Some Emergencies of General Practice

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Remedy: Acon / Cham / Caps / Puls / Coloc / Mag-c / Spig / Ranun / Mez / Coloc / kali-i / Rhus-t / Bell / Berb / Chel /Dios / Ipec / Lyc / Op / Raph / Podo

Intro

SOME EMERGENCIES OF GENERAL PRACTICE

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It should seem that for most of us life comes in phases. For our generation there was the period before the First World War, then the phase of the war, followed by the period between the wars, and then the phase of the Second World War. These are common to all but there are also phases peculiar to each of us. I am now looking back over the period when I was actively engaged in the work of the Hospital and the teaching carried on there. Thinking of my early days and the difficulties than confronting me I wondered if in any way I could help those starting out on the same road. As a result, I am tempted to offer you this paper on some of the emergencies confronting the beginner in homoeopathic general practice.

I think emergencies are one of one's greatest difficulties when beginning to practice Homoeopathy. In an acute emergency one has to do something immediately; we cannot spend time hunting for a drug.

All these emergency cases fall roughly into two main groups- the patient who is dying, and the patient who is in great pain. You sometimes get the two combined. there is a third problem - Is the case medical or surgical? - and that is always at the back of one's mind. Here it is your general medical skill that comes in; in the other two types it is a question of homoeopathic knowledge. So it is the dangerous case and the case of acute pain that I want to consider here.

In the first instance you will find that the matching of acute pain is much the more difficult; the cases of acute danger are much easier to tackle. The dangerous cases usually resolve themselves into a question of cardiac failure in one form or another.

I think from the homoeopathic standpoint one can tackle these cases of incipient cardiac failure very satisfactorily.

The simplest way to group the dangerous cases from a drug point of view is to look on them under three headings: 1. the cases with acute cardiac failure;

2, the case in which there is a gradual cardiac failure with a tendency to dilation; and 3, the case of acute cardiac attack of the anginous type.

Acute Cardiac Failure

For the acute cardiac failures I think you will find that most of your cases require one of four drugs: Arsenic, Antimony tart., Carbo veg., and Oxalic acid. There are various points about these individual drugs which help you in your selection and you will find that very soon you begin to select you begin to select your drug almost as quickly as you spot your pathological condition and by the time you spot your pathological condition and by the time you have overhauled your patient you know what to give.

In the Arsenic case you have the typical Arsenic mental distress, with extreme fear, extreme anxiety mental and physical restlessness, and with a constant thirst, a desire for small sips of ice-cold water.

So far as the actual symptoms are concerned the main complaint is of a feeling of extreme cardiac pressure a sensation of great weight on, or constriction of the chest, as if the patient cannot get enough breath in, and a fear that he is just going to die.

The patient as a rule are cold, they feel cold, but they may complain of some burning pain in chest.

In appearance they always extremely anxious and are grey, their lips rather pale, may be a little cyanotic, and they give you the impression of being very dangerously ill. They often have a peculiar pinched, wrinkled, grey appearance.

As a rule in these cases you will get the history that the attack has developed quite suddenly and the response to Arsenic has develop be equality quick. If you do not get a response to Arsenic within a quarter of an hour the patient is not an Arsenic one.

The first response that you ought to get is a diminution of the patient's mental anxiety and extreme fear; the restlessness beginning to to subside and he begins to feel a little warmer.

In these cases my experience has been that you are wise to administer the highest potency of Arsenic you have with you and as I now carry all remedies up to the cm. I always give cms of Arsenic. But whatever potency you have

with you, use the highest because this is the kind of case the will die very rapidly and you gain more by giving whatever potency you have than by wasting time going home to get a higher one. The Arsenic seems to act very much like a temporary cardiac stimulant, and I find that in the majority of these cases you have to repeat the dose, certainly to begin with, about every 15 minutes.

The next thing is that very often one sees a case of that sort which responds perfectly well, the patient is better everyone feels he is getting over it, and then in three, or four, or six hours the symptoms begin to come back, the patient no longer responds to Arsenic collapses and dies. That was my experience at one time. Then it began to dawn on me that I had given another drug during the reactive period I could have carried these case on. I found that when this was done the patients did not get the secondary collapse and were thus saved. To achieve this result you have to give your secondary drug within four to six hours of the primary collapse while the patient is still responding to the Arsenic otherwise you are in great danger of having a secondary collapse which you are in great danger of having a secondary collapse which you cannot combat. So remember that this is one of the very few instances in which one appears to ride right across the dictum that so long as the patient is improving one carries on with the same drug. In these acute cases if you have set up a reaction at all you have got to take advantage of it, otherwise the patient will sink again.

The drugs which as a rule I have found these Arsenic cases go on to in the reactive stage are phosphorus or sulphur, but that is by no means constant. You can quite see that grey pinched anxious Arsenic patient responding, getting a little warmer, less pinched and drawn not so anxious or restless with a little more colour, and becoming a typical phosphorous type.

Equally you can see them going to the other extreme, where they are too hot, with irregular waves of heat and cold rather tending to push the blankets off, still with air hunger and going on to sulphur.

These are the two commonest drugs you will need but whatever the response is you ought to be able to follow up immediately you get the action well under way.

The Antimony tart patient have very much the same sort of condition but mentally they are quite different. In Antimony tart. there is a more definite tendency towards cyanosis than in Arsenic you never see a patient needing Antimony tart without very definite cyanotic signs in the finger nails, often extending over the whole of the hands and the feet may be involved as well.

We do not get the same degree of mental anxiety in Antimony tar. as in Arsenic. The patients are more down and out, much more hopeless an depressed. They are never quite so restless nor so pale. Again there is none of the thirst you meet with in Arsenic in fact anything to drink seems to increase the feeling of distress.

Another Contrast is that the Antimony tart. patient is very much aggravated by heat and especially by any stuffiness in the atmosphere. But there is one point to remember here as a contrast between. Antimony tart. and Carbo veg: the Antimony tart. patient do not like a stream of air circulating round them; they want the room fresh, but they like it still.

In most Antimony tart. patients there is a very early tendency to oedema of the lower extremities.

Another point which helps in your Antimony tar. diagnosis is that practically all these patients have a very thickly coated tongue it is a thick white coat and a rather sticky uncomfortable mouth.

They have a feeling of fullness in the chest much more than the sensation of acute pressure found in Arsenic. And you ar likely to find pretty generalised diffuse rales in the lower parts of the chest on the both sides.

In contrast to Arsenic. the collapse is to that after a pneumonic crisis and if the patient responds to Antimony tar. it will carry him through. You do not have to be on your guard to find the follow-up drug as you have to be in an Arsenic case.

The Carbo veg. case the classical picture of the patient with all the symptoms of collapse. They have the cold sweaty skin are mentally dull, rather foggy in their outlook with not a very clear idea of where they are or what is going to happen to them. There is intense air hunger, and in spite of their cold, clammy extremities they want the air blowing on them; they cannot bear the

bedclothes around the neck and they do definitely benefit from the exhibition of oxygen.

They are very much paler than the Antimony tart. patients the lips tend to be pale rather than cyanotic, and there is none of the underlying blueness one associates with Antimony tart.

The next point is that they always have a feeling of great distension not so much in the chest as in the upper abdomen, and the cardiac distress is always associated with a good deal of flatulence.

Like the Antimony tart. patient any attempt to eat or drink tends to increase the distress, and they have none of the Arsenic thirst.

Another apparent contradiction you come across in Carbo veg. is that, in spite of the desire to be uncovered and the intolerance of the blankets around the upper part of the neck or chest these patients complain of icy-cold extremities as if the legs were just lumps of lead and they cannot get them warm at all.

In think in Carbo veg. you have to do careful as to how long you are going to keep up your drug administration when you get the patient responding sweating less, the surface becoming warmer, and the distress less acute. You are wise then to be thinking of a second drug because some Carbo veg. patients do relapse although many of them make quite a straight recovery on that remedy. You do have to be careful. If you find the patient has responded up to a point on Carbo veg. do not imagine that a that a higher potency of Carbo veg. is necessarily going to carry on the improvement. As a rule it does not and it is much better to look round for a fresh drug to keep up the reaction. In the majority of these cases the drug that follows best has been sulphur although kali carb. should always be considered.

The last of the drugs which I commonly think of for these collapsed condition is Oxalic acid.

Oxalic acid has one or two very outstanding symptoms which are a great help in the selection of that drug.

The first is that the patient always complain of a feeling of the most intense exhaustion, very often associated with a sensation of numbness. They frequently state that their legs and feet feel numb and paralyzed, as if they had no legs at all.

The skin surface is just about as cold and clammy as it is in Carbo veg, but there is a peculiar mottled cyanosis in Oxalic acid which you do not get in the other drugs. The finger tips and finger nails and toe nails will be definitely cyanotic but in addition there is a peculiar mottled appearance of the hands and feet which is quite distinctive of Oxalic acid. There is a somewhat similar mottled cyanotic appearance in the face, especially over the malar bones.

These patients in contrast to the Arsenic type want to keep absolutely still, and movement of any kind greatly increases their distress.

In addition to the general distress, most of these Oxalic acid patients complain of very definite sharp precordial pains. These pains are not like the typical anginous stab but more of a sharp pricking sort of pain which usually comes through from the back and may run up left side of the sternum towards the clavicle, or down the left side of sternum into the epigastrium.

The most startling cases giving this picture that I have seen have been in the critical stage of an influenzal pneumonia where the patient was just fading out, having lost all strength and the heart failing rapidly. I think all the patient of that type that I have seen have been left basal pneumonias. I remember seeing two or three patient who apparently were doing quite well on Natrum sulph. react beautifully to Oxalic acid. But one does get indications for its use chronic cases as well.

Gradual Cardiac Failure

Gradual Cardiac Failure with Tendency to Dilation

In these cases the heart is just gradually giving out, beginning to dilate a little becoming slightly irregular while the patients are going downhill. If the condition is not so acute as to call for one of the four drugs we have been discussing there are another three or four which you may find very helpful. That is quite apart from your ordinary prescribing. You find that in many of these cases in which there is a tendency to cardiac failure the heart picks up and the tendency to dilation disappears on your ordinary prescribing and you do not need to prescribe on the cardiac symptoms particularly that is to say, the patient responds to the drug for their general symptoms. For instance quite frequently in pneumonia a bad case, with the patient pretty worn out with indications for Lycopodium there is a tendency to a failing heart, with dilations for Lycopodium there is a tendency to failing heart with dilatation but after the administration of Lycopodium the heart picks up, the pulse steadies and the tendency to dilatation disappears. You find the same in all acute illness where the patient is responding to the particular drug indicated. But you also get cases in which the patient is doing quite well but there is a tendency to cardiac failure which is not responding to the apparently indicated remedy, then you have to consider the drugs for cardiac failure in addition.

For the cases the most common drugs are the snake poisons especially Lachesis and Naja. And less commonly Lycopus and Laurocerasus.

It is very difficult to distinguish one snake poison from another in such condition. In appearance they are all very similar but much the most common remedies for these conditions are Lachesis and Naja.

The Lachesis picture I think is pretty typical of all, and there are just a few indications which make one choose Naja in preference to Lachesis.

In all these cases indicating the snake poison you get a rather purplish bloated appearance. They suffer from a feeling of tightness or constriction in the chest, more commonly feeling of tightness or constriction in the chest, more commonly in the upper part of the chest and they are intolerant of any

weight or pressure of the bedclothes, or any tight clothing to heat they feel hot and they dislike a hot stuffy room. They have a marked aggravation after sleep; they get acute suffocative attacks when they fall asleep and they wake up in increased distress.

All these snake poison patients in their cardiac distresses have a marked aggravation from being turned over on to the left side. They have a very marked tremor, and their hands are shaky. And most of them as they tend to get worse become mentally fogged, confused and very often become difficult and suspicious.

If there was nothing more than that one would give Lachesis. But in a certain number of these cases you get rather acute stitching pains which go right through the chest from the precordium to the region of the scapula, associated with very marked numbness particularly in the left arm and hand. Where the numbness particularly in the left arm and hand. Where the numbness is pronounced one would give Naja in preference to Lachesis.

If the pain – Stitching in character – is more marked one tends to give Naja but if the feeling of constriction is predominant then Lachesis is the remedy. But the general symptoms are identical.

I think possibly Naja is a little less red, less bloated looking a little paler than Lachesis but that is not very striking.

Apart from the snake poisons there are two other drugs which you will find very useful in these conditions. The first of these is Lycopus.

You get indication for Lycopus in a case in which the heart is just starting to fail; it is beginning to dilate a little and the pulse is tending to become a little irregular.

The patients are pale rather than cyanotic and are always.

The outstanding symptoms of the Lycopus case is that the patients complain of a horrible tumultuous sensation in the cardiac region. They very often tell you it feels as if their heart had suddenly run away and was just going mad. This is accompanied by a feeling of intense throbbing extending up into the neck and right into the head.

The other Lycopus symptom which helps is that accompanying this tumult in the chest there is a very marked tendency to cough. It feels as if the heart just runs away it sets up acute irritation and they cough.

Another Lycopus distinguishing symptom is that the distress is vastly increased by turning over on the right side a contrast with the snake poisons which are worse turning over on the left side.

Lastly these Lycopus patients have an intense dislike of any food and particularly of the smell of food.

The last of these drugs I want to touch on is Laurocerasus.

The Laurocerasus picture is very definite, and I think the easiest way to remember it is to picture for yourself the appearance presented by a congenital heart in a patients 16 to 18 years of age. You know the peculiar bluish red appearance of the congenital heart, somewhat clubbed fingers, which again are rather congested and the bluish appearance almost like ripe grapes of the lips. That is the under lying colour you get in Laurocerasus.

These patients always suffer from extreme dyspnea, very nearly Cheyne-Stokes in character. They take a sudden gasp for breath, followed by two or three long breaths, then the breathing gets gradually shallower, next a pause, then two or three gasps and so it goes on.

Another feature is that the respiratory dyspnea gets very much worse when the patient sits up; they are better in a semi- prone position.

A point which is an apparent contradiction is that with this extreme cyanosis you get a very early tendency to the development of hypostatic pneumonia at the bases, and when it has developed the cough is very much more troublesome unless they are reasonably propped up. When lying down unless they are reasonably propped up. When lying down the cough is worse, yet if they sit up the feeling of constriction the cough is worse yet if they sit up the feeling of constriction is increased so they have to get a position midway between.

The patients are always chilly. They want to be kept warm, and they feel cold to touch And of course, as you would expect in a condition of that sort, any movement or exertion aggravates them acutely.

Angina

Anginous Attacks

Let us look now at the cases with definite anginous attacks. For these cases you must give the patient relief very speedily. It is a little difficult to pick out of Materia Medica the most commonly indicated drug for it, but I think one can limit the choice to about one of half a dozen Aconite, Cactus, Arsenic, Iodine, Spongia, Spigelia and Lilium tigrinum

The outstanding characteristic of the majority of these cases in their first attack is an absolutely overwhelming fear. The patient is certain he is going to die, and that very speedily, and he is terrified. He is quite unable to keep still, and yet any movement seems to aggravate his distress. Here a dose of Aconite in high potency will give relief almost instantaneously.

I have seen a case of that sort and put a dose of Aconite on the tongue and almost before the remedy could be swallowed that patient was feeling better. I usually carried 10 m as my highest potency in general practice and I gave Aconite 10 m.

The man had a similar attack at a later date, and the anxiety the distress, and the fear were nothing like so marked because he had come through one attack before and Aconite had no effect at all. That has been my experience. where you are dealing with the first attack and the patient is quite certain he is going to die. Aconite does relieve him right away but does not act in a second or attack. So if you get a man with his first attack, a dose of Aconite and you will probably find in no time he is feeling more more comfortable. But if he had a previous attack Aconite will not be helpful.

For the patient who is having a subsequent attack much the most likely drug to help is Cactus. Cactus has a good deal of anxiety and fear but it is quite different from that of Aconite. It is not a fear that the immediate attack will be fatal it is more a conviction that he has an absolutely incurable condition which will eventually kill him.

That is one point about the Cactus indication. Another is the type of the actual distress of which the patient complains. He feels as if he had tight

band round the chest which was gradually becoming tighter and tighter and that if this constriction did not let up soon the heart would be unable to function. It is that feeling of increasing tension which gives you the Cactus indication.

In addition you may get stabbing radiating pains from the precordium, but they are not so characteristic of Cactus as the intense constricting feeling, which is of course, just exactly how the majority of your anginous patients describe it.

In these acute conditions I always give the drug in high potency because it acts much more quickly and one wants instant relief.

The you will get an occasional patient having an anginous attack with very similar constricting feelings not quite so intense but a definite feeling of constriction. The patient has been ailing for some time, is rather anxious and worried, very chilly, and accompanying this feeling of constriction there is an acute, distressing burning sensation in the chest. These anginous patients respond very well to a dose of Arsenic I have never seen Arsenic do anything in an anginous attack except in the rather broken down, ill-looking patient who is a bit pale, rather withered looked very definitely anxious, fearful with that sense of constriction accompanied by the burning discomfort in the chest. And Arsenic does relieve these cases quickly.

There is another type of case which is very similar to that with very much the same sensation but the feeling of constriction the feeling of tension is described but the feeling of actually in the heart itself rather than involving the whole of the side of the chest.

The patients are just about as anxious as the Arsenicum patients in fact all these anginous patients are anxious but instead of the intense chilliness of the Arsenic they are uncomfortable in heat and in stuffy atmosphere. They are just about as restless, but instead of the pale, drawn appearance which you get in Arsenic they tend to be rather flushed and as a rule they are dark haired, dark-complexioned people. They are rather underweight in spite of the fact that they have always been pretty good livers and very often have an appetite above the average although they have not been putting on weight. These cases respond exceedingly well to Iodine.

The three is yet another type of case in which instead of the complaint being of constriction it is a progressive sensation of swelling in the heart in the heart region. It feels as if the heart gets and bigger until it would finally burst and this sensation of fullness spreads up into the neck.

This sensation of fullness and swelling is very much aggravated by lying down the patient feels as if he would nearly choke and it is accompanied by very acute pain.

The patient themselves are chilly and any draught of air increases their distress.

In addition to the feeling of distension they usually complain of more or less marked numbness, particularly of the left arm and hand, though very frequently there is numbness of the hand only without any involvement of the arm, and not infrequently they complain of numbness of the lower extremities too.

As a rule the face and neck give you the impression of being somewhat congested; they do not have the pale, drawn, wrinkled Arsenicum appearance.

And these cases respond well to Spongia.

Another drug which you will find useful in a condition which is somewhat similar though not an angina at all, but which you meet with in hysterical women. You will fail to find any cardiac lesion, but they will produce a symptom picture difficult to distinguish from a true anginous attack. They have the very marked stabbing, radiating pains and often and intense hyperaesthesia of the chest wall. They are very depressed, frightened, and intensely irritable. They are sensitive to heat, and their distress is aggravated by any movement.

In addition to the stabbing pains they have the anginous sense of constriction tightness, of the chest wall.

These cases are usually associated with some kind of pelvic lesion, or a history of having had some gynecological illness.

I have seen quite a number of these cases now in which an electro-cardiogram shows no lesion at all. And all the symptoms have cleared up entirely with Lilium tigrinum

So you see when you are confronted with one of these very distressing conditions where you have to make a quick decision, it is fairly easy to individualize and get something which will give almost instantaneous relief.

Pain Killers

The next problem I want to touch on is the patient suffering from acute pain.

Pain killers are a little difficult to systematize, and I thought probably the most helpful way would be to consider the cases of acute pain which one meets with in general practice, and these I think one can classify to a certain extent. One gets acute neuralgias, acute inflammation of one of the serous membranes, and acute colic. I think that more or less covers the ordinary conditions one meets with in general practice.

To tackle these from the homoeopathic standpoint is not very difficult. If one considers the acute neuralgias from the prescribing point of view one takes the character of the pain and the circumstances which make it better or worse, and to a lesser extent its situation. It is on these that one mainly prescribes: in other words on the character of the pain and the modalities. It is exactly the same as regards serous inflammations; again it is partly on the situation but much more on the character of the pain and the circumstances which modify it that one prescribes. With colic equally; and it does not matter whether it be gallstone, intestinal or renal colic, one pays a little attention to the situation but very much more to the character of the pain and what modifies it.

Working on these lines it is possible to take up the three groups and give the indications for the leading drugs which you must have at your finger ends.

But before taking these up in detail I should like to touch on another very painful condition commonly met with in general practice, namely, ACUTE EARACHE.

Acute Earache

If you go to a patient who is suffering from violent earache, acute stabbing pain in the ear, and tenderness over the mastoid region, when you first look at it from the homoeopathic standpoint you are completely lost. After a little experience you find that these cases are very satisfactory, you get your relief astonishingly quickly, and often a case which you except would require incision of the membrane, within the next few hours quickly subsides and the patient is comfortable when you get back to him in the evening. This is the sort of thing you should be able to do in these acute conditions.

In cases of acute otitis with violent pains all around the mastoid region there are three or four drugs I want to consider.

Supposing you take the case which has come on very suddenly, with a history of the patient having been out in a very cold north-east wind, he is intensely restless, the pains are very violent, usually burning in character. He is irritable, a bit scared, with all the signs of a rising temperature, and extreme tenderness to touch. With that history after a few doses of ACONITE the acute inflammatory process which is just starting will have entirely disappeared. That it is the type that one hopes for, and which one sees very often in winter.

You will get another case -usually in children- where there is not the same definite history of chill, although that may be present, but where the pain is even more intense and where the patient is practically beside himself with pain, will not stay still, is as cross and as irritable as can be, again with extreme tenderness, and you get the impression that nothing that the friends do satisfies him. You give him a few doses of the CHAMOMILLA and again the whole inflammatory process will rapidly subside.

The next case has gone a little further; there is much more tenderness over the mastoid region, possibly a little bulging, and the ear begins to look a little more prominent on the affected side. The external ear is very red, often

much redder than on the opposite side. There are very acute stabbing pains running into the ear, the condition is a little comforted by hot applications, and the patient is extremely sorry for himself, miserable, wanting to be comforted, probably a little tearful, but without the irritability of Chamomilla and CAPSICUM almost always clears it up.

In addition to the three drugs which I have considered, one always has in mind the possibility of a Pulsatilla child requiring a dose of Pulsatilla for the condition. And also one not infrequently sees a case giving indications for Mercury or Hepar sulph., but these I have no time to do more than mention.

Then to go on to typical acute neuralgias, facial neuralgias, or acute sciaticas, or things of that sort where you want to get immediate relief. Again you can use pretty well routine methods for relieving these cases.

Acute Neuralgias

Let us consider the acute facial neuralgias, for these conditions. It does not really matter which branch of the nerve is involved, you take a case like that, with violent pain coming in sharp stabs, or twinges of pain running up the course of the nerve, coming on from any movement of the muscles of the face, very much aggravated by any draught of air, with extreme superficial tenderness over the affected nerve, which is much more comfortable from warmth, applied warmth, and also from firm supporting pressure. That case, particularly when it involves the right side, almost always responds to MAG. PHOS - nine out of ten will so respond. Incidentally this does not apply to dental neuralgia, these are much more difficult and they run to quite a number of different drugs.

If you have the same condition, with practically the same symptoms, the same modalities, affecting the left side, it generally responds to COLOCYNTH.

The side usually determines the choice, but occasionally either drug may relieve neuralgias involving the opposite side.

Where you get an orbital neuralgia, with much more sharp stinging pains, "as if a red hot needle were stuck into it" is a very common description in these cases, and the pains tending to radiate out over the course the nerve, in the majority of cases, you get relief from SPIGELIA.

There is one very useful point about Spigelia, and that is that you sometimes get the statement that, in spite of the burning character of the pain, after it has been touched there is a strange cold sensation in the affected area. That is Spigelia and Spigelia alone.

These are three drugs which I find much the most useful in a routine way for facial neuralgias.

As a rule I use high potencies, but I do not like to go too high because

sometimes in these very painful conditions the very high potency aggravates the pain for the time being, for ten minutes or so, and thus unnecessary suffering, so in these cases with acute pain I seldom go higher than a 30th potency.

Post-Herpatic Neuralgias

There is another group of condition of the same type, the post- herpetic neuralgias, which are sometimes very troublesome. You know the ordinary shingles neuralgia where the patient comes with acute burning pain along the course of the intercostal nerve and gives a history that he has had a small crop of shingles, very often so slight that he paid little or no attention to it. Well, if you can get the same modalities as you got in the facial neuralgias under Mag. phos. that remedy with often relive. Much more commonly you find that these post-herpetic cases respond to RANUNCULUS. The particular features for this drugs are the history of herpes, the very sharp shooting pains extending along the course of the intercostal nerve, that the painful area is very sensitive to touch, that the pain is induced or aggravated by it, and you may get the statement that the patients is extremely conscious of any weather change because it will cause a return of the neuralgia again. Well, that type of case responds in almost every instance to Ranunculus.

You will get a few of these cases which have not responded to Ranunculus, with much the same distributions of pain, and the same modalities, but without the marked aggravation in wet weather. where the affected area is extremely sensitive to any cold draught, particularly sensitive to any bathing with cold water, and where the pains are likely to be very troublesome at night, and with a marked hyperaesthesia over the affected area. And these cases usually respond to MEZEREUM.

Sciatica

Then you get another type of neuralgia-the sciaticas. And there again you can get helpful leads. In cases of sciatica, pure sciatica, in which I can get no indications at all but the ordinary classical symptoms of sciatica, that is to say, acute pain down the sciatic nerve, which is aggravated by any movement, is very sensitive to cold, more comfortable if kept quiet and warm, then it depends which leg is involved what drug I give. If it is a right sided sciatica I give MAG. PHOS., but if it is a left sided I give COLOCYNTH. And you would be astonished how often one gets almost immediate relief from either Mag. phos. or Colocynth.

Some sciatica patients are frightfully uncomfortable the longer they keep still, they have got to start moving, and there are two drugs which seem to cover the majority of these cases. If the patient is warm-blooded, and the sciatic pains tend to be more troublesome when warm, particularly warmth of bed, and rather better when moving about, in the majority of instances one gets relief from KALI IOD.

If on the other hand, you have very much the same modalities with a chilly patient, particularly if he is sensitive to damp as well as cold, and again more comfortable when moving about, RHUS will clear the majority of such cases. Then there are one two odd indications which sometimes help you in a sciatica where you can get no other distinguishing symptoms. For instance, if you get a sciatica which has, associated with the acute sciatic pain, marked numbness, there are two drugs which cover most of your cases. One is GNAPHALIUM, which has this sensation of numbness associated with the pain and tenderness over the sciatic nerve more marked than any other drug in the Materia Medica.

The second drug which has this numbness associated with pain and tenderness of the sciatic nerve is PLUMBUM, and the main indication which suggests this remedy is that I have never seen a sciatica giving indications for

Plumbum which was not associated with extreme, constipation as well as the pain and numbness.

Acute Colic

In cases of acute colic, renal hepatic, or intestinal, one can give quick relief by fairly snapshot prescribing. When you go to such a case and know that morphia and atropin will relive the spasm, it is very tempting to use them. If you cannot get your homoeopathic drug in a snapshot way I think you are bound to give the patient relief with your hypodermic. To my mind the disadvantages of this procedure are twofold. First, there is the disadvantage that after such relief, it is necessary to begin to treat that case now masked, if not actually complicated, by the action of the morphia. Secondly, there is always the danger that in an acute case of this kind the morphia may conceal the development of surgical emergency which in consequence may be missed. Suppose you have a hepatic colic, it is quite likely due to a stone pressing down into the bile ducts, which may perforate. If morphia has been used it is quite possible-one has seen it happen-that owing to the sedative, indications of the perforation are not detected for hours afterwards. The clinical picture is masked, and you are exposing the patient to a very grave risk. So if there is a method of dealing with these colics apart from morphia I think it is wise to use it. But, as I say, you are only justified in using it if you are getting relief, because these conditions are so painful that it is not fair to let the patient suffer merely because you would prefer using a homoeopathic drug to a sedative. Fortunately the indications in these colics are usually pretty definite.

If you have a case of a first attack of colic, whether it be hepatic or renal, it is a very devastating experience for the patient and he is usually terrified. The pains are usually extreme and nearly drive the patient crazy, and if, in addition, the patient feels frightfully cold, very anxious, faint whenever he sits up or stands up, and yet cannot bear the room being hot, ACONITE will usually give relief within a couple of minutes.

You will seldom get indications for Aconite in repeated attacks. The patients somehow begin to realize that although the condition is frightfully painful it is not mortal, so the mental anxiety necessary for the administration of

Aconite is not present, and without that mental anxiety Aconite does not seem to act.

Another case having repeated attacks, each short in duration, developing quite suddenly, stopping as suddenly, associated with a feeling of fullness in the epigastrium, and where the attacks are induced, or very much aggravated, by any fluids, and accompanied by flushing of the face, dilated pupils and a full bounding pulse, BELLADONNA relieves them almost immediately.

Consider another patient who has had liver symptoms for some time, just vague discomfort, slight fullness in the right hypochondrium, a good deal of flatulence, intolerance of fats, and who is losing condition, becoming sallow and slightly yellow. He develops an acute hepatic colic, with violent shoot of pain going right through to the back, particularly to the angle of the right scapula, which subside and leave a constant ache in the hepatic region, and then he gets another violent colicky attack. These attacks are relieved by very hot applications, or the drinking of water as hot as it can be swallowed, CHELIDONIUM relieves these attacks in the most astonishing way.

In these case X-rays usually reveal a number of gallstones. And, in contrast with what happens with morphia and atropine treatment, subsequent X-rays after Chelidonium has been given frequently shows that one or more of these gallstones have passed almost painlessly. So with Chelidonium you are well under way with your treatment of the gallstones, whereas with morphia and atropine you merely relieve the acute attack of pain. In other words, you have already taken a long step in the treatment of the patient towards clearing the condition altogether. That is one point to be said in favour of your homoeopathic treatment rather than the merely sedative relief.

There are quite a number of other drugs for these colics, some of them hepatic, some renal, and same intestinal, and they all have their own individual points which are very easy to pick up at the beside. If one memorizes them in this way it is astonishing the ease of your work in acute cases. You see I am not giving you the full description of these drugs, I am

picking out only the points which apply to this type of case. That is how you have to do it in practice, but you must remember that these drugs I am giving you for these conditions are the common ones, and that every now and then you meet a case which appears to call for one of these drugs and yet the patient dose not respond. There are certain homoeopathic physicians who sometimes call me out in consultation for acute cases and I know perfectly well before I leave my room that it is no use my thinking of these drugs as they will already have been given, and what I have to get is something that is not common but our of the way. I remember seeing a case of gallstone colic with one of our very good physicians. It was an elderly woman, and she had that typical Chelidonium picture. Of course she had had Chelidonium already, but without benefit. The doctor said, "I don't understand this case at all: I think she must have a malignant liver." I asked why, and he said. "Because she has all the Chelidonium indications and she does not respond." That is the sort of odd case you will meet with. so if that should happen to be your first one do not think therefore that Homoeopathy does not work: you will find that as time goes on you get more and more cases that do work and the exceptions are fewer and fewer. As a matter of fact that particular case responded to a dose of one of the Snake Poisons, but I have never seen another case that had a Snake Poison for that condition, and one gave it purely because she had already had her Chelidonium; had I seen the case in the first instance I should certainly have given Chelidonium. In spite of the odd cases it is worthwhile getting these ordinary drugs at your finger ends so that when cases crop up you can prescribe easily on the few indications of the acute condition as presented to you.

There are one or two other drugs that I can touch on which you will find very helpful in these colics.

For instance, BERBERIS, which is extremely useful in colics whether renal or gallstone. The outstanding point about the Berberis colic, no matter its situation, is that from one centre the pain radiates in all directions. Suppose you have a renal colic-and when Berberis is indicated I think it is more commonly on the left side than the right-you will find that where you get indications for Berberis the colicky pain starting in the renal region, or in the

course of the ureter, there is one centre of acute pain, and from that centre the pain radiates in all directions. If you have a hepatic colic you get the centre intensity in the gallbladder, and from there that pain radiates in all directions, it goes through to the back, into the chest, into the abdomen. That is the outstanding point about these Berberis colics.

In addition to that, where you are dealing with a renal colic you almost always get an acute urging to urinate, and a good deal of pain on urination. Where you are dealing with a biliary colic, it is usually accompanied by a very marked aggravation from any movement, this is present to a slight extent in the renal colics, but it is not so marked; and in both the patient is very distressed, and has a pale, earthy looking complexion. The pallor, I think, is more marked in the renal cases, and where there has been a previous gallstone colic you may get a jaundiced tinge in the hepatic cases.

It is a very useful drug, and I do not know any other which has the extent of radiation of pain that you get in Berberis. It is surprising how widespread the area of tenderness can be which is associated with a Berberis colic, so much so that in gallstone attacks you get so much tenderness and resistance that you are very afraid of a perforated gallbladder, you get such a resistant right upper rectus, and you may be very suspicious of a peri-renal abscess in the renal cases, again because of the extreme resistance of the muscles on the side of the abdomen.

In a Berberis renal case the urine is as a rule rather suggestive. More commonly it is not blood-stained, but contains a quantity of greyish-white deposit which may be pure pus, but mostly contains pus and a quantity of amorphous material usually phosphates, sometimes urates. Although it is a very dirty looking urine it is surprisingly inoffensive.

There are two drugs which one always thinks of for colics of any kind, and they are COLOCYNTH and MAG. PHOS. It does not matter where the colic is; when you have an acute abdominal colic of any kind one always thinks of the possibility of either Colocynth or Mag. phos. Both remedies are often useful for colic in any area, uterine, intestinal, bile ducts, or renal- it does not

matter which it is. The point about these drugs is they are almost identical, that always in their colics the pain is very extreme, and the patients are doubled up with pain. In both cases the pains are relieved by external pressure, and by heat. In Mag. phos. there is rather more relief from rubbing than there is in Colocynth, which prefers steady, hard pressure.

The next thing about them is that their colics are intermitting. The patients get spasms of pain which come up to a head and then subside.

There are one or two distinguishing points which help you to choose between Colocynth and Mag. phos. With Colocynth, in the attacks of colic you always find the patient intensely irritable. He is frightfully impatient, wants something done at once, wants immediate relief, and is liable to be violently angry if the relief is not forthcoming. In Mag. phos. there is not the same degree of irritability, and the patient is distraught because of the intensity of the pain rather than violently angry.

Another point that sometimes helps in your selection is that Colocynth tends to have a slightly coated tongue, particularly if it is the digestive tract that is upset, whereas when Mag. phos is indicated it usually is clean.

Both these drugs have a marked aggravation from cold, a little more marked in Mag. phos. than in Colocynth. For instance, Mag. phos. is exceedingly sensitive to a draught on the area, whereas Colocynth, though it likes hot applications, is not so extremely sensitive to cold air in its neighborhood.

Another distinguishing point between the two is that in Colocynth there is apt to be a tendency to giddiness, particularly on turning more especially to the left, but this is not present in Mag. phos.

Where you have a report that the colic-and I think this applies much more commonly to uterine than to intestinal colic-has followed on an attack of anger it is almost certainly Colocynth you require.

If the colic is the result of over-indulgence in cheese it is Colocynth

indicated, not Mag. Phos. If the pain is the result of exposure to cold, either a dysmenorrhoea or an abdominal colic, it is much more likely to be Mag. phos. than Colocynth.

These are two of the most useful drugs in the Materia Medica for colics, and it is surprising the relief you can get, even in cases of intestinal obstruction, from the administration of Colocynth or Mag. phos. I have seen cases of intestinal carcinoma with partial obstruction in which the patients were suffering from intense recurring colicky pain coming to a head and then subsiding, where Mag. Phos. has given the most astonishing relief. Less commonly in such cases where there has been marked irritability in addition to the local symptoms, Colocynth has also done wonders. Very often one or other of these drugs has kept a patient in a surprising degree of comfort till death supervened. In these malignant colics I never go high: a 30th potency is sufficient. In an ordinary acute colic, say dysmenorrhoea, I give a 1om and the relief is almost immediate, and the same applies to intestinal colics.

There is another drug which is very useful as a contrast to these two, and it has very much the same sort of pain, a very violent, spasmodic colic coming on quite suddenly, rising up to a head, then subsiding, and that is DIOSCOREA.

Dioscorea has the same relief from applied heat, and it is sometimes more comfortable for firm pressure, but, in contradistinction to the other two drugs, instead of the patients being doubled up with pain they are hyper-extended; you find them bending back as far as possible. And the only drug I know which has that violent abdominal colic which does get relief from extreme extention is Dioscorea. It has been useful in gallbladder attacks, in a few intestinal colics, and in a case of violent dysmenorrhoea. I have never tried it in a renal case. Where you get that extreme extension of the spine you can give Dioscorea every time without asking any further questions.

There is one other drug I want to mention because one tends to forget it as colic medicine, and that is IPECACUANHA. Ipecac. is one of the most useful colic drugs we have, and the indications for it are very clear and definite.

The character of the pain described in Ipecac. is much more cutting than the acute spasmodic pain occurring in most other drugs. But the outstanding feature of Ipecac. is the feeling of intense nausea which develops with each spasm of pain. Accompanying that nausea is the other Ipecac. characteristic that in spite of that feeling of deathly sickness the patient has a clean tongue. You will see quite a number of adolescent girls who get most violent dysmenorrhoea, they are rather warm-blooded people, and with the spasms of pain they very often describe it as cutting pain in the lower abdomen-they get hot and sweaty and deadly sick so that they cannot stand up and any movement makes them worse. They have a perfectly clean tongue and a normal temperature, and very often Ipecac. will stop the attack, and even the tendency to dysmenorrhoea altogether. It is one of the very useful drugs and, as I say, one of the ones one tends to overlook.

I have seen several cases of renal colic, associated with the same intense nausea, which have responded to Ipecac. but I think that is more rare: it is more commonly in uterine cases that you get indications for it.

There are three drugs I always tend to associate in my own mind for colics. Lycopodium, Raphanus, and Opium, the reason being that in all three the colic is accompanied by violent abdominal flatulence. It is always in intestinal colic in which I expect to find indications for one or other of these drugs. It may be associated with a gallbladder disturbance, and if so it is much more likely to be Lycopodium than either of the other two.

In all three there is a tendency for the flatulence to be stuck in various pockets in the abdomen, that is to say, you get irregular areas of distension. In all three you are likely to get indications in post-operative abdominal distensions, semi-paralytic conditions of the bowel. Where you have definite paralytic conditions like paralytic ileus following abdominal section you are more likely to get indication for Raphanus and Opium than for Lycopodium, but if the paralytic condition happens to be more in the region of the caecum the indications are probably for Lycopodium rather than for the other two.

That is the general picture, and there are one or two distinguishing points which help you. For instance, in LYCOPODIUM the colicky pain is likely to start on the right side of the abdomen, down towards the right iliac fossa, and spread over to the left side, whereas in the other two it remains more or less localized in the one definite area.

In Lycopodium you are very liable to get a late afternoon period of extreme distress, the ordinary 4 to 8 p.m. aggravation of Lycopodium. There is likely to be very much more rumbling and gurgling in the abdomen in Lycopodium, and there is more tendency to eructation, whereas in the other two the patients does not seem to get the wind up to the same extent. Where there is eructation the patients usually complain of a very sour taste in Lycopodium cases.

In Lycopodium you usually have a somewhat emaciated patient with a rather sallow, pale complexion.

There are one or two points that lead you to OPIUM instead of the other two. In Opium. as I said, there is apt to be a definite area of distention, and the patient may say that he gets a feeling as if everything simply churned up to one point and could not get past it, or as if something were trying to squeeze the intestinal contents past some obstructing band, or as if something were being forced through a very narrow opening.

Another point that leads to the selection of Opium is that with these attacks of colic the Opium patient tends to become very flushed and hot, feels the bed abominably hot, wants to push the blankets off, and after the spasm has subsided tends to become very pale, limp, and often stuporos.

The area of distension in Opium is likely to be in the centre of the abdomen rather than in the right iliac fossa, and it is one of the most commonly indicated drugs in a paralytic ileus.

Another point that sometimes puts you on to Opium is that when the pains

are developing up to a head the Opium patients develop an extreme hyperaesthesia to noise. I remember one patient who had a paralytic ileus after an abdominal section and as he was working up to another attack of vomiting he had that hyperaesthesia to noise more marked than I have ever seen it. If the nurse in the room happened to jangle the basin into which he was going to be sick he nearly went off his head and he turned and fairly cursed her. That hyperaesthesia to noise make me think of Opium, and it completely controlled his attack and the whole condition subsided. This hyperaesthesia is worth remembering as it is so different from the sluggish condition induced by the administration of Opium in material doses.

The RAPHANUS type of post-operative colic is again slightly different. Instead of getting the right side of the abdomen distended as in Lycopodium, or the swelling up in the middle as in Opium, in Raphanus you get pockets of wind, a small area coming up in one place, getting quite hard, and then subsiding, followed by fresh area doing exactly the same. These pockets of wind may be in any part of the abdomen. In the acute attacks of pain the patients tend to get a little flushed, but not so flushed as the Opium patients, and they do not have the tendency to eructation that one associates with Lycopodium, in fact they do not seem to be able to get rid of their wind at all either upwards or down wards. But it is these small isolated pockets coming up in irregular areas throughout the abdomen which give you your main lead in Raphanus cases, and I have seen quite a number of them now, post-operative cases, and it is astonishing how quickly after a dose of this remedy the disturbance subsides and the patient begins to pass flatulence quite comfortably.

In post-operative cases I usually give Lycopodium in 200th potency. In Raphanus I always use the 200s, having found this potency worked I have stuck to it. In Opium I usually give a higher potency because these cases are pretty extreme.

There are, of course, endless other drugs which have colic, but I am trying to pick out those most useful in emergencies. There is one other which you ought to know, PODOPHYLLUM. Podophyllum you will find useful in

hepatic colic mainly. It is helpful in intestinal colics associated with diarrhoea, I mean with acute diarrhoea, but then you prescribe it much more on the diarrhoea symptoms than on those of the colic. But you do get indication for it in hepatic colics purely on the local symptoms.

I think in these cases where you have Podophyllum indicated in hepatic colic you always have degree of infection of the gallbladder, and one of the first things that makes you think of the possibility of Podophyllum is the fact that the maximum temperature is in the morning and not in the evening. It has a 7 o'clock in the morning peak temperature.

In addition to that, the Podophyllum patients are very miserable and depressed, almost disgusted with life.

There is always a degree of jaundice in the gallbladder cases, and it may be pretty marked.

In the majority of these cases the pain is not definitely localized in the gallbladder area, it's more in the epigastrium as a whole, and tends to spread across from the middle of the epigastrium towards the liver region. The pains are twisting towards the liver region. The pains are twisting in character, and they are much aggravated by taking food.

In these Podophyllum cases when the acute pain has subsided there is a horrible feeling of soreness in the liver region, and you find these patients lying stroking the liver, which gives a great sense of comfort. When I see an infected gallbladder with a morning temperature instead of an evening one I immediately think of Podophyllum. It is astonishing how often one gets his indication, and then you generally see the patients lying in bed stroking the liver region. In every case where the morning temperature and that relief from stroking have put me on to Podophyllum I have found that the other symptoms fitted in.

Discussion

DR. McCRAE thought the paper was a master piece. There was nothing in it to criticize, there were details of valuable help to everybody which were like the artist sharpening his pencil to produce something of particular splendour which would make the picture complete. Most had pencils but they were blunt, and the homoeopath would away be grateful for these amazingly useful hints. He hoped Dr. Borland would soon return so that members could thank him personally. He also thanked the President for the way in which he had read the paper.

Dr. JOHN PATERSON said that they had listened to a real clinical paper. There was not much in it which one could criticize, but one might add a little. With regard to the cardiac cases, Arsenic and Sulphur, his experience was that Arsenic was often the Acute of Sulphur and on the mental side they were the exact opposite. One found that a Sulphur patient swung in an acute condition to Arsenic and Dr. Borland had brought out that point. He was interested in the question of Aconite acting in the first attack but not in the second. There had been many discussions about covering the totality of the symptoms and here was evidence that the homoeopathic remedy could be prescribed on the mental symptoms which worked in the first instance but it did not cover the whole of the case. It was possible to prescribe homoeopathically without covering the whole of the case, only covering a phase because obviously not the next occasion the pain was present but not the fear, the Aconite had removed one phase of the case-mental fear. Aconite came out very strongly in the air raids. Another remedy was Natrum mur.

He wondered if any orthodox practitioners were surprised that there was no mention of Digitalis, but Digitalis was quite useful in these slightly relaxing hearts in homoeopathic doses, not in the massive doses given in allopathic medicine. With regard to renal colic, examining the stools of patients the Bacillus Morgan came out very frequently and he associated Lycopodium with it. Lycopodium had always been considered to be a right-sided remedy but the peculiar point about a case in which it had proved successful was

that the pain had been left-sided and when the case had been X-rayed it had been found that the right kidney was more involved than the left, so that it looked as if the actual renal colic condition started in the left kidney but gave no trouble. It was only when the right kidney was involved that the first symptom developed, so that even with a left sided renal colic Lycopodium should not be excluded.

Dr. STONHAM said that the paper was excellent and the sort of paper which would appear to the general practitioner. who was always coming up against acute cases. To have such cases so plainly stated with the drug indications for them was very valuable. There were one or two points he would like to mention with regard to Aconite which, as Dr. Borland had said, was very useful in many cases. The case which he did not mention was the acute pulmonary oedema. He had given Aconite 30 in such cases and it quickly calmed the patient in that distressing and somewhat dangerous condition and he had found it valuable not only in the first case but also in cases when the attack has been repeated. Dr. Borland said he gave Laurocerasus in acute heart complaints. He had had an acute case with Cheyne-Stokes respiration, it looked as if the patient would die, he gave Hydrocyanic acid and he recovered very nicely. Many people would substantiate the valuable of Dr. Borlands paper.

Dr. G.R. MITCHELL said that a clinical paper was most useful. He wanted to criticize something Dr. Paterson said when he took the Aconite example as not prescribing on the totality. He would have thought it was an example of prescribing on that procedure because in the first case, on all the manifestations, Aconite was the drug, and it worked, and on the second occasion there was a different totality, and the Aconite did not work. That was the way he would have regarded the matter.

DR. HARDY added her grateful thanks to Dr. Borland for his paper. With regard to medicines for heart complaints she agreed with Dr. Paterson that Digitalis 200, one dose, was very effective in the semi-chronic or chronic case of right-sided congestion, blue face and blue nails, but not in the acute patient. She also used mother tincture Crataegus for heart patients because

it was specific for the cardiac muscle. Another drug which was used in Russia was Adonis mother tincture, five drops to a dose. There was a remark which she did not like about Chelidonium-that the patient did not respond and that is must therefore be cancer. The case was Lachesis to start with and that did not exclude the possibility of cancer. She had a very bad case of cancer which was cured by Lachesis, a liver case with constant pain. In her personal experience Raphanus was indicated in hepatic lesions, and Mammormic (Tuberculinum **Marmorek**?) in splenic lesions.

Dr. LE HUNTE COOPER did not think too much could be said about the work which had been put into this paper and the wonderful collection of details on which indications had been given and which were of the greatest possible value. The paper would require a great deal of study, so that these indications could be taken for future use.

He was rather in favor of trying to keep the remedies which were very definitely specific for particular conditions because in cases where there was an emergency, there was not time to seek for all the exact indications which might help, but he was rather surprised that Dr. Borland did not make use of the Snake Poisons in heart cases because he must admit he would not be without Lachesis. If there was any suggestion of heart failure he would give Lachesis and would be surprised if it did not answer. There was one rather interesting point from the homoeopathic point of view with regard to Snake Poisons and that was to think of the first thing which an individual felt when he was bitten by a snake, which was death, and when death threatened the patient the prescriber should think of the Snake Poisons. He mentioned this in a paper he read on Snake Poisons in Berlin just before the war and it attracted the attention of reporters who were present. In the Berliner Tageblatte there appeared in headlines, "When death threatens, think of the Snake Poisons."

Another point was that he thought a little more might have been made of Pulsatilla for the ear. His experience was that a pain in the ear was met by Pulsatilla irrespective of the indications of the Pulsatilla patient. One's like to have something at the back of one's mind which could help immediately

without having to think too completely of other remedies. If one had too many remedies they came in afterwards, but at first one might fall between two stools.

Dr. ALVA BENJAMIN said that with regard to the collapse cases one would have thought that Dr. Borland would have mentioned Veratrum album for cases of great coldness and excessive sweating. With regard to heart cases he had a lot of help from Chamomilla, particularly when the pain was very severe. With regard to ear cases he was surprised Dr. Borland did not mention Bryonia for inflammatory conditions; he had found it admirable. In one case the child was developing mastoid. He asked Dr. Cunningham to come to see the case, meantime giving the child Bryonia 10m, and almost immediately there was no need for him to attend. He had had other cases in which he found Bryonia 10m extremely valuable.

Dr. HARDY added that Bryonia was very useful. In one case she gave a dose of Bryonia where the patient was lying on the painful side and did not want to move, which cleared up in ten minutes.

Dr. FRASER KERR said that the Aconite cases had interested him; he thought that the mental aspects were not so much mental as characteristic of the whole case. In one of his own cases of a child of 11 or 12 with asthma who was in a dreadful state he gave Aconite and within a few moments she was relatively easy. The mental aspects characterized the whole case.

Dr. GHAI said that during the past four or five years he could not remember a case where he had used morphia in a very large panel and private practice. He could recall three or four cases of children with earache, flushed, dilated pupils with the pain coming and going constantly, for which he gave Belladonna 30 and the next day the child was better. Pulsatilla was very useful but usually in the Pulsatilla patient the pain did not come and go so constantly.

Dr. C.E. WHEELER thought that as all the members felt the same about Dr. Borland's paper a special message should be sent to him from the meeting.

Dr. Borland would be gratified to know that his paper had been enjoyed so much. From the earliest years that he knew Dr. Borland he had always realized that he had the gift of classifying his experience to himself and getting the maximum value of it and that was why he could express himself clearly. He had managed to get what he wanted to say into a succinct space, although the paper was long there was no over-elaboration of detail.

His principal feeling as he listened was certainly one of enjoyment but also of regret that he had not been able to sit under Dr. Borland. He must have made it easier for beginners by his ability to get into other persons mind the essentials of a very wide experience. It was not merely one or two cases, he had watched these things and had been able to classify them. It was not that the drugs Dr. Borland had mentioned were unfamiliar, although the speaker would admit that he had never given Oxalic acid in heart emergencies, and would like to see the next case which came along: in this way they were classified.

There were one or two points which he would mention. The first was the relation drawn between Mag. phos. and Colocynth. He personally had never been able to decide whether Colocynth was a left sided drug; he had given it for left-sided neuralgia. The most prominent ingredient in tincture of Colocynth was Mag. phos. so that in prescribing Colocynth one was giving Mag. phos, which raised an interesting point, and he made it because it was the general observation which enabled one to see whether the point had substance and one which should be studied. It had been in his mind since he realized that tincture were mixtures; Lycopodium contained a lot of Silica and so on, so did Belladonna and the balsam compound. He did not think atropine was a pain reliever, it was a relaxer. That was the point in his mind, whether the drug which presumably was responsible for the relief of a group of symptoms would be just as effective if it were given alone. The Colocynth was chosen on the whole symptomatology which was in all Mag. phos.- the pain. Did Mag. phos. indicate Colocynth? Was it not probable that the vehicle was important and that it would not be so effective if the Mag. phos. had not been given?

If there was to be research he would suggest that this was a suitable subject. A far more detailed knowledge of the proportions of mineral ingredients in the vegetables tincture was needed. Such research might throw a great deal of light on some symptoms when they could be associated in that way. There were potassium salts in Pulsatilla and it was the potassium salts which stood out in a particular tincture.

With regard to dysmenorrhoeal pain where there was excessive periods and nausea, he would have thought of Ipecac, and Verat. alb. In Podophyllum the one outstanding symptom was that there was normally a gastrocolic reflex taking food into the stomach stimulated the movement of the colon and there had to be a motion after every meal; that would be a strong indication to him.

He would suggest that a definite expression of pleasure for his paper should by sent to Dr. Borland.

Dr. W. LEES TEMPLETON said that most of them felt that they had been back at school and he felt not only humbled but humiliated, for he must admit that he did not get such good results, possibly because one did not always get the symptoms. Most of the emergencies he saw were unable to give symptoms and one had to judge on appearances. He was glad, therefore, that Dr. Borland had elaborated the appearance of the patient, because that was important. With regard to drugs, he did not find Ant. tart. was useful in heart cases because he believed the pathology was different. He thought Ant. tart. had a pulmonary pathology, not cardiac. Carbo veg, had a great and justifiable reputation as the "corpse reviver" and it did work when the appropriate symptoms were present. Cold sweat he looked upon as guiding symptom for Verat. alb. and he had verified its value in collapse. He was sorry that Dr. Borland was not more specific in his diagnosis, e.g. if pain was due to coronary thrombosis he doubted if the high potency alone would ease this particular pain in a matter of minutes.

To wait with the patient for four or five hours for the second presentation was a serious matter when one was called out in the middle of the night, and

like confinements many of these emergencies did occur at night. Why was this, he wondered.

With regard to otitis media he felt that the success obtained depended on the stage at which the doctor was called in. If he got it early and there were good indications the result could be very good, but how rarely one did get to it early! Beyond that stage it was not so easy, and people talked as if a mastoid arose suddenly: it did not, it was not a question of an earache to-day and a mastoid to-morrow. He had seen Capsicum successful where there was tenderness and swelling of the mastoid, but with otitis media and a purulent discharge he would not delay in seeking the advice of the aurist. Pulsatilla and Silica were the great polychrests in otitis media with discharge. Belladonna and Chamomilla to abort and avoid discharge.

Again with fifth nerve neuralgia it was a question of the stage at which the doctor saw the patient. If it was a chronic case the treatment was not easy. Supra-orbital neuralgia after sinus trouble was interesting, and frequently he found that China sulph. was indicated and proved efficacious. Post-herpetic pain was another difficult condition to influence. If there was scar tissue present in the posterior root it would take more than one dose of Ranunculus to remove it. Many of these cases had already received Ranunculus in the acute condition. The drug he found most useful in the acute condition was Arsenic where the eruption was widespread, and Arsenic covered the pathology of the condition as well.

Sciatica was rarely easy. The typical Colocynth case where the pain was better for lying on the painful side was often quoted, but how often did one get it? Kali iod. was the drug where the patient would not sit down in the consulting room; Rhus had to be considered in the fibrositic conditions. This was not a true sciatica, as shown by the improvement from exercise; a true sciatica rarely was.

With reference to the colics he has was glad Dr. Borland mentioned the symptoms of Dioscorea where the patient rolled about and did not know what to do-a very useful indication. Here the amelioration of Dioscorea was

rarely obtained, but Clark stresses the symptom "moves all over the place to get relief." As well as giving the homoeopathic remedy in these colic cases he confessed he often left something more palliative, but he as frequently surprised how rarely this was required. One useful indication for Lycopodium in renal colic was pain in the back better on passing urine. Some might say that it was a mechanical relief, but he doubted if this were so.

He would like to stress again the importance of the objective description of the symptoms in these emergencies- the appearance of the patient, his colour, position and movements were usually all one had to prescribe on.

In painful conditions so much depended on circumstances. If of short duration and there was little pathological change, speedy results could be obtained; but if the condition was chronic he feared that to claim too much would only lead to disappointment. Not that results could not be obtained, but only as a result of a serious study of the whole case.

In his clinic he advised that if local modalities were good to prescribe in the first instance on these alone, and only when this failed to take the whole case, but he emphasized where the local symptoms were good.