

chronic cases of asthma. A small supply of the remedy was sent at the time but not sufficient to meet the demand. Messrs. Boericke & Tafel then ordered a new supply and this has arrived. The transportation, duty and apparently inevitable loss by breakage makes these far off remedies come a little high.

DR. SCUDDER, the veteran Eclectic, pokes a little fun at his Homœopathic brethren, or some of them, in the following manner:

"Our neighbors have been rejoicing for months that the truth of Homœopathy has been proven by the new cure for tuberculosis. Hardly a journal in the land but has had something to say about it, and some have said a good deal. Of course it proved the truth of their law, *Similia similibus*. It went further and proved the value of infinitesimals. And still further, it proved the value of *nosodes*, the dirty part of homœopathy.

"And now our sound homœopaths may exclaim, 'The Lord save me from my friends; I can take care of my enemies.' The entire Koch business has proven a failure; not one patient has been cured, but scores have died from it. Is Homœopathy to be measured by this standard? It may be *Similia*; it is certainly a very vile *Nosode*, and hundreds have had the tubercular bacillus distributed in their tissues by it, and others have suffered from the effects of the most poisonous ptomaine ever known. How does the Homœopathic *Nosode* business compare with this?

"As you look the field over, my friends, do you really think you have made anything by appropriating *regular* thunder? I imagine that you had better stick to the legitimate, and to that you know. When you try to become 'scientific by riding a bacterium, or appropriating a *regular* nosode, you are likely to make a failure. It is not my province to advise you, but many of you are clever men and co-workers, and I cannot help saying, stick to the truths you know, and don't toady to the 'regulars.'"

DR. McMICHAEL'S paper in this number is worthy of careful study, and his new Compendium, announced among our book notices this month, should command wide attention. It is something new, something practical, and something that many physicians have been demanding for a long time. That the plan of the new work will not please every one goes without saying, but that it will please the greater number of the steady paced, loyal Homœopathic practitioners, is almost inevitable. Many of these have carefully examined the plan of the forthcoming work and have given it unqualified praise. It is a work that all should look into.

## THE HOMŒOPATHIC RECORDER.

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### BLATTA ORIENTALIS.

In my last paper on *Blatta orientalis*\* I promised to say more on this subject in future, so, to-day I begin to fulfil my promise. Before I proceed to give the cases of Asthma in which *Blatta orientalis* was used with great success, I should like to say something about Asthma. This spasmodic disease which is characterized by the urgent dyspnoea due to the bronchial spasms, may be principally divided into Idiopathic and Symptomatic. The spasms in the former case take place through the efferent nerves by the direct irritation of the brain or the spinal cord independently of any other distant affections, and this variety though rare is the most difficult to combat. While in the latter case, which is by far more common, the causes of the irritation of the nervous centres are in distant organs, that is, the nervous centres are secondarily affected. Stomachic Asthma originates in the derangement of the stomach; Cardiac Asthma, not Cardiac dyspnoea in which there are no bronchial spasms, originates in the diseases of the heart, and lastly Bronchial Asthma, which is the most common of all, is due to the morbid condition of the bronchial tubes in which the bronchial spasms occur through the reflex action. A fit of Bronchial Asthma may be excited by the inhalation of materials such as smoke, pungent vapours, animal or vegetable emanations, dust, pollen, drugs, fog, effluvia of domestic animals, as rabbits, dogs, guinea pigs, horses, etc. Change of weather, locality, winds, such as easterly wind, are no less an exciting cause. The most common exciting cause of an attack of Asthma is inflammation of the bronchial mucous membrane. There are other organs which may be primarily affected, giving rise secondarily to an asthmatic attack, such as a loaded rectum, intestinal worms, uterine diseases or sudden chill, etc.

I shall only say a few words as to the character of a paroxysm of Asthma. The paroxysm occurs periodically at regular or ir-

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\*See RECORDER, Nov. 1890, page 254.



regular intervals, it may be daily, weekly, monthly, yearly, or at a still longer interval. There are cases where a severe cold, frequent sneezing, running from the nose, a short, dry, wheezing cough, etc., are the forerunners of a severe paroxysm, but in most cases there are no premonitory symptoms and the patient is suddenly seized with an attack. The early morning hour, say from 2 to 4 A. M., after a good sleep, is the time when asthmatic persons in a majority of cases are attacked with paroxysm, although an attack may take place at any time of the day. When the paroxysm is developed the patient experiences great oppression and tightness of the chest, with extreme sense of suffocation, and breathing becomes labored and gasping. Patient assumes either a sitting, standing or kneeling posture, frequently changing attitude in seeking relief; puts off all tight clothing to give the chest a free scope for easy respiration. The inspiration becomes short and abrupt while the expiration is greatly prolonged. The respiratory sound is greatly exaggerated, so much so that the wheezing is distinctly audible to the bystanders; perspiration generally pours out freely; the face becomes pale and anxious; pulse small and quick. I need not detail these symptoms as every physician must have seen the great sufferings of an Asthmatic patient during an attack.

There is no rule as to the duration and the termination of an attack, it may end suddenly within a few minutes or gradually with remission or intermission, but in most cases there is a cough at its close, with more or less *pearly* mucous expectoration—the characteristic asthmatic sputa. There are cases in which there is no secretion from the first to the last, and the spasms disappear without expectoration. The cough at the termination of an asthmatic attack is very often troublesome and paroxysmal; with each spell the patient goes on coughing and hacking until some sputum is brought up, when he experiences great relief till the next fit of coughing. These coughing fits are very oppressive and fatiguing to the patients, owing to the difficulty in raising the tenacious sputa, and you will often hear the sufferer begging you to make his or her expectoration free. You will find *Blatta orientalis* a capital remedy in relieving this kind of cough. *Blatta ori.*, when given in repeated doses at the commencement of an asthmatic attack, cuts short the paroxysm within a short time; so I am inclined to think it affects pre-eminently the pneumogastric nerves in thus relieving the spasm of Asthma. Here its action is similar to *Arsenicum alb.*, *Ipecacuanha*, *Cuprum*, *Lobelia infl.*, etc. As it makes the expectoration free and coughing fit less frequent and less severe, here

again its action is similar to *Antimonium tartaricum*, *Ipecacuanha*, etc.

I have of late tried *Blatta orientalis* indiscriminately in almost all cases of Asthma that have come under my treatment, and I am glad to say I have received good results in most cases, as the reports of some of the clinical cases will show. I have not come to any definite use of this drug yet, but I shall only mention a few facts that I have observed during its use. It acts better in low potency and repeated doses during an attack of Asthma; when the spasm subsides, the terminal asthmatic cough with wheezing and slight dyspnoea, etc., is better relieved with higher potencies; the low potency, if continued after the spasmodic period is over, will make the cough more troublesome and harassing to the patient and the expectoration tenacious, thick and very difficult to raise, but this will not be the case if the potency is changed. I had this difficulty in a few cases when I was less acquainted with the action of the drug, but now I manage my cases better. In four patients who continued the drug for some time in the low potency during the paroxysm and after it was over, the cough became dry and hacking with little or no expectoration, the streaks of blood appeared in the sputa, which the patients had never observed in the course of their long illness. This appearance of blood in their sputa, was the cause of a great anxiety to them and made them hurry over to my office. On inquiry I learned from two of them—one a lady and the other a young man—that while taking this remedy they felt a sensation all over the body, for four or five days previous to the appearance of the blood, as if heat were radiating from the ears, eyes, nose, top of the head, palms of the hands and soles of the feet. They attributed this sensation of heat all over the body and the appearance of the blood in the expectoration to the drug. I directed them to stop the medicine at once; this they did, and with the discontinuance of it the blood disappeared from the sputa as well as the sensation of heat, but to me it was an open question whether this appearance of blood in the expectoration was due to overdrugging, although I must say that the presence of the streaks of blood in the sputa of asthmatic patients is not an uncommon phenomenon. I resolved to give the same potency to the same patients after the lapse of some days. I did so and to my surprise the blood-streaked sputa again appeared after they had taken the remedy *ix*, one grain four times daily. From this the patients understood it was the same medicine that had been given to them on the last occasion and begged me not to give it again as the appearance of blood



in the sputum frightened them, in spite of all my assurance. No more strong doses of the drug were given to them and they did not notice any more blood in the sputum. I have heard other patients complain of this peculiar sensation of heat whenever strong doses were given to them for some time. It acts better on stout and corpulent than on thin and emaciated persons. The asthmatic patients subject to repeated attacks of Malaria derive less permanent benefit from the use of the drug. So, it seems to me, that in hæmic Asthma, which is due to the abnormal condition of the blood, it is efficacious. I have also used this drug in troublesome cough with dyspnoea of phthisical patients with good result.

#### Clinical Cases.

CASE I. Baln R. M., aged fifty-five, thin, emaciated and irritable temperament, has been suffering from hereditary Asthma for the last twenty-five years. For the last six or seven years he suffered from asthmatic fits almost nightly and a troublesome cough with a good deal of frothy expectoration. He said he had not known what sleep was for the last six or seven years, in fact, he could not lie down in bed as that would immediately bring on a violent fit of coughing which would not cease until he sat up, so the recumbent posture for him was almost impracticable, and he used to sit up during the night and doze on a pile of pillows. He passed his days comparatively better, but the approach of the night was a horror to him, his struggle, commencing at 9 or 10 P. M., would last till the morning. He was the father of many children and was well taken care of, but his suffering was so great that he had no ambition to live any longer. He tried almost all systems of medicine without much good. For the last ten years he took *Opium* which afforded him slight relief at the beginning, using as high as forty-eight grains of *Opium* in twenty-four hours. Owing to the constant sitting posture he became stooped, and the back of his neck stiff and painful. On April, 1889, he was suddenly taken ill with fever. The fever became protracted. After an illness of over a month his condition became so bad that all hope of his recovery was given up. During this illness he was treated by an old school physician of some repute, but his condition daily grew worse, the Asthmatic attacks became very violent and almost incessant, and the difficulty of breathing very great. He became so feeble that he had not strength enough to enable him to bring up the expectoration; his chest was full of it; fever was less; there was general anasarca. He was sitting with head bent forward, almost touching

the bed, as that was the only position possible to him day and night. He had become almost speechless, when I was sent for, at about 3 P. M. on the 23d of May, 1889. When I was entering the patient's room a medical man came out and hinted that there was no use of my going in as the patient was just expiring. I found the patient breathing hard; unconscious; jaws were locked and saliva dribbling from the corners of his mouth; body cold; cold, clammy perspiration on forehead; eyes partially opened; in fact, to all appearance, he looked as if he were dead, except for the respiratory movements. I felt his pulse and found it was not so bad as the patient was looking. I examined the back of his chest, as that was the only portion easily accessible, and noticed that the bronchial spasms were going on with loud mucous râle. From the character of his pulse I thought that the present state of the patient was *probably* due to the continued violent struggle and not deep coma, and that he had become so exhausted that he was motionless, speechless and completely unconscious. His bed was surrounded by many friends and relations, who had come to bid him a last farewell; and it was with surprise that they all looked at me when I proposed to administer medicine to a patient, whose death was expected every minute and for whose cremation preparations were being made.

I got a big phial full of water and put in it *Blatta orientalis*  $\text{rx}$  trit. a few grains and tried two or three times to give him a spoonful of it, but in vain; the jaws were locked and I could not make him swallow any of that medicine; then I put some powder dry in the hollow of his lips and asked the attendants to try to give him the medicine I left in the bottle. I was asked whether there was any hope of his recovery, of course my answer was "no," and I also said he could only live a few hours. I left the patient's house with the idea of not visiting it again, but at 9 P. M. a messenger came with the report that the patient was slightly better, he could swallow medicine and two doses of it had been given. I was asked to see the patient again. I could hardly believe what he said, however, I went to see the patient again. I noticed there was a slight change for the better, the pulse was steady, the jaws were unlocked, there was mobility of the limbs, he could swallow liquid with ease and was expectorating freely, the breathing though still difficult was slightly improved. There was the winking of the eyelids. On the whole he was looking less lifeless, but still I entertained no hope of his recovery. I left instructions to repeat the same medicine once or twice during the night, if required, at the same time to give milk repeatedly, one or two spoonfuls at a time, and to inform



me next morning if he had survived the night. Next morning I really grew anxious to know what had become of my patient who had shown symptoms slightly better with this new remedy. A messenger came with the report that the patient passed a good night. I was requested to see him again. When I arrived at his place at 8 A. M., I was surprised to see him so much better, he had not only regained his consciousness, but was sitting quietly in his bed, could speak slowly, the difficulty of breathing was completely gone, but the cough occasionally troubled him and a good deal of expectoration of frothy white or sometimes of big yellowish lumps of mucus came up. He was given three doses of the same medicine 2x trit. during the day. He passed a fair day but at night his difficulty of breathing again appeared in somewhat milder form. He had to take two doses of the medicine. Thus the medicine was continued for a week and his trouble daily became less and less until after the expiration of a week he was able to sleep at night for the first time in the last six or seven years. I treated him over a month and his health improved so rapidly that he not only got rid of the asthmatic trouble, but was soon able to go out and even to attend his business. The stooped condition of his neck with slight pain and slight chronic bronchitis did not leave him altogether. Besides *Blatta orientalis*, I also prescribed for him *Arsenicum alb.* 6 and 12, *Naja. tri.* 6, *Ipecac* 3 and *Antim. tart.* 3, as they were indicated. He continued well for over a year, but in August, 1890, he had slight reappearance of the asthmatic trouble. He again took *Blatta orientalis* and got well.

CASE 2. A Brahmoehery (ascetic), aged 38, had been suffering from Asthma for the last fourteen years. During the early part of his illness he used to take medicine, but this would invariably make his case worse, so he gave up all treatment and was left to nature. Occasionally he would wear a *talisman*, a practice much prevalent in this country; this once seemed to do him good, as, at the time, some eight years ago, he was free of all trouble for one year, when accidentally the *talisman* dropped from his body and was lost. This was the beginning of his most severe trouble. During this illness he again made up his mind to try medicine, and took both Allopathic and native drugs, but to no purpose.

Homœopathy was at that time very much in the background, so he did not think it worth while to give it a trial. His sufferings became so great that his life became almost intolerable. He then became an ascetic and left his home and relations to die in some sacred place, as is the custom with many Hindus when they be-

come old or invalid. He knew Sanskrit well and went to Banares, a sacred place for Hindus. On his arrival there, in 1878, he felt somewhat better, either due to the change of place or the change of his mode of life. He became acquainted with the people there, and as a Brahmin and Sanskrit scholar they began to respect him. He improved gradually and entertained some hopes of recovery, but never thought of returning home. He could sing and compose verses—this attracted a good many persons' notice, who not only used to help him with the necessities of life, but would gather round him to pass pleasant evenings. Thus he enjoyed fair health for a year, when his old enemy, the Asthma, made its appearance. This time he was worse than ever, in spite of all means that were adopted to afford him relief.

Four or five years passed in this way and there was no sign of abatement. During the rains and the winter he would be very much worse, that is, nine or ten months of the year he would suffer terribly. At last, in March, 1887, he left Banares for Bombay—a climate more temperate.

In March, 1887, I went to see the man. I heard the whole above account from him and saw he was suffering sadly. On examination I could not detect much accumulation of mucus anywhere in the chest. There was an urgent dyspnoea more or less, almost always present. The dyspnoea would increase with movements, during the latter part of the night and sometimes during the day without any apparent cause. There was no expectoration, nothing wrong with the heart, except the pulse was greatly accelerated. The liver was pushed forward and downward, where it could be easily felt like a big lump, and there was a severe pain in the hepatic region. It was the impression of the patient that this lump was daily getting bigger and was the cause of all his trouble. His appetite was poor, in fact, he used to take nothing but milk his bowels moved daily, and he was much emaciated. As an ascetic he did not wear any clothing on his body, so his chest was exposed equally to heat and cold. It was his habit to bathe in cold water early in the morning throughout the year. He said he would get worse if he were to wear flannel or stop his daily cold water bathing. He tried these means before, but they invariably made him feel heaty and his asthmatic attacks worse. So I thought it was useless to ask him to wear any warm clothing, or to stop his daily bathing, as he was prejudiced against them. When he was asked whether he would take medicine if prescribed, he did not show much eagerness, on the contrary he said that medicine always made him worse and that he would rather not take it.



However, he was persuaded to take the medicine, as he was given to understand that these Homœopathic drugs were harmless. As he began to take the medicine with half-heartedness I thought he would not continue it. I prescribed *Naja trip.* 6, a drop dose every three hours, and more frequently during the severity of an attack. On the first day he felt slightly better instead of worse, as he was predisposed to feel. The same medicine was continued and he began to feel better and better, until on the fifth day there was a complete cessation of the bronchial spasms for some time during the day, and he could move about with ease.

Thus I gained his confidence and he was willing to follow my advice. After some ten or twelve days he came to my office and asked me whether there was any chance of his getting well and what were my directions to be followed. This was the second time I saw him. I examined his chest and found there were catarrhal symptoms. I asked him to wear either flannel or linen to protect his chest from exposure to cold, otherwise he would get asthmatic attacks again. I must say he was not free from his nightly attacks. He was getting them regularly every night, but they were somewhat in a mild form. I changed the prescription to *Ipecac* 3. He was better for some time with it and the hepatic pain and swelling very much subsided. He was under my treatment for a very long time. He used to keep well for some time and get worse at others, but under my treatment he was never so bad as before. I treated him with *Naja trip.*, *Ipecac*, *Arsenicum alb.*, *Antim. tart.*, *Nux Vomica*, *Cuprum met.*, *Lobelia infl.*, *Grindelia rob.*, *Hydrocyanic Acid*, etc., but he derived the best effect from the first two named remedies; in fact they were the only two remedies that used to give immediate relief. So when he was away from Bombay for two or three months he carried these two remedies with him with directions to be taken thus:

Urgent dyspnoea without much cough or expectoration, *Naja trip.* 6; and Asthma with fits of coughing and more or less expectoration, *Ipecac* 3. He soon became well acquainted with the action of these drugs. In this case as well as in others I found *Naja trip.* a good remedy to relieve dyspnoea when other remedies failed. In treating asthmatic patients it should not be lost sight of. He continued to take those remedies wherever he might be, and would write to me for a fresh supply whenever he would fall short of them. It was in June, 1889, he wrote to me for a new supply of *Naja trip.* and *Ipecac*. I sent him *Blatta orientalis* 1x trit., to be taken one grain in repeated doses during an attack, and 3x tincture, one-drop doses, twice or thrice during the interval. I

received a long letter from him after a fortnight, in which he stated that this new medicine had done immense good and that he had been nearly free from all troubles for the last five or six days. He hoped that, if his present state of health were to continue, he would be very thankful to God and to me, and probably all his troubles would be soon at an end, after suffering for such a long period. Really this was the end of his trouble. He soon improved in health and had no trouble. I have heard from a friend of his only the other day that he was doing well.

CASE 3. Mrs. Nundy, a thin lady, aged twenty-three, mother of three children, came from a village for the treatment of Asthma, from which she had been suffering for the last eight years. For the first two or three years she used to get two or three attacks in the year, but gradually they were repeated more frequently, though the character of the attack remained the same throughout. It would last two days and two nights whether any medicine was given to her or not. Nothing would alleviate her suffering during an attack—too much interference would increase her sufferings and prolong the duration of the attack, so, practically speaking, almost nothing was given to her during an attack. The great oppression of breathing, restlessness, profuse perspiration, inability to move or lie down and loud wheezing would be the most prominent symptoms in each attack. These would remain almost with equal violence for nearly forty hours, when the spasms would cease with slight cough and expectoration, and she would be perfectly at ease as ever and there would be no trace of the disease left, except slight wheezing sound on auscultation. But latterly these attacks were very frequent, almost every week or ten days. In August, 1890, she was brought here for treatment. It is worth while to mention that she took both Allopathic and native drugs during the interval of attacks to prevent their recurrence, but without any effect. I saw her first on the morning of the 5th of August, during an attack. I prescribed *Blatta orientalis* 1x trit., one grain every two hours. It was to their surprise that this attack subsided unlike all others by the evening; that is, it disappeared within twenty hours. This encouraged the lady and her husband so much that she wanted to have regular course of treatment under me. I put her under tincture of *Blatta orientalis* 1x, one drop per dose, twice daily. She continued this medicine till the time of the next attack was over; that is, for ten days. After the expiration of this period she began to complain of a sensation of heat all over her body, so I changed it to 3x, one drop morning and evening. She kept well and after a month she went home



thinking she got well. A month after her going home she had an attack of Asthma at night and she took *Blatta orientalis* 1x as before, and by the next morning she got well. This was in October and after two months of the last attack. She had another attack in winter and none since.

CASE 4. A young man, aged thirty-four, had been suffering from Asthma for some years. He was invariably worse during the rains and the winter and a chronic bronchitis was almost a constant accompaniment. He tried Allopathic and lots of patent drugs with only temporary amelioration of the trouble. At last, in November, 1888, he came to my office. On examination of his chest I found there was a chronic bronchitis. He said that slight difficulty of breathing with hacking cough used to trouble him every night, besides a cold would be followed by a severe attack of Asthma, so its periodicity of recurrence was irregular. I treated him with *Ipecac*, *Arsenicum alb*, etc. The first named medicine did him the most good, but he never got entirely well. So in July, 1889, I put him under tincture *Blatta orientalis* 3x, a drop dose, three or four times daily. Under its use he began to improve steadily and had only two or three attacks of asthmatic fits since he used this drug, which were promptly relieved by the same drug in 1x potency. *Euphrasia off.* was prescribed for his cold whenever he had it. He is free from all trouble for the last year and a-half. His general condition is so much changed that there is no apprehension of the recurrence of his former illness.

CASE 5. Baln Bose, an old, corpulent gentleman, aged sixty-two, has been suffering from asthmatic attacks for some years. He never took any Allopathic medicine, but had always been under the treatment of native Kabiraj (medical men), under whose treatment he was sometimes better and worse at others. Latterly he became very bad and passed several sleepless nights. He used to pass his days comparatively better, and it was at night and in the morning he used to be worse. On the 24th of July, 1890, at 9 A. M., I saw him first—there was a slight touch of Asthma even then. I made him try to lie down in bed; this he could not do, owing to the coughing fit it excited while in that posture. On examination the chest revealed chronic bronchial catarrh, and there was also a harassing cough, with very little expectoration after repeated exertion. I prescribed *Blatta orientalis* 1x trit., one grain every two hours. He passed the night without an attack, and the next morning when I saw him he complained that only the cough was troublesome last night and no fit of Asthma. The cough was somewhat troublesome

even when I saw him in the morning. I gave him tincture *Blatta ori.* 3x, one drop dose every two hours. He passed the day and night well. He continued the treatment for a fortnight and then went home, where he has been keeping good health, with the exception of occasional bronchial catarrh.

CASE 6. A shoemaker, aged forty-two, robust constitution, has been suffering with Asthma for three or four years. He came to my office on the 6th of November, 1890. He had been getting asthmatic fits almost every night since October last. During the day troublesome cough, with slight expectoration and hurried breathing made him unable to attend his business. Tincture *Blatta orientalis* 1x, one drop doses, six times daily, was given. The very first day he perceived the good effect of the medicine and continued the same for a month, when he got well and discontinued the medicine. He has been keeping well ever since.

CASE 7. Mr. G., aged forty, healthy constitution, had an attack of asthmatic fit on the 4th of August, 1890, preceded by a violent attack of cold, from which he frequently used to suffer. He had this severe cold in the morning and in the afternoon he began to experience a great difficulty of breathing and slight oppression and lightness of the chest—this, by 9 P. M., developed into a regular fit of Asthma. I was sent for. On my arrival, at 10 P. M., I found he was sitting before a pile of pillows with elbows supported on them, and struggling for breath. There was also a great tightness in the chest, occasional cough and inability to speak. I at once put him under *Blatta orientalis* 1x trit., one grain, every fifteen minutes, and less frequently afterwards if he felt better. On my visit next morning I found him much better, but he said his trouble at night continued, more or less, till 2 A. M., after which he got some rest. Now, there was a troublesome cough, slight oppression of the chest and great apprehension of a second attack in the night. The same medicine, 3x trit., was given to him during the day, and a few powders of 1x were left with him in case he was to get an attack at night. There was a slight aggravation of those symptoms at night and he had occasion to take only two powders of 1x. The next morning he was every way better, except the cough, for which four powders of 3x were given daily. In four or five days he got entirely well and had no relapse.

CASE 8. Mrs. D., aged twenty, a healthy, stout lady, mother of one child, had been always enjoying good health, was suddenly attacked with a violent fit of Asthma on the 8th of August, 1890. This was the first occasion she had a fit of Asthma, the result of a severe cold. At about 2 A. M., she was suddenly seized with



difficulty of breathing and a great oppression in the chest. She could not lie down any longer in bed and had to sit up, being supported on a pile of pillows. On the morning at 8 A. M., I saw her first. I noticed she was in a great agony and almost speechless. On examination I could not detect much loud wheezing—the characteristic of an asthmatic attack—though the rapid movements of the walls of the chest were even quite visible to the bystanders. The patient was feeling almost choked up and could not express what was going on. She only pointed out to a point, a little over the pit of the stomach most painful. There was no cough—perspiration was pouring over her body. I could not at once make out whether it was a case of pure Asthma, especially as she never had it before. However, I made up my mind to give her *Blatta orientalis* 1x trit., a grain dose every fifteen minutes and watch the effect myself. Three doses of it were given without much change for the better. I left a few more doses to be repeated half hourly and promised to see her again within a couple of hours. On my return, I found her in a much better condition, and she had taken only one of those powders I had left, and they were not repeated, as she felt better. Now I thought it must have been an attack of Asthma, and I continued the medicine unhesitatingly. There was an aggravation at night, but on the next morning she was better, and the usual asthmatic cough began with slight expectoration. There was pain in the chest and head with each coughing fit. *Blatta orientalis* 3x trit., four to six doses, was continued for a few days, when she got well. Again in November she had a slight tendency to an asthmatic fit, took two or three doses of the same medicine and got well. Since then she had not been troubled again.

CASE 9. A gentleman, the keeper of a common shop, aged forty-four, belonging to a village, had been suffering from Asthma for the last eight years and he had always been under treatment of native Kabiraj (medical men). In June, 1890, he came to the city, and I was called to see him on the 14th of June, and to treat him for his Asthma. The day previous he had an attack for which he took no medicine. Each of his attacks usually lasted four or five days. I gave him *Blatta orientalis* 1x trit., one grain, every two hours and left him six such powders to be taken during the day. He took them and felt better the next day. He stayed here two or three days more, and when well he wanted to proceed home, which was some couple of hundred miles. He took with him two two-drachm phials of *Blatta orientalis*, one of 1x and the other of 3x trit. He continued 3x, one grain doses, two or three times daily, for a month and discontinued afterward.

He had no occasion to take 1x; that is, he had no more asthmatic fits. In January last, 1891, I had a letter from him thanking me for his recovery and asking for some of the same medicine for a friend of his, who had been suffering from Asthma. The friend of his who used the same drug, *Blatta orientalis*, was equally benefited.

CASE 10. Mrs. Dalta, a thin lady, aged thirty-eight, mother of several children, had been exposed to cold, which brought on an attack of bronchitis with fever. This, in the course of a fortnight, developed into a regular fit of Asthma. She was all this time treated by an old school physician, but when the husband of the lady saw that she was daily getting worse and a new disease crept in, he made up his mind to change the treatment. I was called to see her in the morning of the 8th of June, 1890. She became very much emaciated, could not take any food, had fever with acute bronchitis, hurried respiration, difficulty of breathing; this she was complaining of bitterly, owing to which she could not lie down in bed, but had to sit up day and night. There was a prolonged fit of spasmodic cough at a short interval, with slight expectoration, but these coughing fits would make her almost breathless. This was the first time I prescribed *Blatta orientalis* 1x in a case of Asthma with fever and acute bronchitis. It answered my purpose well. She had only ten powders during the day and passed a comparatively better night. Next morning when I saw her she was better, except the coughing fits, which were continuing as before. The same medicine was repeated. On the 10th of June she had no asthmatic trouble at night, but there was not much improvement in her cough—*Anti tart.* and *Bryonia* were needed to complete the cure.

D. N. RAY, M. D.

65 Beadon street, Calcutta, India, June 22, 1891.

(Messrs. Boericke & Tafel can supply *Blatta orientalis* in the 3x trit., or dilution. Their stock of the drug was sent them by Dr. Ray.)

#### A PHASE OF CHOLERA.

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