

that Homœopathy will unfold its curative potentialities in as much it is rightly interpreted and practised. It is a good augury that the homœopathic profession was not hoodwinked and voted for the party which consists of eminent homœopaths who have established their reputation by curing cases.

B. K. S.

ERRATA

We apologise to the readers of this journal for an act of commission and omission in the publication of the list of elected members of the Homœopathic State Faculty, W. Bengal in the last July issue. The printer's devil seems to be at work in omitting the names of (4) Dr. S. Bagchi, H.M.B.; and (5) Dr. N. C. Chakravarty, D.M.S. from the list of members from the Burdwan Constituency and duplicating the names of two members from the Calcutta Constituency in their stead in the list of the former constituency.

B. K. S. EDITOR: H. G.

SOME CASES OF "LYCOPODIUM"

DR. T. K. GOKHALE, M.B.B.S., POONA.

Case No. 1. Mr. S. M. aged 53 was suffering from High Blood Pressure. But his chief complaint was blocking of the nose especially at night and inability to sleep on account of that. This had shattered his nerves so much that he was almost on the point of becoming a mental case. He had become irritable, he did not find peace in any place he would move from one place to another was afraid that he will soon die if things continue like this. His son one day requested him to go for a good picture. He went there but did not like the crowd, and came away before the picture started. He like open air. Was not very chilly. Did not like much covering. He liked to sleep with the window open and liked to be under the fan. His appetite had diminished, a little food would make him feel as if he has taken

too much. Fond of sweets. His face had emaciated but his body looked much better.

On repertorizing Ars and Lyco were prominent in the analysis. Lyco was in bold type for blocking of the nose at night.

So Lyco 200 was given in the morning at about 11 a.m. At about 5 p.m. I was called to visit the patient. He was very restless. Walking to and fro in the room with a wet cloth on his head. He was worried about his life because I had advised him not to take the allopathic medicines prescribed by his allopathic doctor. If something happens? he thought he would be guilty of not following according to the instruction of the allopathic doctor. Moreover he wanted some special medicine in case of emergency at night so that he could have a peaceful night. After seeing this condition I was nearly tempted to change my prescription and give Ars. But I did not do it. I gave him plenty of placebo in the form of tablets and powders and instructed his wife to give them ad libitum if and when necessary. That night at about half past nine the patient was lying on his bed expecting the usual catastrophe of the night. His wife and children had not taken even their meals (supper) so his wife took his permission to allow her to attend after the children. So he was left alone on his bed and the wife went in the dining room to look after the children. It took about $\frac{3}{4}$ of an hour to finish her work and return to attend to her husband. When she returned to see how her husband was she found him fast asleep like a sweet child. He was not disturbed in his sleep by his usual complaint of blocking of the nose and he slept sound till morning. When he awoke he was surprised to find that it was morning and not the usual ghastly night. It is now two months that the complaint has not returned and he is feeling all right. And yet his Blood pressure is not reduced. He is feeling perfectly all right and there is no remedy indicated.

So is this one of the conditions mentioned by Kent in

which he says that there is complete amelioration of symptoms yet the patient is not cured? (Kent's Philosophy, page 262)

Another interesting point in this case was that the medical specialist and the ear nose throat specialist both could not relieve him of his complaint. The E.N.T. specialist had advised an operation on the nose but the medical specialist had warned him about his blood pressure and that there was likelihood of Hæmorrhage. So the patient was on the horns of a dilemma.

Case No. 2. Mr. B. aged 40 was suffering from an attack of Renal colic. His urine showed Ca Oxalate crystals and R.B.C. plenty. X'Ray showed small stones in the pelvis of the kidney. The stones appeared like a bunch of beans. This patient had acute pain in abdomen with distension. He said he was more worse during 4 to 8 p.m. had no appetite and small quantities of food used to distress him. Without going into further details he was given a dose of Lyco 200 one dose straight on the tongue. The effect was like magic. Within an hour the patient went to sleep, and never had any more pain. After four days the urine became clear. After a week I was curious to know as to what had happened to the stones. So another X'Ray was taken. This time the X'Ray did not show any stones at all. The X'Ray specialist gave compliments for my treatment. But he would not believe that Homœopathy could have done it.

This patient had a strong family history of T.B. so after about a month he was given a dose of Tub Bov. 1m. It is nearly a year now that he has had no other attack of Renal colic and is keeping excellent health.

Case No. 3. A girl aged 17 years had not yet started menstruation. She was a thin girl. There were no other symptoms. She was put on Calc Phos 200 one dose once a week. For about two months there was no response. So I gave one dose of Lyco 200, and next week the report was that she has menstruated. (Lyco—It is also suitable in girls at puberty when the time for first menstrual flow to appears

has come but it does not come. She goes on to 15, 16, 17 or 18 without development, the breasts do not enlarge, the ovaries do not perform the functions. When the symptoms agree Lyco establishes a reaction the breasts begin to grow, the womanly bearing begins to come and the child becomes a woman. It has a wonderful power for developing and in that respect it is very much like Calc Phos.—Kent.)

I have quoted in full an authority on whose teachings I seek support for my prescriptions in this case.

VOMITING IN INFANCY AND CHILDHOOD

DR. D. M. FOUBISTER, B.SC., M.B., Ch.B., D.C.H., F.F. HOM.

(Continued from page 319)

Regular hours of feeding though on the whole perhaps the best method of infant feeding, is by no means universally practised. In Turkey and elsewhere, the infant is allowed to feed at any time, and it is said that very soon quite regular hours of feeding are adopted. A fairly common problem is that the infant is ravenously hungry in the middle of the night. As a rule it is best to give in and feed the infant at this time. Once the technique of feeding and quantity and quality of the feeds have been overhauled the infant usually soon sleeps through the night, and the mother's sleep is not interfered with for long. Occasionally trouble is caused by feeding with whole milk instead of half cream dried milk during the first three months. Sometimes regurgitation of milk with eructations occurs when diet and management of feeding are correct. Thickening the feeds with one or two teaspoonsful of Bengers or Sister Laura's Food often corrects this.

The use of *Carbo veg.*, *Lycopodium* and other remedies may be invaluable, but whatever homœopathic treatment is given the diet and technique of feeding must be put right.