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सचैव भिषजां श्रेष्ठो रोगेभ्यो यः प्रमोचयेत् ॥

चरकसंहिता ।

That alone is the right medicine which can remove disease :

He alone is the true physician who can restore health.

Charaka Samhitā.

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SERUM OF EEL.

Eel is a kind of European fish, of the family of Anguillidæ. The following note is taken from an authority :

“The term fixed for any one of three British species of *Anguilla*, once confounded together, but separated by Yarrell—the Sharp-nosed eel (*Anguilla acutirostris*); the Broad-nosed eel (*A. latirostris*) and the Snig eel (*A. medirostris*). All these are popularly called simply ‘the eel’. The first is the more common species. It inhabits streams, lakes, etc. In autumn it descends to brackish water, where it spawns. In spring it returns in numbers numberless, all moving in ranks like soldiers in an army. The second species is somewhat less common.

Couch in his *Hist. Fishes Brit. Islands* (1877), doubts if the Snig is a distinct species. He adds a new one, the Dublin eel (*A. hibernica*), and suspects there is another, the Grigg eel, which is perhaps *A. Platbeck* of Cuvier.”

With regard to Serum of Eel as a medicine, we derive our information from *Revue Homœopathique Française*. At a meeting of the *Société Française d’Homœopathie*, Dr. P. Jousset said: It is a new medicament, and he believed to be the first and the only one who has employed it in the treatment of the affection of the heart and kidney.

Mosso and Phisalix have experimented the serum of eel upon animals long before him. Because, they have demonstrated the

great analogy of serum of eel with the venom of viper, that he was carried to study the medicament.

The experiments, that he has made at the laboratory of the Hospital Saint Jacques, are found related in the July number of *L'Art Medical* 1899; and more completely with regard to the histological lesions in *Bulletin de la Societe Anatomique* of May 1899.

The serum of eel acts very powerfully on rabbit. On injecting a dose of 3 drops, (hearing the physiological action of serum) in the marginal vein of the ear, on the following day the urine became albuminous and sanguinolent; the pulse afterwards abated in velocity to afford relief; by larger doses, 8 to 10 drops, it became intermittent. The urine at first became abundant and always albuminous. Afterwards the urine diminished, since anuria and diarrhoea came on almost at the same time, and the rabbit succumbed.

The lesions were especially intense in the liver and in the kidney; they disclosed two principles; the coagulation due to necrosis and vascular degeneration.

The heart presented also certain lesions, although very little advanced; there were rare granulations upon a few muscular fibres and in the wall of isolated capillaries; a certain kind of degeneration of the muscular fibre; a collection of round cells in the fibres with new multiplication; upon a longitudinal curve short constriction of fibres; and upon transversal cutting vacuoles in a certain number of muscular fibres."

The following interesting case was also mentioned by Dr. Jousset.

Rheumatic endocarditis, Mitral insufficiency and Contraction of the mitral valve. Hypostole. Cactus, Digitaline, Theobromine, Apis, Strophanthus, Vipera torva, Spigelia, Colohicum, Aconite, Serum of Eel.

Madam X—, aged twenty-eight years, was admitted into the Saint-Jacques Hospital on the 31st October, 1907.

She had two attacks of acute articular rheumatism. The first accession was ten years before, and she was in bed for two

months. The large articulations were successively affected and they were red swollen and painful. Very slight bruit was audible in the heart.

Only two months before she was again attacked which lasted for three weeks, complicated with grave endocarditis, characterised by considerable dyspnoea, anxiety and palor of the face. At the time of her admission to the hospital rasping systolic and presystolic bruits were ascertained. The jugular veins were beating with force and the pulse was small and irregular. The liver was painful and congested.

On the 31st October, *Cactus* 1 dec., ten drops was prescribed; but in the evening signs of asystole manifested itself, the House Surgeon prescribed *Digitalina*, 1 in 1000, twenty drops. The next day the patient found relief from the dose of the medicine; he again prescribed thirty drops of the same preparation of *Digitalina* and urine which was only 300 grammes, became on the next day 1500.

On the 2nd and 3rd November, not finding her well *Theobromine* three doses of 50 centigrammes was administered. The next day she had no medicine. The urine came to 2500 grammes. On the 5th, *Apis* 6 dec. and *Iedum* 3 dec. were alternated. From this time the urine considerably diminished and came from 750 to 300 grammes. The troubles of asystole again appeared. *Strophanthus* (Mother), *Vipera Torva* 2 dec. trituration, *Calomel*, *Spigelia*, and *Theobromine* produced almost no effect. The patient being extremely oppressed was obliged to seek the assistance of the Assistant Surgeon; the pulse was small and arhythmic (irregular).

On the 1st December, Dr. Jousset found the patient in the same state. *Digitalina* was again indicated by the state of the pulse and the urine; but as the medicine could only procure a passing amelioration, he prescribed *Serum of Eel* 1 dec. ten drops, although the urine did not contain albumen. The next day the urine was double the volume and the day after it became 1100 grammes; at the same time the functional derangements were much ameliorated.

On the 9th December, the patient felt a little oppression, though slept well; the urine became 1500 grammes; the pulse was regular, but the bruit persisted with the same intensity. He prescribed *Colchicum* (Mother), forty drops for four days. The medicine could not produce any effect. Then he prescribed *Aconite* (1 dec. trituration) 20 deci-grammes in 200 grammes of water. The patient was better, she could notably walk without oppression. On the 22nd, she wanted to go home.

Remarks by Dr. Jousset: *Digitaline* is a usual and classic medicine. Three symptoms formally indicate its use: the loss of power of the cardiac muscle revealed by the small and intermittent pulse, oliguria and anasarca. In the aforesaid case two symptoms were present—the feeble and intermittent pulse and oliguria. The action of the medicine was immediate and from 300 grammes the urine increased to 1,500 in forty-eight hours.

Crystallised *Digitaline* in the dose of 30 to 50 drops in solution in the proportion of 1 in 1,000 given twice during the day, advantageously replaced the maceration of the leaves which is given otherwise. Its action is surer and more rapid, and its administration is more easy. Usually at the end of forty-eight hours urine increases and amelioration of the general symptoms comes on. He particularly drew attention to the favourable action of *Digitaline* when the medication is administered in a sufficient dose of 30 to 50 drops in a day, being continued to 4, 6, 8 or 12 days; the untimely administration of other medicaments does not interfere with its action.

In another number of the same *Revue* he said that three or four drops of Serum of Eel injected in the marginal vein produce albuminuria and oliguria in a rabbit which died of anuria. At the autopsy, lesions of parenchymatous nephritis were found, the hepatic lesions were analogous to those of infectious maladies. The heart also was injured and principally from myocarditis.

Clinically, Serum of Eel has an efficacious action in troubles of the heart as mitral insufficiency, asystole with or without

œdema, dyspnoea, and oliguria. Dr. P. Jousset generally prescribes ten drops of the first decimal. Diuresis is re-established. It has analogous action to that of Digitaline. Digitaline 3 dec. forty to fifty drops, three times, in asystole has more certain action than the serum; but when compensation has been re-established Serum of Eel is preferable; when Digitaline can not act, the serum will do so. Each of the substances has the following indication: Digitaline agrees with asystole, arterial hypotension, and anasarca. It re-establishes tension, increases the arterial tension, and indirectly provokes diuresis without touching the kidney.

Serum of Eel has a complex action upon the liver, kidney and heart. Clinically, it works when Digitalis has failed and lastly, maintains the compensation after Digitaline. It is indicated in asystole and other derangements of the heart and liver, and albuminuria. Dr. Paul Tessier prescribed Cratoegus (Mother) thirty drops in a case which produced diuresis.

Dr. Jousset thought that the reappearance of urine by that medicine was due to a substance called Propylamene experimented by Drs. Guibert and Nimiaz of Venice.

DYSENTERY.

(Continued from page 105).

COLLINSONIA CANADENSIS. Stools Intermittent cutting in hypogastrium, compelling him to sit down and causing faintness, stool of yellow faecal matter, mucus and blood, with tenesmus, then cutting in hypogastrium.

Small stool of mucus and blood, preceded and followed by cutting in hypogastrium. Cutting in hypogastrium, with stool of bilious matter, mucus streaked with blood, and tenesmus, then intermittent cutting in hypogastrium. General aggravation late at night. Pure mucus stools, or mucous stools mixed with dark substances. Dysenteric stools. Hæmorrhoidal dysentery with tenesmus.

Before stool. Cutting in hypogastrium. Faintness.

During Stool. Tenesmus.

After stool. Cutting in hypogastrium. Vomiting.

Rectum and Anus. Hæmorrhoids, bleeding almost incessantly especially with sensation of sharp sticks in rectum. Tenesmus.

Accompaniments. Nausea with cramp-like pains in stomach. Cutting pains in hypogastrium. Colic with flatulence and nausea. General aggravation late at night.

Remarks. Collinsonia has the peculiar characteristic of cutting pain in the hypogastrium before and after stool. Faintness precedes the dysenteric flux. Though it is a rarely used medicine, yet it has its particular place in cases of dysentery.

COLOCYNTHIS. *Stools.* Frequent, mucous painless stool. Slimy then bilious at last bloody. Feculent at first, later almost of pure blood, with tenesmus and passage of pieces of mucus membrane. Dysentery with passage of blood, with burning pain in sacral region. Slimy diarrhœa. Sangnineous evacuations. Dysenterical evacuations, with colic. During evacuation, contraction in the rectum. Discharges slimy, bloody like scrapings of intestines. *Dysentery, bloody and mucous, stools always after eating or drinking, preceded by colic.* Aggravation after vexation or indignation. *Diarrhœa or dysentery as the result of anger or from fruit, with colic, the evacuation preceded by the characteristic colic of Colocynth, as an important indication.*

Before stool. Cutting colic. Great urging. *During stool.* Sometimes tenesmus at other times not. *After stool.* Relief of the pain. Prostration.

Rectum and Anus. Swollen hæmorrhoids. Urging to stool with sensation in anus and lower part of rectum as if weakened by repeated urging. Discharge of blood; daily with sticking and burning in small of the back and anus. Prolapsus. Tenesmus.

Accompaniments. Gripping in epigastric region after every meal, worse towards evening. Pinching in pit preventing sleep, with constriction of stomach, and sensitiveness of stomach, so that it could bear no covering. Intermittent compression in epigastrium changing to pinching, with confusion of sinciput. Cramp in the stomach at night better from eructation. Dis-

tension and pain of abdomen (Mag. c.). Croaking as of frogs in abdomen. Rumbling in abdomen. Discharge of flatus. Pinching in abdomen as if bowels were pressed inward, better from pressure and bending inward, with cutting extending towards pubic region, so severe below navel that facial muscles were distorted and eyes drawn together, as if squeezed between stones. Gripping; worse below navel obliging him to bend over. Gripping worse after eating fruit. Colic of the most violent character worse from hard pressure, sometimes with nausea and vomiting, sometimes with diarrhoea or dysentery, sometimes with discharge of great quantities of gas; pains often extend into chest and pelvis, and may be caused by suppressed perspiration, as from drinking ice-water when heated, or it may be brought on by fits of anger; the patient always doubles up with the colic.

Remarks. Colocynth is applicable to cases of dysentery, where premonitory symptoms of violent cutting colic appear. In dysentery with cutting colic preceding stool, wants the help of Colocynth. In fact, it is a medicine which can be administered in the first stage of the disease. In a later stage it does not act so well or not at all.

COPAIVA. *Stools.* Thin, frequent, without pain or urging, with increased mucus. *Dysentery with intolerable burning at anus, tenesmus and blood.* (Canth., Caps.). Stools with tenesmus. Bloody stools.

Rectum and Anus. Spasms of rectum. Sticking in rectum. Urging to stool. Bleeding piles. Oozing of serous or purulent fluid. Burning itching in anus. Intolerable burning at anus.

Accompaniments. Spitting up of ingesta with large quantities of mucus. Nausea. Gastric troubles during menstruation or following urticaria. Tearings in the abdomen preceded by pullings in the bones of thighs. Sensation of burning in the abdomen.

Remarks. The principal indication for the administration of *Copaiva* is the intolerable burning at the anus, with tenesmus and blood. In these symptoms it is compared with *Cantharis*

and Capsicum. But in some points they differ. Cantharis has stools with scrapings of intestines and chill during stool as if water was poured over. Capsicum has thirst and when drinking causes shuddering.

CORNUS CIRCINATA. *Stools. Urging to stool with bearing down pain in abdomen: discharge of a few slimy lumps, with pressing and smarting at anus.* Discharge of only scanty, dark, and slimy fluid and offensive flatus. Scanty, bilious, slimy, with flatus and tenesmus, during and after the stool, burning pain at anus and a short distance within rectum. *Dysentery, with burning in anus and rectum and great debility.* Dysentery with abdominal pains, before, during, and after stool, with great debility and biliousness. *Ulceration of the mucous membrane of the rectum.* Chronic malarial troubles, with jaundice, tendency to diarrhœa or dysentery, enlarged spleen, etc.

Rectum and Anus. Urging. Pressing and smarting in anus. Burning in anus and rectum. Bearing-down pains in rectum and anus. Tenesmus.

Accompaniments. Depression of spirits. Inability to concentrate thoughts. Distension of the stomach and passage of wind. Rumbling in abdomen. Pain in the umbilical region. Jaundice.

Remarks. The medicine is used in cases of malarial fever with jaundice and dysentery. Urging and bearing down pain are associated with the mucous lumps.

CROTALUS CASCABELLA. A few symptoms has been recorded with regard to this serpent poison. Prolapsus ani, urging and tenesmus followed by discharge from anus of thick, white mucus, like the white of egg. It has an important character, great desire for snow, without wanting either water or wine. Other symptoms may help the selection of the medicine. They are: epigastrium sensitive, can not bear clothing. Feeling as if a peg were sticking in the liver. Constriction of the throat as if a string were tied round the thyroid body. Pain in oesophagus extending to abdomen. It is a medicine of the

hæmorrhagic or the sloughing form of dysentery mixed with blood.

CROTALUS HORRIDUS. *Stools.* Profuse dysenteric discharges, so that he became remarkably emaciated. Excessive thirst and repeated attacks of vomiting, there was watery diarrhœa with colic and tenesmus; there was also occasionally great restlessness with some twitching. Passed blood with mucus from the anus. Watery stools with colic and tenesmus. *Bloody stool; frequent; involuntary. Black, thin stools, like coffee-grounds, offensive.* Dysentery from noxious effluvia; from septic matter in food and drink; from foul water, etc. Excessive flow of dark fluid blood, or involuntary evacuations, great debility and faintness. Hæmorrhage, dark, fluid, uncoagulable. White (mucous) stools. Sloughing dysentery. Chronic hæmorrhage from the bowels. *Dark fluid blood, continued oozing with great debility, faintness and depression of spirit (phos.).*

Rectum and Anus. Tenesmus. Hæmorrhoids: great tendency to bleed, on using paper, on straining a little at stool, or on standing; in pregnant women; with menstrual irregularities; with heart or liver disease; in inebriates.

Accompaniments. Tongue swollen and mouth inflamed. Stomach unable to retain anything. Intolerance of clothing in epigastric region and beneath hypochondria (Lach). Swelling of abdomen.

Remarks. Crotalus is applicable to bad cases of dysentery with or without slough. It is indicated in cases where there is more blood than mucus. As a sequel to many adynamic fevers. Dysentery of violent character with profuse blood occurs in these cases. Chronic malarious fever with black stool, shewing disintegration of the colouring matter of the red cells as well as of themselves, requires the help of the medicine. It is a dangerous form of the disease and wants immediate care. All hæmorrhagic flux from the bowels, originating from septic matter, should have its first aid. Hæmorrhage from the bowels is the leading character of the medicine. The blood is generally dark, fluid and uncoagulable, with sinking of strength. Dr.

Hayward writes: "Crotalus exerts an idiopathic action on the digestive tube throughout its whole length, producing in the mouth and œsophagus congestion, hæmorrhage, œdema and pain; and in the bowels congestion, inflammation, hæmorrhage, diarrhœa, dysentery; the stools being frequent, liquid, bloody, dark, grey, involuntary; accompanied by tenesmus, and sometimes copious hæmorrhage; and frequently by nausea, vomiting, fainting, prostration."

CROTON TIGLIUM. *Stools.* Involuntary with streaks of white, slimy, emulsion like substance, mixed with much clear, glairy fluid. Soft, slimy, frequent, with tenesmus. Stool as soon as he drinks; (the child has a stool and colic as soon as it nurses.) Every movement of the body renews the discharges. Producing at first very violent pains in bowels, with tenesmus. Discharges frequent and small. After lunch, scanty stool, mixed with mucus. Flatulence, then urging, stool sudden, small with flatus (Jat.).

Rectum and Anus. Swelling extending to anus, with burning. Pain as if a plug were forced outward. Pulsation, sticking and burning in the anus. Scraping in anus after stool. Constriction in anus on walking, with sticking at times. Tenesmus. Urging. Prolapsus ani.

Accompaniments. Hunger with rumbling in abdomen. Abdomen distended. On pressure on umbilicus pain felt down to anus, where there is constant protrusion.

Remarks. Croton Tig can be used in cases of dysentery with small, frequent stool. Stool after drinking or any movement should have its need.

CUBEBA. *Stools.* Yellow, transparent, mucous. Mixed with whitish shining particles like rice. Bloody mucus. Involuntary. Worse at night in bed and better from rising from bed and moving about. Dysentery, *stools colourless, transparent, mingled with white particles like rice, with unquenchable thirst*, distended sensitive abdomen, worse from fruit, acids, etc. Bloody mucus. Frequent.

Rectum and Anus. Gripping. Burning in rectum. Hæmorrhoids.

Accompaniments. Nausea. Vomiting. Burnings in epigastric and umbilical regions, with pressure. Flatulence. Gripping. Burning in abdomen.

Remarks. Cubebs are rarely used in dysentery. It has a few prominent symptoms. The dysenteric stools are colourless, transparent mucus, mingled with white particles like rice. The particles seem to be coagulated mucus.

CUPHEA VISCOSISSIMA has been used by Dr. Roth in cases of dysentery. His points of indication are, stools decidedly dysenteric, small, frequent, bloody, with tenesmus and great white pain; high fever, restlessness and sleeplessness.

Dr. Brown in Medical Century writes: "If you have a child that is fretful and feverish; vomits curdled milk; from hyperacidity of the stomach; has frequent green, watery, acid stools; or even if the stools are dysenteric, with great tenesmus and colic; high fever and restlessness, give *Cuphea*."

Cuprum Arsenicosum has the following symptoms: Rectal tenesmus, with almost constant mucous discharges. Chronic slimy diarrhoea with cramps in abdomen. Nausea and vomiting worse after eating and study. Obstinate hiccup. Cramp in stomach and bowels. Colicky pains in abdomen. Cramping pains in lower bowels, with extreme vesical and rectal tenesmus.

It has perhaps never been used in dysentery, but it has indications of its own.

(To be continued.)

REVIEW.

Practical observations upon the Chemistry of Food and Dietetics.

Second Revised and Enlarged Edition. By J. B. S. King, M.D., 147 pages. \$ 1.00. Postage 5 cent. Philadelphia. Boericke and Tafel, 1907.

In the introduction the author writes that "there has probably never been a time when the attention of the public has been more generally directed toward the care of the health than the present." This we think is not quite true. Human being since the dawn of intelligence proper has been always careful to the attainment of long life and the avoidance of disease which the flesh is heir to. Ample record of this is found in the ancient literature of India. In these days of trumpeting through newspapers and magazines we may think that "there has probably never been a time when the attention of the public has been more generally directed toward the care of the health than the present." Silent work was the order of the days gone by, and experience of sages of different ages were recorded for the benefit of mankind. But noise is the order of the day we live in and pushing-forwardness and self-advertisement have been ruining the cause of humanity. In our vain attempt to further the progress of the world we have been creating mischief which has been positively undermining the health of all nations. The so many preserved and chemical food prepared more for the sordid gain of money than for the benefit of mankind, has been doing immense mischief in the world. Certificates of recommendation for such food are not very difficult to obtain and clean pass out these dirty stuffs as of superfine quality and indispensable to the suffering humanity. It does not require many years' experience to prove that the stuffs which had been lauded to the heavens are worse than useless and many a time prove positively injurious. We side ourselves with those who advocate natural and fresh food which is infinitely more healthy and nutritious. The virtues of tinned

food, even, of a few days standing, are immensely changed though the chemical composition may remain the same. For we must not forget that the virtues of the different substances do not depend upon their chemical composition.

We now come to the book proper and we have no hesitation in saying that the treatise is an excellent one. Every physician ought to know the chemical composition as well as the different virtues and properties of every kind of food materials. The author has given only the chemical composition and the food value of the substances in his book. The different virtues and properties of the food stuff can only be known by long experience and one would do well to collect these and publish them for the benefit of mankind. In our country the *Charaka* and *Susruta* are the oldest records of medical experience and even in them we find the properties of different kinds of meat and of different kinds of vegetables have been most exhaustively dealt with. Our modern Hindu physicians, I mean the Homœopaths, the Allopaths and the Kavirajes, would do well to note down their experience in practice of different kinds of meat and of the vegetables.

Besides the Chemistry of food we find a very useful chapter on "diet for special conditions," in which the author has elaborately dealt with the diet of old age, diet of brain workers, diet for the anæmic and so on. This chapter is exceedingly interesting and the experience of different savants should be included in the future edition.

The author, we hope, will add a page giving the contents of the volume and referring to the pages where they are to be found.

Meteorological Observations taken at 8 A.M. at the Indian
Association for the Cultivation of Science, Calcutta.

For the Month of April, 1908.

Date.	Barometer. (corrected.)	WIND.		TEMPERATURE.		Humidity.	Cloud.	Rainfall in inches of past 24 hours.
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.		Proportion.	
1	29.714	S	4.6	100.0	80.5	78	Nil	Nil
2	29.682	S	5.0	102.0	80.5	69	"	"
3	29.715	S	3.1	102.8	81.0	80	"	"
4	29.769	S	4.0	101.0	80.5	84	"	"
5	29.767	S	3.7	101.0	79.5	78	Nil	"
6	29.667	S	4.8	103.0	81.5	82	4	"
7	29.667	S	4.9	99.0	81.5	73	2	"
8	29.683	S	4.2	103.0	81.8	70	2	"
9	29.683	S	5.5	99.0	82.0	77	Nil	"
10	29.707	S	5.7	100.0	80.5	77	1	"
11	29.692	S	3.8	102.5	81.0	77	Nil	"
12	29.742	E S E	5.3	100.5	81.8	80	7	"
13	29.823	S	4.4	102.5	82.0	77	Nil	"
14	29.801	S	3.9	103.0	83.0	67	1	"
15	29.803	N E	2.9	103.2	82.0	66	Nil	"
16	29.814	Calm	2.9	100.0	78.0	57	"	"
17	29.743	S E	2.5	100.0	80.0	75	"	"
18	29.712	S S E	3.5	103.5	81.0	63	"	"
19	29.698	S E	4.6	105.5	82.0	71	"	"
20	29.802	S E	4.2	101.0	81.0	73	7	"
21	29.842	S S E	4.6	100.5	81.2	67	3	"
22	29.792	S E	3.5	101.0	82.0	70	Nil	"
23	29.769	S S E	5.2	102.0	80.0	54	8	"
24	29.700	S S E	7.7	100.0	81.8	68	8	"
25	29.671	S S E	7.5	96.0	82.0	71	9	"
26	29.645	S S E	6.2	98.0	81.0	84	10	0.14
27	29.651	S S E	6.0	99.0	82.8	71	8	Nil
28	29.656	S S E	6.6	99.0	83.0	82	7	"
29	29.724	S S E	6.5	99.0	83.0	70	3	"
30	29.754	S	7.0	100.0	83.5	64	5	"
Mean	29.730	87°S 16°E	4.8	100.9	81.4	76	3	0.14

We have noticed in our last issue that the atmospheric pressure was gradually declining from January. In the month

of April, it is still less. January gave 30·070, February 29·935 and March 29·841. During the month the mean atmospheric pressure was 29·730, in contrast to all the previous figures. As in the last month the SE direction of the wind prevailed. The mean velocity of the wind per hour increased from 2·8 to 4·8. The mean maximum temperature was getting higher preparing the way for the month of June to attain maximum heat. In March, it had been 94·0, in April it became 100·9. The mean minimum in March had been 73·2, in April, it was 81·4. The mean humidity of April was 70 per cent. The rainfall in Calcutta was very slight, though it came on after a long time. On the 26th, it was only 0·14 inch.

It was noticed that in March cholera was playing a high game. In the week ending the 28th March, the mortality came to 252. During the week ending the 4th April, it was 210. In the week ending the 11th April, it again rose to 221. In the week ending the 18th April, it was 267, and in the week ending 25th April, the highest number of deaths of the month, numbering 314, was attained. It will be seen how the mortality of cholera was gradually rising from the beginning of the month of February till the end of April. The sad occurrence of the Ardhodaya Joga in the beginning of February was an incitement for the cholera microbes to spread through fresh foci. The result could not then be observed as the volunteer movement to help the bathers succeeded so wonderfully without many unhappy accidents. The subsequent spread was an unmitigated evil. Not only Calcutta but whole Bengal was affected by cholera. The two sides of the river Bhagirathi from Tribeni, near Magra, to Kalighat supplied different sources for the spread of the infection by the bathers. Even the Sonthal Parganas responded to the evil call. In no year Madhupur and its nearest places have seen such ravages from cholera. The septic tanks flowing their contents in the river might have contributed its share.

Plague had its quota during the month. In the week ending 28th March, the mortality was 115. During the week ending

the 4th April, it was 151. In the week ending the 11th April, it was 142. In the week ending the 18th April, the mortality was 118, and in the week ending the 25th April it came down to 90. It was the lowest number of deaths of the month from the disease.

Mortality from smallpox rose in the first week ending the 4th April to 35. It was gradually rising from the beginning of March. Then there was decline. In the week ending 11th April, the mortality came down to 24. In the week ending the 18th April it was 28. Then, in the week ending the 25th April it came down to 22.

Deaths from fevers climbed down from 122 to 86 in the first two weeks. But in the last two weeks, the mortality rose to 112 and 114. Mortality from bowels complaints ranged from 72 to 55, during the four weeks of April.

During the above-mentioned four weeks, the respective total mortality was 883, 815, 821 and 871, making up 3390 deaths. The ratio of death during that period per thousand population was 51·92. It will be seen that the death rate was gradually increasing. In March, it had been 47·67 and in April it came to 51·92. Cholera, plague, smallpox and fevers were evidently on the increase.

EDITOR'S NOTES.

Some Remedies in Pregnancy.

The *North American Journal of Homœopathy* for March has the following :

“ Ischuria and dysuria :

Nux 3x : Painful and frequent urination ; tenesmus of bladder with color of urine normal.

Canaphor ϕ , drop doses two to five times daily : When urine escapes involuntarily.

Cuprum ars. 2x : Extreme tenesmus of bladder associated with tenesmus of rectum.

Equisetum ϕ 1x or 2x : Urethritis or irritable urethra.

Chimaphila ϕ , 5 to 10 drop doses : With history of chronic cystitis.

Urine suppressed : Acon. and canth. from ϕ to 3x, arnica 3x.

While this annoyance is a frequent one, it is often caused by a displaced uterus or pressure on bladder, which cause efforts should be made to remove ; yet the above remedies will very often be all that is required.

Pain in back and loins : Nux vom. 3x : Pains in the back from exertion or fatigue in effort to support the erect position.

Arnica 3x, 6x : Sacral pains, also in loins or lumbar region. Pains of a neuralgic character. These pains probably arise from pressure or from the pelvic nerves sympathetic with the womb.

Caulophyllum 3x : Pains extending from sacrum to abdomen and uterus near time of confinement.

Mag. phos. 3x : Pains worse when patient gets chilled or cold. Pains come and go, of the cramping kind. Heat, or getting the body warm gives relief. Our best efforts should be to stop these pains, for if they persist there may come a premature labor or a subsequent tedious and difficult labor.”

Antipyretics.

The *Medical Times* of April has the following note :

“It appears to Woods Hutchinson, (*Monthly Cyclop.*, Jan, 08), that they simply act like an increased dose of the toxin, by depressing the vital resistance and preventing the temperature reaction. Aconite, Veratrum viride and the whole group of coal tar products probably act in this way. When we give these drugs in pneumonia, typhoid or

appendicitis we are but pouring a second poison into the body of the unfortunate patient to suppress the resistance which the organism is making to the first. Such drugs make the patient more comfortable, and the doctor much easier in his mind for the time being. Ultimately they lower the temperature, slow the pulse; in much the same fashion, however, as a blow on the head with a club would quiet the struggles of a man resisting arrest, or a dose of opium will relieve a soldier on the march."

The view entertained is so extremely unscientific that the promulgator of the theory seems to know one thing with regard to the physiological action of the medicines. His ideas are concentrated on toxin. All medicaments in large dose no doubt have toxic influence. But when fever is reduced by infinitesimal doses of Aconite or Veratram viride, then there is enough ground for consideration that the medicine which has cured the case has not exerted its toxic influence. There are some other factors besides the toxic influence which has proved beneficial. It gives us the material for consideration, the nature of the action. It is not toxic but ionic. Toxic influence is confined to large massive doses. Ionic pertains to small infinitesimal particles.

Picric Acid in Burns.

The *Medical Times* of April writes :

"Kindleberger, in the *Military Surgeon*, reports 52 cases of burns which were consequent upon a boiler explosion on the U. S. S. Bennington. The clothes were removed, the dirt and grease were washed off with tincture of green soap and ether, and the sloughs and dead skin cut away. Wounds which had already been dressed with some oily preparation were gently wiped with some sterile cotton, and all oozing surfaces were dried in the same manner. Sterile gauze soaked in 1 per cent. solution of picric acid was then applied to the burnt surface and covered with paraffine paper, cotton pad and gauze bandage. If the face was burnt it was entirely covered with a gauze mask soaked in the solution. The dressings were changed daily. Those cases which had been previously treated with oils and ointments, and which were admitted with burnt surfaces bathed in pus, and suffering from high fever improved rapidly under Kindleberger's method, which gave pain for ten or fifteen minutes after the application, but later on had an anæsthetic effect, the pain being less each succeeding time the wounds were dressed. Picric

acid solution, observes the *Therapeutic Gazette*, stains the skin; surgeons and nurses should, therefore, use rubber gloves in applying it. Probably the solution, by coagulating albumen, aids materially in stopping oozing and pus formation, and also in preventing the absorption of toxic material. After the first few day's dressing it may be applied every other day or every third day. After the gauze is removed the burnt part should be irrigated with picric acid solution, and if the gauze adheres it may be softened with the solution before it is taken away, so that the new granulations will not be torn. Where fingers or toes are burnt layers of picric acid gauze should be placed between the parts to prevent adhesion. In every case in which this treatment was applied by Kindelberger the urine was dark red and frothy, the condition being attributed to hæmoglobinuria and some carboluria. Frequent urinary analysis showed no albumen; and the discoloration was considered of no consequence. Patients with such urine and high fever at night were given small doses of magnesium sulphate for its antidotal and purgative effects. Braisted, in his report on the "Japanese Naval Medical and Sanitary Features of the Russo-Japanese War," states that many extensive burns were treated among the Japanese by means of a picric acid solution. Kindelberger concludes that picric acid should be used locally in all burns however extensive or severe, to get a clean wound, rapid healing, diminished fever and lessened scarring; he considers it as much a specific as antitoxin in diphtheria, mercury in syphilis and quinine in malaria."

Doubt can be entertained whether Picric acid has the power to cure severe cases of burns. Whether the sudden onset of the low condition and the subsequent intestinal hæmorrhage can be prevented by the use of Picric acid and its antidote the Sulphate of Magnesia is a dubious issue. All that can be said at present, before making extensive trial is when one per cent. solution renders the urine surcharged with hæmoglobinuria and carboluria, it will be safe, not to push on the remedy when it can not ameliorate the condition of the patient within the first three or four days. It can be applied when the shock is over and cannot be persisted for a long time.

Stupors.

From *Medical Times*, June, we take the following:

"W. Hays (*N. Y. Med. Jour.*) submits a careful differentiation. In alcoholic stupor pressure over the supraorbital nerve will usually elicit a response, though it may be with difficulty; and the patient

will often vehemently protest with words or blows. The face is flushed. An alcoholic odor may pervade the breath and the vomitus if there be any; absence of this odor will almost positively exclude alcoholism. The pupils are equal; either normal in size or slightly dilated and reacting to light. There is no lateral deviation. The pulse is rapid, full and strong. Respirations are of normal frequency; but deep and sometimes stertorous. The skin is very commonly cool and moist; the temperature either normal or slightly subnormal, unless delirium is present, when there is a rise of temperature. A cerebral lesion may coexist with the drunkenness; and great care must here be taken in the diagnosis. The stupor of *apoplexy* is deeper than that of alcoholism; it approximates coma. The face is suffused and cyanotic; sometimes pale. The pulse is full, slow, and of increased tension; the artery often shows atheromatous changes. The respirations are slow, noisy and stertorous; oftentimes they are irregular; Cheyne-Stokes breathing may be heard. The cheeks are blown out, with spluttering of the lips—more marked on the side of the unilateral paralysis, if this be manifested in the face. The temperature may be normal or subnormal; though in cases likely to prove fatal fever may be found. The pupils are dilated, often unequal, and do not react to light nor consensually. Hemorrhage into the pores or the ventricles will produce contracted pupils, because of the irritation of the nucleus of the oculomotorius nerve. Conjugate deviation of the head and eyes, or persistent turning to one side—that on which the hemorrhage has occurred—may be present. Unilateral facial paralysis is indicated by the droop of one angle of the mouth, the effacement of wrinkles on the affected side, and the flapping cheek. Greater flaccidity of the limbs on one side may be noted by raising them and letting them fall; those on the affected side will droop as though dead. The skull should be carefully examined for possible injury; it may be important, however slight it might appear. (A fracture of the internal plate of the calvarium or on the opposite side by *contrecoup* may accompany a slight contusion.) The apoplectic onset varies in suddenness, depending on whether it is due to cerebral hemorrhage, embolism or thrombosis. Stupor or coma, with hemiplegia, complete or incomplete, may occur in the course of pachymeningitis interna. In *opium poisoning* the patient can be aroused unless very profoundly narcotized. The face is at first pale—later dusky and cyanotic. The pupils are strongly and equally contracted. The respirations are slow and may drop to eight a minute. The

pulse is slow and full. The temperature is normal or subnormal. The skin is warm and moist. The smell of laudanum may be noticed in the breath. *Uremia* is an intoxication due to the retention within the circulation of the excrementitious substances normally eliminated by the kidneys. The patient may be aroused temporarily from the unconsciousness which may be preceded by or be alternate with epileptiform convulsions. The face is pale, swollen and œdematous. The breath exhales a urinous or sweetish odor. Examination of the urine shows evidence of renal disease. The pupils are equal and usually widely dilated, though they may be normal and reacting to light. There may be twitching, and rigidity of the extremities. The pulse is rapid. The respirations are frequent and irregular; dyspnoea or even Cheyne-Stokes breathing is occasionally observed. The temperature is usually normal; but may at times be subnormal. Convulsions tend to elevate temperature. If the use of the ophthalmoscope is possible, nephritic retinitis may be discovered. Sometimes uremic hemiplegias transient in their nature and unexplainable pathologically may be noted."

The note is no doubt interesting, but the writer goes to symptoms only without the history of the case. History is necessary to come to conclusion. Alcoholic coma is associated with mutterings and vehemence. The patient wants to rise by fits and starts. In a deeper insensibility than this, dashing of cold water on the face partially rouses the sensation. In apoplectic coma complete insensibility prevails. The pupils unequally dilate. No kind of attempt can rouse the patient from the coma. Stertorous breathing accompanies to make the final. Cases have been observed in which alcoholic insensibility ended in apoplectic coma. Opium poisoning presents different picture. Contracted pupil as a rule supervenes, to be followed by dilatation near the end. Convulsion generally accompanies.

CLINICAL RECORD.

Foreign.

CLINICAL CASES.

By C. E. WHEELER, M.D.

BEFORE I set before you any new cases I wish to give a further-report upon two of those cases which I had the honour to submit to you some months ago. The first was a case of rectal carcinoma in a woman of fifty-seven, seen first in January, 1907. I may remind you that then she had a large mass obstructing the bowel completely, or almost completely, with consequent loading of sigmoid and colon, and secondary masses of growth in the abdomen. Under treatment with unit doses of *Ornithogalum* and *Hydrastis* and *Podophyllum* as intercurrent remedies, she improved steadily for six months, gaining a stone in weight. Partial obstruction continued, and, except on one or two occasions, the motions were always loose, bleeding and discharge became less and less frequent, and pain greatly diminished. From June to the end of August the case remained stationary. In August, pain, chiefly in the sacrum and surrounding regions, began to be severe, and weakness increased so that she was able to come to the hospital more and more seldom, and the later reports were conveyed to me by her daughter. There has been some loss of weight and some bleeding during the last few months, but the motions tend to be more formed, and it is the pain and weakness that distress her. The pain was at first controlled by *Scirrhinum*, later when that failed *Dulcamara* 30 did some service; finally recourse had to be had to *Opium*, at first in small doses, finally in the form of $\frac{1}{2}$ grain of acetate of morphia. This dose, repeated as necessary, but required at least once a day, has been maintained since November, and I wish to record my belief that it has had distinctly a beneficial influence on the growth and the cachexia. The patient to-day is better than in last December, when I thought the end very near. Besides the morphia she has taken *Terebinth.* 3x, and latterly *Arsenic* 3x. I make this report to keep you acquainted with the further progress of a very interesting case. When I saw her first I thought she had at most three months to live. She is still alive fifteen months later, and, apparently, after a relapse, again slightly improving.

My second case is that of a girl of twenty-two. I reported her to you as a case of "dyspepsia" cured steadily and rapidly by *Natr.*

mur. (12 to 200, but at the time I mentioned that the marked constipation persisted, although in every other respect the girl was well. She came at intervals till the end of 1907, with no return of gastric symptoms, but no relief to the constipation. On various indications, after prolonged trial of *Natr. mur.* in various potencies, *Kal carb.*, *Silicea*, *Plumb.*, *Phos.*, and *Caustic.* were given with little or no benefit. Upon the 3rd of January she received one dose of *Lobelia erinus* Φ . The week following there were three natural actions of the bowels, and after a week a daily action, which has continued to the present date. I gave the dose because of its marked effect in relieving constipation in some of Dr. Cooper's cancer cases, but am at a loss to explain its action. I chose it because, although presenting no marked symptoms, the girl always looked "poorly"; sallow without much anæmia, and remained rather ill-nourished. That is to say, her condition, though far from cachectic, suggested a very mild degree of cachexia, and on that indication I gave her a cancer remedy, and, fortunately, with success.

SLEEPLESSNESS—*Coffea*.

My first new case is a very simple one. A lady of sixty-six came to say that for ten years she had not known what it was to sleep well, and latterly had thought herself lucky if she got two or three hours during any one night. She was restless but had no special symptoms beyond numbness and tingling of the fingers occasionally. She was given *Coffea* 6 night and morning. At the end of a fortnight she returned delighted with the increased sleep she had obtained. The time of sleep gradually lengthened till now it is practically normal, although she says she cannot do without the medicine. Dilutions 3 and 6 have been used throughout, and occasional doses of *Kali carb.* 200 because of a tendency to wake at 3 or 4 a.m. I think this intercurrent remedy helped the progress of the case.

CHRONIC NEPHRITIS.

Next I want to set before you two cases of chronic nephritis—the first in a girl of twenty-five, dating from scarlet fever eight years previously. She said she was subject to attacks of hematuria and frequent pain, had been in two hospitals, and was unable to do anything because of these attacks. She has had eight months' treatment. She began to improve at once, and for the last three months has been quite free of pain and able to work. The albumen remains much the same in amount, but she has gained weight, and, by her mother's account, has made more progress than at any time during

her long illness. I report her as an instance of the fact that even considerable albuminuria need not prevent gain of weight and strength. Her remedies have been chosen for the pathological condition and have been *Kali chloratum* 3, *Quin. sulph.*, which aggravated in 3x trit. and seemed to do good in the 30th, and *Plumb. acet.* 1x. The second nephritis case is a man of fifty-six. He was in the hospital (L.H.H.) for fourteen weeks, and was very shaky when first I saw him. He likewise has steadily improved during fifteen months. The albumen is variable in amount, but decidedly lessened, and he has been at work most of the time. I should add that eggs and fish (once a day) have been permitted to both these patients besides the ordinary milk and non-nitrogenous diet, and I think both have been the better for them. The man's remedies have been principally *Kali chlorat.* 2x to 6, and *Barium carb.* and *mur.* 3x, the latter remedies chosen because of a certain degree of arterio-sclerosis. Both these cases therefore, have, I admit, been treated principally as diseases. I must plead, however, that they present few or no symptoms except pathological ones. I should like to underline *Kali chlorat.* for chronic nephritis.

ABDOMINAL PAINS—*Chionanthus*.

A woman of forty-one came to the hospital complaining of attacks of abdominal pain, at irregular intervals, lasting seven or eight hours, and accompanied by more or less jaundice, vomiting, and distension. This condition had continued for six years. There was no enlargement of the liver, but much tenderness in the right hypochondrium. I took the attacks to be biliary colic, and began treatment with *Berberis* ϕ . The following fortnight she had three attacks. *Chelidon.* ϕ succeeded no better. After four weeks with little or no relief she was put on to *Chionanthus* ϕ , and now has had no real attack (though mild threatenings now and then) for six months, except for one fortnight when *Iris v.* was substituted in November last. *Chionanthus* has been continued fairly steadily—indeed, she will not be left without a supply. As her attacks were coming every few days when she came to the hospital and for a month thereafter, I feel bound to attribute some effect to the *Chionanthus*. I must add, however, that latterly she has been subject to headache (frontal), and has only lately obtained some relief from this complaint by means of *Lycop.* 200. So that although considerably improved, she is not yet in a fully satisfactory condition.

GASTROSTAXIS—*Ipecacuanha*.

A girl of seventeen came with a history of hematemesis at frequent intervals (every few days) for five years. < at catamenia. She was bright and cheerful, had no pain after food, and the bowels acted regularly. The blood was bright red. I took it to be a case of the kind Dr. Hale White classifies as gastrostaxis, hemorrhage independent of ulceration of the stomach, and gave her *Ipecac.* 6. That so far (a period of two months) has been the end of the hemorrhage. It has not appeared again.

HEADACHE—*Iris*.

A woman of fifty-four stated that for four and a half years since the climacteric she had suffered once a week from severe headache, with vomiting. The pain began in the vertex of the right temple, and was accompanied by great thirst and followed by thick deposits of urates in the urine, *Iris vers.* 3 was given night and morning, and *Iris* 30 to take during an attack. This treatment gave relief at once. A fortnight after, *Iris* 1 was given night and morning, and since then—January 17th—only three slight attacks have been reported.

EXOPHTHALMIC GOITRE—*Adrenalin*.

A man of forty-one came in June, 1907, with a history of twelve months' illness. He had no enlargement of the thyroid but very marked exophthalmos, a pulse of 144, tremors, flushes, sweats, and inability to work. Both arteries to the thyroid had been ligatured at Guy's Hospital without result. He was thin, and told me that he had lost five stones in weight. He received first *Adrenalin chloride* 6 night and morning, and *Thyrodin* 12 once a week. A fortnight later he felt better, and his pulse was 108. Treatment was continued. On July 16th pulse was 117. *Thyroid* 3x twice a week was tried, and *Adrenal. chlorid.* 3 twice daily. July 30th, though he said he felt better, I saw little change. *Adrenal. chloride* $\frac{1}{1000}$ was now applied locally to the thyroid and *Calc. fluor.* 3 administered, and this treatment continued for a month. He had now lost his flushings and sweats, and tremor was rather less, but the exophthalmos was unchanged and the pulse 108. September showed little further advance; local applications were abandoned. On October 1st *Adrenalin* 3x was given twice a week in 2-grain doses. From that time he has improved steadily. He has now gained over three stones, has been hard at work since December. The pulse goes to over 100 after he has worked, but in the mornings is about 88. The tremor is less, and the exophthalmos decidedly less. The case is incomplete, but I have judged it worth recording even in its present state.

PHTHISIS—*Phosphorus* AND *Tuberculin*.

Only a brief mention need be made of this case. A man of thirty who came for repeated attacks of hemoptysis, not severe but troublesome. He had had six months in a sanatorium and gained two stones there in weight, but I found definite physical signs at his left apex,

and as his work was in town (shop-work) I was at first a little anxious for his future. He received *Tuberc. K.* 30 in occasional doses, and *Phos.* 3x twice a day and 30 at night. The bleeding stopped at once, and has not recurred. I have had him under observation for eleven months, and his apex has now entirely scarred up. He has kept his weight and continued his work, and a bad cold during this winter revived no signs of any lung mischief. The *Phos.* has been given from time to time, and *Tuberc.* occasionally.

ANGIONEUROTIC (EDEMA)—*Apis.*

A woman of fifty came with the history of sudden occurrence of the body, especially the hands and the throat, lasting twenty-four hours. These had come from time to time for years, but previously she had suffered from attacks of gastric pain and vomiting. These "bilious" attacks, as she called them, still came occasionally, but her trouble was the œdema, which now appeared every fortnight or oftener, and caused her great alarm when it affected her throat, for fear she would choke. She was given *Apis* lx twice a day, and *Apis* 30 to take every half-hour if œdema appeared. This was on December 31st; on January 14th there had been no attack. Treatment continued. On January 28th she reported that œdema seemed to be about to commence in one foot but was checked by *Apis* 30, and an attack of pain and vomiting followed. She therefore received now *Berb. φ* night and morning (as the site of the pain. was the right hypochondrium and flank, and the urine showed deposit of urates after the attack), and *Apis* 30 was to be taken if œdema supervend. On February 18th she reported a transient swelling of the elbow, and on March 10th no attack either of œdema or pain. As previously for years she had suffered every month, and latterly at least every fortnight, she is greatly pleased at three months' practically complete freedom.—*The Homeopathic World*, May 1, 1908.

Gleanings from Contemporary Literature.

RADIUM AS AN INTERNAL REMEDY IN CANCER AND DISEASES OF THE SKIN, WITH PROVINGS AND CASES.

By JOHN H. CLARKE, M.D.

Consulting Physician to the London Homœopathic Hospital.

A priori it would seem exceedingly unlikely that such a potent physical agent as radium has proved itself to be should be anything other than a great power when used internally as a remedy. But how are we to find our indications for its use, and the best preparations in which to administer it? The homœopath has but one answer to these queries—*try*. Thanks to the enterprise of Mr. Armbrecht, all workers with radium, be they homœopaths or physiccists, have an opportunity of carrying on their experiments. Mr. Armbrecht prepared homœopathic potencies of radium brouide, and the 30th potency of this salt is the one I decided to put to the test first of all both for proving and curative work.

The points supplied by those who had worked with radium as an external remedy were not many, but they were distinctive enough. In the first place M. Curie himself supplied a "leader." "If there is one thing I know about radium," says M. Curie, "it is that *it will burn*." In the *Pall Mall Magazine* of October 17, 1903, is an account of a visit paid to M. and Madame Curie by Mr. F Lees, and in the course of the interview M. Curie made the following remarks:—

"The doctors think that they can cure lupus and polypus—perhaps cancer—with it, but I know nothing about that, it is their business, not mine. But *it will burn*. I can testify to that. I put a tiny bit of a salt of radium in an India rubber capsule, fastened it on my arm and left it there ten hours, When I took it off the skin was red, and the place soon turned into a wound, which took four months to heal." He pulled up his sleeve and showed a white cicatrice the size of a shilling, with the skin round it puckered and discoloured. "Another time I tried it for half an hour only. A wound appeared *at the end of a fortnight*, and took another fortnight to heal. On a third occasion I tried it for eight minutes only. *Two months later* the skin became red and a bit sore, but it soon passed off."

Another point brought out by M. Curie's experiments is the *lateness* of the appearance of the symptoms, and the long time it took for the ulcer resulting from the burns to heal.

The tremendous energy thrown out by radium will naturally suggest to the homœopath a centrifugal action—an antipsoric effect—in throwing central diseases out upon the skin. Hence homœopaths would not be surprised to find in it a remedy in many affections appearing on the skin. The use of radium among allopaths has been confined to its use as an external agent in external affections, notably

epithelial cancer, lupus, nævi, port-wine stains or nævi-flammei; and Mr. Armbrrecht informs me that he had frequently seen warts disappear after a few applications of the rays. I shall be able, I think to show homoeopathic warrant for many of these "allopathic" uses.

In addition to M. Curie's experiments on himself many observations have been made on animals and some on patients. Plants have also come under experiment. Under the action of radium rays plant growth and development are checked, ferments lose their power, protozoa are first stimulated and then die. Culture growths are arrested and then die. Shelled organisms are more resistant than those containing chlorophyl. In animals, development and regeneration are retarded. Red corpuscles lose their hæmoglobin and salts into the serum. The central nervous system is peculiarly sensitive to the action of radium, and young animals are more susceptible than the older ones (Louis Hussakof, *Med. Record*, July 1907; *Brit. Med. Journ.*, September 21, 1907).

Mr. Roux made experiments on animals early in 1904. If a tube containing radium was placed near the skull of a small (*e.g.*, mouse) paralysis and death followed. If it were hung above a cage containing animals the same effect followed, but at longer intervals. Among the effects noticed by Roux was redness and irritation of the conjunctivæ of the animals.

The first effect of radium held near the human skin is to cause an intense erythema, which leaves behind a brownish pigmentation, unless it has been severe enough to lead to ulceration.

These were the data available from general medical literature. I will now proceed to give an account of the provings.

PROVINGS.

I.

A. B., male, aged about 50, blue eyes, clean-shaven, nervous, sanguine, good health.

April 22, 1904.—Took six globules of radium bromide 30.

April 26, (fourth day).—Discovered two white patches on penis, one at root, one on right side. These patches were covered with fine scales and proved to be of the nature of psoriasis. They cleared off and others appeared on other parts of the organ; had circular or serpiginous edges. This recurred for many months. There was absolutely no abnormal sensation in them.

May 2 (eleventh day).—Shivery; bilious feeling; stools paler than normal and more frequent. This condition lasted three days, when the shivering departed.

May 5 (fourteenth day).—More mucus in nose without having taken cold.

May 7 (sixteenth day).—Bowels very relaxed still, stool in loose bits, parts almost watery, darker in colour. This condition lasted many days; sometimes the stools were light, sometimes there were tags of mucus. They did not become normal till July 27. This

morning tongue very sore, right side, about the middle. A callosity or corn on the inner border of right foot, which had been present at least twenty years, was found to be almost gone; it disappeared completely soon after and has not returned.

May 19 (twenty-eighth day).—Eyes smart and looked red; this was noticed by others. This passed off and reappeared with greater intensity later. Passed away about June 7.

June 5 (forty-fifth day).—For a few days the skin of the face has been irritated; this day is very much so. This condition gradually got worse and lasted altogether over two months. The skin became thickened and, when scratched, which gave the greatest relief, exuded a clear moisture. It was greater after washing (which caused oozing) and after shaving (shaving could only be done, in consequence, every second day); relieved by washing with *very hot water*; worse at night when warm in bed. It prevented sleep, and a pocket-handkerchief had to be kept applied to absorb the exudation. The sensation was an intense itching and scratching was intensely delightful, but could only be sparingly indulged, as it was followed by burning and stinging along with oozing.

June 12 (fifty-second day).—For several days past has had pain under left scapula. It appeared to have passed off upon 11th, but was felt on waking on 12th; worse on moving and putting shoulder back, better after rising.

August 5 (eighty-eighth day).—A small *nævus* (of the canceroderm variety) about centre of chin to the right of middle line has turned black. In a few days this scaled off and the *nævus* was cured.

August 7 (ninetieth day).—After several vain attempts to arrest the march of the proving, which was becoming well-nigh intolerable, *rhus venenata* was selected as a possible antidote. This it proved to be. The next day the face was decidedly better, and, under the continuance of this remedy, the skin gradually became normal after scaling.

August 9 (ninety-second day).—The skin could be rubbed and scratched without causing any oozing. In a few days it was possible to resume the daily shave.

August 29 (112th day).—A slight recrudescence occurred and again *rhus ven.* was taken. The same thing occurred the following spring after motoring. At times during the proving there was slight inflammation at the umbilicus.

II.

Miss X., aged 34, rather dark, bilious temperament, somewhat athletic build. Took radium bro. 30, six globules, on June 3, 1904, at 10 p.m.

June 4 (second day).—Dry mouth in morning. Headache in occiput in the morning; a tight feeling increasing on motion. In evening indefinite toothache.

June 5 (third day).—Still headache, increased on moving about. No appetite for lunch, feels sick, cannot eat meat (this symptom

lasted many months). Tongue white. Chest feels tight, as if she could not get air enough. Hands cold.

June 6 (fourth day).—Still feels sickish. Unable to eat bacon for breakfast. Can only eat fish for dinner. Weight 9 st. 3½ lb.

June 24 (twenty-second day).—Still off appetite for meat; gets a stuffed-out feeling after food. Cannot smoke (the prover, as a rule, smokes cigarettes and inhales). Bowels confined.

I now began to treat her for the condition and ordered sulph. 30 night and morning.

July 6 (thirty-fourth day).—Got indigestion after the sulph.; symptoms continue. The period, which is due, has not appeared. Skin of face very dry. An eruption which she had on the chest before taking radium had disappeared. Tendency to piles last three weeks. Earache in right ear to-night. Pulsatilla 30 was given, and afterwards merc. viv. m. i.

July 13 (forty-first day).—Much pain in year, stitching, throbbing. The ears were syringed and much wax removed from both and hydrastis 30 given.

The ear continued to give trouble, though in a less degree, and she was deaf off and on. The indigestion and stuffed-up feeling alternate with earache or pain in the chest. The period now came on and was no different from ordinary.

July 20 (forty-eighth day).—Has been able to smoke the last two days. Weight 8 st. 13¾ lb., a loss of 3¾ lbs. The patient looked very ill all this time.

July 27 (fifty-fifth day).—Feeling very seedy, as if going to be ill; as if she could hardly crawl about. Throat sore; ear aching; feels as if bruised inside. Aversion to meals continues.

I was getting anxious about this prover, and as soon as I found an opportunity, after I had discovered in rhus ven. an antidote to radium, I gave that medicine on August 27 (eighty-sixth day).

August 29 (eighty-eighth day).—This morning, for the first time, ate bacon for breakfast. Had no indigestion to-day. Period rather less painful than usual. An old boil on the thigh became active; corns which have given no trouble for years became very painful.

III.

Mrs. W., aged 48, tall, grey eyes, nervous. Much troubled with neuralgia and headaches after influenza, but at the time of the proving free from them.

June 3 (first day).—10 p.m. Radium bro. 30, six globules.

June 4 (second day).—Pricking and peppery sensation in left nostril in evening.

June 5 (fifth day).—Generally seedy to-day. Much headache.

June 10 (eighth day).—Has been off appetite, especially for meat.

Old symptoms now returned and the prover had to be treated for them: thus the proving had to be considered at an end.

IV.

Dr. T. G. Stonham has kindly given me the following account of a proving made on himself.

On February 24, 1906, I took five drops of radium 30x before breakfast and again before lunch.

February 26 (third day).—Noticed some secretion on the lashes of the right eye on waking.

February 27 (fourth day).—Right eye began to feel sore, with occasional sticking pains and increased secretion. There was some general malaise. The eye symptoms continued through the week.

The eyes were < reading and artificial light ; > closing the eyes. The eyes were injected as to the sclerotic vessels traversing it up to the cornea both from the inner and outer sides. Occasional itching of the lids (< upper lid.)

March 3 (fifth day).—Examined by Dr. Macnish, who reports : Blenorrhagia of right eye ; injection of sclerotic and slight injection of the lower part of the cornea ; slight infiltration of the lower part of the cornea ; the eye looks watery ; tension the same in the right as in the left eye ; pupil of right eye dilates less actively than that of the left ; it also contracts more sluggishly. Slight patchy erythema diffused over the forehead.

March 4 (tenth day).—Woke with right eye very painful, with a feeling as if there was a foreign body in it ; better after going out into the air. For the rest of the day felt it very little.

March 5 (eleventh day).—Right eye much better. Left eye has had a sensation as if a loose eyelash were in it on several occasions, not very painful ; slight soreness of ball of left eye. A few injected vessels run over the sclerotic to the cornea in the left eye.

March 6 (twelfth day).—Both eyes much better. All symptoms rapidly cleared off from this date.

I will now give a proving of another description, and a very remarkable one it is. I take it from an article by Dr. Burleigh Parkhurst, of Los Angeles, California, which appeared in the *Pacific Coast Journal of Homoeopathy* of June, 1904. Dr. Parkhurst's article I consider one of the most valuable contributions which have hitherto appeared on the action of this remedy. I shall make large quotations from it, and I wish here to record my most cordial thanks to Dr. Parkhurst for publishing his experience. He has used radium internally as well as externally, and I believe the first internal use recorded is that contained in his article. I quote now from his article what I term.

PROVING V.

Dr. Parkhurst says : "The most remarkable experiment that I have ever seen reported was that of Goldberg of St Petersburg. He fastened to his arm 75 mg. of radium in a box, the exposure being made through a mica window. The box was strapped to the arm for three hours. The strength of the radium is not stated, but

probably it was a low grade radium, because of the quantity used, and also because at that time low grade radium was more commonly used. (Fourth day).—In four days after the exposure a red patch appeared, which became larger and increased until on the fourteenth day there was a necrotic ulcer, which spread in a serpiginous form.

“Later, four other similar ulcers appeared on the *chin*, on the *hand*, and one in the *groin*, affecting the tissues down to and including the corium. These lesions broke down in a superficial sloughing ulcer, which increased for several days and then retrograded and gradually healed, the *distant lesions healing first*.

(Twenty-first day).—“After three weeks the first lesion on the arm was an atonic ulcer in process of repair. From first to last there was no pain, no swelling or heat locally, and no fever or other constitutional symptom. The ulcer was cold, necrotic and torpid.

“You will notice,” continues Dr. Parkhurst, “that this is very different in action from an X-ray dermatitis, and therefore the action of the radium rays is definitely different from the action of the X-ray. I think that the ulcers which appeared at parts distant from the site of exposure are of considerable significance, although I have seen no comment made upon it. To my mind, taken in connection with certain characteristics in a case of my own, which I will call your attention to later, *there is some kind of metastatic action*. It seems to me most probable that *the blood serum is one of those substances which are capable of becoming radio-active, and that in this case the blood became radio-active and had an effect on the tissues distant from the point of exposure* wherever from any cause the vitality was weakened.” (Italics mine, J. H. C.)

Passing from this proving, I will now give a case treated with radium rays by Dr. Parkhurst, because this case shows so plainly the *constitutional* action of the rays and confirms certain points in the provings detailed above.

In this connection I may say that, though I had marked Dr. Parkhurst's paper for future reference, I was unaware of its essential importance until I studied it recently. Great was my pleasure to find that many of the symptoms of my provings were confirmed by Dr. Parkhurst's observations.

“The first case,” says Dr. Parkhurst, “that I got for experiment with radium was one of inoperable carcinoma of the cervix. The woman should have been operated upon six or eight months previously. When I was called in the case was in the last stage. She probably had not more than ten days or three weeks to live. Locally the vagina was entirely filled with a mass which involved apparently the posterior wall of the uterus. The vagina was so completely filled that it was difficult to get the finger within the introitus vulvæ. The systemic condition was one of apathy and torpor. She was œdematous from one end of the body to the other. She was in a jaundiced condition, had not slept without an opiate for a considerable time, could not raise herself from the pillow nor turn herself in bed, profoundly anæmic, had no appetite, no action of the bowels

to speak of, passing very little water, and was beginning to have, with a weak heart action, a dangerous dyspnoea. Mentally she was torpid and apathetic, and it was evidently only a question of days before she would drop away. You can see that this was not a very favourable case for the action of any remedy. Treatment with *radium* was only suggested as a last resort, and with the understanding that nothing was expected beyond the mere satisfaction of knowing that everything that could be tried had been tried. But almost from the first the effect was startling. The patient died, it is true, but for some time the favourable results of the change of treatment were most interesting, and, as I say, startling. I should like to give the history of this case somewhat in detail.

"We began very carefully, because we did not know how active the radium might be upon normal tissues. The radium used was 10 mg. of pure radium bromide in a glass tube, the same tube that I have shown you already. I believe it to be of a radio-activity of over 1,000,000; at any rate, it is the highest grade of radium that I can get in the market to-day. I wrapped this small tube in cotton and that again in lead foil in such a way as to allow the end of the tube to project from the covering. I inserted this to the bottom in a glass vaginal plug, and inserted this within the vulval opening as far as it would go. For the first few treatments the exposure was five minutes every day. It was then increased to ten minutes for five treatments, when, from the action of these eight treatments the result was so marked that we gave her placebo to watch the case. These marked results were as follows:

(Third day).—"After three days' treatment the discharge from the vagina had become very profuse, and she was very much easier as to general comfort, and began to be interested in what was going on. (Sixth day).—On the sixth day she sat up in bed. She had begun to want something to eat and the dyspnoea was getting less. (Eighth day).—On the eighth day discharge was still going on, the dropsy was improving, the jaundice was disappearing, the tumour was so much less in size that there was quite a space around it in the vagina. She was much more cheerful and in every way was much better. *She had been sleeping regularly without any opiate whatever, almost from the first, and had had a movement of the bowels quite naturally.* For a week she had placebo, during which time the favourable action continued. She was bright and cheerful and there was some slight redness beginning to appear in her cheeks. The tumour was getting less in size, and, as I say, the improvement was general. About this time we made an examination of the tumour with electric light and found the abnormal tissue covered with a white necrosis, which was continually sloughing off, sometimes in fluid, sometimes in flakes, and even in shreds. From this time on progress was continuous and of the same character, until once she got out of bed by herself, although she had to be helped in again, and the tumour finally became so small that the whole vagina was patulous and we could make out only the hardness in the body of the uterus and some small masses around the external os posteriorly, which were apparently getting less. (Twenty-first day).—On the twenty-first day this improvement began to cease. Her appetite began to get less; the urine, which had been almost normal, increased, and she began to feel weaker again. We began to increase the dosage of radium, which we did until we were giving fifteen minutes' exposure every day; but we could not bring back the improvement, as she gradually failed, with return of the old symptoms of dropsy, heart failure, and finally dyspnoea, and she died in a few days, dropping off very

quietly from exhaustion, with no pain or discomfort, the end coming within four or five days of the cessation of improvement. We had been so surprised by the action of the radium in this case that we did not know what to expect. We hardly believed that the woman could live, and yet the improvement was so remarkable that we were almost willing to believe anything. As it was, instead of having her drop off in torpor in a few days, we kept her alive, comfortable, bright and happy for the better part of a month. And I believe that if we had had this much earlier it would have been a case of carcinoma cure; but it was too far gone, and there was not enough vitality left to carry the thing through. Several things in connection with this case I should like to note. *When we began treatment there was a small, nevus-like spot on the end of the nose, which had been increasing for some time. This, under the action of radium, apparently decreased until it disappeared altogether.* It seems to me that this must be due to some action similar to the metastatic spots that I spoke of in Goldberg's case. If this action of radium was not through the blood, how did it come about? Another characteristic result is one which I have noticed in every case where radium has been used locally. *The bowels began to move normally and continued to act as long as she lived. The action on the dropsy and on the kidneys seemed to be similar.*"

Thus far Dr. Parkhurst's case strikingly illustrates the constitutional action of radium when externally applied, and it shows that the action is not merely local as is generally supposed. It fully confirms proving No. 1 in a most important detail—the disappearance of a canceroderm on the face as well as in the relaxing effect on the bowels.

CASES TREATED WITH RADIUM.

Before going on to detail my own cases I will conclude my quotations from Dr. Parkhurst by giving his. He used "radio-active water," and this is the first record I know of in which the remedy was used internally.

RADIO-ACTIVE WATER.

"I have personally used," he says, "radio-active water, or at least water which I supposed to be radio-active, inasmuch as I had exposed it for from twenty-four to forty-eight hours to the action of the radium. I administered internally in two cases, the patient taking several glasses of the water in twenty-four hours.

"Case 1.—*Neurasthenia, Constipation, Acne Rosacea.*"

The first case was one of neurasthenia, with an undiagnosable condition in the epigastric region, with a great deal of pain about the pylorus, no tumour or other local lesion discoverable. We tried radium water in hopes of quieting the pain. She was very constipated, and we noticed that the bowels began immediately to act more regularly. Her appetite increased and the power to taste, which had been absent, gradually returned. She also reported that a catarrhal condition of the larynx improved. The most remarkable result, however, and the one for which I report this case, was the improvement in an old acne rosacea about the nose and cheeks. This condition began to clear up at once, and when we left off treatment was practically well. She took four glasses a day of the water, which was prepared by immersing the glass tube of the radium in a gallon of water for twenty-four hours. This woman had been addicted to morphine and other drugs to quiet her nerves, and, of course, that complicated the case. She had the radio-active water every day for four weeks, when I stopped treating her, because I could not see that I was doing her enough good to advise her to keep on.

"Case 2.—*Acne Rosacea.*

"A sister of the last patient, a stout, florid woman, had a similarly unhealthy skin, marked rosacea of the face, wished to take radium water because it helped her sister so much. She took it for two weeks, and the rosacea was very markedly improved, but she stopped treatment before the rosacea was well because she said she did not like to drink so much water. She was taking four glasses a day of water prepared at the same time and in the same way as that I was giving her sister."

I will now record some of my own cases, and I may point out that in nearly all of them a single dose of the remedy was given in exactly the same potency as that used in the proving. This disposes of the somewhat specious "explanation" of homœopathic cures by postulating an "opposite action of large and small doses." The dose which caused was the dose which cured, and the potency was the same in both.

"Case 3.—*Prurigo.*

A colleague consulted me about himself in October, 1906. He was suffering from an itching of the arms chiefly, but extending all over the body. I first suggested *Æthiops antimonialis*, and here is his report thereafter:—

"November 3, 1906.—I have been on *Æthiops* since I saw you, but with little or no improvement, and this itching hide of mine makes life a burden. No definite symptoms, except aggravation towards evening and night, worse on the arms and neck, but extending more or less all over, not burning itching, but simply irritation with raised surface after scratching. Have tried everything likely—*urtica*, *croton tig.*, *copaiva*, *antipyrin* ʒi, &c., &c., and am really getting desperate."

This forcibly reminded me of proving No. I., and so I prescribed a single powder containing six globules of radium No. 30. In a week he reported himself distinctly better. The improvement steadily went on to complete cure in a few weeks' time, without further repetition of the remedy.

"Case 4.—*Prurigo.*

Mrs. C., aged 84, had a paralytic attack affecting the left side of the body in March, 1906. The disease followed influenza, and was probably occasioned by it. The patient was previously otherwise healthy, except that she was somewhat feeble on her legs.

May 20, 1907.—She wrote from the country to ask if I could do anything for an intolerable itching seizing her day and night at intervals, affecting the back across the shoulders and down the backs of the arms. A carbolic lotion which had been prescribed by an allopath failed to give any permanent relief, though it eased temporarily. Rad. brom. 30. gl. iv. in powder, one dose.

May 24.—Itching not quite so persistent. Begins at 2 a.m. and lasts till the lotion is applied. After a week the lotion was discontinued.

June 6.—Attack now begins 3 a.m. and lasts till 4 a.m., then dies down till breakfast. It is intolerable for the hour.

June 16.—I was in the country and had an opportunity of seeing the patient and her attendants. The latter were very emphatic about the improvement. The patient does not disturb her nurse at all in the night now, and the irritation does not come on till 5 a.m. There is none at all during the day. I was able to satisfy myself that there was no eruption of any kind. The skin was perfectly smooth and natural, except for a very slightly roughened patch over the left scapula. Repeat rad. brom.

• July 4.—Better.

July 21.—Well.

Case 5.—*Corn of Right Foot.*

I gave to a gentleman, aged 60, who had long had an eruption of psoriasis on the back, a single dose of radium bromide 30 on July 27, 1906. There was no marked effect on the eruption, but the patient noticed that a corn fell off from the right foot, though a similar corn on the left foot was unaffected.

Case 6.—*Eczema.*

Mr. A. D., aged 34, tall fair, reddish hair, subject to hay fever, and during one attack had an abscess in the nose, after that he had boils in various parts, and following the boils eczema. He had taken in his time "gallons of tonics," and in spite of that had been losing weight slowly for the last two years. He had been twice vaccinated, the last time two or three years before I saw him. Before the boils came out he used to suffer from headaches. The localities in which the eczema was worse were the penis, scrotum and groins, which were vividly red and moist. The axillæ were also affected and there was a good deal about the face. In the groins the irritation was excessive, affected, no doubt, by the patient having hernia and being compelled to wear a truss. Thuja 30, and afterwards sulphur 30, at bedtime, were given, and nux. v. 30 in the morning. On February 3, 1905, the condition was as follows:—Left eye swollen up; light very painful. Eczema on face, axillæ, groins, penis, scrotum. Itching very great on hairy parts. Without discontinuing the morning dose of nux. v., which he had been taking some time, I stopped the sulphur and gave a single dose of rad. bro. 30.

March 6.—Better. Irritation decidedly better. Axillæ clear. Scrotum very much better. Slight eczema in moustache. The back has come out in a crop of acne, which is spreading partly over the chest. He feels more fit. Freer from headaches. *Not repeated.*

April 3.—Eczema got very much better. Then, fourteen days ago, boils come again. Headaches lately troublesome. Bowels act daily. Anus irritable; a little external pile. Eczema rather vivid where truss presses. Scrotum not bad. Chest and back spotty. Repeat rad. bro. one dose.

May 12, 1905.—Eczema decidedly better. Penis and scrotum nearly well. No hay fever. Right eyelid feels heavy and right eye hurts if he reads at night. *Repeat.*

July 12.—Scrotum all right. Very much better altogether. Very little hay fever.

In this case and the next the skin trouble was most severe about the generative organs. The fact that in prover No. I, the first manifestation appeared in the region gave one point of similarity—*locality*. And although in the prover there was no irritation in this part, there was very great irritation elsewhere, and this gave a second point of similarity. It is quite practicable to combine the qualities of separate symptoms in searching for a simile.

Case 7.—*Eczema Scroti.*

Mr. M. T., aged 28, had had syphilis seven years before, and had still some faint symptoms of it about him. But he was more psoric than syphilitic, though in general health strong and robust. This patient was also a hay-fever subject. One of his chronic ailments was a serpiginous eczema of the scrotum, which scaled at times, and at times got moist and oozing; it involved the penis to a slight extent, and was attended with a good deal of itching.

May 5, 1904.—Scrotum, which has been better under *primula obconica* for some weeks, is again sore. R.—Rad. bro. 30, 24 numbered powders numbers 1, 11 and 17, medicated with 6 globules of the remedy.

May 30.—In a week the scrotum began to improve and got practically well; to-day it has started again a little.

After this primula obconica was given; then psorinum in view of hay-fever. During the latter part of the time the scrotum got worse and on July 25 rad. bro. was repeated in a single dose, and again on August 26 and September 4. The scrotum kept well till the latter part of the time, and then other remedies were given. On December 1, rad. bro. was again given, but without good result. On the 1st October following it again did good for a time. In this case the relief was only temporary.

Case 8.—Eczema preputialis.

Mr. J. C., aged 43, had eczema of the inner surface of the prepuce and glans and also about the anus, which gave him a good deal of annoyance. I had given him several remedies with some improvement, but not permanent. On October 28, 1907, the itching was giving a good deal of trouble, and I prescribed rad. bro., repeating it at intervals of ten days or so.

November 25, 1907.—Much better; penis better; anus nearly normal. A fortnight after receiving rad. bro. had an irritable patch on the right foot, which disappeared later. Repeat.

Case 9.—Eczema perineæ.

On March 6 last Mrs. N., aged 54, consulted me for piles, which she had had about a year, and constipation, which she had had several years. But her biggest trouble was an intolerable irritation about the anus, spreading for a considerable distance, round which was an angry area of eczema, which had been present three months. As the patient had been vaccinated four years previously, and as the vaccination "took tremendously," I put her on thuja 30 to start with. Under this all symptoms became worse, and graphites 6 given later did not improve matters.

April 4.—Bowels acting better, but irritation very bad; skin feels very dry as if baked. Irritation comes suddenly; is just as bad when the attacks are on, but is freer in the intervals. Rad. bro. 30, numbers 1 and 17, in 36 powders, one night and morning as numbered.

April 22.—Repeat. Rather better; no more medicine.

May 2.—Anus looks very much better. Patient had been constipated for two or three days, and had to use glycerine suppositories. Irritation better after that. *Æscul. hip.* 30, gtt. v., in wine-glass of water, morning on rising. Rad. bro. 30, numbers I and II in 24 powders, one at bedtime as numbered.

May 28.—Anus practically well in appearance, though at times irritable. Stools normal.

The eczema was cured: it was radium which started the cure and completed it.

CARCINOSIS.

The next two cases are those of a sister and brother, and the worst trouble of each was in the nose—internally and externally. The chief point in the family history was this: Their mother, who belongs to a well-known Jewish family (the father being English), is subject to facial acne of a very aggravated type. Her father died of cancer. Not being under my care, I have had no opportunity of trying radium in her case. The mother's acne I regard as a benign expression of the cancer taint, what I call "carcinosis." The affection in the children I consider of the same nature at another remove.

Case 10.—Erythema of face and nose with nasal catarrh.

Miss P., aged 20, was brought to me on July 3, 1907, complaining of an eruption which she had had on the nose since she was 15, that is to say, when the periods began. She was tall, well-developed, and, but for this disfigurement, a particularly handsome girl. She had had measles and whooping cough in infancy and chicken-pox after she was 15. She was unvaccinated.

The present trouble was this. She had a red shining nose, the redness invading the adjacent parts of the face. The nose burned and itched.

It was aggravated by any form of exercise, which caused her nose to bleed and made it painful. In addition to this, there was catarrh with green discharge, filling five handkerchiefs in the day. The redness was worse after meals.

The patient also suffered from painful menstruation. The periods were regular. The pains were referred to the region of the ovaries and the legs. She began to feel pain a week before. She had moist hands and feet. She had had no chilblains for two years and not severely then. She was much worse in cold weather.

I first prescribed *carcinosis* 100. This made no marked change, though there was less discharge and less bleeding than formerly at the end of a month.

July 23, 1907. R., rad. brom. 30 gl. vi. (single dose).

August 27, 1907. This time she reported a marked change.

The nose does not now bleed half as much as it used to do. It bleeds once a week, and this occurs on rising in the morning. This improvement has been observed the last fortnight. Formerly any kind of exercise would cause bleeding; this is not so now. The discharge continues, especially after tennis. Walking does not affect it. There is still itching all over the face, including the nose. Repeat.

September 26, 1907. Very much better. *Bleeding entirely stopped.* Appearance better, but gets very blue when the weather is cold. Has had much pain at the period, and the pain is worse then. Repeat; also *Caulophyllum* 3 every hour at the period when there is pain.

October 24, 1907. Decidedly better. Catarrh entirely ceased. Bleeding only occurs if the weather is intensely cold and she is out in it. The redness of the nose improves as the day advances. *Caulophyllum* shortened the pain of the period. Repeat.

She was kept on the remedy till December 3, when this note was made. Nose feeling much better. It is much less red and so is the face! There is no burning now; it only itches in the cold.

Case 11.—Painful Nasal Catarrh.

A. P., aged 19, in a military college. Came to me June 15, 1907, complaining of trouble with his nose. He was very tall and stoutly made, considerably over 6 feet in height, dark, rather heavy of features. He had suffered from impetigo till he was 14. He has very moist feet. In summer the feet sweat profusely and are extremely unpleasant. Is rather morbid; dreams much and talks in sleep. Not vaccinated. Is constantly getting colds in his head. His nose is sore and cakes up. Has a burning sensation. When he plays games the nose swells. I found the nose was in a state of chronic catarrh; the throat was red and granular. He always has a sore throat and the feeling of a lump in it.

I first prescribed cadmium sulph., and on this he made considerable improvement, so I continued it till August 24. After this I did not see him till October 12, and then the condition was as follows:—

Nose gets very puffed at times, though there is not so much discharge. Then mucous membrane of the throat is very dark, congested, and swollen. The aperture of the nostrils was narrowed by congestion. R., rad. brom. 30, one dose.

I did not see the patient again till December 19. Was much better after the last medicine and kept better till a week before—that is to say, for nine weeks. Feet much better; do not sweat now. Repeat.

I have seen this patient recently, and his only trouble now is excessive sebaceous secretion of the skin of the nose. The throat is much better.

These two cases bring me to another case which further develops the relation of radium to cancer. We have seen in the proving No. I., and in one of Dr. Parkhurst's cases, that superficial *nævi*—so called canceroderm—have disappeared under the drug's action. No doubt millions of people have these little *nævi* who never develop, and never will develop, cancer. All the same, I nevertheless regard this as one point of indication of the tendency, and more especially when they are numerous. Therefore I regard their presence as one among many indications for the cancer nosodes. The fact that radium has removed them proves to my thinking a certain relation of radium to the cancer diathesis, and their presence in any case forms one indication for the exhibition of radium.

In the two last cases mentioned, and in the one now to be described, these were not noticed, but the symptoms of carcinosis were sufficient without them. Moreover, they were all young subjects, and cancerodermis do not usually appear till middle life.

Case 12.

Lieutenant H., aged 27, of the Indian Army, was invalided home early in 1907 for what was supposed to be appendicitis.

He had been perfectly well up to November, 1906. He had a splendid family history. Had been vaccinated twice, the last time in 1903, when it "took." He was inoculated for typhoid in 1900. On April 21, 1907, he was operated on by Mr. Watson Cheyne, who found a sarcomatous tumour which could not be removed. Mr. Cheyne performed enterostomy, making a new passage for the faeces, and thereby prolonging the patient's life.

The physician who attended the case with Mr. Cheyne kindly gave me the following details on October 2, 1907:—

"Mr. H. came from India with an abdominal tumour, for which Mr. Watson Cheyne operated. The condition seems to be a sarcoma growing from the wall of the small intestine, and with an extensive glandular affection. A short circuit was made between the small intestine and the transverse colon. This has acted quite well, and there has been but little gastro-intestinal disturbance. He has slight flatulence, and occasionally passes a small amount of blood *per rectum*.

"The tumour varies, but is considerably larger than it was at first. He has had injections of Coley's fluid Min. xv. twice a week, and this has definitely retarded the progress of the growth. He has, however, become more and more cachectic, especially during the last few weeks."

When I first heard of the patient he was living at Richmond, and was under the care of local medical men. As they had told the patient's father that there was no hope for him, he called on me to ask if I thought homoeopathy could do anything. I said I thought that was very possible, but I should like to see the patient before saying anything definite. In the end he was brought to London and put under my care.

When I first saw Mr. H. I received a shock—I did not expect to find things so far advanced. He was dreadfully emaciated and cachectic, as described in the letter quoted above. But I, nevertheless, took him in hand, and under ornithogalum ϕ in unit doses, and later natrum cacodylate in $\frac{1}{4}$ gr. doses three times a day, he held his own. Then came an attack of Indian fever, which ipecac. 30 successfully dealt with. Before coming under my care he had been under the influence of tinct. opii., and I did not cut this off altogether, but very small doses sufficed to relieve pain when present.

I now come to the radium episode of the case, and though it is only an episode I think it worth mentioning because there is some corroboration of it from another quarter.

On October 8, it was noted that he had had much pain in the body, so a dose of ornith. was given.

October 15. Has been feeling weaker daily. To-day, after a two hours sleep, he had violent pain. Was unable to take any lunch. Diarrhoea set in and he passed much blood. Very depressed this week. R. rad. brom. 6, globules iv. in powder, twenty-four of these, one every four hours.

October 17. Has had some bleeding at stool this morning, but not much. Pain not nearly so acute. Repeat.

October 21. No more bleeding.

This patient recently passed away—over five months after I took him in hand.

He developed intolerance of the cacodylate, and at the desire of his friends and with my concurrence he was put on violet leaf treatment, but a very severe diarrhoea developed, which was with great difficulty controlled. In fact it never was completely controlled till the end. Either with the stool, or separately from it, was purulent discharge, and at times clots.

On January 10, there was an extra amount of pain, and clots passed with discharge. Rad. brom. 6 was given in single dose. After this there was less pain and no clots. In February the diarrhoea continued uncontrolled. I followed the radium with rhus ven. 3x every two hours, and for the first time for many weeks the diarrhoea stopped, showing, as I thought, a complementary action on the part of rhus ven. and radium. The improvement unfortunately proved only temporary and the inevitable happened.

I mention this case because I saw in the *Homœopathic Recorder* of June, 1907, a note to this effect: "Dr. Pixley, of Pittsfield, Massachusetts, says that radium 6x trit. has a strong action on cancer, especially on bleeding cancer, it dries it up and alleviates the pain."

I think this is very likely and the steady cure of nose-bleeding in the young lady with the cancerous family history gives further support to this. The question of which is the best potency to use is an important one, which only experience can decide. This is the only case in which I have used radium in any other than the 30th potency.

In reference to the three last cases there are one or two practical remarks which I should like to make. If the mother of the first two could have been treated throughout her pregnancies for the cancerous diathesis which she undoubtedly inherited—treated, I mean, more especially with cancer nosodes and other remedies like radium which are related to cancer, in all likelihood the children would have escaped the trouble for which I treated them, just as children do escape when syphilitic mothers are treated specifically during their pregnancies.

The other point is of a different kind. Why did Mr. H. contract cancer. I cannot trace that smallest sign of heredity in his case. I have seen in several cases cancer develop after ordinary blood-poisoning (from sewer gas, for example). Dr. Robert T. Cooper maintained that this was a common cause of cancer. Was there anything of that kind in this case? The only thing that I could discover was the anti-typhoid inoculation. I merely throw this out as a suggestion, and whether it be the fact or not it was the chief seat of action of the typhoid poison that the disease attacked.

Cures of cancer with radium rays were early reported. In July, 1903, Gussenbauer, of Vienna, reported a cure of a case of cancer of palate and lips in a man aged 61, who had been previously operated on and finally given up as incurable.

In 1905 Max Einhorn, of New York, reported satisfactory results of treating œsophageal cancer by means of radium contained in a hard rubber capsule and allowed to remain in contact with the structure for half an hour or an hour.

In the *Homœopathic World* of July, 1906, an important note quoted from the Paris correspondent of the *British Medical Journal* is of interest in this connection. The writer says: "It had been hoped that medicine would be able to take a signal revenge in another field. The radio-therapeutic treatment of cancerous affections at first seemed full of promise. We all know those little epitheliomas which the people, in their figurative language, call "grave yard flower," because they are generally seen on the faces of those who are nearing the end of life. A characteristic of these little tumours is to resent all familiarities, more particularly those of a surgical nature. More delicate in their action, the X-rays sometimes favourably influence these growths, and we see some disappear as by miracle after five or six carefully regulated applications. Alas! evil is always close to good, and now our enthusiasm for the new method must suffer abatement. The treatment is not always free from danger, and at a recent meeting of the Societe de Dermatologie various speakers stated that, together with instances of cure, they had seen the lymphatic glands corresponding to the region treated attacked by the disease. What, then is to be done? If the disease is left to itself the patient dies of cachexia. If not, he dies of the treatment. The only conclusion that seems warranted is that we must do our best to avoid epithelioma."

There is another possibility which does not seem to have occurred to this writer, namely, to give the remedy in a different way, by the internal method in infinitesimal doses, and this is the more important since he does not tell us how epithelioma may be avoided. The observation of the evil and the good going hand in hand is of particular interest to homœopaths who know how to avoid the evil and choose the good. If X-rays and radium rays could not stir up cancer they could not cure it.

SCHEMA.

SYMBOLS USED.

In the subjoined schema every symptom is referred to the proving in which it occurred by a number appended to it. The sign (x) means that observation is from an experiment; (°) means that the symptom is a cured one.

CLINICAL USES OF RADIUM.

Acne; cancer; eczema; constipation; corns; epistaxis; erythema; hæmorrhage; hæmorrhagic cancer; nævi; neurasthenia; nose, affections of, catarrh of, redness of; prurigo; psoriasis; skin affections generally; trachoma; ulcers.

RELATIONSHIPS OF THE REMEDY.

Radium bromide is controlled by rhus ven. It is followed well by rhus ven., sepiæ and calcarea. It compares with calcarea in by wetting, and with carbon in by shaving. In pruritis and with blue light.

Symptoms move from right to left (eyes). Symptoms of ears and chest alternate with symptoms of stomach.

SCHEMATIC ARRANGEMENT OF SYMPTOMS.

MIND.—°From being torpid and apathetic became cheerful (cancer of uterus treated locally with radium).

HEAD.—Headache in occiput in morning; a tight feeling, worse on motion; lasted some days (2.—2nd d.).—Much headache (3.—3rd d.).

EYES.—Eyes smart and look red (noticed by others). Passed off and reappeared with greater intensity later. Disappeared entirely in three weeks (1.—28th d.).—Some secretion on lashes of right eye on waking (4.—3rd d.).—Right eye began to feel sore with occasional stinging pains and increased secretion; symptoms continued through the week, worse on reading, worse with artificial light, better on closing eyes; sclerotic vessels injected, running to cornu from both sides; occasional itching of lids, worse upper (4.—4th d.).—Report by Dr. Macaish: "Blenorrhagia of right eye; injection of sclerotic and slight injection of lower part of cornea; slight infiltration of lower part of cornea; eye looks watery; tension same in right as in left eye; pupil of right dilates less actively than left and contracts more sluggishly" (4.—5th d.).—Woke with right eye very painful with feeling as if foreign body in it, better after going out into the air; rest of day felt it very little (4.—10th d.).—Right eye much better; left eye has had sensation as if a loose eyelash were in it on several occasions, not very painful, slight soreness of ball of left eye; a few congested vessels ran over the sclerotic to cornea in left eye (4.—11th d.).—°Trachoma.

EARS.—Earache right ear (2.—34th d.).—Much pain in ear, stitching and throbbing. The ear was syringed and much wax was removed from both; the ears continued to give trouble for some hours after this, and there was deafness off and on (2.—41st d.).—Indigestion and stuffed-up feeling alternating with headache (2.—41st d.).—Throat sore, ear aching; feels as if bruised inside (2.—53rd d.).

NOSE.—Much mucus in nose without having taken cold (1.—14th d.).—Pricking and peppery sensation in left nostril in evening (3.—2nd d.).—°Small naevus-like spot on end of nose which had been increasing some time disappeared (case of uterine cancer treated locally).—°Catarrh with green discharge.—°Epistaxis.—°Burning sensation in nose.

FACE.—Skin of face very irritable; this gradually got worse and lasted over two months; the skin became thickened and broke in places when scratched (which gave the patient relief) exuded a clear moisture; aggravated by washing (which caused oozing); aggravated by shaving (only possible on alternate days); better by bathing in very hot water; worse at night when warm in bed; it prevented sleep, and a handkerchief had to be kept applied to absorb the exudation; though scratching relieved the intense itching it was followed by burning and stinging with oozing (rhus v. cured) (1.—45th d.).—small naevus on chin turns black, scales off and disappears (1.—88th d.).—Skin of face very dry (2.—34th d.).—Slight patchy erythema diffused over forehead (4.—5th d.).—Serpiginous ulcer on chin (5.—18th d.).—°An old acne rosacea about the nose and face (cured in two cases with radium water). °Erythema of nose and face.

MOUTH.—Tongue very sore right side, about the middle (1.—16th d.).—Mouth dry in morning (2.—2nd d.).—Tongue white (2.—3rd d.).

THROAT.—Throat sore, ear aching (2.—55th d.).

APPETITE.—No appetite for lunch (2.—3rd d.—Aversion to meat; this lasted many months (2.—3rd d.).—Cannot eat bacon for breakfast (2.—4th d.).—Unable to smoke (2.—22nd d. This lasted till 46th day of proving; on 86th day prover received rhus ven. and two days later was able to eat bacon for breakfast).—Off appetite, especially for meat (3.—8th d.).—°Appetite increased and sense of taste returned. (Radium water.)

STOMACH.—Nausea (2.—4th d.).

ABDOMEN.—Inflammation of umbilicus (1)—Stuffed out feeling after food (2.—22nd d.).—Indigestion and stuffed feeling, alternating with ear-ache or pain in the chest; (2)—Serpiginous ulcer on groin (5.—18th d.) Haemorrhage from bowels in case of sarcoma of intestines.

STOOL AND ANUS.—Stool paler than normal and more frequent (1.—14th d.).—Stools very relaxed, in loose bits, partly almost watery, darker in colour; sometimes tags of mucus; did not become normal till ten weeks later (1.—16th d.).—Bowels confined (2.—23rd day).—Tendency to piles the last three weeks (2.—34th d.).—°Bowels act naturally; from the first (cancer case treated locally; previously constipated and under opiates).—°From being constipated bowels became regular (radium water).—°Intense eczema around anus and extending to vulva, with great irritation (rad. brom. 30.).—°Bloody stools; clots in the motions (in case of cancer of intestines).

MALE GENERATIVE ORGANS.—Eruption of psoriasis on penis, with circular or serpiginous edges. (1.—4th day).—°Eczema, moist, of penis, scrotum, groins and anus cures (rad. brom. 30.).—°Serpiginous eczema in syphilitic and psoric subject relieved for a time.—°Eczema in syphilitic and psoric subject relieved for a time.—°Eczema of skin and inner surface of prepuce with irritation; eczema about anus.

FEMALE GENERATIVE ORGANS.—Period delayed (2.—34th d.).—Period a week late, but not otherwise abnormal (2.—41st d.).—Period rather less painful than usual (2.—88th d.).

RESPIRATION.—Feels as if she could not get air enough (2.—3rd d.).

LARYNX AND TRACHEA.—°Catarrhal conditions of the larynx improved. (Radium water.)

CHEST.—Chest feels tight as if she could not get air enough (2.—3rd d.).—An eruption has disappeared from the chest during the proving (2.—34th d.).—Pain in the chest alternates with indigestion and stuffed-up feeling.

BACK.—Pain under left scapula; increased on moving, increased by putting shoulder back, diminished after rising (1.—52nd d.).

UPPER LIMBS.—Hands cold (2.—3rd d.).—Serpiginous ulcer on hand (5).

LOWER LIMBS.—A callosity or corn on inner border of right foot, which has been there twenty years, was found to be almost gone; it disappeared completely soon after (1.—16th d.).—°A corn fell off the right foot.

SLEEP.—°Sleeps regularly without any opiate (cancer case treated locally).

FEVER.—Shivering, bilious feeling, lasting three days (1.—11th d.).

GENERALITIES.—Indigestion and stuffed up feeling alternate with ear-ache or pain in the chest (2.—41st d.).—Looked ill nearly all the time of the proving; lost 3½ lb. in weight (2) ?—Feels very seedy as if going to be ill; as if could hardly crawl about (2.—55th d.).—Some general malaise 4.—4th d.).—Relieved pains of cancer and enabled to sleep; recovered

jaundice and dropsy; restored life and cheerfulness from a state of apathy and collapse in same case. (Action of rays).—°Feels more fit.

Central nervous system (especially in young animals) very sensitive to radium; animals die of paralysis.—Red corpuscles lose their haemoglobin.—Plant growth and development checked.—Protozoa first stimulated, then die.—Regeneration retarded.—Development retarded.—Ferments lose their power.

SKIN.—Eruption of psoriasis on penis with circular or serpiginous edges. (1.—4th d.).—Skin of face very irritable; this gradually got worse; the skin became thickened and broke in places, and when scratched (which gave great relief) exuded a clear moisture; worse on washing (which caused oozing); worse by shaving (only possible alternate days); relieved by bathing in very hot water; worse at night when warm in bed, preventing sleep; scratching, though it relieved, caused burning and stinging (1.—45th d.).—Small naevus on chin turns black and falls off (1.—88th d.).—Skin of face very dry (2.—34th d.).—An eruption, which she had on the chest before taking radium, has disappeared (2.—34th d.).—Slight patchy erythema diffused on forehead (4.—5th d.).—Intense erythema which leaves a brownish pigmentation, unless ulceration follows (Roux).—In four days after exposure a red patch appeared, which became larger and increased until on 14th day there appeared a necrotic ulcer which spread in a serpiginous form. Later four other smaller ulcers appeared on the chin, on the hand, and one in the groin affecting the tissues down to the corium. These lesions broke down in a superficial sloughing ulcer, which increased for several days, and then retrograded and gradually healed, the distant lesions healing first. After three weeks the first ulcer on the arm was an atonic ulcer in process of repair. From first to last no pain, swelling, heat or fever. The ulcer was cold, necrotic and torpid (5).—°Two cases of acne rosacea of face (radium water).—°Two corns dropped off right foot.—°Eczema of scrotum and penis and axilla cured.—°Prurigo worse at night (two cases).

AGGRAVATIONS.—Shaving; washing; warmth of bed (skin). Motion (headache).—Worse by reading; artificial light (eyes).

TIME.—Worse at night.

AMELIORATIONS.—Bathing in very hot water.—Scratching.—Closing eyes (eyes).—Open air (eyes).—The *Journal of the British Homoeopathic Society*.—April, 1908.

A c k n o w l e d g m e n t s .

- The British Homœopathic Review*, May, 1908, London.
The Homœopathic World, May, 1908, London.
L'Art Medical, May, 1908, Paris.
Allgemeine Homœopathische Zeitung, May, 14, 1908, Leipzig.
 Ἱατρικὴ Πρόοδος (s.), March, 1, 15, 1908, Syra (Greece).
La Grèce Medicale, March, 1, 15, 1908, Syra (Greece).
The New England Medical Gazette, May, 1908, Boston.
The Homœopathic Recorder, April, 1908, Lancaster, Pa.
Homœopathic Envoy, April, 1908, Lancaster, Pa.
Medical Times, May, 1908, New York.
Journal of the British Homœopathic Society, April, 1908, London.
The Indian Homœopathic Review, April, 1908, Calcutta.
Annaes de Medicina Homœopathica, Nov. & Dec. 1907, Rio-de-Janeiro.
The North American Journal of Homœopathy, May, 1908, New York.
Medical Advance, April, 1908, Chicago.
Revista de Farmacia, March, 1908, Barcelona, Spain.
Revista Homœopathica Brasileira March, 1908, Curityba, Parana, Brazil.
La clinique, April, 1908, Paris.
New York State Journal of Medicine, April, 1908, Brooklyn.
Le Mois Medico-chirurgical, February, March 1908, Paris.
Revista Omiopatica, L'Omiopatia in Italia, March, 1908.
Revue Homœopathique Francaise, from January to March, 1908, Paris.
The Medical Counselor April 1908.
Report on the Administration of Eastern Bengal and Assam, 1906-1907,
 Shillong.

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