he has learnt; instead, he hears that a case of gastritis was cured by Pulsatilla because the patient was so mild and yielding that any one can easily make her pregnant. Or a case of chronic indigestion was relieved by Natrum Carb because the patient cried when he heard music. This type of teaching cannot even appeal to a layman, let alone a medical man. One can easily say that this type of teaching has brought Homœopathy to the brink of complete bankruptcy. Teaching in Homœopathy must begin where the medical man ends his study, and the homœopathic teaching must be in continuity to what he has learnt in the medical college. Thus the action and the therapeutic effects of the homœopathic remedies must begin with accurate analytical, toxicological and pharmacological studies, gradually enlarging their scope by the study of "provings" and then finally the wide therapeutic application. As explained before the action of Conium and symptoms on proving can be explained by a detailed study of the pharmacological action of its constituents.

The teaching on the clinical side is equally disastrous to the propagation of Homœopathy. The most convincing proof to a medical practitioner of the therapeutic efficacy of a medical system lies in the treatment of acute cases. Thus the medical student hardly has the opportunity of seeing scarlet fever disappearing after a few doses of Belladonna; or lumbago, after a few doses of Rhus tox. Instead, clinical demonstrations are made on chronic cases (who might be attending the hospital for years) with whom treatment is too prolonged to be impressive. Cases of arthritis are demonstrated while actually the student does not remain long enough to witness the cure. Or a case of diabetes mellitus may be demonstrated which disease is not a strong point in homœopathic therapy.

The theory of homoeopathy must be introduced to the students with the greatest caution. It will require a good knowledge of recent medical advances and allied sciences to interpret the theory of Homeopathy in modern terminology, at the same time deleting those clauses which have not stood the test of scientific investigation. Thus, the theory of Psora must not be taken from the point of view of itch alone, but rather one of slow toxination, from within or out side the body. There is much scientific evidence to support the theory of Psora, and all the available evidence right up to the recent times must be displayed to the student.

I agree with "Enlightened" that the ways of Homoeopathic teachers have been far from conducive to attracting medical students to Homoeopathy, but "enlightened" should not forget that if Homoeopathy were to be offered one hundredth of the money and resources which Allopathy has to-day, it would easily in the next ten years be a menacing rival to what is called modern medical science, owing to the simple fact that Homoeopathy can cure diseases.

In conclusion it may be said that the main cause of the decline of Homoeopathy is *not* Homoeopathy itself, but rather the high priests of Homoeopathy, who teach and practise Homoeopathy as was done in early Victorian period.

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REMEDIES FOR INJURIES AND WOUNDS*

ALFRED PULFORD, M.D.

While it is true that homoeopathy cannot set a broken leg, it is equally true that while a surgeon can set a broken leg, that is as far as his surgery can go. He must then depend on nature for the rest. There is where surgery and

*Read by title before I.H.A., Bureau of Surgery, June 19, 1937.

medicine are dependent on each other. Thus the imperative necessity for the surgeon to study his *materia medica*. Any surgeon who feels it beneath his dignity to attend the *materia medica* bureaus is his own worst enemy. While there is nothing new in the following, the average surgeon's therapeutics are disgraceful, and a rehash will prove beneficial to him as well as to all of us.

For wounds in general *Ledum* seems to be the leader, then follow *Apis*, *Arn.*, *Lach.*, *Phos.*, *Puls.*, *Staph.* and *Sulph-ac.*

ACONITE : should not be forgotten for the sudden nervous shock and tension engendered therefrom, with its agonized tossing about, and fear of death.

APIS : is especially useful in penetrating wounds, and wounds from stabs, splinters, dissecting, and the bites of poisonous animals, that are painful. Where the parts puff, the pains like bestings, < heat and > cold applications. The swollen parts, sore, bruised as if pounded, even more so than *Arn.*, and should be thought of should *Arn.* fail.

ARNICA : is especially useful in bruises. Wounds that bleed freely. Cuts. Wounds from splinters. Wounds that produce meningitis, provided there is no complete want of reaction ; when suspecting exudation of fibrin pus or blood, great sopor, paralysis of tongue, eye muscles, iris or limbs. Hastens absorption of hæmorrhage into conjunctiva or retina. Sprain of ankle (see *Led.*). The traumatic parexcellence : prevents pyæmia. Simple bruises with well marked ecchymosis. Gangrene appearance of contused wounds. Tumors following bruises, like *Bellis-p.* Do not apply to torn wounds, use *Calend.* instead. Sprains with much swelling, very sore and bluish red. Injury followed by neuralgia, like *Hyperic.*, < motion, pain sharp as from a nail. For those who are extremely sensitive to an injury, mechanical. Prevents suppuration. Contusions without laceration, *Calend.* with. Compound fractures with their suppuration. Fractures swell, tumify, muscles twitch. Often prevents need for morphine if given right after

an operation, especially for double ovariectomy with complications. In all cases the flesh feels sore as if pounded, bed feels hard as a rock, is more or less morose, indifferent, fear of being approached.

CALENDULA : is very useful for lacerations and cuts. Open wounds will heal perfectly under its use and leave no constitutional effects. One part to four or six makes a splendid soothing application and keeps the wounds free from the air that is an irritant to the raw surface. If no other remedy is needed or indicated the *cc.* will, if given internally, expedite matters.

CICUTA : is especially useful for wounds : from splinters ; and that bring on convulsions. Effects of injury to skull ; while there seems to be no trouble in the injured part, there may be compression, and the pain be in distant parts. Mind and head symptoms after an injury, like *Natr-s.* Troubles arising from shaving. Injury to throat, with choking, which prevents examination.

HEPAR : is especially useful in wounds slow to heal ; wounds from splinters ; wounds where the pains throb and stab, with general rigor ; pains jag like sticks and often cause fainting. Hastens suppuration, like *Sil.* ; suppurates out foreign bodies and broken needles, and bullets, especially when embedded in parts too dangerous to operate. In all cases oversensitiveness to touch and cold, ill tempered, sweat easily, *etc.*

HYPERICUM : is especially useful in lacerated finger ends or if crushed, wounds that are painful ; penetrating wounds of soles and palms. Here it differs from *Led.* in degree of pain and the pain running up the limb, and *Led.* is a more general remedy and has more of the bruised feeling of *Arn.* Small wounds that swell up, do not tend to heal, edges look dry, shiny, red, inflame, burn, tear. Injury to coccyx, pain runs up spine. The lockjaw preventive par excellence. Three persons were injured in an accident, one an eye knocked out, the other skull cracked, the third badly bruised. Were told at the hospital that if they did not take antitetanus serum they could not possibly escape lockjaw. They

refused, sent to us for *Hyperic.* They made a record recovery, had no lockjaw, and surprised the surgeons.

LACHESIS : is especially useful in wounds that bleed profusely where the blood is dark and will not coagulate, the wounds slow to heal. Also useful for the constitutional effects of wounds. All are extremely sensitive to touch, purple in color and < after sleep.

LEDUM : is a leader for wounds, the constitutional effects, and penetrating wounds in general and of the palms and soles in particular. It has a peculiarity apparently unknown to other remedies in that the wound is apt to become cold. Crushed and lacerated finger ends, like *Hyperic.*, but the latter should be used at once if the pains streak up the arm. Wounds : sting ; from splinters ; that bleed scantily, followed by pain, puff, parts cold. Has much of the bruised soreness of *Arn.* and *Apis.* Prevents lockjaw from punctured wounds if given early, but look at once to *Hyperic.* should the pain streak up the limb. Almost a specific for sprained ankle. Don't forget the cc. potency in that "black eye".

NITRICUM ACIDUM : is especially useful in penetrating wounds, slow to heal, with stinging pains. Don't forget the urine.

PETROLEUM : is especially useful in wounds slow to heal, in persons with very offensive sweat in axilla and of feet, prone to eruptions that exude a sticky watery fluid.

PHOSPHORUS : is especially useful for wounds that bleed profusely, the blood bright red, in contradistinction to *Lach.* Also for the constitutional effects. Said to prevent the vomiting from chloroform.

SILICIA : is especially useful for wounds that are slow to heal. Suppurates out splinters and bullets. Don't forget those offensive sweaty feet and axilla, like *Pet.* but has not the herpetic constitution of *Pet.*

STAPHYSAGRIA : is especially useful for clean cut wounds, painful. Wounds : that sting ; from stabs or splinters ; for the constitutional effects ; that look unhealthy, pains stings and burn, it will make granulations come immediately. Stretched sphincters.

STRONTIUM CARBONATUM : is especially useful after a surgical operation where there has been much cutting, great prostration, coldness, oozing of blood, breath almost cold (reminds one of *Carb-v.*)

SULPHUR : is especially useful in wounds slow to heal. Wounds that bleed freely. When the sulphur characteristics are present.

SULPHURICUM ACIDUM : is useful for cuts, and the constitutional effects of wounds in people inclined to exhaustion, irritability and having a hurried feeling.

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REPETITION OF THE DOSE

BY C. D. EWART

Health Through Homœopathy, March, 1949

Most persons come to Homœopathy by way of allopathic experience, usually as a patient and are therefore prejudiced in favour of frequent doses, generally three times a day. I believe it is true to say that most homœopathic medicines in low potencies are taken in this frequency. The exact function of the homœopathic medicine is something of a mystery, but if it acts as a spur to the vital powers of the patient to rouse themselves and get rid of the disease, would it be wise to continue applying the spur, once reaction had set in? If you are riding a highly mettled horse, you would be chary about applying the spur too often if you wish to retain your seat. Whether this analogy is apt, there is no doubt that in the greater part of his writings, the founder of Homœopathy recommended that the dose should not be repeated, so long as improvement continues. If this is sound advice, is frequent repetition inadvisable? Hahnemann himself, does not speak throughout his works with the same voice, as witness the following passage from "Chronic Diseases."

"In chronic diseases, I have found it best to give a dose (e.g. a spoonful) of the solution of the suitable medicine at least every two days, more usually every day." (P. 154 Chronic Diseases, Ringer and Co's. Edn., Calcutta).

There would appear, therefore, justification both for infrequent and frequent doses in the writings of the master himself. This is a paradox. It is however only a seeming inconsistency. Circumstances alter cases, and, as every Homoeopath knows, every patient is a unique case. Different circumstances may justify different treatment. Hahnemann said...the incredible variety among patients...necessitates a great variety in their treatment." (P. 153 op. cit.). Every patient is an individual, and probably has an individual mode of reaction to homoeopathic medicine. In my experience, some can tolerate, and, indeed, seem to require, and progress on frequent or daily or 12 hourly doses, while others, usually sensitive nervous highly strung persons, are aggravated by too frequent doses. Hahnemann recognised that the above recommended daily doses might be too frequent in the following passage:—"On any day when the remedy has produced too strong an action, the dose should be omitted for a day." (P. 155 op cit.).

If I may revert to the above mentioned analogy of the rider and his steed, not all mounts are highly mettled, and in some, the frequent application of the spur may result in the best pace.

High potencies are in some homoeopathic circles spoken of almost with bated breath. I do not know whether this is due to the famous warning by Dr. Kent. "It is well to realise that you are dealing with razors when dealing with high potencies. I would rather be in a room with a dozen negroes slashing with razors than in the hands of an ignorant prescriber of high potencies. They are the means of tremendous harm as well as of tremendous good." (Kent's Lectures, p. 543). This warning is calculated to make the beginner steer clear of high potencies for the rest of his life. It is however hardly couched

in the cool language of science, and may have been due to an unfortunate experience of the doctor giving a homoeopathic remedy to a moribund patient. When the lamp of life is burning low, the exhibition of homoeopathic remedy, high or low, is probably like a gust of wind. There is a last flicker, then extinction. At all events, in most quarters, high potencies are usually given at rare intervals. You can however find instances in Homoeopathic books of cases where the c.m. potency has been repeated daily. I have done so myself, on suitable patients, and nothing but good has resulted. Daily repetition in sensitive patients should be avoided as it produces an excited restless state.

Although high potencies are used sparingly, most homoeopaths are more lavish with lower potencies, even in chronic diseases. Common sense would seem to suggest that if the frequent repetition of high potencies is dangerous, then the frequent use of lower potencies is more dangerous since the lower potencies contain many million times the quantity compared with the higher potencies. As lower potencies can apparently be repeated t.i.d. with impunity, why can't high potencies? I have made such experiments on myself with the c.m. potency over the past few years with so far no untoward results, in fact with benefit. For example, two hard tumours on the right side of my nasal septum, which practically blocked the right nostril, have gradually reduced in size. They had been in existence some 20 years before the homoeopathic treatment.

The rule I have now tentatively adopted in giving high potencies, which I find more curative than low, is to dissolve the pilules in about 80z. of water, and give a tablespoonful as a dose, instructing the patient to wait 10 days or so for reaction; if no reaction to repeat daily until reaction (aggravation or improvement) appears when the doses should be stopped, the dose not to be repeated until improvement comes to an end. I think it is of some guide to prognosis to learn how long the first reaction lasts. A long lasting improvement is probably

much more favourable than a short one. After finding out the length of the first reaction, one can repeat more frequently by way of experiment to see if the rate of progress is thereby expedited. One should always try to preserve an open mind, and not be too hide bound by rules, even of one's own making. "A foolish consistency is the hobgoblin of little minds."

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KEY TO *BRYONIA**

ALFRED PULFORD, M.D.

H. R. June, 1937.

In a searching study of this remedy, I find to be its:

IDENTIFICATION: Worse from, and aversion to, least motion even of an eyelid or from talking; better from and desires perfect mental and bodily rest and quiet and to be paid no attention; coupled with great irritability and great thirst especially at long intervals. I find among its group—

ESSENTIAL: The above IDENTIFICATION. Everything puts one out of humor; hasty; peevish. Desires things, but knows not what; children desire things, but reject them when offered. Faint on rising from bed, or on rising up in bed, or on even attempting to raise head from pillow. Face dark red. Mouth and throat extremely dry; lips parched; child will not nurse until lips are moistened; tongue white, or white down center; taste bitter and to food. Nausea on sitting up. Stools, dry, hard, black as if burned. Pulse full, hard, strong, rapid. Sweat free and easy. Pains sharp, stitching, lancinating. Aggravation by cold, touch and mental excitement. Amelioration by lying on affected side, pressure, heat (except eyes teeth). Under what other remedy will one find a picture, or symptom totality, the exact counter-part of that?

*Read before I.H.A., Bureau of Materia Medica, June 26, 1936.

COMMENT

MIND : We find the delirium begins at 9 p.m. and lasts all night, while that of *Bell.* begins at 3 p.m. and lasts till midnight. < on rising, a.m., while *Cham.* is < at 9 a.m. An anxious uneasy feeling compels one to move ; moves, yet screeches with pain. < if crossed, or from visitors. > cold air, wants windows open, like *Puls.*, after which one goes to sleep.

HEAD : We note the head pains are < motion, exertion and a.m. ; also that they occur in all the complaints requiring this remedy. We find a headache like that of *Nux*, but the *Nux* ache appears a.m., before moving, while that of *Bry.* comes on even if one moves an eyelid, and the eyeballs feel sore, and there is a bruised feeling all over. *Nat. m.* has also an a.m. ache, and oily sweat, sour, on face, while the same sweat in *Bry.* is more general over head, and the lips dry and cracked.

EYES : We find the balls sore to touch and motion, like *Gels.*, but *Gels.* is thirstless. *Bry. dioica* is said to be a popular remedy for "black eye," locally. (But do not forget *Led. cc.* internally).

FACE : We find constant chewing motion of jaws and hasty drinking ; if *Bry.* fails try *Hell.* ; *Bell.* also has chewing motion of jaws, but without the dry cracked lips of *Bry.*

MOUTH : Here we find the taste bitter, > drinking.

TEETH : We find the pain < lying on the painless side, > lying on the painful side and from pressure.

STOMACH : We find the patient dry, he drinks much and seldom and eats little and often, the reverse of *Ars.* With all the stomach derangements we find great sensitiveness to touch in the epigastrium, and vomiting of food. *Bry.* is a gourmand, *Nux* an epicure. One desires cold drinks, yet they chill one dreadfully, but they > the stomach and abdomen. One is sensitive in pit of stomach and all over abdomen, > heat, yet desires to lie in a cool room.

RECTUM : It is said, when other symptoms correspond, *Bry.* permanently cures constipation, which few other remedies besides *Nux* and *Opium* are said to do.

GENITALIA : We find, if the menses become suppressed from becoming overheated from exertion, as from ironing or laundry washing, a few days before the period, *Bry.* will save her a harder period at the next time.

LARYNX : We find in laryngitis and bronchitis the cough usually dry, hacking, abdominal muscles sore, < night, coming into a warm room, motion, and after eating and drinking, and > heat.

CHEST : Here we find *Bry.* follows *Acon.* in pneumonia, after *Acon.* has eliminated the anxiety and restlessness, but not the high fever.

LIMBS : We find : In all forms of rheumatism, acute, chronic, muscular or articular, there is generally profuse easy sweat.

CHILL : We find the chill comes on a day or two after the exposure to cold ; *Acon.* and *Bell.* immediately. Has chill from getting wet, like *Calc.* and *Rhus* ; while chill from sleeping on damp ground or in damp bed calls for *Aran.*

HEAT : We find burning heat, before midnight, *Ars.* after. *Bry.* desires to remain quiet in all stages of chill, heat and sweat.

SWEAT : We find easy, copious, oily, sour sweat, while *China* has sweat as if mixed with oil.

SKIN : When symptoms agree, the remedy to develop the eruption in eruptive fevers.

GENERAL : We find the affected parts hot and either pale or dark red. Children do not wish to be carried as it <, the reverse of *Cham.* *Bry.* and *Calc.* are said to resemble each other and should never be given one after the other without an intercurrent remedy. Said to be useful in injury to joints, *Arn.* falling.

The above is a brief sketch, yet containing the full drug picture or symptom totality. It is contended that it does

not give "the background detail that goes to make up the solid detailed totality, upon which we have come to depend." TRUE! But, if we have come to depend on the wrong "solid detailed totality," should we not about face and attempt to find the right? Under just what other remedy do we find a symptom totality the exact counterpart of that given under ESSENTIAL above? How far would we get with *Bry.* in the cure of any disease if every symptom in that *Essential* group was omitted, or had never appeared in any stage of the disease for which we intended to prescribe *Bry.*?

In our prescribing, great stress is laid on getting the drug picture. Just how many of us know exactly of what symptoms that drug picture consists? If it does not consist specifically of that group of symptoms that that drug alone is capable of producing, directly, on each and every normally healthy human being, then of just what does it consist? Disease, in its course, like the tree, throws out different phases, on different individuals, just as the tree throws out differently formed branches, and pifferent fruits, depending on that which is grafted on to it, but one can not kill the root of that tree by merely lopping off its individual branches, or that which, though foreign to it, grows on those branches, any more than one can remove the cause of that disease by removing only certain of its peculiar symptoms.

If, for instance, *Bry.*, in itself, directly produced ALL the symptoms listed under it in either Allen's or Hering's unabridged materia medica, then ALL those symptoms must be present in every case calling for *Bry.*, if we are to have the coveted true picture of *Bry.* Otherwise *Bry.* would not and could not be the truly indicated remedy. Has any one ever used that entire list? If not, then no one has ever made a true *Bry.* prescription. The truth is, the true homoeopath uses from the above essential list every time he prescribes *Bry.*, not always in its entirety, but always in part.

We must ever remember that those symptoms are produced in accordance with natural law and never vary, and

that natural law is not based on shifting sands. Therefore in each drug pathogenesis there must be a fixed base, or fixed group of symptoms, that always indicate that remedy, apart from all others, in all forms of disease. In that particular even Hahnemann failed to comprehend, or he would have been careful to have brought it out emphasized it. Yet it was, and is, a point all our very best prescribers vaguely and intuitively sensed and used to the greatest advantage. That is the very thing we are trying to convey and teach in our little *Key to the Homœopathic Materia Medica*.

Before I close this paper, may I call your attention to two matters, not in a spirit of either censure or criticism, but as a correction. That is two symptoms that I have not been able to find under any other known remedy, they are: Fear of walking across a busy street, under *Acon.*, and a morbid fear of cancer, under *Phosphorus*. The former I have verified several times, the latter once or twice. Dr. Plumb Brown has verified the latter several times. In the review of our little book the former was questioned because it was not found under the rubrics: Fear of injury, or fear of being run over. It does, however, appear under the rubric: Fear of accident, along with three other remedies. But that is not the fear of *Acon.* in crossing the busy street. Knerr confirms Kent. The fear of *Acon.* in crossing the busy street is the fear of confusion or excitement. That is the exact fear that was expressed to me in the cases I cured.

DISCUSSION

DR. CARR: Dr. Pulford has refreshed the picture of *Bryonia* in some of our minds, and it probably has been a revelation to some other minds.

Bryonia is a very interesting remedy in hospital work. I presume it is true in general hospitals, but more so in mental institutions where patients are not occupied with anything very much. Time weighs heavy on their hands; they are lying about, and because of crowded conditions of institutions at the present time, and also because of the

fact that appropriations are shaved down so we can't care for the patients as we would like to, they are inactive, and I think statistics bear out in Allentown State Hospital, as well as where I am, what little we use homœopathy there, that *Bryonia* is one of the remedies most often indicated for acute work. I could'nt explain that until I came across the introductory paragraph to Cowperthwaite's *Materia Medica*. He brings out the point that *Bryonia* acts as a tonic on the abdominal visceral circulation. That is the only explanation I can give of the effective use of *Bryonia* in hospital work or where individuals are inactive, sitting around, maybe sometimes lying in bed. We have many old, sinile patients in the hospital. *Bryonia* will invariably tone them up and revive their digestion. If they have a passive congestion of the lung, it will oftentimes clear that up.

DR. SCHWARTZ : I recall one time when I first started out in practice. I got hold of an old copy of Jahr's *Forty Years' Practice*. A relative of mine wrote to me about standing on a chair reaching up, and the chair slipped and caught her over the abdomen. There was a soreness and tenderness there. I was studying my Jahr's *Forty Years' Practice* to learn something more of materia medica and the application of it and I came across, in his section under *Inflammation*, *Bryonia*, in a somewhat similar case. I sent her two powders of *Bryonia* 200. It certainly cleared her up and gave her relief.

DR. CAMPBELL : This paper recalls to me the first patient I ever treated after starting to practice homœopathy. I was frightfully nervous, and just didn't know very much about what it was all about. This lady came in with an injury to her knee. She was going downstairs and thought she was on the bottom step, and fell. Her knee was extremely swollen. I remember she couldn't bear to move it at all. It was agony for her to get to the office. When she was resting comfortably, she was all right. I gave her *Bryonia* and hoped for the best. I was extremely delighted to have

her come back about a week later for more medicine, walking very nicely, and entirely free from pain.

DR. BRYANT : My experience was something like Dr. Campbell's.

I want to take this opportunity to thank Dr. Pulford for that little book. I am already studying it, and I hope to see the time when he will have 150 remedies included in that book.

DR. PULFORD : We are on the way.

DR. PULFORD : I don't think there is very much that I can add. I feel all papers on materia medica are better published than read before the society. My experience has been that when you have the correct homœopathic remedy, you are going to get as near a miracle as imaginable, no matter what the disease.

The lower potency you give, the oftener you will have to repeat, until you get, eventually, a physiological action that will do something, or you will have to change your remedy because you don't have the right one. Every time I have made a bull's eye with the homœopathic drug, I have had a result that surprised me, and it will do it for all of us if sick to homœopathy and not try to get on the outside.

DR. BRYANT : What guides you in the repetition ?

DR. PULFORD : I wait and wait until I can't see anything more.

There is one thing about the whole thing, I have come to see disease in an entirely different light from what I have been taught. I agree with Einstein, that nature is a very simple thing.

The only cause of disease that I have been able to discover so far is shock. Without shock you get no disease, and that shock will disrupt any one of those little minute cells, and it must be replaced. That is why your high potency remedy will work ten times better than anything else you can get.

HEADACHE.

[Continued from page 276]

NITRIC ACID.

Neuralgia, periodical and bone pains, mercurial or syphilitic ; bones of the skull feel constricted by a band.

Violent throbbing hammering, on left side of head coming gradually towards morning and leaving after breakfast.

Head sensitive to pressure of hat, to rattling of wagon over paved street or stepping hard.

Scalp and brain worse on part lain on and in the head.

Hair falls out.

Scalp sensitive.

Headache as if was in a vise ; from ear to ear ; over vertex ; as some one were forcibly pressing head ; in morning on waking, disappearing on rising ; as if head were surrounded or bound with tight bandage ; drawing pain in right temple, cutting, lacerating.

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SELENIUM.

Type : Nervous. Periodical.

Location : Forehead. Above eyes. Occiput. One side of head. Temples over left eye.

Character of pain : Tearing, lancinating, stinging, stitching.

Causes : Tea drinking ; debauchery ; indulgence in alcohols or tea ; musk, roses etc.

Aggravation : Afternoon ; evening ; draft air ; combing the hair ; mental exertion ; strong odors ; after sleep ; spirituous liquors ; exposure to sun ; walking in open air ; warm room ; wine ; heat of sun ; tea ; acids ; lemonade ; tamarind water ; in drunkards ; in debauchers.

Amelioration : Open air ; brandy.

Attending Symptoms : Profound melancholy.

Profuse flow of clear limpid urine.

Longing for brandy.

Great debility.

Desire to lie down.

Symptoms : Pain over left eye, worse walking in sun, strong odors and tea.

Headache from tea drinking, great debility, worse from heat.

The headaches are accompanied by profound melancholy and may be caused by indulgence in alcohols or in tea, musk, roses etc.

The headache may be periodical and are frequently located above the left eye.

Headache worse seminal emissions.

Headache every afternoon.

Headache after drinking lemonade, wine or tea.

Violent attacks of lancinating pains in head, above eye, with desire to lie down, in exterior of head, copious emission of urine, melancholy, excited by walking in sun, and by strong smells.

Headache of drunkards.

Headache after debauchery.

Pain in scalp as if hair were pulled out.

Selenium is indicated in headache of nervous origin.

The pain is of a stinging character and is usually situated over the left eye and is worse from the heat of sun.

The headache returns quite periodically every afternoon, and is increased by any strong odor as the odor of the tube-roses, musk etc.

The headache is evidently nervous because it is associated with profound melancholy and profuse flow of clear limpid urine, worse tea, acids, lemonade, tamarind water.

Headache of drunkards, and of those also who have been guilty of debauchry.

The patient is improved by brandy, and has a longing for brandy.

Headache ; violent, commencing in forehead and gradually involving whole head ; of drinkers ; after debauchry ; from tea drinking ; neuralgic, over left eye : worse from sound, strong odors, especially tea and strong acids ; from lemonade or wine.

—o—

CHINA.

Type : Anæmic. Catarrhal. Malarial. Nervous. Neuralgic. Rheumatic.

Location : Bones. Brain. Forehead. Right side of forehead. Left side of forehead. Occiput. One side of head. Alternating from one to the other. Both sides. Left side of head. Temples, Vertex. Over eyes. Over right eye.

Character of pain : Boring, digging, bursting, cutting, darting, stabbing, drawing, dull, jerking, pressing, shooting, sore, bruised, stitching, stunning, stupefying, tearing, beating, throbbing, piercing, intermittent.

Causes : Loss of animal fluids ; cold ; intellectual labour ; malaria ; abuse of mercury ; onanism ; sexual excesses ; abuse of spirituous liquors ; prolonged watching : suppressed coryza ; nursing infants ; hæmorrhage.

Extension : Forehead, teeth, eyes, forehead, head, temple.

Aggravation : Morning ; morning in bed ; morning on waking ; afternoon ; evening ; night ; 1 A. M.-10 A. M. cold air ; draft of cold air ; open air ; loss of animal fluid ; bending head to one side ; closing eyes ; coition, from becoming cold ; taking cold ; combing the hair ; suppressed coryza ; coughing ; after eating ; excitement of emotion ; jar ; light ; lying on painful side ; during menses ; mental exertion ; mercury ; motion ; moving head ; moving eyes ; moving eyelids ; noise ; strong odors ; every morning ; every other day, on awaking ; every fourteen days : from suppressed perspiration ; after perspiration ; external pressure ; riding in a carriage ; sexual excesses ; onanism, shaking head ; sitting ; after sleep ; spirituous liquors ; standing ; stepping heavily ;

stooping; exposure to sun; talking; thinking of pain; touch; while walking; walking in open air; cloudy weather; windy stormy weather; exposure to wind; worm complaints; after hæmorrhage; meditation; conversation; contact; when taking cold or hot things in mouth.

Amelioration: Coffee; darkness; during eating; after eating; lying; moving head; external pressure; standing; walking; warm room; moving about gently; sitting up erect; hard pressure; external warmth; moving head up and down; when opening eyes.

Attending Symptoms: Face flushed.

Beating of carotids.

Sleepiness.

Scalp sensitive.

Disobedient.

Quarrelsome persons.

Flesh sore to touch.

Craving for sweets.

Pale face, occasionally hot and red.

Talkative.

Restless at night.

Ringing in ears.

Weakness of vision.

Weak.

Fainting spells.

Symptoms: Headache better by moving; from occiput over whole head; worse lying; must stand or walk; in occiput after sexual excesses or onanism; after suppressed coryza; as if skull would burst; brain beats in waves against skull as if head would burst; worse from touch and stepping hard; as if brain were pressing together from both sides and out at forehead; intense throbbing after loss of blood or fluids.

Headache as if skull would burst; intense throbbing of head and carotids, face flushed; from occiput over whole head, worse, sitting, lying, after hæmorrhage, sexual excesses, must stand or walk.

The pain is increased by slight touch from opening the eyes, or from keeping them shut; sometimes the pain is relieved by lying down; at other times the patient cannot lie down, better when moving about gently, sitting up erect, nursing females after loss of vital fluids.

Anæmic headache after hæmorrhages with beating of carotids.

Intense throbbing of head.

Headache as if brain were pressed together from both sides and out of forehead, much worse by walking in open air.

Stitches from temple to temple with pulsations which can be felt by the fingers, worse by movement of head, better by hard pressure.

Headache from occiput over whole head from morning till afternoon, worse lying, must stand or walk.

Sensation as if head would burst with sleeplessness, from motion or any jar, better in room or when opening eyes; brain feels bruised worse from exerting mind, from motion, even opening eyes; neuralgic headaches, periodical on alternate days, often changing from side to side, worse from a current of air, and when taking cold or hot things in the mouth, at night during and after lactation; better by external warmth, by moving head up and down.

Occipital headache after sexual excesses or onanism, worse walking in open air, movement of head, lying, motion, jar, exerting mind, opening eyes, on alternate days, current of air, when taking cold or hot things in mouth; at night, during and after lactation, sexual excesses or onanism, better by external warmth, moving head up and down, hard pressure, in room when opening eyes.

Sensation as if brain were balancing to and fro and striking against skull receiving great pain.

Headache after intermittent fever, drawing, tearing, pressing, headaches which disappear during rest, get worse from slightest motion, and do not remain fixed. Intermittent headaches.

[To be continued.

DR. PRATAP CHANDRA MAZUMDER.

The name of Dr. Pratap Chandra is familiar with all interested in Homœopathy.

He was born in the year 1256 B. S. in a very respectable Brahmin family known as Mazumders of Chapra in the district of Nadia.

After passing the Entrance Examination from the Kumarkhali English School, Pratap Chandra got himself admitted into the Calcutta Medical College.

He was liberal in his views and a true seeker of knowledge also. While a medical student, he married the eldest and the widowed daughter of Dr. Behari Lal Bhaduri—a Homœopath of great eminence during the time.

The influence of Iswar Chandra Vidyasagar due to his movement of widow-remarriage had worked upon his young mind.

Another change was brought upon him by his matrimonial connection and familiarity with the great Doctor Bhaduri—a devotee of this new science of Homœopathy.

Pratap Chandra passed the L. M. S. Examination but began his profession as a Homœopath.

He acquired name and fame, amassed wealth, obtained the M. D. Degree of Chicago and wrote many books for the spread of Homœopathy in this country.

But of all his activities, his efforts towards the cause and support of Homœopathy have made his name dearer to all. He supported Homœopathy by adopting this profession, helped its spread by writing books and founded the Calcutta Homœopathic College and Hospitals for its up-keep.

He died in the year 1922.

It is to be noted with interest that many of his sons & grand-sons mostly developed this trait "love for Homœopathy" of their illustrious ancestor.

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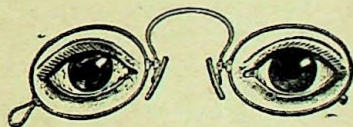
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