

CLINICAL CASES.

• A CASE OF STENCHING LEUCORRHOEA AND SO-CALLED TUBERCULOSIS

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Srimati Kamala....., wife of Sj. Rebati Mohan....., a middle aged lady of 35 or 36, had been ill, as I learnt, of flooding menses and horribly fetid leucorrhœa following the menses,—attended with a gradual wasting, since 1926, which baffled all treatment—Allopathic and Ayurvedic mainly. She only felt occasional reliefs every now and then, but the general course of the disease was continuing. As no permanent impression could be made upon her, and also because she had, as they said, all along been running fast towards consumption, it was arranged that she would be placed under my Homœopathic treatment. Accordingly I was called in on the 27th Jan.1930.

I found the patient a thin stick of a woman,—a ghastly image, as if so many dry bones stuck up together and got up into a feminine frame. Unless one looks up to her front, one could hardly distinguish her as one belonging to the female sex,—her breasts were like two pieces of rags. As soon as I entered her room, the very first thing I noticed was that a horribly putrid smell invaded my nose which indicated that some part of her system must have been under a serious condition of decomposition. The husband and her relations assured me that nothing was spared in shape of washing and cleaning her person and her diseased parts, but unfortunately nothing could improve the stenching smell. The patient thought herself "a guilty thing" and appeared to me to have been so much abashed on that account. After a few words of consolation to her, I intentionally topped off from the topic and commenced recording the case-notes, asking her relations not to harp upon the question of smell any more in her presence. Here are the details of her case :

The first break-down took place as far back as 1922 when she was down with malarial fever, from which she

suffered on and off for 3 or 4 years. During this period, the menses were fitful and a bit profuse,—that was all. She had all along been treated with Allopathic medicines, Injections etc., as they said that quinine must have to be resorted to for the purpose of driving off malaria from her system. When it so happened that the panacea for the malarial ills could not even check the fever paroxysms, quinine was injected. This also having proved unavailing, she was placed under a renowned Kabiraj of Calcutta who cured her of the fever but left her quite a skeleton owing to extreme stringency of diet. The offensive leucorrhic discharge was all along there, the only change regarding her menstrual symptoms during all the treatment was that the flow was more profuse than formerly.

The peculiarity of her case was that all the discharges were profuse when lying and in any other position they were fitful. The menstrual flow, the leucorrhic flow, the urine, the sweat and etc., were all of that modality. The leucorrhic flow was highly corrosive, so much so that the whole canal of vagina, in and out, was full of burning ulcers, the horrible burning of which would cause her frequently to weep. The most alarming condition was her emaciation—gradual but continued and persistent. The treatment so long followed seemed unable to arrest it in the least. To crown all, her bronchial tubes were full of mucous rales, especially on the right upper, with frequent fits of dry coughing. The previous physicians declared tuberculosis which made the family badly anxious. A small evening rise confirmed the unpleasant diagnosis. There was, of course, no heredity regarding tuberculosis or any disease of wasting nature.

Constitutional symptoms she had none, save and except the patient could tolerate neither cold nor heat, though she wanted all along to be in warmth and would like warm food, and etc. She was rather restless, especially when lying and wanted to move along. Her sleep was extremely restless and full of violent dreams.

On the third day of February I commenced treatment and gave Kreosote 1m, one dose dry on the tongue. The potency seemed too high for her, and it aggravated all the symptoms, especially the burning, though now she could tolerate it. She said to me on 21. 2. that she did not weep now-a-days. A ray of cheerfulness in her look, inspite of aggravation, gave me an assurance that the medicine had correctly been chosen. I waited over the remedy up to 17. 4, by which time I noted clear improvement regarding evening rise and emaciation—these two things coming last of all. The burning grew intense

and according to the modality and mental restlessness I had to interpolate 2 doses of Ars 3x, 3 weeks apart. The whole case was found to have been fairly improving inspite of the interpolated doses. On 9. 6. 30, I repeated another dose of Kreosote 1m, and that is all what I had to give in shape of medicinal dose. She is now a well woman of medium nature, without any the least ailment she had been suffering from. I discharged the case only the other day.

From this and from the clinical experience of a few other cases, I am strongly of opinion that Kreosote is a deep-acting tubercular remedy, fit for being classed with Ars., Bacil., Calc-carb. &c.

THE CHILD SUFFERS FOR THE SIN OF HIS FATHER.

DR. K. B. SEN, H. M. B., CALCUTTA.

Sm. Jagannath, son of Mr.....Dutt, aged about 5 months was taken to The Regular and Central Homœo. College Outdoor Hospital by his father on the 2nd of June 1930 who reported that the child was suffering from this and that from his very birth and of late had become very troublesome inasmuch as he would not sleep at night and cough and cry throughout the whole of the night preventing others to sleep. For the last 4 or 5 days he was suffering from continued fever which had added much to his sufferings.

I took down the case and recorded as follows:

- (a) Lean and thin fellow with irritable and crying mood.
- (b) Takes cold easily with a history of catarrh all through.
- (c) There were some ulcers here and there which used to bleed at times.
- (d) The urine was red, hot and very offensive.
- (e) The child was constipated all along and would not pass stool for 3 or 4 days even. The flatus was so very offensive that one could not remain by his side after he passed it.
- (f) The tongue was ulcerated.

Suspecting that the child had inherited some Chronic Miasms from his father I asked his father whether he had suffered ever from Gonorrhœa or Syphilis. He promptly replied oh! yes. I contracted both some five years ago and they had been cured by injections!! I made him to understand that it was purely for his sin that the child was suffering and until the very root of the disease was treated, the fever and cough of the child could not go away of themselves.

I diagnosed the case to be one of Nitric Acid but one thing