

APPENDICITIS CURABLE BY MEDICINE

BY

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Thoroughly revised and enlarged by

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419

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Calcutta :

1939.

মূল্য বৃদ্ধি হই টাকা।

Published by
DR. P. C. MAJUMDAR.
162, Russa Road,
CALCUTTA.

THIRD EDITION.
REVISED.

Printed by—
P. C. and K. D. Munshi, at
THE POORAN PRESS,
21, Balaram Ghosh Street,
SHAMBAZAR, CALCUTTA.

PREFACE.

This little book is offered to the profession, not as a complete monogram of the disease but as in inducement to try and cure appendicitis by medicine alone, without the help of surgical interference which is recommended by the majority of the medical profession. Practical points in causation and pathology are touched upon in the first part of the work. Many disputed subjects are left out of consideration. In the treatment of the disease, indications of each medicine are given in full.

Opinions, as to the success of treatment by medicine, of eminent physicians and surgeons of both schools of medicine are recorded only to encourage medicinal treatment in this dire disease. A repertorial index is appended at the end of the book.

My grateful acknowledgments are due to all our brethren from whose writings I secured help.

I am especially indebted to Dr. W. Yingling for very kindly allowing me to use his valuable repertory of appendicitis which is placed at the end of the book.

P. C. MAJUMDAR.

Preface of the Third Edition.

Many years ago when this book was written by my late revered father Dr. P. C. Majumdar, he said :—"this book is offered to the profession as an inducement to try and cure appendicitis by medicine." But since then our knowledge of the disease has undergone radical changes and today when I have to write a preface to the third edition I am happy to find that even the dominant school adopts conservative methods in the treatment of appendicitis. I know many eminent surgeons who try to avoid the knife as long as it is consistently possible.

As regards Homœopathic treatment, I am emboldened to state that we have been remarkably successful in the treatment of this disease and this is a testimony of forty years of hard work.

I am grateful to my sons Drs. P. C. and J. N. Majumdar, for valuable assistance and to Dr. Amal Sen, my invaluable assistant but for whose indefatigable energy a new edition would have been impossible.

BALLYGUNGE :
6, *Ironside Road.*

J. N. MAJUMDAR

August, 1939.

CONTENTS.

| | | | |
|-----------------------|-----|-----|----|
| ALLER H. C. DR. | ... | ... | 50 |
| APPENDICITIS | ... | ... | 1 |
| CARLETON, EDMUND, DR. | ... | ... | 56 |
| CLINICAL CASES | ... | ... | 24 |
| DEFINITION | ... | ... | 1 |
| DIAGNOSIS | ... | ... | 11 |
| DILLINGHAM DR. | ... | ... | 45 |
| ETIOLOGY | ... | ... | 1 |
| FINCKE, B. DR. | ... | ... | 41 |
| MAJUMDAR, J. N. DR. | ... | ... | 45 |
| OPINIONS | ... | ... | 45 |
| OSLAR, DR. | ... | ... | 50 |
| PROGNOSIS | ... | ... | 12 |
| REPERTORY | ... | ... | 59 |
| SYMPTOMS | ... | ... | 8 |
| TREATMENT | ... | ... | 13 |
| THERAPEUTICS | ... | ... | 20 |
| VARIETIFS | ... | ... | 7 |
| WILCOX, DR. | ... | ... | 49 |

CONTENTS

| | | |
|----|-----------------|-----|
| 1 | Introduction | 1 |
| 2 | Chapter I | 15 |
| 3 | Chapter II | 35 |
| 4 | Chapter III | 55 |
| 5 | Chapter IV | 75 |
| 6 | Chapter V | 95 |
| 7 | Chapter VI | 115 |
| 8 | Chapter VII | 135 |
| 9 | Chapter VIII | 155 |
| 10 | Chapter IX | 175 |
| 11 | Chapter X | 195 |
| 12 | Chapter XI | 215 |
| 13 | Chapter XII | 235 |
| 14 | Chapter XIII | 255 |
| 15 | Chapter XIV | 275 |
| 16 | Chapter XV | 295 |
| 17 | Chapter XVI | 315 |
| 18 | Chapter XVII | 335 |
| 19 | Chapter XVIII | 355 |
| 20 | Chapter XIX | 375 |
| 21 | Chapter XX | 395 |
| 22 | Chapter XXI | 415 |
| 23 | Chapter XXII | 435 |
| 24 | Chapter XXIII | 455 |
| 25 | Chapter XXIV | 475 |
| 26 | Chapter XXV | 495 |
| 27 | Chapter XXVI | 515 |
| 28 | Chapter XXVII | 535 |
| 29 | Chapter XXVIII | 555 |
| 30 | Chapter XXIX | 575 |
| 31 | Chapter XXX | 595 |
| 32 | Chapter XXXI | 615 |
| 33 | Chapter XXXII | 635 |
| 34 | Chapter XXXIII | 655 |
| 35 | Chapter XXXIV | 675 |
| 36 | Chapter XXXV | 695 |
| 37 | Chapter XXXVI | 715 |
| 38 | Chapter XXXVII | 735 |
| 39 | Chapter XXXVIII | 755 |
| 40 | Chapter XXXIX | 775 |
| 41 | Chapter XL | 795 |
| 42 | Chapter XLI | 815 |
| 43 | Chapter XLII | 835 |
| 44 | Chapter XLIII | 855 |
| 45 | Chapter XLIV | 875 |
| 46 | Chapter XLV | 895 |
| 47 | Chapter XLVI | 915 |
| 48 | Chapter XLVII | 935 |
| 49 | Chapter XLVIII | 955 |
| 50 | Chapter XLIX | 975 |
| 51 | Chapter L | 995 |



APPENDICITIS.



APPENDICITIS is derived from the Latin *appendere* to hang on; and *itis* inflammation.

Definition—This affection consists of an inflammation of the appendix vermiformis; generally caused by the irritation of some foreign bodies, hardened fecal matter or from injuries of any kind to the part. This simple inflammation may lead on to ulceration and perforation of its coats.

Ætiology—The etiology is uncertain. It is most common among young adults. Males are more affected than females. Appendicitis occurs in all ages.

This inflammation may be caused by the intrusion of some foreign bodies. Irritating fecal matter forming hard, nodular masses of various sizes, cherry stones, seeds of many kinds of fruits, spiculae of bone &c., which penetrate into the appendicular cavity by its patulous condition or deficient contractive power of its valve, set up inflammatory action

in it. It is now contended that foreign bodies such as seeds of fruits &c., play very little part in the production of appendicitis. There is however no doubt that hard fecal masses have much to do as causative factors.

Two hundred cases of appendicitis were examined for seeds. In one case only a few strawberry seeds were found, while none others contained more than a fecal concretion in the form of foreign body.

Dr. Josiah Oldfield of Lady Margaret Hospital, Bromley thinks that taking too much medicines especially purgatives and meat eating often produce appendicitis. Formerly the abuse of purgatives in any form of intestinal troubles is the cause of present day prevalence of appendicitis.

Intestinal worms are considered as the cause of appendicitis. But it is not borne out by actual facts. Frequency of worms is found among Chinese and Europeans living in China, but very seldom cases of appendicitis are noticed among them.

Riding in a bicycle is considered by many as an exciting cause of appendicitis. We have seen a few cases where after a cure, relapses took place from cycling.

Active exercise after a heavy meal and rapid

eating tend to produce this disease. Observation on a considerable number of office people in this country, shows conclusively that people hurrying to office without any rest after meals are very prone to fall victims to an attack of appendicitis.

Dr. Osler says :—“The exciting causes of appendicitis are not always evident. An infection is in all probability the essential factor. The lumen of the appendix forms a sort of test-tube in which the *faeces* lodge and are with difficulty discharged, so that the mucosa is liable to injury from retention of the secretion or from the presence of inspissated *faeces* or occasionally foreign bodies. In some instances appendicitis is a local expression of a general infection. Some have thought the great increase in the prevalence of the disease is due to influenza. By some the poison of rheumatic fever is believed to be a cause, and just as it may excite tonsillitis, so it may cause inflammation of the lymphatic tissues of the appendix. It is remarkable, too, that there may be two or three cases of appendicitis at the same time in one family. The acute catarrhal form may be associated with pneumonia or typhoid fever or any of the acute infections. Direct injury, as in

straining and heavy lifting, is an occasional cause."

Much has been said about food as the causation of appendicitis. Consensus of opinion tends to confirm the theory that meat eating is the exciting cause of appendicitis.

Many people believe that appendicitis is a germ infection of some kind, and few microbes are probably the exciting cause in most attacks. Dr. Hawken in his "Diseases of the Vermiform," very appositely points out that "Mechanical irritants do not cause peritonitis, if they are absolutely free from micro-organisms—even powdered glass has no effect. It is not improbable that subsequent observations may lead us to look upon all forms of appendicular peritonitis as owing their causation to bacterial infection."

Dr. Fowler, in his book on "Appendicitis," also sums up by saying, "the conclusion is therefore irresistible that infection is not only the principal and necessary cause of appendicitis, but that it is the primary cause."

The recurrence of the disease is mostly caused by indiscretions in food. Constipation is said to be a cause of appendicitis. Over-feeding and taking indigestible substance as food are also thought to be the causes of

appendicitis. The cause of this disease is therefore hidden in obscurity.

But of late the theory of an element of obstruction of the intena either by faeces, or, by spasmodic condition of its musculation or by excessive secretion and thereby retention in the menca of the appendicular secretion has been supposed to be the cause. These discharges form a suitable culture medium for the bacteria which are the natural inhabitants of the intestines viz, Strepto. Staphylo B. welchi B. typhosus etc. The amount of obstruction decides the nature of obstruction.

A very large number of people die from appendicites every year all over the world. This is a very common and fashionable disease in America, and it is also very prevalent in the large cities of Europe. England and Wales alone account for more than three thousand deaths annually. It has also become very common in India. While appendicites may be found in early infancy and in very old age it is generally a disease of the old age.

It is a very significant fact that while appendicites is very common among the European and American races, it used to be very rare among the Asiatics. But recently it has become also very common in India.

Japan and other places. For a long time it was held that the introduction of foreign bodies such as orange pips etc. was the cause of appendicitis, Trauma is also responsible for many cases. In many cases thread worms have been found in the appendix after operation. Perhaps the most important factor in the etiology of Appendicitis is the abuse of purgatives. The habit of taking purgatives whenever a person feels uncomfortable and has a distended stomach certainly helps the formation of an inflammatory condition in the intestine, and the peculiar shape and form of this little organ makes this most susceptible to. The appendix is more or less kinked. In fifty per cent of cases there is only one single artery for its blood supply. If the organ is more kinked, and there is oedema of the mucosa, bacterial infection becomes easy.

VARIETIES OF APPENDICITIS.

Many varieties of appendicitis are described by authors. But catarrhal, ulcerative, suppurative, gangrenous are the four most common varieties observed in actual practice. There are also acute and chronic forms.

Acute appendicitis generally occurs in a catarrhal mucosal lesion, and results either in resolution, suppuration, fibrosis or gangrene.

Acute catarrhal appendicitis is very frequently met with. The mucous membrane is generally involved, causing swelling, pain and secretion of muco-pus. If it goes on unchecked, abscess is formed and pus becomes enveloped in a sack. It is termed by many as suppurative appendicitis, but in reality it is only an aggravated form of the acute catarrhal disease. There is a form of appendicitis called acute diffuse appendicitis. In this there is an inflammation of the mucosa and thickening of the entire organ. A big abscess and sometimes ulcers are formed.

In gangrenous appendicitis we have sloughing off of the entire appendix or a portion of it. This is indeed a very dangerous form of the disease.

Chronic appendicitis is either one of the sequelæ of the acute form or a slow and gradual development from the beginning. The organ is thickened and hyperæmic. We have seen numbers of cases where there was a thickened hard mass found with slight pain on pressure. In this there is complete obliteration of the canal and the whole organ is shrunken and adherent to neighbouring structures. This latter consequence of the disease is not infrequently termed the obliterative appendicitis but this is really a state of the chronic appendicitis.

In many cases of acute appendix, perforation of the appendix takes place and it becomes a serious disease. Death generally takes place from shock or diffuse peritonitis. After operation, Dr. Osler says, thrombosis of the iliac or femoral veins is not uncommon, and sudden death from pulmonary embolism has followed.

Symptoms.—In cases of acute appendicitis the first symptom noticed is *pain* and *tenderness* in the right iliac fossa. Pain often comes suddenly and of sharp and violent or of dull aching character. It is at first noticeable in McBurney's point, that is a place midway between the umbilicus and anterior superior

spine of the ilium on the right side. It is the usual seat of the greatest tenderness in the disease. But in an acute case the pain starts as a periumbilical pain & becomes localised at the McBurneys point later.

The second symptom is the *fever*. It is not generally very high. Temperature ranging between 100 and 102. There is rarely any chill or shivering. Pulse is quickened in proportion to the fever. This is a guiding symptom in diagnosis. *Pulse rate is disproportionate to the fever*. Absence of fever is often noticed even in acute appendicitis. Nausea and vomiting or other gastric disturbances are important symptoms. Tongue is furred and moist, seldom dry. Vomiting may be absent. If persistent and if accompanied by constipation and distention of abdomen it is considered serious. Constipation is frequently present and we consider it better than diarrhoea. The sequele of pain vomiting & temperature coming on in that order is of diagnostic importance.

Lastly there are some local symptoms present. Abdomen is often observed to be tympanitic but this symptom is not present in the beginning of the disease. It is distended and there is considerable tenderness

on deep pressure. There is some rigidity present and it is due to the tension of the right abdominal muscles. This tension often assumes stony hardness and is generally dependant on the amount of peritoneal infection.

In the McBurney's point on pressure there is some hard substance, like a small ball or abscess may be seen. There are swelling and induration in this part of the abdomen. In several cases of perforative appendicitis the symptoms of hardness and swelling are very often absent. Frequent and scanty urination is often present. It is due to irritability of the bladder. Urine often contains albumen.

Appendicitis may terminate in either of three ways. (1) Gradual recovery by absorption. (2) General peritonitis or (3) the formation of abscess. In our practice we see recovery in most cases by medicines, though we were often frightened and urged upon to make over the cases to the surgeon before. Frequent recurrences are not rare and even in these cases, judicious treatment brings them to a happy termination. We will show this in some of our cases where the surgeons were of opinion that immediate death will take place in case of recurrence.

If fever continues and hardness and swelling increase in size and become soft and painful, the abscess may burst in the peritoneal cavity and a grave form of general peritonitis may follow or rarely pus comes out externally over the abdominal wall. In those cases where death takes place the peritonitis becomes general or diffuse, the symptoms of pain, nausea, vomiting and fever continue unabated, weakness is increased, tongue becomes dry, urine scanty and abdomen greatly distended.

Diagnosis.—A clear knowledge of McBurney's point certainly makes the diagnosis of appendicitis an easy matter. It lies between half and two inches from the anterior, superior iliac spine and the umbilicus.

Appendicitis may be confounded with many other diseases. Biliary colic, pain in the kidney (right) and pain during menstruation should be carefully considered. The seat of pain is very characteristic in cases of appendicular inflammation. "Briefly stated localized pain in the right iliac fossa with or without induration or tumor, the existence of McBurney's tender point, fever, furred tongue,

vomiting with constipation or diarrhœa indicate appendicitis."

Differential Diagnosis :—The differential diagnosis is comparatively easy. An ordinary stomach or intestinal colic is frequently mistaken for appendicitis. At times it is difficult to differentiate it from Biliary & Renal colic. But the history of the case and the examination of the urine often makes the differential diagnosis easy. The habit of giving purgatives to patients whenever they have stomachache is a very dangerous practise. It is well known that purgatives generally setup a violent peristaltic action and often determine perforation of an inflamed appendix. Surgeons do well to remember, that "purgation" means "perforation."

Prognosis.—It is always remarked as a grave disease, especially by the physicians and surgeons of the old school. In the hands of the homeopathic physicians recovery is the rule. Unfortunately even many homeopaths considering it a serious disease, advise these patients to go to the surgeon.

They do not consider for a moment that in our rich materia medica we have considerable remedial agents which can cure most cases of this disease. While it was a common practice

to rush for the knife, whenever there was a case for Appendicitis, surgeons have become more conservative in recent times.

Dr. Osler who is an allopathic physician of great repute writes about this in the following terms.—“While we cannot overestimate the gravity of certain forms of appendicitis, it is well to recognize that a large proportion of all cases recover. It is the element of *uncertainty* in individual cases which has given such an impetus to the surgical treatment of the disease that an inflamed appendix may heal perfectly, even after perforation, is shown by instances (postmortem) of obliterated tubes firmly imbedded in old scar tissue. In 1903, in England and Wales, appendicitis was assigned as a cause of 1,729 deaths, as compared with 1244 and 1484 in the preceding two years. The mortality has been increasing of late years inspite of the earlier and better surgery. Hawkins attributes this to the increased severity of the disease. The mortality in the hands of surgeons ranges from 2 to 11 per cent., varying with variety and the stages of the disease at which the operation is performed.”

Treatment.—This resolves itself into two heads, prophylactic and curative. Moderation

and regularity in dietetic habits, and the abstinence from indiscriminate purgation are of great value in the prevention of the disease.

Diversity of opinion prevails, even among the homeopathic physicians and surgeons regarding the effective treatment of appendicitis. Some are of opinion that without prompt and speedy surgical measures, nothing can be done to save the patient. Therefore it is urgent to operate at once in the early stage of the disease. Others say that surgery is very seldom required in this disease. All cases must be treated with medicine.

We have treated our cases with the indicated homeopathic medicines and have been invariably successful. Even cases given up by competent allopathic surgeons as hopeless, have been cured by our remedies properly administered. At the end of this book we publish the opinions of some eminent physicians of America to show how successful they are in the treatment of this dire disease by medical treatment alone.

Operative treatment is however indicated in the perforative form and in the long lasting chronic cases where it is not possible for the

patient to be all the time under medical supervision.

In the catarrhal form of the disease a few remedies are required for a speedy resolution. The first remedy to be thought of in this connection is **Aconite**.

It should be given in the initial stage and in lower potencies and frequently repeated. It is not a remedy proper for appendicitis, but if there are indications of this remedy at the outset, when the first symptoms of fever appear—the temperature is high, and there is harsh dry skin, restlessness, thirst, full bounding pulse and the peculiar mental symptom—fear of death, we must give **Aconite** at once. A few doses should be given and if in spite of this the symptoms keep on increasing and localized inflammation is present, we must go to the next remedy.

Belladonna is unquestionably a frequently indicated remedy. Great pain in the ileo-cæcal region, cannot bear the slightest touch, not even the bed cover, cannot easily turn in bed lying motionless on his back, nausea and vomiting. Fever is very high, perspiration without relief of temperature. Flushed face and considerable headache. Pulse small and frequent. Fever is aggravated in the after-

noon and evening. In the course of twelve hours or one day the fever subsides and other symptoms are mitigated. But if such favorable effects are not obtained within 24 to 48 hours we must go on to the next remedy.

Mercurius sol or corrosivus.—By the administration of these remedies we expect to get a rapid subsidence of the inflammatory process. The local swelling and pain will be greatly mitigated by administering these drugs, repeated every four to six hours.

The fever is not very high, swelling, pain and tenderness on the part, copious perspiration affording no relief to the patient, great thirst, desire for cold water and acid drinks, great anguish and restlessness, fear and agitation are the principal symptoms of the remedy. By the help of Mercurius in various forms we have been able to cure many cases. Even if pus has formed, Mercurius can either disperse the matter, bring on resolution or let out the pus through a favourable channel. Where exudation is merely formed, we are almost sure that cure may be speedily effected.

Mercurius dulcis has been recommended by many.

Rhustox—is also a very useful remedy in cases of Appendicitis. Fever increases to a

typhoid state. Though the pain is severe and swelling great, the patient cannot remain in one position. He is restless and changes position often to get relief. Tympanitic distention may be noticed.

Bryonia—is very much allied to the preceding remedy when typhoid symptoms present themselves. Agonizing pain, patient cannot move in bed for fear of aggravation, tongue thickly coated, obstinate constipation. Fever generally increases in the morning: great thirst; swelling in ileocaecal region.

Colocynth—is indicated in griping pains forcing the patient to bend double, and diarrhæa.

Rhus Rad—is useful in catarrhal form of the disease. I give it when Rhustox fails.

Lycopodium—is of great value especially in recurrent character of the disease. Its indications are clear. All the symptoms are aggravated in the afternoon and evening. Obstinate constipation, tympanitic distention of abdomen, fever of a mild type and swelling and pain in McBurney's point.

I have been able to cure many cases of chronic appendicitis or when the disease takes its origin from constipation and dyspepsia, with this remedy.

Nuxvom—is allied to Lycopod in many ways and we generally give it when the preceding remedy fails to act. Those who are habitually constipated are apt to suffer from appendicitis. In these patients we find Nuxvom indicated. Aggravation of fever towards morning, pain severe, constant desire to evacuate the bowels but without effect, urinary difficulties and after the use of Allopathic drugs and purgatives.

In the way of remark we must say here that purgatives or even douche or enema are very harmful in appendicitis. Some authors remark that bowels must be kept clean, so they advocate purgatives and injections. It is to be objected to. These measures have a tendency to cause fatal irritation at the seat of the disease and cause serious aggravations. We have repeatedly observed that when inflammatory symptoms subside, bowels move without any extraneous help and that leads on to a speedy recovery.

When we get the case in an advanced stage, when pus has already formed to a considerable extent, when there is no chance of absorption taking place, we give the patient either **Hepar sulph** or **Silicea** according to indications. If we get the case comparatively early, there is

seldom any chance for suppuration under proper homeopathic treatment.

Calc. Carb—helps us in many cases, especially in the recurrent form of the disease. Constitutional symptoms of Calcarea carb must lead us to select it. When there is a relapse from exposure to cold air and water, it is a grand remedy.

Calc Sulph—is to be sought for when Hepar fails and suppuration is inevitable. The difference of indications from Hepar is that it has amelioration in open air, walking about and desire for outdoor walk and not so sensitive to touch and cold.

Dioscorea—Very great pain relieved by stretching, much wind in the abdomen, slight fever and tumor hard.

Sulphur—is often of great value in the treatment of appendicitis, In the beginning and in well-marked psoric cases its efficacy is marvellous. But in advanced cases where inflammatory exudation shows no sign of absorption. a few doses of Sulphur high will disperse the abscess. Hunger and gone feeling in the stomach at 11 A. M. ; Constipation or diarrhœa. Burning of abdomen and stomach, are its indications.

THERAPEUTICS OF APPENDICITIS.

Here we mention some of the minor remedies administered and indicated in cases of appendicitis. These are sometimes very useful, so must not be neglected.

Ammonium—Stitches in the cæcum at 7 P. M., alternating with pains elsewhere. Dr. Clarke says "This should make it appropriate in some cases of appendicitis."

Baptisia—Soreness of abdominal muscles and in right iliac region. Diarrhæa and typhoid symptoms.

Colchicum—Leucophlegmatic temperament, extreme prostration, rheumatic subjects, bowels loose. Dysenteric stools, blood and mucus, pain in rectus abdominalis.

Crotalus—is used in cases of utter prostration, when peritoneum is profoundly affected : weeping mood, agony and despair. Hæmorrhage from the bowels.

Echinacea-angust—has some abdominal symptoms which go to prove its efficacy in cases of appendicitis and diseases from ex-

posure to cold. Darting shooting pains in abdomen come and go suddenly and are ameliorated by bending double. It has the reputation of being a good in septic and typhoid conditions.

Ginseng—is said to be a remedy for this disease. Pain in right side of the hypogastrium extending into the groin. Cold and chilliness with fever. Bruised pain.

Inula Helenium—may be used in appendicitis. Tender spot over the ilio-cæcal region and bowels did not act for ten days. Dr. Clarke recorded a case of appendicitis cured by it. Most remarkable symptoms no doubt were fearful pain in the ilio-cæcal region and the hard chill at 2 P. M. Pain as if something moving in abdomen.

Lachesis—Dr. Clarke says "Lachesis is one of the most prominent remedies in appendicitis. The general characteristics will guide here." Abdomen is hot, sensitive and distended. Tearing and cutting pain in the right side of abdomen, aggravated by touch and pressure. Obstinate constipation. Predominant chilliness and fever. Typhoid condition.

Natrum Sulph—Recently I found natrum-sulph a good remedy for appendicitis.

Agonising pain in right side of abdomen with nausea. Distention of abdomen with fever of a bilious nature. Diarrhoea or constipation, with colicky pain and passing of flatus.

Plumbum—Obstinate constipation, colicky pain and retraction of abdomen, tympanitic distention, severe pain in abdomen and slow fever, all point to Plumbum as a good remedy for appendicitis. Nash reports a man of 70, attacked with severe pain in abdomen, and finally a large, hard swelling developed in ilio-cæcal region very sensitive to contact or least motion. It began to assume a bluish tint, and on account of his age and weakness the man's life was despaired of and Plumbum 200 cured him.

We have cured a very bad case of appendicitis with plumbum.

Rhamnus Cath.—Very useful in constipation, violent rumbling and griping, especially cutting pain in ilio-cæcal region and the transverse colon, abdomen hard. All these symptoms seem to point to it as a possible remedy in cases of appendicitis.

Tuberculin—has been praised in cases of appendicitis in tuberculous patients or in cases where the indicated remedies fail to act.

Obstinate constipation, pain in the region of appendix vermiformis. Perforating ulcer in the intestines. Fever and shivering.

Ferrum Phos.—is a great remedy in this disease, especially when its close allies Acon and Belladonna fail to check the progress of inflammation. Fever with flushes of heat, quick, soft pulse, thirst, and sweat that does not relieve the patient. Pain in abdomen, emission of flatus.

Crotalus H.—is a useful remedy in malignant form of the disease: very high fever, coldness of extremities, copious and debilitating sweat, swelling of abdomen, flatulency, bilious vomiting, burning pain and tenderness of abdomen.

Ignatia.—Dr. Edmund Carlton speaks of Ignatia as a good remedy. Colic pains, first griping then stitching; nervous, apprehensive and trembling patient; made worse by drinking coffee.

Carbo veg.—We have cured some bad cases with this remedy. Patient irritable, flatulent, pinching and cutting pain in abdomen, better by passing wind upwards or downwards, soreness and pressure in anus, desire to be fanned.

CLINICAL CASES

Babu M. Ghose, an elderly gentleman, of dark complexion, and rather corpulent, had dyspeptic symptoms from a long time and was treated by physicians of different schools of medicine.

He is a resident of 265 Bowbazar Street and a cabinet-maker by profession. In the beginning of March 1905, one day he caught cold which was followed by fever and pain over the whole body. He was treated by an allopathic doctor, but his complaints were gradually getting worse. Consultation had been resorted to and an appendicular inflammation was diagnosed. Treatment was made by leaching and medicines and blisters which had been to no purpose.

On the 8th of March an eminent surgeon of the Calcutta Medical College (an allopath) declared the case to be hopeless and the only means available was an immediate operation but with little hope of success. I was called

at 4 P. M. and found the patient in extreme agony, fever very high, temperature 104 F., with great tympanitic distention of abdomen, constant desire to pass stool ineffectually, great irritability of mind and unbearable pain in abdomen, especially on the right side. Pulse small and frequent.

Nux vom 30, one dose dry on the tongue.

I visited him next morning and found a little improvement. There was no stool but the flatulence was less. The pain in the parts was very great, and increased on movement. A hard tumor was felt in Mc.Burney's point. Mental irritability was still persistent.

Bryonia 30 three times a day.

One hard stool next morning, but still there was considerable flatulence. There was also colicky pain in abdomen and slight fever.

No medicine the whole day.

Improved in every respect. Tumor was smaller and softer, pain abated considerably ; placebo was given. In the evening he was worse, much flatulence, fever increased from 4. P. M. and some difficulty in respiration. One dose of Lycopod. 200 had charming effect.

Slept well at night, flatulence gone and

one formed stool ; slight fever the next afternoon.

Placebo three times. In a month's time he was perfectly cured and came to my dispensary to report his cure.

II.

A youngman, of Natherbagan, Hatkhola, came under my treatment for appendicitis. His abdomen was slightly tympanitic with obstinate constipation for six days. Pain increased by movement. Fever about 101 F. I was called at the bedside of the patient on the 9th March, 1905.

Bryonia 30, three doses a day, had no effect.

There was hard and painful abscess on the right side of the abdomen. Fever the same as before, copious perspiration but no relief from fever, great thirst for water.

Merc. sol. 30, three times a day.

In a week's time, with occasionally repeated doses of Merc. sol. 30, the patient got well. There was no fever and no sign of the tumor left.

On the 8th of May I was called again to see him as he had a relapse. Pain in the abdomen troublesome, no rest and sleep at

night. Fever 102 F. Swelling of the part considerable, constipation, no stools for four days, great deal of flatulence. Bryonia 200 had no effect.

Lycopd. c. m., one dose, much relief at once. Placebo.

Further improvement was stopped. Hard and painful tumor was persistent.

Merc. sot. 30, one dose a day for six days ; after that the patient's general condition was very much improved, abscess almost gone. No medicine.

On the 22nd May, I got the information that he was perfectly cured.

III.

A youngman, aged about 30 years, in European Asylum Lane. had an attack of appendicitis at Midnapore where he was living with his father.

He was at first treated by allopathic doctors there and finding no relief they advised him to come down to Calcutta and undergo an operation without which, they said, there was no hope of a permanent cure.

On coming down to Calcutta he placed himself under the treatment of my friend Dr. Palit who called me in consultation.

The patient was a strong-looking young-man, slightly dyspeptic and much addicted to byking and active exercise.

On examination we found a large hard and painful tumor in McBurny's point. There was pain on pressure over the part, slight fever, and tympanitic distention of abdomen. Bowels generally constipated. Stools hard and obstructed by incarcerated flatulence. No desire for food and only a few mouthfuls satisfied him. Urine high-coloured with some red sand at the bottom. Mind clear.

Lycopod. 200 one dose. Great relief the next morning. Tumor reduced, flatuleuce almost gone and the patient felt easy, no pains to speak of.

Placebo, twice daily. He was under placebo for about a week when by indiscretion in food, he god slight pain in the part and distention of abdomen.

Another dose of Lycopodium 200 had marvellous effect. Tumor disappeared and the patient gained in health. He went to his place at Midnapore but after two months returned and complained of acidity and slight hardness on deep pressure in the parts. No pain or fever. He had acid eructation immediately after meals.

Calc. c. 200 one dose. I met him subsequently during his father's illness and found him perfectly cured.

No complain of any kind.

I saw him again in July, 1911. suffering from dysentery but no appendical involvement of any kind was found then. My friend Dr. Palit cured him of his dysentery.

VI.

Rani M's. mother, aged about fifty. She was thin, emaciated, very much prostrated. Irritable in temper and loathing for food for a considerable period.

She suffered long from dyspepsia and acidity.

Came under my treatment for appendicitis on the 7th June. 1903. Had been under allopathic treatment before I saw her. They advised an operation—the only means for a cure.

Fever high, temperature ranging between 101 F. and 104 F.

Intense pain on the right side of the abdomen.

There was a tumor—an abscess very large, hard and painful on pressure.

Bowels generally constipated for which she used to take enema and purgatives often.

Sometimes the pain was so severe that she cried out during the intensity of it.

Nux vom. 30. one dose, morning and evening.

On the 8th June. she was about the same. Temperature 102. 4 F. the highest.

No medicine for two days.

10th. Worse again. temperature rose higher. 103. 4 F.—Rhus tox 30, two doses a day.

12th. No improvement. There was a doubt of suppuration taking place in the tumor.

Hepar s. 30. twice daily.

14th. Restlessness, considerable thirst, high fever. pain in the affected part very much increased. Arsenic 200 one dose and placebo.

17th. The abscess was worse, considerable pain, more at night, warm sweat and increase of swelling. Wanted to have a bath which she said would relieve her. Merc. sol. 30. Slight improvement followed. Placebo.

24th. Had a relapse again. Felt very much heated. Did not like to take any more medicine.

Calc sulph 200, one dose, and placebo.

Considerable improvement followed this last dose. Abscess very much smaller ; pains almost gone. Placebo.

27th. Better in every respect. No medicine.

On the 1st July, she was exposed to cold air and draught at night, after which she had slight fever and pain in the affected part.

Rhustox 30, one dose.

Since then she was steadily improving and a complete cure was effected in a fortnight.

V.

Captain B.'s daughter' of about fifteen summers, tall, slender but of strong fibres, came under my treatment for appendicitis on the 5th of January, 1904. She was under the care of an able European surgeon of this city who had done everythiug to ward off operative means for fifteen days without benefit. He advised operation as the last resource. There was a small hard swelling in the region of the appendix and slight fever. She had some cough and cold.

Rhustox 30, one dose, morning and evening.

8th. She was worse. Pain and fever in-

creased, copious perspiration, much thirst for cold water.

Merc. sol. 30 twice daily.

12th. Better, no medicine.

15th. Swelling almost gone, no fever.

Placebo.

She was cured on the 25th of January, 1904.

The surgeon who first saw the case, remarked that it must be wonderful that the cure was effected by medicine. But he further remarked that a weak point remained in the appendix and a relapse would take place and that would mean immediate death to the patient.

Next year about this time, the father of my patient came in a hurry and wanted me to see his daughter who had a relapse. During the Xmas week she had exposure at night, indiscretion in food and constant worry and running. I thought the relapse to be due to that. She had slight fever and pain in the part but no swelling. There was a slight hardness of the part.

A dose or two of Rhustox 200 set her right. Since then she had no relapse till now (1914.)

VI

A young lad of good physique, came under

my treatment in July 1913. He complained of severe pain in the right side of abdomen. He was treated for colic by an allopathic doctor with purgatives. This made the case worse, though there were several stools after the purgative, the pain was increased. Another allopathic doctor was called in consultation and diagnosed the case as appendicitis. They gave some medicines but no relief was found so they wanted to operate at once.

But the father of the patient did not consent to this and a homeopathic doctor was called. He gave Belladon 30 and some other remedy, and the effect was good. Pain subsided. fever less and the boy was better in every respect. Two or three days after there was a relapse and it was worse than before. I was called and noticed great agony, high fever and diarrhœa.

Pain was excruciating, aggravated by least movement and pressure, better from external warmth and on lying down. Fever with chilliness in the midday lasting all night, much thirst during chill but no thirst when heat commenced. The patient was very sensitive to everything especially pains, he said it was unbearable. I tried one or two medicines without any effect. At last I hit upon Ignatia

as the true remedy. I gave the lower potency with partial relief of pain and good sleep at night. Ignatia 200 one dose next morning and no more pain or chill. The cure was complete in a few days.

VII.

Babu M's wife, an elderly lady, dyspeptic and of nervous temperament, complained of pain in the iliocecal region, one day in June 1911. The family physician an allopathic doctor was called and he said it was a case of appendicitis and immediate operation was necessary. A European doctor attached to the Calcutta Medical College was called in consultation and he was of the same opinion. So at last the case was given to me.

Abdomen considerably distended with gas. Pain was pressive and cutting in character ameliorated by loud eructations. The region of appendix hot and very sensitive, there was some swelling also, which was not very hard. Diarrhœa was present with frequent micturations. No fever, there was some nausea and disgust for food. She suffered from acidity and heart-burn and these were aggravated now. Anything taken in stomach, even water, turns acid; no fever or a very

slight rise of temperature in the evening and chilly feeling. All complaints were worse in the afternoon.

Lycopod 200, morning and evening for two days, though the tympanitis was somewhat less, sufferings were the same.

Lachesis 200 one dose in the morning and she got immediate relief. Placebo followed a few days and complete cure was effected. Though Lachesis is a left sided remedy still I gave it from symptoms. Dr. Clarke's remark was appropriate in my mind.

VIII.

An elderly lady, dyspeptic in nature, complained of pain in right side of her abdomen and slight rise of temperature on the 10th August 1909. She sought the advice of an allopathic doctor who pronounced it to be a case of colic, and treated accordingly without much relief. A purgative was given which acted nicely, some scybellæ and yellow stools came out. But she did not feel better by that on the contrary pain in the right groin was aggravated. A consultation was held and it was diagnosed as a case of appendicitis. Leeching and blistering and medicines were tried in

vain and an operation was advised. I was consulted as usual under these circumstances.

I examined the patient, and found pain and tenderness exactly on the McBurneys point, temperature 99'6 F, Chilly all day long with some thirst. Bowels loose—three to five stools in the day, yellow, thin like water, colic during stools, much flatulence and rumbling in the bowels, stools mostly in the morning till breakfast time, often no stool but rumbling was persistent.

Mentally depressed, fearlest she would not recover from this illness, angry and irritable when consoled ; she said, on hearing that an operation was to be performed, that it was better for her to die a natural death and would by no means submit to an operation.

I gave her Nux vom 30 morning and evening for two days with partial relief of symptoms ; no marked improvement, Placebo for a day with same effect and then looking over to the "Guiding symptoms" of Herring. I found following unner Natrum sulph. "Pain in right flank as if distended, piercing pain in right flank, with nausea. Typhlitis. Tympanitis with bilious fevers." Under the mental condition the following symptoms occur.

"Depressed, tearful, music makes her sad.

Irritable, great anxiety, spirits low, extremely timid and anxious, mind enfeebled."

From all these I considered Natrum sulph to be the right remedy for my case and gave a does of the same in the 200th potency.

Next day the pain was less and adbomen not so puffed up. I thought that the medicine has not yet done its proper share of action, repeated the dose next morning.

Improvement was considerable and I gave four powders of placebo to be taken morning and evening. The patient was getting on better every day and I had no reason to repeat the dose. There were some other cases where I found the medicine indicated and relief or recovery took place then and there. In my earlier days of practice I generally gave the 30th poteny and no higher but now I observe the prompt action of the higher potencies.

Cases cured by Dr. J. N. Majumdar :—Babu R. an assistant in the Ranchi Secretariat was brought down to Calcutta suffering from Appendicitis for immediate operation. I was called to see the case, and after examination, I gave my opinion that the patient could be cured without operation, but the attending physicians were all allopaths and insisted on consulting a surgeon.

Naturally the case went out of my hands and one of the eminent surgeons of the Medical College was called in. Luckily for the patient the surgeon was more conservative and delayed the operation from day to day, giving mild purgatives and fomentations. The fever went on increasing, and it was apparent that pus had formed. The Surgeon told the attending physicians that it was no use delaying the operation any longer and an operation was arranged for the morrow. But the patient became very obstinate and refused to have the operation and consulted me again. I thoroughly examined the patient and I found that there was pus and told them plainly. that the medicinal treatment was of doubtful value in such cases. But the patient insisted that he would rather die in my care than undergo an operation. I gave him a few dose of Hepar Sulphur every three hours during the night, and a large quantity of pus came out through the rectum in the morning and the patient made an uneventful recovery within the course of a week.

Mr. S. a cousin of one of the Hon'ble ministers in Bengal had a voilent attack of Appendicitis. All the eminent surgeons of Calcutta were consulted and immediate opera-

tion was insisted upon. He, being the only son, the mother was very reluctant to have recourse to the knife and so I was consulted. In spite of the very acute condition of the Appendix I thought it to be a very hopeful case and told the mother so. He was completely cured within a short time. The following remedies were administered during the course of the treatment—Nux Vomica, Bell, MercSol, and B. Coli.

Mr. K. a young college student had gone to Madhupur for a pleasure trip. In jumping over a wall, he had injured his abdomen somehow. He had violent abdominal pains with vomiting and fever. All the local doctors were consulted during the night with no relief. I happened to be at Madbupur during that time and so my advise was taken. I diagnosed the case as that of acute Appendicitis and undertook to treat the case. He was completely cured within a week. During the course of treatment, he received Arnica, Colocynth, Mercurius & Nux Vomica. After his return to Calcutta he had a relapse. He had one dose of Lycopodium 200 and he was completely cured.

Babu D. a young Marwari gentleman had been suffering from Appendicitis for some time when he came under my treatment. He

had had several attacks before he came to me. Even under my treatment he had several attacks. He continued under my treatment for sometime and is now completely cured. He received the following medicines during the course of treatment :—Merc Sol. Hep. Sulph. Ferrum Phos, Silicea and Nux Vomica.

Dr. FINCKE ON APPENDICITIS.

About the treatment of appendicitis, that indefatigable worker and trustworthy clinician Dr. B. Fincke of Brooklyn, says, in a lecture delivered in the International Hahnemannian Association, :—"The appendix, thus for surgical reasons, is denounced as a dangerous and useless organ, and it has been proposed by the far advanced professor who propounded this discovery, to remove it from all infants and adults when opening of the abdomen was required for some other purposes. He, therefore, deplures it that cats, dogs, sheep or monkeys do not possess this inward tail to facilitate experiments."

"Such a teaching is exceedingly wrong. If good results can be expected from early operations, which even then yield one percent mortality, why do they not let it alone as not belonging to their domain, which is only the use of the knife to open and of the needle to close the abdomen? They know nothing of healing such affections, because they have not studied Homoeopathy. They know nothing of the beautiful effects of

homoeopathic remedies when well applied. Therefore it should be : hands off ! for them. But our own homoeopathic surgeons will not be seduced by the facility and immunity of opening the abdomen to treat the early cases with knife. They will try the gentle means of Homoeopathic therapeutics faithfully before they resort to the operation, and thus they will be more successful, guided by reason and logic."

"It is strange to suppose that in the human organism there should be some organ dangerous and useless as has been declared by that famous professor who is going to rise beyond the fame of his old namesake in winning the kingdoms of old medicine. Indeed, there may be such an organ, but it is not the poor crooked appendix but in the crooked brain of the physiologist which is filled with dangerous and useless dogma of materialism. Instead of finding out the reason, why there is such a curious process attached to the big intestines, provided with a construction pointing to a special office of it of secreting some material necessary for the place where it is situated, the acknowledged ignorance finds an assistant in the enormous progress which surgery has made in modern

times, and concludes to cut it out, because the operation is not so dangerous, if useless, as the little appendix, which in its innocence is considered a dangerous and useless hanger on to the human system."

On the contrary there is no organ in the human body, be it ever so insignificant, which has not its well appointed office to fulfil for the benefit of the whole. It is intimately connected with other organs of which the organism consists and cannot be missed in the harmonious concert of their actions according to the direction of the life-force. Should not this process of the colon be able to be reached by the appropriate medicines as any other organs of the body? Who can be such an ignoramus to say that it cannot? There is no part of the whole system that can escape the constant action of the life-force in health and disease. There is nothing dead to be removed as long as it is contained in the confines of the body, and what is useless is simply eliminated by the life-force through the natural functions of the body. *Vis medicatrix nature!*"

"Do the surgeons of our day repudiate it, because they think they can with impunity come into the body as they like, and the easier

and with greater certainty the earlier it is done? They should not forget that the physician's calling is to make sick people well, and hence they should not forstall it by the use of the knife before it is indicated."

Hence we see that Dr. Fincke repudiates the use of the knife either altogether or till it is indicated by the state of the patient and the organ involved.

We have also appended here the remarks of some other surgeons and physicians who deal with a large number of appendicitis cases.

OPINIONS OF SOME OF THE EMINENT SURGEONS AND PHYSICIANS IN CASES OF APPENDICITIS.

Dr. Osler, the leading physician of the allopathic school, expresses against operative interference in cases of appendicitis. His views are quoted in the body of this work in the heading of prognosis.

Dr. Dillingham, an eminent surgeon in the city of New York, says "I, myself, work hard from early to late all the year round, and I think there is decidedly too much operating in these cases. It is time to call a halt upon this wild craze for operating. I do not understand why I find so many cases with so few cases demanding operation. I have had six cases of Appendicitis, and they all got well by sticking to the remedy. I don't call a man in consultation who wants to stick his knife into a patient. I had a serious case last winter that recovered without operation. This surgical business is a scourge."

Dr. J. N. Majumdar a widely popular

doctor in the city of Calcutta writes in the Indian Homœopathic Review as follows :—

So much has been said about this disease and so many valuable lives lost from it that it is but right that we should look at the cause, course, remedy and result of the disease from a most rational and conscientious standpoint with an unbiased mind. We make to exaggeration when we say that we have cured innumerable cases of this malady with the remedial agent. Some of these cases had been to hospital and had been declared to have been undoubted cases of appendicitis and were recommended to undergo the usual operation. Some of these patients have kept well for years inspite of the declaration of the physicians that they will have relapses. Some, of course, have had relapses, but these again have been cured very quickly under homœopathic treatment.

Now so much has been said in favour of the operation that something ought to be said about this matter, Surgeons have declared that the appendix is an useless organ and the sooner it is removed the better. But we doubt the merit of this statement very seriously, We think it is a very useful appendage to the intestines. The theory of

foreign matter going into the appendix is fast losing ground. To me, it seems that the theory, that an inflamed appendix cannot get well without operation, is also equally absurd. Of course there may be extreme cases where operative measures are absolutely necessary. But the number of these cases is small indeed. The following lines seem very reasonable to us.

The Editor of the *Homœopathic Envoy* has the following statement about appendicitis in his esteemed paper :—"The ailment commonly known as appendicitis is another disease resulting from indigestion, which, in turn, is most frequently caused by overeating. Appendicitis is rarely anything more than acute constipation, which has gone so far as to produce inflammation of the bowels. The popular belief that it originates from a seed lodged in the appendix is as sheer nonsense as is the even more frequent explanation of some that the appendix is a useless rudimentary organ. The latest and most scientific discoveries have proved that the appendix is a very useful organ, serving to lubricate the intestinal organs, and hence has been termed the little oil can of the colon."

Another writer affirms the habitual use of

cathartic "pills" and other artificial means of moving the bowels to be the cause. But why does one habitually overeat, another find the bowels habitually constipated, and so on, and so on? What is it in any human being that causes abnormal conditions known as ill health, conditions that are not traceable to some known cause? It is with this, with the thing that causes appendicitis in one, tuberculosis, scrofula, catarrhal or what not constitutional taint in another, that which we choose to term chronic disease, Homoeopathy deals. It goes to the root of the matter eradicates that and physical sanity, scarred it may be, but sanity results. The deeper science of medicines will be found in Hahnemann's last and greatest work, *The Chronic Disease*, and the man who combines it with his symptomatology is among the really great healers of his time.

It is rule that babies—children—raised on homoeopathic treatment are on the average healthier than those whose ills are ministered to by other methods. The reason is that the properly selected, dynamically prepared, temporary ills but eradicate the constitutional taints that later in life develop into the graver diseases."

In the treatment of appendicitis a great deal of hot discussion has taken place amongst surgeons and physicians of both schools of medicines, and quite opposite views are entertained by medical men. Some say that medicine is utterly useless and as soon as correct diagnosis is arrived at, operative procedure must be resorted to. No time should be lost. On the other hand physicians of great repute and undoubted ability to diagnose and treat such cases, assert that most cases are amenable to therapeutic resources. No knife is required. In their practise operative measures are dispensed with and cases get well only by the aid of medicines.

Even in the rank of homeopathic profession opinions differ very widely. Years ago very lively discussion took place in the annual meetings of both the American Institute of Homeopathy and the International Hahnemannian Association about the treatment of appendicitis. For the convenience of our readers we transcribe here the views of different medical men present in these meetings.

Dr. Willcox an eminent surgeon of New York, read a paper in which he advocated

with unique and unequivocal term the entire need of surgery in appendicitis.

H. C. Allen, M. D., an eminent physician of Chicago said :—"Mr. Chairman, I confess that I face this ordeal with a great deal of trepidation, because I do not think there are many before me, especially among the surgeons, who will believe a word I say after I have said it."

Dr. Wilcox has given us a rather severe castigation as general practitioners. I do not think the general practitioner as a rule deserves it. I have had the honour—I was going to say the pleasure—of practising medicine about forty years. I have had my share in the treatment of such cases from colitis to appendicitis. I perhaps have been fortunate, but I have never had one of my patients operated and I have never lost a patient, hence I have confidence in my methods.

Dr. Wilcox gave us a long list of Allopathic statistics which are entirely worthless in Homeopathic treatment. The practitioner may make mistakes, but gentlemen, do not also surgeons may mistakes ; Unfortunately they bury them also sometimes. These statistic from the Allopathic surgeons

are absolutely worthless, because if there be a right and a wrong way for the Allopathic surgeon to treat a medical subject, he invariably chooses the wrong one. He cauterizes the bite of a rabid dog, seals up the venom in the system and allows it to take its own process, the worst thing he could do, and the last to be thought of. He applies ice-bags to the sunstruck patient, the worst thing he could do unless he wants to have a funeral.

Now what does the surgeon know about the treatment of appendicitis? Dr. Wilcox says that the symptoms alone are no guide to the treatment of appendicitis, and I say the pathology of the disease is no guide to the Homeopathic physician. I am sorry for Dr. Wilcox. I would, a great deal, rather take Hahnemann's testimony. He says that the totality of the symptoms is the only guide to the selection of the remedy in every disease, every time and everywhere. It is true. I do not mean to say that Dr. Wilcox is, what I was called last night, but appendicitis is subject to the law of Similars like every other inflammatory disease of the human economy and under the law of Similars it is capable of being treated as

successfully as any other disease. Do we operate on pneumonia because we fear we are going to have suppuration? Do we operate on pleurisy for fear we will have effusion? Do we operate on the brain for fear of effusion into the ventricles? No; we simply early get at with the knife and there is money in it.

Dr. Wilcox says we should operate just as soon as we have made a diagnosis. That has nothing at all to do with it from a medical stand point. We treat the patient the first day we are called. It makes a difference sometimes as to how we begin. Sometimes it means success or failure. I venture to say that neither Dr. Wilcox nor any other surgeon in this room has ever applied Hahnemann's method of treating a case of appendicitis, and put it to the test; never has any of them written down the symptoms of his case as Hahnemann tells he should, at the bedside, and selected his remedy from the totality of symptoms. If there is one person who has done that, let him hold up his hand.

(Two members held up their hands). I take it back for two or three of you.

I want to give just two or three points.

First I do not agree with Dr. Wilcox that we should "knock a man down and drag him off the track" for fear he will be run over. I do not think it is right to kill a patient for fear he will die : that is the ultimate conclusion. That is not the Homeopathic treatment.-

Let me give you two or three points because I have only two three minutes to do it. Those of you who have paid any attention to, and put into practice, Hahnemann's teachings in the treatment of chronic disease, will see a new light on appendicitis.

He says the reason we have relapsing and recurrent disease, is, because if the first selected remedy fails to cure, there is cause for it, and that cause is to be found in the strumous diathesis of the patients—he calls it Psora, or tuberculosis, but you may call it anything you wish. There is a strumous diathesis there and that must be cared for and taken into the totality of the symptoms when you make your prescription, when you come to the cause of appendicitis, with your remedy. It is not a case of simple colitis. It is not the disease we are treating in appendicitis, but the patient. We do not guess, we carefully take the symptoms and if Belladonna is indicated give Belladonna, and it

will relieve the case as sure as fare, if given in the proper strength. If it is a strumous case, must, select the remedy from that standpoint or you will have the patient suffering from relapsing or recurring troubles. Here is where the responsibility of the physician comes in. If he does his duty properly, he will cure his case of appendicitis, just as he cures his case of pneumonia. I never lost a case of pneumonia under Homeopathic treatment. It is a wonderfully rare thing when a good prescriber loses a case of pneumonia. It ought to be equally rare when he loses a case of appendicitis with one exception which is, when the appendix is packed with a foreign body, then that foreign body should be removed. Here is where trouble comes in sometimes for the physician. Fortunately, those foreign bodies are very rare. Sometimes they occur, but they are very rare. Here Hahnemann says that we must remove the cause of the symptoms, and it is necessary to have no operation to remove the cause.

There is one other difficulty about the operation. After the appendix has been removed, the patients is very much in the position of the one spoken of in the new testament, where the "the last day is worse

than the first." It is only the stepping stone to future trouble ; it is only the beginning of difficulty and danger.

You have removed the site of one disease by removing the organ instead of removing the cause, instead of curing the patient, and the explosion. That inflammatory process now will start in some other organ. He will not have appendicitis, no ; but he may have colitis or peritonitis, or nephritis—he may have any organ of the abdominal cavity or any other cavity involved at the next explosion, depending upon the exposure to which the patient is subjected.

The cause which produced the appendicitis has not been removed by the removal of the appendix.

Let me put another question. I do not believe, a member of this society has ever met a case of suppurative appendicitis that did not come in a psoric, tubercular, or syphilitic patient ; and if you will give your patient the proper treatment, based on his psoric condition, following Hahnemann, you will eradicate this tendency to disease, and you will never have a recurring case, if you will use Psorinum, Sulphur or the indicated remedy in the proper strength.

Now about diet. You stuff your patient, and you will have trouble. My cases of appendicitis never have anything but hot and cold water to drink, and that *ad libitum*. They never have any nourishment to appendicitis. You will never starve one to death in two or three weeks, but for heaven's sake do not feed your appendicitis patients. Stop feeding your patients ; and it is the same with typhoid fever. The more you put nourishment into an intestinal tube inflamed in that way, the more you are hastening what you wish to prevent. Do we in treating a case of iritis, say—"go right on and expose the eye to sunlight, its normal pabulum" No, we shield it from the light. If we have a fractured arm, do we let it dangle at will ? No. We bind it up. Here is an organ that is inflamed, and can no more take care of nourishment than the eye can take care of light ; give it absolute rest. Do as the pioneer of Homœopathy did, give them the right diet, and give them the proper remedy, and you will not have one failure where they will have ninety.

We cannot forbear to give here the remarks made by Dr. Edmont Carlton, the eminent surgeon of New York in his excellent article

on appendicitis which will be very valuable to those who are always fond of knife in every case of this disease.

"Gross, in his *System of Surgery*, makes occasion to condemn the practice of the ever-ready knives man." The eminent surgeon is no longer with us in flesh. His words live. Our neighbour, whom he rebuked, has survived and multiplied. He claims exclusive jurisdiction over the appendix, whether well or sick. If permitted to do so, he removes the well appendix so that it shall not become sick, notwithstanding Macewen's demonstration, in a lecture delivered at the Charing Cross Hospital Medical School, of the utility of the appendix. He removes the sick appendix, as a matter of routine; and holds in contempt all suggestions of cure by medicine. Sad experience has led him to wait until the acute stage has passed "sometimes."

"The possible after-effects of operation—hernia, adhesion, secondary operations, patients made worse than before, their pains and discomforts should not be forgotten. In spite of all denial, there is a large post-operative mortality."

However I do not trust the judgment of a knivesman in making decisions, because

he is one sided. He has neither patience nor belief in medicine."

"Homœopathy cures the sick appendix ; and thus renders operative interference unnecessary in all but very exceptional cases."

Dr. Carlton cited a case in which a homœopathic physician prescribed some medicine which helped amazingly on which the doctor remarked—"There was a remnant left—some mental depression or apprehensiveness. His acquaintances (a number of whom had been operated upon) kept asking him "well, have you had it yet ? "Had what." "Had the operation" "No" "Well" (with a wise wag of the head), you will have it yet. My doctor says it is certain to come. You better not wait until it is too late." That sent him to me for reassurance. However, a light touch from *Ignatia* two hundredth ended the case. He is cheerful, well, resolute ; digests and sleeps properly ; and is heavier, harder and had greater capacity for work—which he enjoys—than ever before."

From these remarks we have no hesitation in saying that operation is not only unnecessary in every case of appendicitis but often harmful in many ways. These remarks come from very high authorities in surgical procedure.

REPERTORY ON APPENDICITIS INCLUDING TYPHLITIS AND PERITYPHLITIS.*

ABDOMEN.—(Compare, with Ileo-cæcal Region.)

—Alive, in right hypochondrium, motion as if something.—Inula.

—Alive, in left hypochondrium, motion as if something.—phos.

—Ball, sensation of rolling in, when turning over on the left side, especially after gas has formed.—Lach.

ABDOMEN—Burning (or heat) in.—Apis, Ars., Bell., Bry., Camph., Cocc., Magn-phos., Merc., Nux v., Phos., Plat., Plb., Rhus-tox., Sil., Thuja.

—Burning in.—(Compare under heat below.)

—Coldness of.—Cocc.

—Cold feeling in—Phos.

—Constant pain in a limited spot—Bry.

—Crampy, paroxysmal pain beginning

* Taken from Dr. Yingling's Book by his kind permission.

close to the crest of the ilium, right side, stretching to lumbar and hypogastric regions.—Diosc.

- Cutting pain in a small spot, between umbilicus and right groin.—Inula.
- Drawing, burning feeling in almost the whole of the right side, with a painful hard swelling in the region from the crest of ilium to the middle abdominal line, upward to liver and downward to the groin, better by gently pressing upward on the tumor.—Rhustox.
- Dull throbbing in the—Bry.
- Heat in right hypogastric region.—Bell, Bry.
- Heat and tenderness, can scarcely bear any covering.—Crotal hor.
- heat—(see burning.)
- Numbness of.—Apis.
- Pain in the right side, reaching to the right groin and down to the scrotum on the same side.—Ars.
- Pain in the right side, severe knife-like, going through to the back—Pyrogen.
- Pain in the right side, stretching towards the liver and into the chest.—Camph.

- Pain on awaking, near right anterior superior spinous process of the ilium.
—Card-mar.
- Pain severe, in lower, as if it would burst, settling finally into the ileo-cæcal region.—Nitr-ac.
- Pain severe, very, on right side of, extending downward towards rectum.—Doryphora.
- Pain severe, very, on right side of, with distention; pain spread to right inguinal region.—Card. mar.
- Pain sharp, stitching between umbilicus and right groin.—Inula.
- Pain sharp in right lower, extending towards right spermatic vessels.—Medor.
- Pains tensive, contractive, during exacerbation—Cocc.
- Pregnancy, quickening of, feeling like the.—Thuja.
- Pressing in right side of.—Prun., Pyrogen.
- Pressive pain between navel and groin
Pressive pain between navel and groin worse standing, lying on back or side, inhaling, etc.—Aurum-met.
- Pressure in right side of, as from a foreign body.—Thuja.

- Pressure upward from flatulent distention.—Phos.
- Pulsation in.—Acon, Bry, Card-mar Colch., Lach., Pib.
- Rolling up—feeling as of a hard substance in right hypochondrium.—Op.
- Rumbling in.—Bapt, Calc-sulp, Doryphora, Inula, Nitr-ac, Op, Phos, Plb, Rhustox.
- Rumbling in as if a boiler were working in bowels.—Nitr-ac.
- Rumbling in, carried by pressure.—Diosc.
- Sensitiveness to contract, extreme.—Lach, Pib, Pyrogen.
- Sensitive to pressure or touch (tenderness)—Apis, Arn, Aurum M, Bapt, Bry, Caps, Carb, Sulph. Colch. Crotal. hor, Diosc. Doryph, Natr. sulph, Nitr-ac, Plb, Pyrog.
- Soreness of right side of.—Pyrog., Zinc.
Soreness of walls of.—Bell. Thuj.
- Sore pain on a small place on right side.—Zinc.
- Stitches from, into the chest.—Bry.
- Squeezing pain in different parts of, paroxysmal, coming on during quiet or motion.—Natr-sulph.

- Surface of, hotter than the rest of the body.—Colch.
- Swollen, distended—Acon, Apis, Ars, Bapt, Bry, Calc-sulph, Card-mar, Colch, Doryphora Nit-ac, Phos. Rhamnus-cath.
- Tympanitic.—(see tympanitis.)
- ABSCESS**—Deep-seated.—Apis, Ars, Graph, Hepar, Iod., Kali Carb. Lach, Lyc, Merc, Sil, Sulph.
- Alive painful motion in the right hypochondrium. as from something.—Inula.
- Painful motion in the left hypochondrium as from something, when standing or sitting.—Phos.
- Anxiety with—Acon, Ars, Bell, Bry, Camph, Coloc. Hepar. Kali-c., Lach, Merc, Nat-sulph, Nux v., Op, Phos, Piat' Plb, Rhus tox, Sil, Thuj.
- APPENDICITIS**—(especially.)—Apis, Arn, Ars, Aurum-met, Bapt, Bell, Bry, Camph. Calc-sulph, Card-mar. Cocc, Colch, Coloc, Comoclad. Cortal-hor. Diose, Doryphora, Ginseng, Hepar, Hura, Inula, Lach, Medor, Merc. Merc-cor, Nitr-ac, Natr-ac, Op, Phos, Plb, Rhamnus-cath, Rhus-tox, Thuj.
- APPENDIX**—Extreme pain in the region of—Crotal-hor.

APPETITE—Loss of—Crotal-hor.

(Consult general repertory.)

BAGK—Forced to lie on, motionless.—Bell.

—Lying on, with right leg fixed or elevated, ameliorates—Rushtox.

—Lying on with right knee flexed—Lach. Merc.

—Lying on, aggravates—Acon, Aurum-met. Ars., Calc-c., Nux vom., Phos. Rhus-tox, Sil.

BELCHING—(see Eruction.)

BLADDER—Pressure on—Op.

BREATHING, aggravates from.—Acon, Arum m Bell. Bry., Camph, Calc-sulph, Cocc. Doryphora, Hepar, Kali-c. Merc, Pyrogen Rhus-tox, Tnuj.

BURNING—in abdomen. (see abdomen.)

—Pain—Ars, Bry, Doryphora, Phos. phora.

—Drivigg, aggravates while—Card-mar.

Dull pain-Bry.

—Eating pain worse from.—Doryphora.

—Enteritis from pressure of foreign bodies—Bry.

—Erections, frequent.—Plat.

—With ineffectual desire to stool.—Thuj.

CHILLINESS—with—Hura.

GOLDNESS—Attacks of.—Hepar.

- COLIC**—with anxiety.—Arum-mac.
 —From incarceration of gases.—Calc-sulph.
 —Or griping pains.—Rhammus-cath.
 —Colicky pains in right side—Car-mar.
- COLLAPSE**—Threatened with.—Ars, Camph, Crotal-hor, Lach, Merc-cor.
- CONSTIPATION**—with—Bry, Card-mar, Crotal-hor, Lach, Merc, Op, Plat, Plb. (See also under stool, and consult general repertory.)
- CONTRACTIVE**—Pains—Cocc.
- COUGHING**—Aggravates from,—Arn, Ars, Cocc, Plb, Pyrogen.
- COVERING**—Throws off, though the body is cold to the touch,—Camph.
- CRAWLING**—sensation extending to the toes, distressing.—Ginseng.
- CUTTING**—pains.—Ars. Bell., Bry., Calc-sulph, Card-mar, Colch, Coloc, Comoclad, Crotal-hor, Diosc, Inula. Kali-c, Merc., Nux v., Op., Plat. Rhamnus cath, Rhus-tox, Thuja.
- DELIRIUM**—When going to sleep with—Ginseng.
- DIARRHŒA.**—(See under stool, and consult general repertory.)
 —Alternating with constipation, copious, gushing, exhausting stool.—Phos.
 —Bilious.—Apis.

—Involuntary, thin, offensive, or retention,
of stool.—Op.

—Drawing pains.—Bry., Caph., Card-mar,
Hapat Inula. Kali-c., Lach, Medor,
Merc, Nux v, Plat, Plb, Rhus-tox,
Thuj.

ERUCTATIONS, acrid, bitter, loud.—Calc-sulph.
Merc.

—Do not relieve.—Op.

—Putrid.—Arn.

Sour,—Plb.

EXTREMITIES—Cold—Op.

—Constant motion of—Cocc. (See legs.)

EXUDATION—Apis.

—Purulent—Merc-

EYES—Half open—Op.

FACE—Anxious.—Rhus tox, plb.

—Cold and pale.—Hepar.

—Cold sweat on.—Ars.

—Flushed or pale.—Merc.

—Hippocratic.—Camph, Op.

—Hot.—Hura.

—Pale.—Merc., Op., Rhus-tox.

—Troubled look in.—Plb.,

FAINTING—spells.—Camph., Calc-sulph.

—With nausea.—Calc-sulph.

FEET, caused by getting wet—Rhus-tox.

—Cold.—Ars., Hura.

- Edema of the—Apis.
- FLATUS**, better passing.—Arn.
- Fetid.—Arn., Camph., Calc-sulph,
Cocc. Nux v, Phos, Sil.
- Free discharge of.—Arn., Calc-sulph.,
Phos.
- Odorless—Phos.
- Sour.—Calc-sulph, Merc.
- FLUID** in ileo-cæcal region, sense of, on pres-
sure.—Apis,
- FOOD**, sight or smell of, causes nausea. and
aversion.—Colch.
- Fermentation of—See rumbling. under
abdomen.
- FEVER**. with.—Bell, Ginseng, Lach.
- After sleep.—Lach.
- At 3 P. M.,—Lach.
- (Consult general repertory.)
- GNAWING** pains between spine of ilium and
rectus muscles.—Medor.
- GRIPING** pains.—Inula. Op. Phos, Rhamnus-
cath.
- GROIN**—(Consult Ileo-cæcal region.)
- Drawing pains in right and over exter-
nal pubic region.—Inlua.
- Outward pressure in, with rolling, rum-
bling and distention.—Natr.-sulph.
- Pains extend to.—Ginseng.

—Pressure in, as from a foreign body—
Thuj.

—Stitching pain in right.—Bapt., Inula.

—Stitching pain in right extending to
umbilicus with each step— Inula.

Hands, burning of palms.—Rhustox.

—cold.—Ars.

HEAD, aching of the—plb.

—Confusion of the.—Op.

HEAT after sleep.—Lach.

—When going to sleep.—Ginseng.

HERNIA-like pains.—Cocc,

HICCOUGH.—Op., Phos., Nux. v.

HYPOCHONDRIUM. (See under abdomen.)

ILEO-CÆCAL region (right iliac fossa.)

Compare with abdomen.—Bapt., Bry,
Carb-sulf, Diosc., Ginseng, Magn
Phos, Merc-c, Phos, Plb, Thuj.

—Bruised, sore feeling in, sensitive to
pressure.—Merc-c.

—Circumscribed tumor in. the size of a
large turnip, yielding and yet hard
to the touch.—Coloc.

Ileo-cæcal, cutting, griping pains in.—
Rhamnus-cath.

Cutting, tense pain in. worst from
deep, inspiration.—Thuj.

- Deep, circumscribed swelling in.—
Hepar.
- Feeling of hardness over cæcum, with
severe pain.—Crotal-hor.
- Gurgling, rumbling in,—Apis, Carb-sulf,
Ginseng, Natr-sulf. Rhamnus-cath.
- Indurated,—Apis, Magn-Phos, Merc,
Rhustox, Plb.
- Pain in reaching to groin and in scro-
tum on same side.—Ars.
- Painful, sharp, hot, red swelling in.—
Merc.
- Sensation of fluid, present on pressure.
—Apis.
- Sensitive to pressure (tenderness)—Arn.
Bapt, Cocc. Colc.. Crotal-Gin-hor.
seng, Lach, Merc.
- Sensitive to touch (painful)—Apis. Arn,
Bell Bry, Card-mar, Colocynth, Cro-
talhor, Merc., Merc-c. Nitr-ac. Plb.
- Sharp, severe pain in.—Bell, Ginseng.,
Hura., Magn-Phos.
- Steady unremitting pain.—Cocc.
- Sudden pain arising in a small area—
suddenly ceasing Bell.
headache—Diosc.
- Swelling like a tumour in, tensive draw-
ing pain in—Medor.

- Swelling like a tumour in, hard, worse from motion, touch, sneezing, coughing,—Plb.
- Swollen.—Apis, Arn, Card-mar, Colch, Ginseng, Hepar, Lach, Magn-Phos, Medor, Merc, Hep-sulp, Phos, Plb, Rhustox.
- Tenderness on pressure at a small spot the size of an orange, great, sore feeling of hardness.—Crotal-hor.
- Twitching, cramping pain in, which spread over the whole right side of abdomen.—Carb-sulf.
- Inguinal region, outward, pressure at right—Bell.
- Tenderness. See abdomen and Ileo-cæcal region.
- Inspiration. See breathing.
- Intermittent pains.—Bapt, Comoclad, Crotal-hor, Diosc, Inula, Natr-sulph.
- Intestines, increased peristaltic action of, with rumbling in Cæcum.—Carb-sulf,
- Paralysis of.—Phos.
- Jar, lest, aggr.—Acon., Arn., Bell Bry, Bell, Bry, Hepar.
- Knees drawn up, must have the position.

Crotal-hor, Hepar, Lach., Merc, Op.,
Rhusox.

—Lancinating pains. See cutting pains.

—Legs, aching of the.—Plb.

—Cold, clammy sweat on.—Plb.

—Draw up the, must, abdomen hard and
tympanitic.—Op.

—Extending or moving right, aggr.—
Rhus-tox.

—Extending the right, greatly aggravates
the pain, must lie with it drawn up
and propped with a pillow.—Crotal-
hor.

—Lame feeling in the.—Plb.

—Lancinating pains radiating down the
right, with numbness in it.—Plat.

—Pain from rotating the right.—Lach.

—Lie on back,—See position and back.

—Loin, pain in right, tense feeling—Natr-
sulph.

—Tense feeling, painful stiffness, from
right into sacrum, groin and anterior
part of thing.—Lach.

—Mercury, tuberculous deposits.—
Hepar.

—Motion, aggr, from.—Apis., Arn., Bell.,
Bry, Camph., Cocc., Colch, Hepar,

- Merc., Natr-sulph., Nux., Phos., Plb.,
Pyrogen, Sil.
- During, sharp stitches in ileo-cæcal re-
gion....Hura.
 - Painful feeling of, in right hypochon-
drium, at from something alive.—
Inula.
 - Nausea, with Ars., Bapt Bry, Carb-
sulf ; Card-man, Cocc, Colch, Diosc.,
Hepar., Hura., Mere., Natr-sulph.,
Nux v., Phos., Plat., Plb., Rhustox,
Sil.
 - From sight or smell of food—Ars
Colch,
 - From stooping—Carb-sulf.
 - Nose.—worse blowing the,—Arn.
 - Pains come and go rapidly.—Bell., Mag-
phos.
 - crescendo and diminuendo in character,
—Bell.
 - crescendo in charactor.—Diosc.
 - doubling up and extort cries. causes.
—Coloc.
 - extending downward toward rectum.—
Doryphora.
- Pains, extending and falling downward,
direction of rectus muscle.—Como-
clad.

- internal.—Merc., Camph.
- itching character,—Carb-sulf.
- of inflammation. Natrum-sulf.
- pressive, about quadratus lumbæ muscle.
worse when rising from the lying
posture.—Rhus tox.
- rotating the right leg, when.—Lach.
- Paroxysmal pain. See intermitting pain.
- Peritonitis.—Phos.
- Perityphlitis. See typhlitis.
- Perspiration. See sweat.
- Pinching pains.—Cocc., Phos.
- Position, impossible to lie on left side.—
Rhus tox.
- lies on back with the right knee flexed.
—Heper., Lach., Rhus tox.
- lies motionless on back., must.—Bell.
- Pressing aggravates or causes pains on
rectum.—Carb-sulf.
- pains.—Apis., Arn. Ars. Bell., Camph.,
Card-mar., Cocc., Colch., Merc. Nux-v.,
Phos., Pyrogen., Rhus tox.
- swelling from below upward. Amel. the
pain.—Rhus tox.
- Pressure, causes rumbling in right side of
abdomen.—Diosc.
- outward at right inguinal region.—Bell.,
Cocc., Natr-sulf.

—sensitive to.—Apis., Arn., Bapt., Bell.,
 Bry., Camph., Carb-sulf., Cocc., Colch.,
 Crotal-hor., Diosc., Doryphora., Gin-
 seng., Lach., Merc., Merc-c., Natr-sulf.,
 Nita-ac., Plb.

—Sensitive to. See also abdomen and
 ileo-cæcal region.

Prostration, with great.—Camph., Diosc..
 Crotal-hor., Nitr-ac.

Pulse, hard and tense.—Op.

—rapid.—Camph., Crotal-hor., Rhustox
 Consult general repertory.

Quite—better from. See motion.

—worse from.—See motion.

—pains coming when, and also when
 moving.—Natr-sulf.

Rectum, pressure on the—Op.

Remits, when the pain remits intensified
 Cocc.

Restlessness with.—Acon., Ars., Bell., Cocc.,
 Coloc., Natr-sulf., Pyrogen.

Consult general repertory.

Retching, with.—Ars., Bapt., Hepar., Plb.

Rheumatic subjects, in—Bry.

Rumbling. See under abdomen.

Septic states, in.—Crotal-hor., Pyrogen,
 Rhustox.

Sharp pains.—Arn., Bapt., Bell., Coloc.,
 , Ginseng, Inula, Magn-Phos, Medor.
 Phos.

Shooting pains.—Phos. (Consult sharp
 pains).

Side, lying on, aggar.—Arum-mac.

—numerous stitches in right, worse while
 lying on painful side.—Thuja.

—pressing pain on right, between false
 ribs, hips, worse when stretching out
 thy body in the morning, with colic
 pains.—Card-mar.

Sight.—See eyes.

Sitting, worse when.—Phos., Rhustox.

Skin, hot and dry.—Cratal-hor.

—pale, cold and clammy.—Diosc.

—perspiring while it burns to the touch.—
 Bell., Op.

Sleep, restless.—Bell.

Sleeplessness.—Bell.

Sleepy, but not sleep.—Bell.

Stupid.—Op.

Sneezing, aggar. from.—Apis., Plb.

Spasmodic pain.—Cocc.

Squeezing, pains.—Natr-sulf., Op.

—pains, as if something were forced
 through a narrow passage.—Op.

Stage of the disease, first.—Acon. Bell.

Merc.

—suppurative Hepar., Merc.

—suppurative. See abscess.

—typhoid.—Apis., Bapt., Bell., Bry.,
Hepar., Lach., Merc-c., Pib., Pyrogen.,
Verat.

Standing worse.—Arum. mac., Bry., Phos.

Stopping, worse from. See walking.

Stercoracious vomiting. See vomiting.

Stinging pains.—Apis., Bryo., Camph.,
Ginseng,

Stitching pains.—Ars. Bapt. Bry. Colch.
Hura. Inula. Marc. Thuj.

—pressive, cutting, from right to left, worse
walking.—Merc.

Stomach, coldness of.—Cocc.

—painful distention of.—Phos.

Stool.—almost incessant desire for.—
Merc-c.

—constipation, or slimy difficult.—Merc.

—copious, gushing.—Phos.

—turdy masses or pus.—Lach.

—fetid.—Crotal-hor., Op.

—frequent calls to.—Arn., Hepar., Nuxv.

—ineffectual desire for.—Inula., Nux-v.,
Thuj.

Involuntary.—Op.

—mucous.—Merc., Merc-c., Nitr-ac.

—painful urging to.—Lach.

—retention of, or involuntary, offensive
thin diarrhœa.—Op.

—scanty, of blood and mucus.—Merc-c.

—watery.—Nitr-ac.

—whitish, containing pus.—Rhustox. See
also constipation.

Suppurative.—See abscess.

Sweat cold.—Ars., Hura., Plb.

—cold on face.—Ars.

—cold on bare head,—Plp., Verat.

—copious upon genitals., of a honey like
odor.—Thuj.

profuse at night,—Rhustox.

—with.—Camph., Op., Plb.

—with the pains.—Merc.



Chapter I

The first part of the book is devoted to a general survey of the subject. It is divided into three sections: the first dealing with the history of the subject, the second with its present state, and the third with its future prospects.

The second part of the book is devoted to a detailed examination of the various theories which have been advanced to explain the phenomena under consideration.

The third part of the book is devoted to a critical examination of the evidence in support of the various theories, and to an attempt to determine which of them is the most probable.

The fourth part of the book is devoted to a discussion of the practical applications of the theories, and to an attempt to determine how they may be used to solve the various problems which arise in connection with the subject.

The fifth part of the book is devoted to a summary of the results of the investigation, and to an attempt to determine the conclusions which may be drawn from the evidence.

The sixth part of the book is devoted to a discussion of the various objections which have been raised against the theories, and to an attempt to show how they may be answered.

The seventh part of the book is devoted to a discussion of the various questions which remain to be solved, and to an attempt to determine how they may be solved.

The eighth part of the book is devoted to a discussion of the various questions which arise in connection with the subject, and to an attempt to determine how they may be solved.

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THE OLDEST MONTHLY JOURNAL OF HOMŒOPATHY AND
COLLATERAL SCIENCES.

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