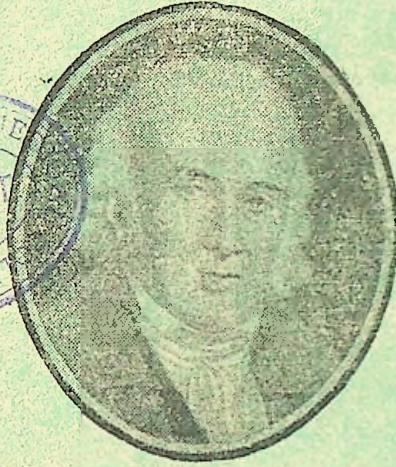


The

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No. 8

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HOMŒOPATHIC HERALD



Dr. B. K. Sarkar, M. B. (Cal.), D.P.M.S.

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Editorial

LAW

All our knowledge is based on experience. What we call inferential knowledge, in what we go from the less to more general or from the general to the particular, has experiences as its basis. In what are called exact sciences, people easily find the truth because it appeals to particular experience of every human being. The scientist does not till any one to believe in anything, but he has certain results which cases from his own experiences and reasoning on them. When he asks as to believe in his conclusions, he appeals to some universal experience of humanity. In every exact science there is a basis which is common to all humanity, so that we can at once see the truth or fallacy of the conclusions drawn therefrom. In acquiring knowledge we make use of generalisation and generalisation is based upon observation. We observe facts, then generalise and then draw conclusions on principle.

By Law is meant the tendency of a series to repeat itself when we see one event followed by another or sometimes happening simultaneously with another. We expect this sequence or co-existence to recur. A series of phenomena become associated with things in our mind in a sort of invariable order, so that whatever we perceive at any time, is immediately referred to other facts in the mind. In the external word idea of "Law" is the same as in the internal—the expectation that a particular phenomenon will be followed by another and that the series will repeat itself. Really speaking Law does not exist in nature. Practically it is an

error to say that gravitation exists in earth or there is any law existing objectively anywhere in nature. Law is the method, the manner in which our mind grasps a series of phenomena ; it is all in the mind. Certain phenomena, happening one after another or together and followed by the conviction of the regularity of their recurrence, thus enabling our minds to grasp the method of the whole series, constitute what we call "Law."

From another point of view, Law is a statement of facts. We seek to discover Laws in order to make nature intelligible to us ; we seek to explain them for exactly the same reason. The end at which we are aiming in one process and in the other is the reconciliation which our intellectual desires of the perceptions forced on us by the external world of nature. Laws explain our experience because they order it referring particular instances to general principles.

What does Law State ?

(1) Do Laws state cause and effect ?

A law is the assertion of invariable association and the events or properties or other things that it declares to be invariably associated, are themselves collections of other invariably associated, are themselves collections of other invariably associated things.

Some assert that the business of laws is to state relation of cause and effect which may be regarded as relations consisting merely of invariable sequences.

But there are other laws which are not concerned with the invariable sequence that constitute cause and effect.

Cause and effect is not the only relation with which Law are concerned.

B. K. SARKAR

THE EVOLUTION OF IDEAS ON CONSTITUTION
AND TEMPERAMENT FROM THE
HOMŒOPATHIC STANDPOINT

By ROLAND ZISSU

(Continued from page 221)

History

Rather than undertake an exhaustive history of the various works on typology (an excellent summary is given by Corman in the ninth chapter of his book *Diagnosis of Temperament by Morphology*), we shall only study the evolution of the subject insofar as it relates to Homœopathy, with the idea of established points of agreement.

All systems of typology since remotest times have been dominated by an Idea, expressed variously in terms of a *humour*, and *organ*, or a *group of organs*, or more recently, of a physiological function. This idea is of a normal contrasted with various degrees of abnormality, of equilibrium in contrast with disequilibrium. Illness is regarded not as the result of external aggression on the healthy organism, but rather as a secondary clinical expression of fundamental disequilibrium in the humours, organs or functions. It can be understood why the school of Pasteur issued a block condemnation of all systems of typology, and why the revival of interest in this subject continues to be denied by neo-Pasteurism.

The evolution of typology is dominated by the concepts of Hippocrates, of the alchemists and Paracelsus, of Hahnemann and the homœopaths, of neo-Hippocratism and of the morpho-physiologists.

Successive classifications of human types are closely linked with the development of philosophy and the sciences. If the whole thing can be summed up as a vast from the symbolism of numbers to the modern concepts of morpho-physiopathology, this will give us some idea of the relationships of the various systems, and help us to understand them. It is odd to find these key numbers in theories of apparently widely

differing kinds : philosophical, religious, esoteric, then scientific, and finally in modern experimental science, the Hippocratic temperaments have been rediscovered in the experimental types of Pavlov.

The distance and overlap between types of various systems becomes clearer when it is realized that they all relate basically to the numbers 2, 3, 4, or 5. These numbers are of capital importance both in modern scientific work and in the concepts of Homœopathy.

The binary principle of life is interesting not only as the dogmatic opposition between good and evil, true and false, but also as it illustrates the fundamentals of biology : action and reaction, activity and passivity, contraction and expansion, male and female principle, the yang and yin of Chinese medicine. We find it again in modern neuro-endocrinology, in the vagus and sympathetic and their glandular relations, and for each gland in its hypo- and hyper-functioning ; in pharmacodynamic laws of the inversion of action following a dose, which are valid also in the infinitesimal doses of Homœopathy ; and for us homœopaths in the importance of symmetry in organs, and in the predominant laterality of action of our remedies. In typology, cold is opposed to heat, and damp to dry ; here the Hippocratic temperaments manifest themselves. In the school of Sigaud it is the fundamental morpho-physiological law of dilatation—contraction, for Gaskell the to endocrine-vegetative systems, for Viola brachytypes and longitypes, and finally for Bernard the two basic constitutions, endoblastic or carbonic, ectoblastic or phosphoric.

Fundamental to typological concepts are the numbers 3 and 4, with the possibility of a further division into 5 if the normal or balanced type is included : the controlled Expansive of Corman, the Chorde of Martiny, the neutral Sulphur of Bernard, all modern translations of the Greek Kanon.

We can list them in chronological order :

The three souls of Pythagoras and Plato which preside over nutrition, circulation, and thought are rediscovered in the Abdominal, the Thoracic, and the Cranial types of Husson, Halle, and Thomas.

Pythagorus, Plato, and Aristotle postulated the four essential principles—hot, cold, damp, and dry—which, translated into human terms, form the basis of the four Hippocratic temperaments—lymphatic, sanguine, choleric, and melancholic. These are reflected in modern ideas about the hydration and oxidation of cells and tissues. Hippocratism is found renewed in the work of Carton, Allendy, and Pende.

Paracelsus and the alchemists reduced the number to three, considering cold and dry together as the attributes of death. Alchemy attempted to link temperament, humour, and remedy by symbolism: wet, water, mercury, lymphatic; hot, fire, sulphur, sanguine; cold and dry, earth, salt, choleric-melancholic.

Homœopathy comes in at this point: Hahnemann described three miasms, and without insisting on too rigid a parallel, we can link syphilis with mercury, psora with sulphur, and sycosis with salt. It will be recalled that tuberculosis became known to Homœopathy after the time of Hahnemann.

The biochemical system of Grauvogl likewise presents a triptych—of sycotic hydrogenoids, psoric carbo-nitrogenoids, and oxygenoids who will later become tuberculic.

Nebel and Leon Vannia describe three constitutions based on the salts of calcium, but add a fourth miasm to Hahnemann's three: tuberculosis. Cancer is held to be the combined end-result of these four basic miasms.

Allenby and the morpho-hysiologists have resurrected the four Hippocratic temperaments with great effect. Meanwhile, Corman (with the controlled expansive), and Martiny (with the Chorde) postulate a normal type which Bernard dubs, in homœopathic parlance, neutral Sulphur. However, Martiny started from the embryological layers—ectoblast. As Bernard rightly objects, his chordoblast is more a mental construct than an embryological reality, but it corresponds approximately to the choleric Hippocratic temperament. Herein lies the first criticism made by Homœopathy, and its basis lies, as we shall see later, in the confusion between constitutions and temperaments.

The last typological system to deserve mention here is that of Pavlov, who rediscovered Hippocrates through animal experiments applied to man. The homœopathic interpretation of Pavlov's types, and indeed, the general explanation of Homœopathy in the light of his work constitutes a decisive step in the direction of demonstrating the rational and scientific value of Homœopathy.

The modern homœopathic concept of Bernard, which derives from the embryogenetic concept of Martiny, can be regarded as a synthesis, more suggestive perhaps than immediately useful therapeutically.

In Bernard, the binary principle is seen in the opposition of carbonic to phosphoric. The number three appears with Sulphur, a Sulphur divided into neutral Sulphur (which approximates to the normal type), fat Sulphur, and thin Sulphur. From the physiological standpoint Bernard's scheme presents the number four, with the passive endoblast or carbonic, the active endoblast or fat Sulphur, the active ectoblast or thin Sulphur, and finally the passive ectoblast or phosphoric. Neutral Sulphur fills the need for a normal biotype, and thus, as with Corman, we reach the number five.

Evolution of the Different Systems

This vast panorama presents us with four main periods in the history of typology: first the humoral theories of Hippocrates and the alchemists; secondly the theories of Hahnemann and his successors; thirty those of neo-Hippocratism and of the morpho-physiologists; and fourthly those of the modern homœopaths.

We shall study in turn the evolutionary contribution of Hahnemann, the return to a Hippocratism adapted to modern medicine, the attempts at rationalizing typology by the morpho-physiologists; and finally the contribution of modern Homœopathy to the latter.

A. Homœopathic Theories

1. Hahnemann and his Theory of Miasms

Hahnemann created Homœopathy, but not a homœopathic

typology. It would be as pointless to blame him for this as it is to condemn in his name all the acquisitions of modern homœopathy, under pretext of fidelity to tradition. Better to seek in Hahnemann for those things which foreshadow the contributions to scientific progress which will be made by his successors.

After his discovery of homœopathy, Hahnemann's double work was to consist in founding a medical doctrine based upon individualization and inherited predisposition, and the perfecting a method of experimenting with the therapeutic effects of similars. The miasms, the definition and import of which cost him years of research, were of interest to him only in so far as he was able to find curative means of combating them. "Before I had acquired this knowledge," says Hahnemann in the *Organon*, "I could only teach the treatment of chronic diseases by means of an as yet restricted number of medicinal substances, the pharmacodynamic effects of which had been determined by experiment upon healthy persons ; and I described them as separate and individual maladies. Thus, all chronic cases were treated by my pupils according to their symptomatologies, as idiopathic affections, often with such good results that the poor folk who benefited could not but praise the impressive efficacy of this new therapy."—"But how much more satisfied they would be now that I have perfected the method !" he adds. "In the treatment of chronic diseases this etiologic discovery has actually allowed me to prescribe remedies even better suited, the individual pharmacopraxy and pharmacotherapy of which I have described."

Then for Hahnemann "most chronic diseases are the result of the development of the three following diatheses (chronic miasms) : internal syphilis, internal sycosis, and especially, and in a greater number, internal psora."

Apart from this rich and important theory of miasms, Hahnemann also speaks of constitution and temperaments, but without precisely defining miasm, unless it is that by temperament he means the dominant psychic quality contained in the symptomatology of the patient. For him the constitutional remedy is the basic remedy, that which covers the totality of

the morbid symptoms. In another chapter of the *Organon* he states that constitutional medication is anti-psoric medication, since for him the most important miasm is psora.

This concept of the Hahnemannian constitutional remedy is found amongst many modern authors and we must draw attention to it in order to avoid possible confusion with the nomenclature of present-day homœopathic biotypologists when they speak of the constitutional remedy.

Hahnemann's constitutional theory does not go beyond the notion of Hahnemann and of his pupils, combined with clinical experience, have gradually revealed for each important remedy a veritable drug picture especially rich in morphological signs. These latter have served as a basis for the concept of homœopathic constitutions, and we insist upon this point in order to answer the criticism made by the adversaries of homœopathic typology : the concept of homœopathic typology is bound up with drug pathogenesis, enriched by clinical experience, and interpreted in the light of modern scientific knowledge, physico-chemical, biological, and physio-pathological. Taking this as our prime point of departure, we stand fast by Hahnemann, faithful to the tradition of the master, whilst at the same time we undertake modern scientific work.

2. *Grauvogl and his constitutions or Biochemical states*

After Hahnemann we turn to Grauvogl for the study of constitutions.

His three constitutions depend upon the biochemical role played by the four most important constituents of organic matter : carbon and nitrogen giving rise to the carbo-nitrogenoid constitution, oxygen to the oxygenoid constitution, and hydrogen to the hydrogenoid constitution.

It goes without saying that this synthetic classification, remarkable as it was at the dawn of the biochemical era, proved inadequate for the understanding of all metabolic disorders. Nor does Grauvogl's biochemical classification of individual allow for morpho-physiological differentiation. In fact, he describes states rather than constitutions. The correspondences between psoric and carbo-nitrogenoid, and sycotic, oxygenoid

and tuberculine are, according to most authors, superficial, but at least they have the merit of connecting Hahnemann's miasms with cell and tissue disturbances, the causes or consequences of the toxins in question.

Grauvogl's states can best be understood with reference to modern physiopathology. Most authors are agreed in their interpretations of the lethargic and water-lodged hydrogenoids, and of the increased metabolism of the oxygenoids. But with regard to the carbo-nitrogenoid state, some have seen in it a tendency to sclerosis and tissue decay, the last stage of retention of nitrogenous substances, whilst others traditionally affirm that this state corresponds to psora and to Sulphur. After re-reading Grauvogl, we consider that if he does identify this state with psora, he none the less includes in it the showing of metabolism through accumulation of waste material, and Sulphur as the stimulant of those organs whose function it is to eliminate carbon and nitrogen from the organism.

Further, we believe that agreement can be brought about if the carbo-nitrogenoid state is considered as one of surcharge, with troubles of excretion, against which, in a first, sthenic, stage, the organism reacts by increased elimination, and later, in a second, asthenic, stage, is overcome, whereupon retention supervenes, followed by sclerosis and tissue decay.

A modern interpretation of the three biochemical states permits of the following, perhaps superficial, classification :

The Carbo-Nitrogenoid state, dominated by carbon and nitrogen, is one of *surcharge* and excretory disorder ; depending on the reacting power of the organism there will be metabolic accelerations, followed by slowing-down, elimination followed by retention, sthenicity followed by astenicity ; it is the mesoblastic, the Sulphuric, sthenic psora followed by asthenic psora, neutral Sulphur followed by sclerotic Sulphur.

The Hydrogenoid state, dominated by hydrogen, is water-logged, super-hydrated through anabolic disorders ; metabolic slowing, blockage, and hydration are followed by sclerosis and wasting ; here is the endoblast, the Carbonic, the fat sycotic and the florid tuberculinic ; here are Natrum carb., Baryta carb., Natrum suiph., representing a mixed condition where

the organism is constantly struggling against its rising fluid ; corresponding to the fat Sulphur of Bernard, or to the sthenic Carbonic of our own classification.

The Oxygenoid state, dominated by oxygen, is dehydrated by katabolic disorders ; acceleration, of metabolism and tissue destruction with inadequate removal of waste materials leads to blockage and to wasting ; here we have the ectoblast, the Phosphoric, the thin sycotic, and above all the thin tuberculinic ; Natrum mur. and Phosphorus, thin Sulphur or Iodum representing a mixed condition where the organism struggles against dehydration ; corresponding to the thin Sulphur of Bernard, or to the sthenic Phosphoric of our down classification.

3. *Schussler and the Tissue Remedies*

Schussler's biochemical concept of Homœopathy held that the chemical substance predominantly present in the disordered tissue had a faulty biological cycle which could be remedied by means of an infinitesimal dose of the substance in question.

Schussler has been mentioned for two reasons : he is the precursor of the physio-pathological method in Homœopathy, in which pathogenic signs of tissue remedies are associated with disturbances in their metabolic action ; and the twelve Schussler salts are all compounds with the radicals carbon, phosphorus, chlorine, sulphur, fluorine, and silica, providing a possible classification of homœopathic constitution. Schussler's remedies, and the biological mineralization of Gaube du Gers, as developed by Mouezy Eon, contain an important physiological idea in that they relate the tissue remedies to the physiology of the chemical substance which each represents. They foreshadow Bernard's stages of constitutional decompensation.

(To be continued)

HOMŒOPATHY AND GENERAL PRACTICE

By OTTO EDWARD MANASSE, L.R.C.P. & S. (Edin.), M.D. (Wurzburg)

(Continued from page 215)

Dr. Boman Behram thought that Dr. Templeton's remark that good Allopathy was certainly much better than had Homœopathy needed to be qualified. Take the case of influenza : what was good in all Allopathic treatment ? Certainly in pneumonia good Allopathy was going to be far better than bad Homœopathy, but in many coryza and influenza cases the patient was given nothing but stimulants, aspirin, etc., and in such cases he thought that even bad Homœopathy would be better. Sometimes, however, the homœopathic practitioner was placed in a very peculiar and awkward position vis-d-vis his patients. His surgery stood between two distinct classes of people : on the north were the rich patients and on the south the labouring class. Many of the latter would come and say. "Give me a prescription for cough mixture", and it was impossible to get any symptoms out of them ; the only things to do was just to give them a bottle of ammonia mixture or a homœopathic remedy chosen only on a pathological basis. But even that sort of Homœopathy, in his experience, served those people very well. The other class of people mostly came with chronic complaints and it was difficult to treat them if there were only a short time available in which to get their symptoms. Eventually, he had evolved a questionnaire, and whenever a patient came with a chronic complaint and was sufficiently intelligent to note down the symptoms he was asked to fill in that questionnaire. He then examined it, which took about fifteen to twenty minutes, and prescribed. That method made prescribing for chronic diseases easy and simple, and the questionnaire was useful for future reference if the case was not progressing well.

On the whole it was Dr. Boman-Behram's opinion that even in general practice Homœopathy worked out excellently, provided that in special and chronic condition one was given a little time.

Dr. Newell raised several points which had arisen in the course of her practice.

She had found that penicillin wiped out impetigo more quickly than would a homœopathic remedy, and she often combined the two. In a case of pneumonia, finding that the child's temperature had not gone down rapidly after *Phosphorus*, she had given 200,000 units of penicillin in the evening, and the following morning the temperature was right down and the child's condition was good. It was however, quite likely in this case that it was really the *Phosphorus* which helped most; it was not probable that one dose of penicillin would have been so effective alone.

In regard to the mixing of remedies, if the mental symptoms were very strongly in favour of one remedy, Dr. Newell gave that high and prescribed a few potencies for the local conditions. She did consider placebo necessary, because so often patients, if they have nothing to take-say, "I have been trying everything I can think of myself."

Dr. Newell had not found that her patients were coming more often because of the Scheme; in fact many came less frequently. Some would say: "I have you were so busy, so I tried to treat myself", and she had to tell them that they must come to her if they found they were not getting on well. Lay prescribers would be advised to telephone their practitioner and ask whether they should give themselves certain remedies. In cases where patients lived a long distance out, and had a number of remedies to stock, they could be very helpful in this way.

Regarding chemists, Dr. Newell had been using the Nelson's units and on the whole found them quite satisfactory except that patients were embarrassed by the number of pills dispensed. She found that chemists who did not stock homœopathic remedies had no objection to referring the patient to the chemist who had the drugs.

On the question of giving sedatives while the patient was having a homœopathic remedy, she would be grateful for Dr. Manasse's help. Personally she considered that sleep was vital but she did not know how far a dose of aspirin or a sedative

would nullify the action of a high potency remedy. In the case of a cough, for instance, she sometimes gave the homoeopathic remedy and a simple syrup for soothing the mucous membranes.

Dr. Kennedy expressed his regret that he had missed Dr. Manasse's lecture. He would like to refer to one or two points which had been raised in the discussion.

The situation had been described where one called to see a child, prescribed, and next day went back and found the child better. In such a case Dr. Kennedy was always doubtful whether his diagnosis was wrong or the remedy was right. It was difficult from a statistical point of view to be absolutely certain that one's diagnosis was correct, because, from an allopathic point of view, the diagnosis was only correct if the course of the disease was that which one would expect it to follow naturally; homœopathically, that did not always seem to happen, and in consequence it was very difficult to get statistics in general practice which would stand up in orthodox review. Even in hospital it was sometimes impossible to get a diagnosis which was absolutely watertight.

The question of penicillin and sulphonamides had been raised once more. Dr. Kennedy felt that some people tended to exaggerate the toxic effects of those drugs. Penicillin did sometimes have toxic effects, but it was rare; and similarly with sulphonamides, but perhaps more frequently. There were far more patients walking about who had had penicillin and sulphonamides without any ill effect than otherwise, and he thought homœopaths did tend to exaggerate the toxic effects of those drugs. Before he had started Homœopathy he had used large doses of penicillin and did not find any immediate ill effects, and certainly had five patients. If he had not used it, he would have had ill patients, and even dead ones.

As to whether, in cases of thyrotoxicosis, a speedier cure be obtained by operation, Dr. Kennedy had seen one or two patients who looked as if the disease would have gone on to exophthalmic goitre treated homœopathically and had cleared up. On the other hand, he had seen patients not progressing under Homœopathy treated with surgery and had cleared up.

He had also seen cases where the goitre had been removed, the tremor and tachycardia had gone, but the exophthalmos had remained and occasionally progressed, and the second state of that patient was as bad as the first. He thought one should remember that, when submitting a patient for operation.

Dr. Mitchell asked leave to add a few words to what he had previously said. He agreed that his remark about had Homœopathy and good Allopathy should be qualified. He had not intended to give the impression that his practice was an allopathic one, with selected patients treated homœopathically. Nearly all his acute cases received homœopathic treatment. Even in pneumonia cases he very rarely gave penicillin or sulphonamides. He had used them, but only when he had failed after a reasonable period to obtain a good reaction from homœopathic remedies. It was really only the old chronic cases who continually came to the surgery without symptoms which mattered very much, who were kept going on allopathic medicines—preferably until time could be found to study their case in detail.

The President said he was sure the meeting would agree that the number of members who had taken part in the discussion showed the great interest which had been aroused by Dr. Manasse's paper. Many points had been brought up and there was not time to go into them all, but he would like to refer to a few.

There had been reference to the question of Homœopathy for the private and Allopathy for the National Health Insurance patient. All would agree that that should not be the position of affairs. If Homœopathy was a branch of medical service, it should be available under any national comprehensive medical service.

In reference to the argument that the general practitioner could not carry out homœopathic practice under the National Health Service, a good point had been made about the hospital dispensary. The President recalled a homœopathic dispensary, existing long before the institution of this new National Medical Service, where it was common for sixty to eighty people to be seen in one session; and they did get results. That sup-

plied some evidence, surely as to what results were obtained that type of practice as compared with general practice. This question should be discussed with those men and women who had actually worked in those dispensaries; and practitioners who had said. "No, it cannot be done", had found, on examining some of the cases treated at the dispensary, that those prescribers were doing really good work. How they did it could not be discussed at the moment, but they did it and in that type of dispensary practice they were doing much better work than any other dispensary of an orthodox hospital. The people were getting the homœopathic treatment. One would not claim that it was ideal, but it proved that it was possible for an experienced dispensary physician to deal with quite a number of patients and to give a reasonably good service, using homœopathic medicines; and that was something worth doing. It also gave the physician an opportunity of taking more time later on to investigate cases which did not respond to what he was prescribing.

Passing to Dr. Templeton's remarks about the students of the present session, after having been given the *Materi Medica*, finding Clarke's Prescriber of great value, the President thought that that was the correct order for anyone who took up Homœopathy. He should read *Materia Medica* and attempt to get a clinical picture of a drug. The general practitioner, who had not time to refer to the repertory, must have in his mind the picture of the drug and it would be interesting if one could find but from the practitioners what was the number of drugs used in general practice. Probably twenty remedies, if known, could carry on a very good general practice.

Dr. MacKillop had cited a case of a rather emaciated patient on which he prescribed Iodine. That was a spot prescription but there was present a symptom of squeezing of the heart with which Dr. MacKillop was not familiar, and afterwards he had found out that this symptom was in the drug picture. That was the general practitioner should learn and practise his Homœopathy.

Dr. MacKillop had also alluded to Homœopathy necessitating less work than Allopathy. The President could support

that from his own experience. A homœopathic practitioner in general practice would have his work and a better result if he practised Homœopathy. In Dr. Manassé's case, it would seem that he already had a homœopathic practice before July 5th, and probably those patients had come on to his panel, which made things easier. In some cases there were patients who had not previously had homœopathic treatment, and now came on to the doctor a list. That doctor was going to have a rough time of it to begin with, but, as time went on and he was able to deal with those patients, he would surely find that, in proportion to his colleagues in allopathic practice, he would have less work and get better results.

Dr. Mitchell had referred to measles. It was all very well to say that the allopathic doctor might only visit once, but the President would say from his own experience that if the homœopathic doctor saw that child and prescribed, or even if he prescribed without seeing it, that child would get better more quickly than the child seen by the allopath, and would probably require no further visits. He reiterated his conviction that, once established in general practice, the homœopathic general practitioner would have an easier time than the allopath and get better results.

With regard to the panel practice at the Hospital Dispensary in Glasgow about which Dr. Boyd had informed the meeting, the only complaint he had heard was that it was forcing people who used to be private patients into a hospital dispensary, and objections were made to this practice.

Dr. Burness Clark had referred to penicillin allergy; members would be grateful to him for his factual statement.

In reply to Dr. Catherine Mackie's question about penicillin and sulphonamides, the President would say that if one prescribed penicillin and the sulpha drugs, one should be quite sure just why one was giving those drugs. Professor Fleming himself made the statement that the object of giving penicillin was to destroy the germ, and one could not give too big a dose. In other words, the patient, for the moment, was not to be considered; the object of penicillin was to paralyze the germ. Therefore if one wished to be rational and to say:

"My job here is to kill the germ," then one should give penicillin, and there was no doubt that in those cases the germ often was paralysed and the patient apparently made a recovery. If, however, one believed that true recovery was dependent, not upon the direct action of penicillin on the germ, but upon the action of the *vis medicatrix naturæ*, then the correct treatment must be to raise this resistance of the patient, so that the germ was paralysed or killed, and a degree of immunity produced against further attack by the germ. That was the rationale of homœopathic treatment. Statistics could be given for bronchial pneumonia. In the Glasgow Homœopathic Hospital for Children, the figures over twenty-five years showed that the mortality rate in children from infancy up to twelve years of age with bronchial pneumonia was something like 8.5 per cent., which was an outstandingly low percentage. That was before the incidence of sulpha drugs and penicillin, and was the result of using remedies according to the homœopathic indications. Therefore, so far as bronchial pneumonia in children was concerned, and even acute lobar pneumonia, the President had never found any occasion to use sulphonamides. Meningitis was probably the only case where it would be malpractice not to use these drugs, because the actual risk of death was so great owing to the vital situation of the exudation, and unless one did something to prevent this exudation, death resulted. Therefore in such cases the President would not hesitate to use a sulpha drug, but he would use it with the definite view that he was giving a temporary first aid treatment until he had time to give the patient something for his resistance.

That might bring in also Dr. Kennedy's point about doubting one's own diagnosis. The President quoted the experience of a doctor and his assistant, both of whom had finally joined the Faculty. Both had seen a case and diagnosed it as acute lobar pneumonia; yet the next day they could find no symptoms of pneumonia, temperature normal. The same thing could happen with diphtheria. One could examine a throat with all the appearance of diphtheria, and take a swab. By the time the result came back, with the report of positive bac-

teria, the throat had cleared, and in spite of the positive report on the swab, one's orthodox colleagues would not believe one. So Dr. Kennedy's point about the difficulty of getting statistics was borne out by experience. The homœopath had very little credit for effecting a cure ; there was only his word for it.

Dr. Fergie Woods had mentioned the after condition of patients who had been given penicillin or sulphonamides, and it had been admitted that many cases of pneumonia treated with sulphonamides afterwards developed empyema.

Regarding the development of Group Centres, the President had understood that the whole idea of Group Centres, under the Act, was that there should be laboratory facilities to these Centres for the general practitioner.

Dr. Newell had spoken about penicillin having cleared up impetigo quickly, but had there been any recurrence ? (Dr. Newell replied that there had not). There was no doubt that penicillin produced an apparent clearing up, but it was found that the impetigo broke out again.

On the question of dispensing it should go on record that it was still quite illegal for a doctor to "direct" a patient to a particular chemist, but he could make an arrangement with a chemist to keep a supply of homœopathic medicine in stock, and he could advise the patient that that particular chemist had the necessary drugs in stock and could make up the prescription immediately. It was a legal obligation for any chemist on the panel to be prepared to supply medicines on a National Health Insurance prescription.

Dr. Manasse thanked the members for the kind reception of his paper and said that there had been so many questions that it was not possible to answer them all, but he would try to deal with the most important ones.

Dr. Newell had said that she often gave sedatives at the same as a homœopathic remedy. Dr. Manasse found his patient slept very well when under homœopathic treatment, but on the rare occasions when they did not, he left off the homœopathic medicine and gave them a sedative for a night or two. He never mixed the two. The giving of two medicines, of a high and low potency, was a question of experience, but he

personally would not like to do it because he always wanted to know what he was doing, and if high and low were given at the same time one did not know what was going to happen. If he wanted to give two remedies, he gave them both of the same potency. Neither would be give placebo.

Dr. Manasse had never found it useful to use the Repertory in general practice. He did it sometimes in chronic cases, but in general practice it only mixed things up because in the end one had six or seven medicines and did not know which was best. He would rather go to the *Materia Medica* and find out which was the best suited remedy, and go by the mental symptoms chiefly. He agreed with Dr. Templeton that it was not always very easy to find the fitting remedy quickly, but it had to be done; and he still finds that had Homœopathy was better than good Allopathy, apart from penicillin and sulphadiazine drugs.

He did not like to give his patients palliative treatment, because it takes a long time before any homœopathic remedy, although well indicated would act afterwards.

In cases of chronic eczema he gave 10-20 c.cm of the patient's own blood intra muscularly, and found that afterwards medicines worked much better, but he had not used this in psoriasis.

In reply to Dr. Catherine Mackie's question, Dr. Manasse was sorry that he could not give any exact percentages as to the number of patients treated with sulphonamides and penicillin, but in meningitis he would never treat otherwise. The disease was much too quick to be treated by Homœopathy. In pneumococcal meningitis it was often a question of what the patient would like. Many families wanted homœopathic treatment only, and in that case he would certainly give it because he had the confidence in homœopathic treatment, it was no good starting it, because it could upset the whole patient, doctor relationship. He had very few cases of Graves's disease which went to the surgeon for operation, and he found that those cases after surgical treatment sometimes came back with the same symptoms and were difficult to treat. The great majority of Graves's disease patients cleared with homœopathic treatment, but he

had been surprised to find that some did not, and that was why he had brought the point up.

Statistics in regard to measles had been asked for. Dr. Manasse did not find statistics useful in acute disease, and did not think one could prove Homöopathy with statistic from cases of measles. Although in the last few weeks he had probably seen thirty to forty cases of measles, he would not claim anything special from the treatment for the disease usually cleared up well anyhow. He did not visit measles cases more than once if he could help it. He asked to be informed how the patient was progressing and if they were not progressing he often tried to give the medicine from the surgery without visiting, unless there were any alarming symptoms. He usually saw those patients once only and asked them to bring a specimen of urine after ten days.

On the subject of cough mixtures and aspirins in the out patients department, Dr. Manasse had thought that the patients did not take anything from one visit to another; when he heard that some took aspirin he made enquiries and found that many out-patients took aspirins and cough mixtures in between their visits and did not even know that it might upset the whole picture of the homöopathic drugs.

The President had raised the question of the number of drugs used in general practice and thought that perhaps twenty would be sufficient. Dr. Manasse would not agree with that; he was certainly using many more as he has a stock of almost two hundred different medicines at his disposal.

Many other very interesting points had been raised, with which there was no time to deal. Dr. Manasse expressed his great pleasure with the long discussion and thanked those who had contributed.

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HOMŒOPATHY AND THE PSYCHOSOMATIC APPROACH

BY FRANK BODMAN, M.D., D.P.M.

Physician, Bristol Homœopathic Hospital

Mr. President, Ladies and Gentlemen,

My choice of subject this evening was determined by the recognition that there was a considerable degree of parallelism between the underlying assumptions of homœopathic philosophy and the basic concepts in which the theories of psychosomatic medicine have been constructed.

We characteristic English cautions, the authors of a recent short introduction to psychiatry state that psychosomatic medicine is "a subject of comparatively recent development that is neither firmly established nor clearly defined". And that "the justification for its separation from the rest of medicine would seem to be in the application of essentially psychological methods of general medical problems". Notice this emphasis on technique ("know how") and the evasion of philosophy: one can imagine the same authors describing homœopathy as the application of special pharmacological techniques to general medical problems. Indeed it is—but such a definition would be a very partial statement of the total situation. Nevertheless, in spite of their technical bias, these psychiatrists make a useful classification of what they term avenues of approach in psychosomatic medicine.

The first is:

The Study of the Psychological Origin of Somatic Symptoms and of Organ Neuroses

This is such familiar ground to homœopathic physicians that I hardly need to give examples. But Hahnemann in his day had to labour the point. In a note in his *Organon* he asks: "If one looks upon something nauseous and becomes inclined to vomit, did a material emetic come into his stomach which compels him to this anti-peristaltic action? Was it not solely the dynamic effect of the nauseating aspect upon his imagination?"

Well aware of the psychological origin of somatic symptoms, Hahnemann indicates the use of certain remedies in these clinical situations in his all too brief introductions to the provings: Of Aconite "after fright or vexation in women during the menses"; of Opium "a trembling caused by a fright, and vomiting produced by mental excitement, loathing are quickly removed by Opium if given immediately"; of Pulsatilla "the child makes himself quite stiff with crossness" (symptom 1139); of Ambra grisea "shaking and trembling all through the body, especially in the lower extremities as a result of conversation"; of Chamomilla "the illness resembling fever that often comes on immediately after a violent vexation causing anger with heat of face, unquenchable thirst, taste of bile, nausea, anxiety and restlessness" (in a footnote); Ferrum "anxiety with throbbing from slight cause" Ignatia "especially in morbid states which are produced by occurrences that cause grief". Let us, however, be quite certain that we identify the emotions aroused by the traumatic experience.

Last year I saw a young dipsomaniac who told me how on receiving the news of his father's death, he had burst into tears and had a "breakdown". But the tears were not of sorrow but of exasperation. The younger son of an alcoholic father, his older brother had always been the father's favourite. His father would not spend any money on my patient's education and repeatedly told him he would never amount to much. His older brother joined the Army and pleased his father by rapid promotion to sergeant. The younger brother always keen to emulate his brother, joined the Navy and by incredible exertions got recommended for commission and was in his last term as a cadet when the news of his father's death reached him. He felt that his father had done the dirty on him by dying just a month before he could have proved that he was better man than his brother. Obviously not an Ignatia type, but Manganum might be considered in such a case—the prover Langhammer "could not forget the injustice done to him; he fostered resentment for a long time".

But Hahnemann's provings and clinical indications have greatly amplified by the massed experience of homœopathic

physicians over a century and a half, so that we think at once of Argentum nit. for "exam funk" diarrhœa ; Colocynth for intestinal colic after vexation ; Staphysagria for frequency of micturition and vesical tenesmus after insult.

To be continued

PRESIDENTIAL ADDRESS

"HOMŒOPATHS, PAST, PRESENT AND FUTURE"

BY MARGERY G. BLACKIE, M.D., B.S. LOND., F.F., HOM.

I am very conscious of the great honour you have conferred upon me in asking me to be your President this third year. Gratitude has not been my only sentiment in the last few months as I searched around for this address. My search ended one day when I heard someone seriously state that if homœopathy was to survive it must become a specialist subject. I was startled—I had often felt that we did not make sufficient impression on the world, but the question of the possibility of survival had never entered my head. I began to think furiously. Homœopathy is an art, a science and its practical results depend on us, the homœopathic physicians. Dr. Skinner wrote "Homœopathy being but in its infancy, it wants men of independent courage who can stand upon their own feet regardless of outside organization and fearless of numbers. With such men to nurse her, she is independent of allopathy and all its conservative rights and privileges, government grants, etc. Homœopathy being but a young shoot of the noble and eternal truth of life and truth, it has to be made strong by opposition—no contacts with strong and warlike elements". That is the cry from the past ; Survival is on our lips today. Why this difference, I wondered, and began taking up some old literature to see if I could find the answer. This paper is the result of my wonderings through the literature.

It is good to survey the past occasionally. Dr. Compton Burnett want the length of recommending an annual lecture on the life and work of Hahnemann for the benefit of successive generations, so that they might have a standard with which to

measure the folbles of the hour . . . "for the pigmics of the day" he said "are very apt to appear mighty giants unless the deeds of the great dead be present with us." I am not going to give you a story of hir life, but a few of the events and influences which seem to me important.

He was an outstanding man, apart altogether from his discovery of homœopathy, as the orthodox school of the day had to admit. Sir John Forbes said that no careful observer of his aetions or writings would hesitate for a moment to admit that he was a very extraordinary man—a man of geniue and a scholar; a man of indefatigable industry and of dauntless energy. Hufeland speaks of him as one of the most distinguished physicians in Germany. It would appear that from an early age he determined to be a doctor, bnt parental opposition and poverty had to be overcome. He was able to do this and supported himself through his student days by doing scientific translations. He had an extensive knowledge of 8 languages and he was a been student of chemistry. By sitting up every third night doing translations he wasp himself, and at the same time his knowledge of seience grew for he was no more translator. His parents used to send him away alnne, as a child, with a theme to think out, and now as he translated, he thought, as can be seen in the translations. He often put his own views in the footnotes.

After qualifying he quickly rose to fame in the wold of medicine and science. After twelve years of prusperous practice he came to the belief that medicine was not only no goud, it was positively harmful—and sometimes little short of murder. Medine at that time consisted mostly of unscientific complicated prescriptions, leeches and bloodletting. Other doctors were discontented too but, I fancy, few gave up the practice of medicine and wealth to lead a life of poverty, because of the promptings of their conscience. Sir John Forbes wrote "in a considerable proportion of diseases would fare as well, or better, with patients if all remedies were abandoned". "Things," he said, "have arrived at such a piteh that things cannot be worse; they must mend, or end."

(Continued)

DISEASES OF CHILDREN
DR. ABHOYPADA CHATTERJEE

(Continued from page 219)

Treatment—prophylaxis—This highly important for you to see that the naso-pharyngeal conditions of children are properly and promptly treated. If the disease should have been caused by mechanical irritants, they ought to be removed, otherwise it is impossible to cure the patient. But whatever may have been the cause of the inflammation, *Pulsatilla* is in every case the principal remedy. In this disease it suits every temperament and every constitution, and is not even counter indicated by a variety of symptoms which are not found among the physiological series of *Pulsatilla* symptoms. This medicine seems to be emphatically adapted to the conditions of childhood, and certainly suits better than any other medicine I know of, I will narrate the following from Dr. Hartman's diseases of children page 345. "My experience in the treatment of otitis with delirium and agonizing pains, with swelling and closing of the outer meatus, swelling of the ear and the adjoining parts, induce me to regard *pulsatilla* as the specific remedy in this form of otitis." In this connection I will first transcribe the following passage from Dr. Bernhard Bæhr and Charles J. Hempel's "The science of therapeutics" page 259 "I rejoice at being able to communicate this experience to my colleagues for as far as I know, no one before me suspected that *pulsatilla* had this specific curative power in otitis : otitis from internal causes is a comparatively rare occurrence, and this may be the reason why but few homœopathic practitioners, may have met with it in their practice, and for this reason may not have had an opportunity of employing *pulsatilla* in this disease, lest a physician who may have a case of otitis to treat should be dissuaded from using *pulsatilla* on account of the presence of some symptoms in the pathological group which do not occur in the pathogenesis of the drug, I will add that every homœopath undoubtedly knows from Hahnemann's *Materia Medica*, that *pulsatilla* must not be given

where excessive thirst and constipation are prominent symptoms, never the less, in spite of these symptoms, which are always present in this form of otitis. I have never hesitated to prescribe pulsatilla, and the success which I have uniformly met with has satisfied me that the presence of thirst and costiveness in the this disease are no counter indication to pulsatilla. "Now although abundant experience has satisfied me that pulsatilla is the specific remedy in otitis where the external and internal inflammations run a parallel course ; both breakout simultaneously, and are equally acute and violent ; yet these are cases where pulsatilla is not sufficient, and where Belladonna has to be given in its place ; this is the case when the internal inflammation is, from the start, more acute than the external, or when the consensual affections of the brain, which are closely bordering on meningitis such as a feeling of intense pain the head, delirium and rage, convulsions, fainting fits, aphonia and the like, are very prominent. In this latter case Rhus tox may prove a valuable drug." It will happen, although rarely, that otitis has an erysipelatous character even at early period of human life ; in such a case Rhus tox 30th has helped me out.

If the disease should be complicated with psoric or syphilitic dyscrasia, other medicines will have to be given. When suppuration will set in, in such cases Mercurius in the chief remedy particular suitable where they have taken Mercury in massive doses.

Otherwise we use Hepar sulph. side by side with Mercury when highly developed scrofulous taint or mercurial syphilitic poisoning. In cases running an unfavourable courses, the discharge of pus from the outer ear becomes profuse, the pus has a very offensive cadaverous odor is ichorous, and the symptoms of a sudden collapse are very apt to supervene. In such desperate cases Arsenic may sometimes be able to afford relief ; and where symptoms are pyæmia have become prevalent, more particularly pyæmia of the lungs, Phosphorus is the remedy from which help may still be expected, provided its is not too late. If the suppuration has resulted in carious destruction of the ossicula, without any of the terrible symp-

toms that have just been described, *Lycopodium* sometimes help together with Sulphur and Silicea. An interesting case of otitis interna, with discharge of foul smelling pus constant buzzing in the ears, agonizing pains in the ear from the moment the patient a young lady of thirteen years retired to rest untill the morning, partial deafness, and very painful and considerable swelling of the mastoid process yielded as if by magic to a single dose of *Mereurius vivus* 39. The case had been on for nearly two years, and the symptoms were steadily steadily increasing in violence. The noises in the head were exceedingly distressing, and the sensitiveness of ear and the adjoining parts intense. The patient took a single dose of *Merc. viv.* 30 at bed time in about an hour the distress vanished, the lady left all night wake perfectly free from all symptoms.

VERTIGO

DR. N. C. DAS.

(Continued from page 224)

Carbo Animalis

Morning—vertigo. Dizzy in the head, and as if she had not done sleeping, in the morning. Vertigo while sitting, as if she would fall backward over her chair, with chilliness. Vertigo in walking, with mist before eyes; she felt impelled to walk fast and toward the right. Vertigo while things turn black before the eyes. Vertigo with nausea, on raising up the head after stooping. Vertigo about 7 p.m.; when she raised up her head, everything turned around with her; she had always to sit bent forward, and in rising, she staggered to and fro; she felt as if objects moved about; when lying in bed, she did not feel anything all night, only in the morning again, on rising.

Carbo veg.

Dizzy in the head, as after a spree, spreading from the occiput to the front, worse in the evening and occupying the

whole head, with aggravation by walking. *Turning around in the head*, all day. Vertigo at the least motion. Vertigo at a quick movement of the head. Vertigo, so that he had to hold on to something. Vertigo and staggering, when walking. Dizzy, while walking and sitting. Vertigo when stooping, as if head wagged to and fro. Vertigo, when stooping, when turning over in bed, and when gargling. Vertigo in bed, on awaking from sleep. Dizzy in the evening, while sitting, after sleeping, with trembling and vibration in the whole body; on rising from his seat, he was as it were in a faint, which continued even while he was lying down. Vertigo, only while sitting, as if the head swayed to and fro.

Causticum

Dizzy in the morning on awaking. He always feels as if he would fall, without vertigo. Vertigo, as if from spirituous liquors. Vertigo, almost like unconsciousness, after walking, in sitting; he almost fell over. Vertigo, whirling with heaviness of the head in standing and sitting. Giddy in the head, with anxiety in the whole body. Vertigo, with weakness in the head. Vertigo, forward and sideways. Vertigo, in the morning, on rising from bed. Vertigo and falling over without cause. Vertigo; while looking attentively at one point. Vertigo, while looking upward (at a high tower), so violent that he falls over. Momentary vertigo while sitting, as if he was about to stagger. Vertigo, while stooping, going off when raising the head. Vertigo when standing, vertigo, in the open air, everything runs around with her, and persons seem to her larger than at other times; it goes off in the room. Vertigo, which diminishes in the open air.

Colocynthis

Vertigo, on quick turning the head, as if originating in left temple, as if he would fall with giving way in knees. Vertigo in the head, at the commencement of the colic.

Conium Maculatum

Vertigo, whirling around, when he rises from his seat. Vertigo, after stooping, when rising up again, as if the head

would burst. Vertigo, worse while lying down as if the bed was whirling around in a circle. Vertigo, early on rising from bed. Vertigo on going down stairs. She had to hold on to something and for some moments she did not know, where she was Vertigo which fatigues the head. Vertigo, so that everything seems to whirl around.

Cuprum Met.

Vertigo on looking up ward, with loss of sight, as if from a gauze over the eyes. Vertigo when reading, he had to turn his eyes from the book for a while. Vertigo with with lassitude, his head will bend forward, worse when moving, diminished by lying down. Vertigo, at once, and continuing during all the ailments, as if things whirled about in his head, and as if his head would sink down.

Digitalis

Vertigo, frequently, after rising from sitting or lying down. Vertigo, so that she fell down on going up stairs (worse going upstairs—Calc-c.). Vertigo and trembling.

Dulcamara

Morning vertigo. Slight, quickly transient vertigo. Vertigo, in the morning, on rising from bed, so that he almost fell, with trembling of the whole body and general weakness. Vertigo, while walking, at noon, before dinner, as if all objects stood still before him, and things turned black before the eyes.

Euphorbium

Vertigo while standing, everything turned around, he felt as if he would fall to the right side. Violent attack of vertigo, when taking a walk, he came near falling to the left side.

Graphites

Reeling and whirling around, in the evening, while taking a walk. Staggering, and tendency to vertigo, with unconsciousness, shivering and a chill. Giddy and dizzy in the whole head. Fits-of vertigo, with tendency to fall forward.

Vertigo in the morning, on awaking. Severe vertigo, in the morning, after a sound sleep. Vertigo in the evening, with stupefaction, he had to lie down. Vertigo when looking upward, vertigo when stooping and afterward, a tendency to fall forward, with nausea.

Hepar sulph.

Vertigo, with nausea, in the evening. In the morning, an hour after rising, violent vertigo. Everything seems to turn around with her, when she closes the eyes for the noon nap. Vertigo at dinner, with eructation; everything became black before her eyes, as in a swoon, but it only lasted a short time. Fainting vertigo with staring of the eyes, or failing of sight, as if he sat wrapped in thoughts, vertigo while riding in a carriage, this was so violent that on getting out she could not stand alone.

Iodium

Vertigo, drawing the person forward. Vertigo, with lassitude, in the morning.

Kali carb.

Vertigo (as if intoxicated, while walking, so that he staggers from one side to the other. Vertigo like reeling, while standing and walking, better in the open air. Vertigo, especially after eating. Vertigo, at once on rising, as if her head were too light, she has to hold on to something. Slight fit of vertigo, as often as he rises from his chair and turns around. Vertigo, as if there was an abyss behind him, and he was about to fall down into it, *on turning around* after looking into a mirror and after reading. Vertigo, on turning around. Vertigo, on quickly turning, the body and the head. Giddy in the head, chiefly in the morning and evening. Very giddy, also while sitting. Vertigo while sitting as if tottering to and fro (before a meal) vertigo while sitting, so that he dares not rise for fear of falling. Vertigo, while writing and in the open air, everything whirls around with him.

Lycopodium

Dizzy in the morning. Dizziness, so that she did not know where she was. As soon as she sees anything going around, she has for an hour the feeling as if things turned around in her body. Vertigo in the forenoon, everything turned around with her, with strong inclination to vomit, vertigo, on rising from a seat. Vertigo when drinking. Vertigo in a hot room. Vertigo in the morning, on and after rising from bed, so that he reeled to and fro,

Magnesia carb.

Vertigo, when kneeling down, as if she would collapse. Vertigo, while standing, as if objects were turning around with her, with intoxication and heaviness of the head. Vertigo, in the morning, after arising, as if everything turned around with her, with inclination to vomit and much gathering of water in her mouth. Vertigo, as if everything turned around with her, and as if she should fall forward.

Magnesia mur.

Giddy and dull in the head, during dinner ; she had to go into the open air, where it went off ; after returning to the room, heat in the head. Vertigo, tendency to fall forwards, in the morning on rising. Giddy and reeling, it goes off after motion, in the morning. Vertigo, even when walking in the room, and also if she hangs her head but a little.

Manganum

Vertigo, when sitting and standing, he must hold on to something, so as not to fall forward.

Mezereum

Vertigo, he feels as he would fall to the left side. Vertigo with flickering before the eyes, he could not walk well. Vertigo, like a syncope.

Muriatic Acid

Whirling in the open air and unsteady in walking. Whirling in his head, more when in the room, with dimness of vision.

Vertigo in the open air, suddenly ; objects turned around with her, vertigo in the head with tearing in the crown and a sensation as if his hair was being pulled upward.

Natrum Carb

Vertigo, after mental occupations with dull inward pressure in the temples. Vertigo, very often by day, like a whirling in the head, also while lying down. Vertigo on turning the head. Almost constant vertigo, when walking ; she totters when walking. Violent vertigo, like a syncope, after drinking a spoonful of wine. Vertigo when walking in the room, even so as to sink down, then great languor in the hands and feet. Vertigo, she feels as if she would fall in the left side.

Natrum mur.

Dizziness in the head, in the morning, after rising ; this passes off, after lying down again for a while. Reeling, which obscures the eyes, when stooping and rising again. Reeling as from vertigo, intermittent, especially on moving the head, coming like a thrust from the vertex to the forehead, which momentarily takes away her consciousness. Vertiginous feeling, as is she would be thrown over. Vertigo, in the morning, on raising him-self in bed, like a swoon ; she lost her consciousness, and she often had to lie down again. Vertigo, on rising from bed, and on walking. Vertigo, on turning around. *Vertigo while walking.* Vertigo when walking ; everything turned around her in a circle. Vertigo, which presses down the head, while sitting.

To be continued

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