

PERSONAL.

He would have been a canny scientist who could have made people believe last August that "the sun is dying out."

"It has been used—by physicians as well as specialists," is the way a scientific "reading notice" puts it.

A medical editor recently asserted that "our own wives and children ride the wheel."

The therapeutic principle at the bottom of the new serum cure for consumption was exploited years ago in Burnett's *New Cure for Consumption*, now in its third edition.

FOR SALE. A city practice for sale. A six thousand dollar practice for fifteen hundred dollars in a rapidly growing city of one hundred and twenty-five thousand population in New York State. An ambitious man should increase it to ten thousand inside of three years. Reason for selling: developing tuberculosis which drives me from the city. Address, DR. B., NEWTON FALLS, ST. LAWRENCE CO., N. Y.

"Always say 'How do you do?' on shaking hands, never 'Good afternoon!' or 'How are you?'" says *The Queen of Fashion*. Now you know.

Psorinum is a remedy for chronic *Rhus* poisoning.

Dr. Megher Duz has removed to 124 Rue Victor Hugo, Paris, France.

"She was about 35 years old and built in proportion." So reads a medical ad.

Drs. C. Sigmond Raue and J. F. Raue will continue their father's practice at his late residence, 121 N. 10th street, Philadelphia.

Dr. W. A. Dewey, he of "Essentials" fame, has accepted the chair of *Materia Medica* at Ann Arbor. So now Ann Arbor is second to none in this important branch.

"The Irish hate the Chinese," said Li, "because the Chinese possess greater virtue." Go to, thou heathen!

The Metropolitan Post-Graduate School of Medicine (homœopathic) is welcomed in the RECORDER'S pages. If anyone feels the need of some finishing touches write to the secretary, Dr. Deady. See page xxi.

Once the fisherman and the lowly were sent out to reform the rich. Now the rich contribute money to "raise" the lowly, or go a-slumming.

Dr. Mary Brewer has removed from 1414 Arch street, Philadelphia, to 330 E. Chelton avenue, Germantown, Pa.

Dr. Geo. H. Quay's book on diseases of the nose and throat will be out in October.

Dr. Doughty's practical, terse and to-the-point book on genito-urinary affairs is nearly completed. Even ye olde schoole manne will want it.

Hurdall's work on the diseases of the horse, *i. e.*, *Veterinary Homœopathy in its Application to the Horse; Including a Code of Common Suggestive Symptoms* is out. Price \$2.00.

Douglass' *Repertory of Tongue Symptoms* will be out by the time this RECORDER is.

A new and elegant edition of that old favorite, *Pulte's Domestic Physician*, has been brought out by Boericke & Tafel, who henceforward will handle the work.

Bradford's wonderful collection of notes on the Pioneers of Homœopathy will be out before the snow flies.

THE HOMŒOPATHIC RECORDER.

VOL. XI.

LANCASTER, PA., OCTOBER, 1896.

No. 10.

A FOILED ENDEAVOR.

It seemed to the late Carroll Dunham that the opening of a Homœopathic College in the University of Michigan afforded a much-desired opportunity for a needful revision of our provings. It was felt that they should incorporate the preciser *data* of the physiological laboratory, and it was to establish such a laboratory for experimental pathogenesis that the first dean of the homœopathic department accepted the position.

The carriage floor of a barn was used for the purpose, and the picked members of the first class of students entered upon the work. To-day they have the satisfaction of knowing that their's—the "barn laboratory," as it was derisively called—is the pioneer and parent of every laboratory for physiological research on the old *campus*. The work that they were doing in their "barn laboratory" aroused the jealousy of the older school, and its faculty bestirred themselves; the result was what is to be seen to-day.

The first homœopathic dean resigned his deanship in order that he might devote himself wholly to the laboratory for experimental pathogenesis, but the chairman of the regents' committee broke faith with him and thwarted his plans until such time as the old-school laboratory was in working order, and then he urged that a duplication of laboratories was not desirable. In vain did the ex-dean of the homœopathic department offer to conduct their own laboratory without one penny of expense to the State. All remonstrance was useless; it was not meant that the despised homœopaths should have a laboratory, nor have they to this day, eighteen years later. It is just as well, for the present homœopathic faculty would not know what to do with it.

The first fruits of the "barn laboratory" are given in bald, tabulated form in the *Encyclopædia of Pura Materia Medica*, p. 526, vol. vii. The next year's work, with the *Plumbic acetate*, was never presented to the homœopathic profession for the sufficient reason that the *Picric acid* research was "caviare to the multitude."

The statement that *Picric acid* disorganized the red blood corpuscles was denied by a graduate from a medical college whose "chemical laboratory" consisted of an alcohol lamp and a test tube. And this denial was not contradicted by an ex-professor of chemistry who knew so little of that which he had once "taught" as to be ignorant of the strong affinity of *Picric acid* for the potassium and sodium of the corpuscles and the plasma!

The research into the action of *Nitro-muriatic acid* as regards the free acidity of the urine is now published in the hope that it may arouse the homœopathic school to demand that the laboratory facilities afforded by the University of Michigan may be utilized by the homœopathic college therein.

The following research was made by an under-graduate in the second year of his pupilage.

THE EFFECT OF ACIDUM NITRO-MURIATICUM ON THE FREE ACIDITY OF THE URINE.

By Frank N. White, M. D., (U. of M. '78).

Preparation: To three parts of *Nitric acid* (S. G. 1.24) are added five parts of *Muriatic acid* (S. G. 1.16). The mixture is allowed to stand until it has assumed a golden hue.

Dosage: February 6th, 4 gtt.; 7th, 9 gtt.; 8th, 9 gtt.; 9th, 9 gtt.; 10th, 12 gtt.; 11th, 12 gtt.; 13th, 10 gtt.—Total, 65 gtt. in eight successive days. I was obliged to stop taking the acid on account of the condition of my mouth and stomach. These troubled me to such a degree that I could not go on with my studies.

Day-book: February 6th, 1:30 P. M. took 2 gtt., concentrated *Nitro-muriatic acid* in half a tumbler of water; repeated the same dose at 11:45 P. M.

February 7th, 8:45 A. M., 3 gtt.; 1:30 P. M., 3 gtt.; 11 P. M., 3 gtt. (Rheumatic (?) pains from hip to knee three hours after a hearty meal. Pain, sharp, in stomach, and a feeling as though I had been fasting for 12 to 14 hours. Above pain continued

until an hour after supper. Was not relieved by eating. The pain and the hungry sensation returned on going to bed.)

February 8th. (A mean feeling on rising as though I had been on a "bum" the previous night. A tired, logy feeling.) Took 3 gtt. at 12 noon; 3 at 4:15 P. M.; and 3 at midnight.

February 9th. Took 3 gtt. at 10 A. M., and at 9 P. M.

February 10th. 10:30 A. M., took 4 gtt. (*Find oxalates in my urine.* Urine is very cloudy when passed, and intense burning in urethra when it is passing.) Took 4 gtt. at 3 P. M., and at 7 P. M.

February 11th. 12 noon, took 5 gtt. (Urine intensely acid and cloudy; *oxalates present.*) 1:30 P. M., took 5 gtt. (Throat feels constricted when attempting to swallow. "Cankers" are making their appearance upon the inside of gums and on the sides of the tongue, varying in size from $\frac{1}{8}$ to $\frac{3}{8}$ of an inch in diameter. They are irregular in form, dark white in color, not very deep, but the edges are more cleanly cut than common canker. Teeth ache and are sore. Bleed easily. My gums are usually hard and tough. Very little drooling by day, but at night drool constantly, drenching my pillow.)

February 12th. 8 A. M., took 5 gtt. (Soreness all over my body, mostly in loins and region of left kidney. Anus very moist and sore. Troubles me very much when walking.) 2 P. M., took 5 gtt. (Soreness in loins very marked. Pricking pains in throat, vicinity of larynx and a short distance above, as though small needles had been thrust in. Constriction around throat as from an iron ring. This sensation is always present, is aggravated by empty swallowing, but I seem to forget it when eating or drinking. Throat very sensitive to pressure in vicinity of larynx about thyroid cartilage. Pain sore and sharp on pressure, aggravated by passage of food, drink and by cough. Muscles of the neck very sore and tender to the touch, especially the sterno-cleido mastoid. Very odd taste after drinking; I cannot describe it. Bitter taste in mouth after eating. Does not remain long. Sour and bitter eructations. Pain and the feeling of hunger in stomach continues every day. Feel very much indisposed; cannot remember anything; can't study.) 10:10 P. M., took 4 gtt. (Feel sick "all over." Must lie down. Muscles of neck, back and abdomen so tender and sore I can't bear to raise myself; when lying down have to turn over in order to get up. The orbits seem too large for my eyes. Right temple is *very* sensitive to touch. Scalp painful when

pressed upon. Have several times during the day noticed a sharp pain in the root of nose as if from a needle. A continuous pain between the shoulder-blades. Throat very sensitive to pressure and to the passage of food and drink, or on coughing. Abdomen exceedingly painful on sneezing or coughing. I have no courage, no strength. Slight nausea all the afternoon, just enough to make me feel uncomfortable.)

February 13th. (Feel much better this morning. Vertigo on getting out of bed.) 9:30 A. M., took 5 gtts. (Am "blue;" awfully so. A tingling all the morning in the right hand and wrist. Feel very weak.) Took 5 gtts. at 10 P. M.

February 14th. (Tingling from right shoulder to hand; not continuous, but lasting a few minutes at a time. Feel very weak.)

February 15-16th. (Stomach out of order; no appetite; tongue heavily coated, with a spot here and there like an ulcer or sore. Coat on tongue white. Eructations sour and bitter; very sour, so much so as to occasion a burning sensation in the throat. Empty, hungry feeling in stomach.)

February 17-18th. (Gums very sore, reddened and swollen. Legs and face are getting quite thin. Eyes are very much sunken.)

In reply to a letter of inquiry the prover wrote: "I do not remember whether the sensation of a ring about the throat affected the breathing or not. Did not notice whether the gums stood away from the teeth. Do not remember the condition of the salivation *at the close of the proving*. No; the symptoms did not cease suddenly; they left gradually, but I remember it was nearly a week before my stomach regained its normal condition, and it was several weeks before I began to 'pick up flesh,' and nearly three months before I regained my usual weight.

"Ten days after the medication period I was thinner than at the close.

"In regard to the condition of my bowels, I distinctly remember I was constipated; much urging to stool, but *no* passage. Why I did not incorporate this feature in my report I cannot imagine."

TABLE FOR ESTIMATION OF THE FREE ACID IN THE URINE.

Graduated solution. Dissolve one gramme of dry *Oxalic acid* in sufficient distilled water to make exactly 199 c.c. 10 c.c. of this solution contain .1 gramme of *Oxalic acid*.

Make a solution of *Caustic soda* of unknown strength. Graduate this until 1 c.c. will exactly neutralize 10 milligrammes of *Oxalic acid*, or 1 c.c. of the above *Oxalic acid* solution.

TABLE.

1 c.c. urine = .0001 gm. for each c.c. of Grad. sol.
10 c.c. " = .001 " " " " "
100 c.c. " = 01 " " " " "
1000 c.c. " = .1 " " " " "

(The table is given solely for its convenience in calculating; also because the system of teaching requires the student to present all his *data*.)

SYNOPTICAL TABLE OF RESULTS.

First Cycle. Health.

Date.	Urine, c.c.	Spec. grav.	Temp. C.	Grad. sol., c.c.	Free acid, gmms.
February 1	1130	1,016	16°	10,3	1,1639
" 2	1350	1,015	17°	7,9	1,0665
" 3	1180	1,014	11°	13,3	1,5694
" 4	1190	1,014	12°	8,2	0,9758
" 5	1630	1,011	14 5°	5,7	0,9291
" 6	1570	1,011	18°	9,1	1,4287
Mean.	1341				1,1922

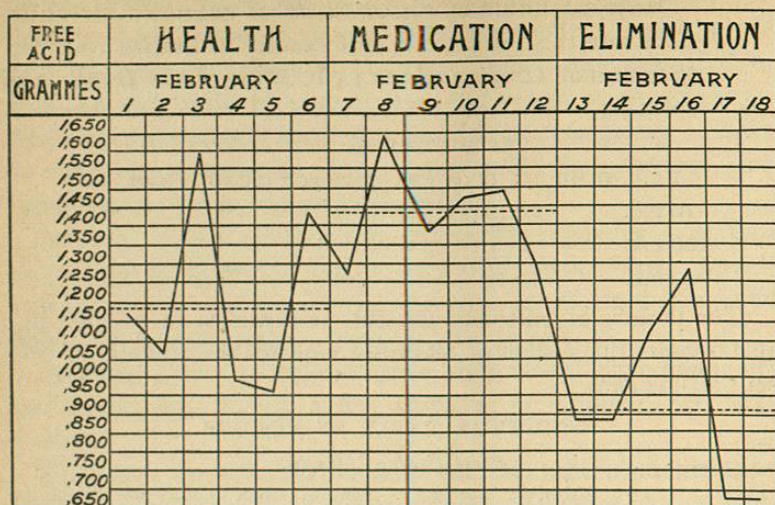
Second Cycle. Medication.

Date.	Urine, c.c.	Spec. grav.	Temp. C.	Grad. sol., c.c.	Free acid, gmms.
February 7	1170	1,016	16°	10,7	1,2519
" 8	1890	1,012	17°	8,6	1,6254
" 9	1200	1,015	16 5°	11,5	1,3800
" 10	1460	1,012	9°	10,0	1,460
" 11	1350	1,015	12°	11,1	1,4985
" 12	1210	1,015	13°	10,5	1,2705
Mean.	1380				1,4143

Third Cycle. Elimination.

Date.	Urine, c.c.	Spec. grav.	Temp. C.	Grad. sol., c.c.	Free acid, gmms.
February 13	1360	1,013	18°	6,5	0,8840
" 14	1370	1,014	17°	6,5	0,8905
" 15	1250	1,013	18°	8,8	1,1000
" 16	1000	1,016	18°	12,5	1,2500
" 17	740	1,020	15°	9,2	0,6808
" 18	1480	1,012	14°	4,6	0,6808
Mean.	1200				0,9143

	Urine, c.c.	Free acid, gmms.
Health.	1341	1,1922
Medication.	1380 (plus 39)	1,4143 (plus 0,2221)
Elimination.	1200 (minus 144)	0,9143 (minus 2,2779)



The urinary mean for health was 1341 c. c., and if we get the mean for the two cycles, February 7-12, February 13-18, we have 1290 c. c., and this shows a daily *minus* of 41 c. c. Bear in mind that the prover took each dose of the acid in half a tumbler of water—at least 100 c. c.—and thus took from 200 to 400 c. c. of water extra, daily, from February 1 to February 13. The urinary *plus* for this period is only 234 c. c., leaving 1666 c. c. of fluid to be accounted for. This is the more remarkable when we recollect that *he was constipated during this period.*

So far, then, as we can judge from one research, *Acidum Nitro-muriaticum* decreases the urinary elimination.

During the medication cycle the free acidity of the urine shows an excess mean of 0,2221 grammes daily; the elimination cycle, on the contrary, reveals a deficiency of 0,2279 grammes daily. But when we take the total acidity for the twelve days, February 7 to 18, inclusive, we find the daily mean to be 1.1643 grammes.

Therein is shown the real action of *Acidum Nitro-muriaticum* upon the free acidity of the urine. *It decreases it.* The truthfulness of the research is shown by the agreement of the result with the well known physiological fact that acids decrease the acidity of the urine.

This particular investigation was made at the request of a noted p—s prophet then employed in the chemical laboratory of the U. of M. This person said to the homœopathic student, "You homœopaths give *Nitro-muriatic acid* for oxaluria, and

according to your 'law' it ought to produce it in a healthy person." When Mr. White showed him the oxalates in his urine on February 10th and 11th he could not conceal his chagrin.

The research demonstrates the homœopathicity of *Acidum Nitro-muriaticum* to oxaluria, and greatly enlarges our knowledge of a remedy that must hereafter head the list of remedies for Grauvogl's oxygenoid constitution.

* * * * *

He who lead in the *Foiled Endeavor* entered upon it in the very noonday of manhood; he looks back upon it in the evening of life—the culmination of the endeavor frustrated; the college a wreck and largely a pretense, and he a man with whom expert calumniators have done their dirty best.

They whose machinations foiled the endeavor cannot judge the meagre results obtained; for them all such research is useless; they cannot realize what they have brought about in this frustration. He whose purpose they have defeated can only leave his work and theirs to the future; in doing which he is sustained by convictions that fill the gathering darkness with radiance.

Beside what is done, account is taken of what would have been done. From what is here given, done as it was in only our apprenticeship, judge what might have been the harvest by to-day. Measure what has been, and now is, by the first fruits of the "barn laboratory;" on the one hand is an enlargement of our knowledge, and as rigid a demonstration as science can demand that the law of similars is rock-founded; on the other are dissensions, schemings, faith broken times without number, mercenary professors, spiritless students, moribund college, and the contempt of both friend and foe.

History repeats itself; lots were cast for the garments of Christ just as they are for professorships in the anæmic college; and beside the Foiled Endeavor of which I have told, there is that other—the endeavor to remove the college from the scene of its failure; to retreat in the face of the enemy! And the creatures which attempted this were actually lauded by so-called homœopathic journals.

I have written with sadness because all this is true; if I have written with bitterness it is that the truth itself is bitter.

S. A. JONES.

Ann Arbor, 28th of August.

ERYTHROXYLON COCA AND DIABETES MELLITUS
WITH IMPOTENCY.

CASE I.—A gentleman of a robust constitution, aged about 48, holding an appointment in the Judicial Service, in Bengal came to Calcutta in December, 1884, and lived with a medical friend. While there he passed urine almost hourly. On examination the urine was found to have specific gravity of 1.040, with an appreciable quantity of sugar in it. The medical host prescribed for him extract of *Opium* in $\frac{1}{4}$ grain doses, twice daily, and restricted him to animal food (meat and milk), with an occasional allowance of bran bread and green vegetables. On this dietary and with *Opium* as medicine, he passed three years. During this time the specific gravity of the urine sometimes increased and sometimes decreased. When milk and meat alone were taken, the specific gravity decreased and when bran bread and vegetables were taken, the specific gravity increased. He increased the dose of *Opium* to 2 grains in this period. He did not like the *Opium* treatment, as in consequence of it he felt drowsy at court and when sitting alone. A few weeks before the diabetes had been first detected he had felt only some general weakness, but for months before he had been feeling great weakness of the sexual powers which made him apprehend that some difficult disease was near, the nature of which was yet unknown.

I met him in June, 1887, and got the whole story as related above. He said, then, that he had tried (besides *Opium*), *Acid Phosphoric* 200, 100, 30, 12, 6, 3 and 1x; *Nitrate uranium* 1x trit. and 1 solution, *China*, *Arsenicum*, *Plumbum*, *Argentum met.* in varying potencies, with but temporary benefit in other symptoms except sexual debility. I prescribed *Erythroxyton cocoa* 6x, three doses daily and skimmed milk 10 pints a day, with bran bread in the morning, and meat and some fried green vegetables. A month after this he wrote to me to say "since taking your medicine (*Coca* 6th), I have been doing well. The quantity of urine, passed in 24 hours, has considerably decreased and I am not required to pass urine at night more than once, although before taking your medicine I had to pass urine three or four times in 7 or 8 hours time. I feel much stronger now than what I used to do before. My bowels are regular. I had thirst before; I have none now. I had no appetite for food before, and I feel appetite now, and the little *poor food* you have prescribed

for me, I take with relish. I have improved a great deal in sexual power, and I am almost sanguine that if I take your medicine, one phial more, my sexual debility will be all over by the grace of God."

* * * * *

I sent him another 3ij phial of *Coca* 6th and asked him to take only one dose of it daily at bed-time at night. Three months after he wrote again to say that he had taken the medicine for a month only, because one of his brother officers, who knew something of Homœopathy, had advised him not to take the medicine continuously, as that might aggravate the disease. Since then he had abstained from the medicine and had gradually been feeling stronger. Eight months after, he again wrote to say he was quite well. The sexual debility had disappeared and he was feeling as "if born a young man again." He concluded his letter as follows: "Your medicine has indeed acted like magic in removing my impotency for which I was so very anxious, and I thank you heartily for your *fortunate hit* in the choice of the medicine for me and shall thank you more, and remain ever grateful to you if I have no occasion to take medicine again."

I met him again sometime after in Calcutta, when he thanked me as with a thousand tongues and said he was doing well in every way.

In this case, thus far, *Coca* did valuable service to the patient. But whether this benefit has continued, I cannot say, particularly in connection with diabetes.

CASE II.—A gentleman aged about 42, of a robust constitution, and a high official in the postal department, consulted me in February, 1884, for diabetes, coupled with great sexual debility, verging upon impotency. He lived with me for three months for treatment. His urine, on examination, was found to have a specific gravity of 1.044, with an appreciable quantity of sugar in it. In other respects the condition of urine was normal. I prescribed *Acid Phosphoric* in varying potencies, with much benefit so far as diabetes was concerned. But the sexual debility remained unaffected. Sometime after he left Calcutta and went to Arrah, where a homœopathic physician prescribed for him *Nitrate of Uranium*, *Arsenic*, *Plumbum*, etc., which medicines were taken for six months without benefit. He came to Calcutta once more, when I prescribed *Coca* 6x, in one drop doses, three doses daily. After taking the 6th dose, his urine

began to decrease in quantity. Another six doses were given. He felt still better. Six more doses were ordered, after which he told me the medicine had worked a miracle of improvement. I stopped the medicine for some days. On the fourth day after this, he told me that he had noticed much improvement in his sexual debility; he had noticed prolonged erection of the penis through friction with the bedclothes; erection which disturbed his sleep. The next day he left for home. He tried sexual intercourse with his wife there and succeeded to his satisfaction. He tried sexual intercourse once every night for 15 days, always with complete success. I called him back to Calcutta and advised him to abstain from sexual intercourse until I gave him again *permission*. He was in good health now, and rejoined his official duties. He took no medicine, and he felt quite well. In June, 1887, he telegraphed from Arrah to say that he had a carbuncle in the upper part of the Trapizius muscle, and was coming down to Calcutta for treatment. The carbuncle was opened, and had almost healed up in three weeks when he was carried off by an attack of sloughing dysentery.

It is worthy of mention that the gentleman had had sexual intercourse even three days before the carbuncle appeared. And had he not been carried off by dysentery, I believe he would have lived long under the influence of *Coca*. I do not believe that *Coca* would have cured him of diabetes *radically*; but it would have kept the disease *at bay*.

In both the cases I tried *Coca* at the 6th potency, and with marked success. As I have said already in my previous papers on *Coca*, published in Vol. vi, of the HOMŒOPATHIC RECORDER, material doses of this drug act better. I commenced my treatment in these cases with the 6th potency, with a view to try lower potencies if the 6th produced no effect. But a trial of the lower potencies never became necessary.

R. K. GHOSH.

Nabbápur, Dacca, East Bengal, India. March 12, 1896.

THE ORIENT ON CASE REPORTING.

Editor of the HOMŒOPATHIC RECORDER:

In his "One Reason," Dr. F. W. Southworth, as appeared in your May number of this year (1896), says very truly of contributors to medical journals (I mean homœopathic), who fill up pages of the journals with cases oftentimes mentioning the drug

or drugs only which were used, and never a word about the dilution. For a long time I have been remarking this, and I quite agree with Dr. Southworth on this point. To fill up the pages of our medical journals with cases, often insufficiently described, and with their cures mentioning only the drug or drugs used, is, according to my opinion, waste of money and energy, offering no benefit to the records. This sort of case-writing helps with nothing, it being a collection of cases and cures or failures. I think it would be for enriching our store of knowledge of medicine if our contributors think it would be profitable to their readers if they take a little surplus labor to describe their cases systematically, showing clearly with some certain types the symptoms indicating the medicine to be used; otherwise they would fall short of what they would be written for. The clinical case writer should think before he writes that his case should be described in such a manner that his reader can learn something to help him in his own practice. I expect my good reader will not be deprived of an almost full satisfaction if he carefully goes on with my clinical cases published in our medical journals. Here I conclude with a request to Dr. F. W. Southworth to see my cases published in the same number of the HOMŒOPATHIC RECORDER that publishes his article "One Reason," and especially an article on "Intermittent Fever," page 366, January number of 1896, of the *Southern Journal of Homœopathy*.

2. *Medicated pellets.* I see again, in the same number of your journal, an article heading with "Homœopathic Sketches," dealing on medicated pellets. This invites me to speak something about them from my practice and experience. Since three or four years I have been using globules, as I call them, in my practice. I keep tincture dilutions and unmedicated globules ready in my medicine chest. When needed I take one of the unmedicated globules on a piece of clean paper, where it is touched with the cork of the pbial of the selected medicine, the cork itself moistened in the medicine just before the globule be touched with it. This medicated globule suffices to do the work of the medicine, though not used in drop-doses or more. I have seen this one medicated globule producing aggravation the first day, even when given a dose daily, while others using drop-doses or more scarcely see aggravation with their substantial doses given twice or thrice a day.

My rudiments of knowledge in Homœopathy were obtained from one of India's ablest men of science, and I may call the best of her homœopathists, to whom I cannot, but would remain, till Homœopathy continues to enjoy a place in , would remain to pay him my best respect—a respect due to teacher from his pupil. I saw him use globules, five or six a dose, for an adult. For some certain personal inconvenience I was compelled to adopt globules in place of water to administer medicine. The doctor alluded to above uses globules occasionally and rarely; but my unfavorable circumstance led me to use globules in almost all of my cases to administer medicine. This adoption of globules to administer medicine has not as yet in my practice proved less efficacious and the results less satisfactory. I see no inconvenience to use globules in place of water save the following:

I. In the rainy season the globules absorb watery particles from the atmospheric air, producing various difficulties for the patient to take the medicine, sometimes he finds a little bit of sugar moistened and soaked with water and adhered to the paper on which they were placed, sometimes there remains no trace of the sugar, water, etc.

II. In infants and children these globules sometimes produce aggravation, though given a globule a dose in twenty-four hours, and especially so if the dilution of the medicine be a higher one.

I wish to remark before I conclude that neither acute nor chronic diseases have any especial preference for the medicated globules.

Sincerely yours,

A. W. K. CHOUDHURY.

Satkira P. O., Calcutta, India.

INTERMITTENT FEVER TREATED WITH BARYTA CARBONICA.

Case I. Patient, Abous Sabur Kahn; age, 12 years; date of first attendance to dispensary, 2-8-95; arm disease; intermittent fever of six days.

Symptoms: Type, quotidian. Time, 4 P. M. Prodroma, yawning, stretching, tightness of head; chill slight, about six hours, with *no thirst*; no aching anywhere in the body; *horripilation*; heat slight, about one and a half hour; *no thirst*; sweat slight,

no thirst; apyrexia complete. Bowels open; stools soft, of clay consistency; no thread-worms; urine not colored; tongue clean; taste insipid; cough; enlarged spleen.

Treatment: *Baryta carb.*, 3d (trit.), about a grain a dose, two doses given.

Diet: Sago and sugar candy.

3-8-95. 9 A. M. Slight fever yesterday; bowels opened yesterday; stools of clay-like consistency and color. Treatment and diet as above.

Patient attended two days more, got placebo, and recovered.

Case II. Patient, Ebandullah Behârâ; age, 42 years; color, black; date of first attendance to dispensary, 11-8-95; disease, intermittent fever of about a fortnight.

Characteristics: Type, quotidian. Time, about 6 P. M. Prodroma, burning of eyes; chill, heat; chill alternating with heat; *no thirst in chill*; *no thirst in heat*; *horripilation in chill*; chill increases with contact of air; sweat, not known to patient, as he falls asleep at the close of fever; apyrexia incomplete; heaviness of head. Bowels costive, for two days having passed no stool; urine has been reddish but clear to-day; cough since about eight days, with free expectoration, especially in the morning; sputa whitish; bad smell from breath after expectorating the sputa; increase of cough in the morning; taste saltish; tongue clean but colored with *pâu* juice; exposure to rain and damp about a fortnight before; pain in chest (front part) in inspiration; palpitation; hungry, but does not eat for fear of the disease increasing; sleep not good; wishes to lie down; patient had itch, but cured with *Sulph.* (Hom.) but itching sometimes.

Treatment: *Bar. carb.*, 3d (trit.), about a grain a dose, two doses given, one dose to be taken just now and the other dose about two hours before expected hour of paroxysm (6 P. M.).

Diet: Rice (boiled) only.

13 8 95. 9 A. M. Yesterday, after 5 P. M. there was slight feverish heat, continuing till 11 A. M. to-day. Yesterday, after 7 A. M. coughed and expectorated copious sputa of whitish color. One normal stool yesterday morning at about 5 A. M., and another normal stool at about evening. No fever now; feels much more comfortable. Pulse weak and slow. Appetite good.

Treatment: Placebo.

Diet: *Khoi* and sugar candy.