
BORLAND D. M., Children's types (bl1)

BORLAND Douglas M.

Children's types (group i) : lethargic

Calcarea carbonica

- These children are typically soft, over-fat, fair, chilly, and lethargic.
- They often look surprisingly fit but, nevertheless, do not possess much energy either mental or physical. In early life they are often very overweight, and although they appear very healthy when examined one finds soft fat rather than muscle.
- There is a tendency to tickets, with enlarged epiphyses, big head, slow closure of fontanelles, and tendency to sweat. The children are chilly, yet they get very hot on the slightest exertion. They sweat at night, and very often will stick the feet outside the bed covers.
- This characteristic incidentally is not found **only** in relation to SULPHUR.
- There are slightly older children of much the same type. They appear fairly healthy, look well-nourished, but are sluggish both mentally and physically.
- They are slow at school, slow at games, liable to sprain their ankles, have weak muscles, sweat on exertion, and constantly take fresh "colds".
- They are liable to have enlarged tonsils, enlarged cervical glands, and rather big bellies. They lack stamina, are easily scared, and lack initiative. They are perfectly content to sit about and do little or nothing. Very often they are peculiarly sensitive, and can't bear to be laughed at.
- They are clumsy in their movements and bad at games; this tends to push them back into themselves, so that instead of sticking at it and becoming efficient they throw in their hands and give up the game altogether as they hate being scoffed at or laughed at.
- They are just the same about work, very often having difficulty with one or other subject at school. They will not strive at this subject but just give in, and if they are not sure of themselves nothing will ever induce them to answer questions in class in case they are wrong and will be laughed at.
- In early childhood these CALCAREA CARBONICA children nearly always tend to have a relative diarrhoea, and usually the stools are pale, apparently lacking bile pigment.
- There are two or three outstanding odd characteristics which clinch the CALCAREA CARB. diagnosis. The one that is easiest to tack on to the sluggish mentality and sluggish physical make up is that these children are much more comfortable when they are constipated and their bowels are inert.
- If given an aperient it upsets them; if they have an attack of diarrhoea they are ill, but when their bowels are relatively sluggish they are comfortable.
- The next thing that can be added to the sluggish makeup is an aggravation from any physical or mental exertion, or from any kind of rapid movement; these children suffer from carsickness and train-sickness.
- Another characteristic is a very definite dislike of too hot food.
- They are quite fond of ice-cream; have an aversion from meat and, occasionally, there is a definite craving for eggs - in any form.
- There is one other indication for CALCAREA CARB. When the children are below par they become nervous and scared. They are perfectly happy so long as there is somebody about, and they sit peacefully or play; but when it gets dark they are scared to go to bed without a light in the room.
- They develop acute nightmare and wake up in the night screaming. A very common type of the CALCAREA CARB. child's nightmare is seeing horrible faces in the dark.

Calcarea phosphorica

- If instead of presenting this typical picture the child is beginning to lose some fat, does not flush up so easily, shows hypertrophy of adenoid tissue rather than enlargement of tonsils and cervical glands, has a more adenoid facies; in addition if the child is becoming a little more reserved, a little brighter at school, but with a tendency to headache if overworked and a dislike of being interfered with, then the probability is that the child has passed from *CALCAREA CARB.* to *CALCAREA PHOSPHORICA*.
- Further if the child is tending to become rather spotty, becoming thinner and beginning to suffer from growing pains, these are additional indications pointing to *CALCAREA PHOS*.
- An important point in this connection is that in the *CALCAREA PHOS*. child the growing pains are definitely muscular. In a similar type of child, also with growing pains but not so touch as the *CALCAREA PHOS*. child and locating the pains in bones, especially in the shin bones, the indication is for *MANGANESIUM METALLICUM*.
- Thus it is apparent that minor differences may suggest fresh possibilities quite outside the *CALCAREA* group of drugs.

Phosphorus

- The child is thinning down, tending to be definitely slight, even a little delicate; is much brighter mentally, more nervy, more excitable.
- In addition to being afraid in the dark is now sensitive to atmospheric disturbances, afraid of thunder; is anxious, sensitive, developing a definite dislike of being alone, less shy and more capable of expressing himself.
- He may flush up on any excitement or after taking hot food, is losing his desire for eggs and is increasingly fond of meat and food with a definite taste, preferably a salty taste; he is still liable to night terrors. This presents the picture of *PHOSPHORUS*.
- He still gets colds, but these do not affect the throat, they go further down with a likelihood of bronchitis supervening. He is very sensitive to sudden changes in temperature. This is an example of the way drugs grade into one another.

Silicea terra

- Then there is another type of child who has fined down slightly; he is still chilly, very much thinner, has not grown nearly as much as the *PHOSPHORUS* child, is very much paler, and has a fine-textured skin. He has not the coarse curly hair normally associated with the *CALCAREA* type but rather finer hair, without the reddish glint of the *PHOSPHORUS*; it is becoming rather sandy.
- This child is becoming much more touchy, more difficult, he resents interference and is more inclined to retire into his shell. He is fairly bright mentally, very easily tired out physically; liable to sweat, particularly about the extremities or about the head and neck.
- Often he has developed a dislike of, or intolerance to milk, and the cervical glands may be enlarged. This is the picture of the typical *SILICEA CHILD*.

Sanicula aqua

- But never think of *SILICEA* without considering the possibility of *SANICULA*, for the indications of these two remedies are almost identical. The *SANICULA* child is perhaps more irritable, and definitely more unstable mentally. Attacks of laughter and tears follow each other much more readily in the *SANICULA* child and he has much less staying power than the *SILICEA* type.
- The *SANICULA* child never sticks long at anything; he is more obstinate and more difficult to control. There is likely to be a row if you interfere with the typical *SANICULA* child. But it is very difficult to distinguish between the *SILICEA* child and the *SANICULA* child, the physical symptoms are almost identical, and in most cases of this type, I have given *SILICEA* in the first instance, and only on failing to get a full response have I gone on to *SANICULA*.

Aethusa cynapium

- One considers *AETHUSA* here because of the notorious susceptibility to milk of the *AETHUSA* type. Wherever there is a severe aggravation from milk in acute attacks, always consider the possibility that *AETHUSA* will control these attacks. It is the first drug to think of.
- Also, whenever there is a milk aggravation consider the possibility of one of the milk remedies being indicated to control an

acute condition, either LAC DEFLORATUM or LAC CANINUM.

Lycopodium clavatum

- Reverting to the PHOSPHORUS type of child - that is the CALCAREA type that has thinned down into a PHOSPHORUS type. This, in turn, leads to the LYCOPODIUM type.
- The child has grown a little, lost weight, become thin but instead of having the fine skin and the unstable circulation of the PHOSPHORUS child, it has become rather sallow. The tendency to sweat easily is disappearing and the skin is getting rather thicker.
- These children appear to be very diffident, but it is not quite the shyness of SILICEA. They seem to lack assurance but give the impression that basically they have a fairly good opinion of themselves.
- They are liable to digestive upsets, and although they have good appetites and often eat more than the average, they are not putting on weight. The abdomen may be rather enlarged but there are no enlarged palpable mesenteric glands. Instead of the PHOSPHORUS desire for meaty and tasty things, these children are developing a definite desire for sweet things.
- Instead of the CALCAREA desire for ice-cream, they prefer hot food. Very like the CALCAREA types they get headaches from overwork at school, and it is a dull type of the headache. They are still chilly but much more sensitive to stuffiness than any of the types we have yet considered. This is the picture of the LYCOPODIUM type developing.

Causticum

- Another drug which is not nearly sufficiently used in the treatment of children and which is a counterpart of LYCOPODIUM, is CAUSTICUM. These children are not unlike the LYCOPODIUM types but are a little more sallow.
- The CAUSTICUM type of child is definitely more sensitive than LYCOPODIUM types.
- They are not sensitive to pain but are particularly sensitive to any emotional disturbance. Often these children will cry because they think you are hurting another child. It is the idea of pain which affects them rather than the actual pain to themselves, and they often stand pain quite well, but cannot bear to see another child crying.
- They have much the same sort of clumsiness as the CALCAREA children; are rather unhandy, and are liable to strain muscles, whereas the CALCAREA children sprain ankles. They are inclined to suffer from rheumatism and liable to get acute muscular rheumatism, particularly from exposure. These CAUSTICUM children often suffer from acute torticollis or an acute facial palsy after exposure to an icy wind.
- Associated with this tendency to torticollis and facial palsy, the CAUSTICUM children get very definite growing pains which are usually accompanied by stiffness in or about the joints - a feeling as if their joints were tight.
- And linking up with the rheumatic tendency, the CAUSTICUM child when overworked or nervously distressed, is very likely to develop choreic symptoms, and the outstanding feature of the CAUSTICUM chorea is that the jerking persists during sleep.
- The main distinguishing feature between the CAUSTICUM children and the LYCOPODIUM type is that CAUSTICUM children have a definite aversion from sweets whereas the LYCOPODIUM children desire them.
- Two other points would confirm the CAUSTICUM diagnosis. The first is that the rheumatic troubles of the CAUSTICUM child are very much better in damp weather; and the second is that a CAUSTICUM child with any digestive upset tends to develop acute thirst after meals.
- Two additional points which are sometimes useful - CAUSTICUM children often develop endless warts; they also have a very marked tendency to nocturnal enuresis.

Tuberculinum bovinum kent

- Wherever there is a definite family history of tuberculosis, no matter which drug is indicated, the child will at some time be helped by a dose of TUBERCULINUM and my practice is to give one dose about once in twelve months.
- An article in an American journal recommended giving two doses of 1m, two of 10m, two of 50m, and two of Cm, on four successive days. It was maintained that this gave better results and can produce a practical immunity to tuberculosis in a child of tuberculous parents.
- There is another point in which the treatment of children appears to differ from that of ordinary practice, and it applies particularly to the treatment of the CALCAREA CARBONICA type of child. Time can be lost by following the rule of

- never repeating the medicine so long as improvement is maintained.
- Originally I would give one dose of *CALC. CARB.* 10m and, providing the child went ahead slowly but steadily with no lessening in its improvement, I could find no reason to repeat the medicine for six months or more.
 - But the average young child, free from acute illness, will tend to improve even if it has no medicine at all, and the constitutional drug ought to increase the rate of that improvement. I therefore started repeating *CALC. CARB.* at much more frequent intervals whenever the child was not jumping ahead, and in many of these *CALC. CARB.* cases improvement can be speeded up by more frequent repetition of the medicine.
 - It is quite a different matter in the case of an adult.

Children's types (group ii) : delayed development

Baryta carbonica

- The second group are very all very much of the same type; they all apply more or less to the backwards child, either a case of delayed development, or a definite mental defective. The outstanding drug in this group is *BARYTA CARBONICA*, which is more typical of the backward child than any other drug in our **Materia Medica**.
- The characteristics of the *BARYTA CARB.* child are very definite; it is a dwarfish child, dwarfish mentally and physically. I have never seen a *BARYTA CARB.* child who was up to standard height, but they may be up to standard weight. The next glaring characteristic is that the *BARYTA CARB.* child is always an excessively shy child.
- That shy characteristic covers quite a lot of the *BARYTA CARB.* child. It is nervous of strangers; scared of being left alone; very often it is terrified in the open fields. They often get night terrors, without any clear idea of what the terror is; and they always have a fear of people.
- Another characteristic linked with that fear of people is that the *BARYTA CARB.*
- children are always touchy; they do not like being interfered with; they are very easily irritated. The next thing is that throughout their lives they have been late in everything - late in speaking, late in walking, late in dentition, slow in gaining weight.
- Another marked feature is an exaggeration of the normal child's forgetfulness.
- Every child is forgetful, every child is inattentive, but in the *BARYTA CARB.*
- child this is very much exaggerated. If they are playing they never stick to it for any length of time, they pick up a toy, play with it, and drop it; you may hold their attention for a minute or two, then they turn round and look at the nurse or mother or whoever happens to be there.
- They pick up a thing from your desk and fumble with it for a minute or two, and the next moment they are playing with the handle of a drawer. It is that lack of concentration that is the outstanding characteristic.
- As they get older the same report comes from school - the child is inattentive, never concentrates on a lesson, appears to learn something today and has completely forgotten it tomorrow. The mother would teach the child its alphabet a dozen times over, and ten minutes after it knew it, it would be allowed to go out and play and half an hour later it was all forgotten.
- Another thing is that they are very easily tired out; any attempt at sustained effort exhausts them. When they are young they become cross and irritable, as they get older any sustained effort brings on very troublesome headaches - usually a frontal headache with a feeling as if the forehead were bulging and sitting right down over the eyes, and it is an awful effort for them to keep the eyes open.
- The next point about them - and it is pretty constant to all the *BARYTA CARB.*
- children - is that they are very liable to get colds, and their colds are characteristic. They always starts as a sore throat, and most *BARYTA CARB.*
- children have hypertrophied tonsils.
- To the hypertrophy of their tonsils can be linked the other glandular tissues; the *BARYTA CARB.* child very probably has enlarged cervical glands, possibly enlarged abdominal glands. With the enlarged abdominal glands is linked the fact that the child stands badly, there is often marked lordosis and a very prominent abdomen.
- With the abdominal condition is the symptom that the *BARYTA CARB.* child is usually worse after eating - more inattentive, more irritable, more touchy, and very often more tired after eating.
- The next thing about them - linked with the tonsillar hypertrophy - is that if they get enlarged tonsils and get cold they are very liable to develop a quinsy. Here is a tip that is worth remembering. To a typical *BARYTA CARB.*
- child with an acute tonsillitis it is wiser to give a dose of *BARYTA MURIATICA* rather than *BARYTA CARB.* during the

acute phase; and very often they will need an intercurrent dose of PSORINUM after the BARYTA MUR. before reverting to BARYTA CARB.

- It is quite easy to tack on the PSORINUM to the BARYTA CARB. because many of these children tend to get a crusty skin eruption on the head and crusty margins to the eyelids, they may have a definite blepharitis, and most BARYTA CARB. children are worse from washing - all of which are definite PSORINUM symptoms also.
- They are very liable to get intensely irritable skin eruptions, often without much eruption but with intense irritation, and that again is liable to be worse after they have been bathed.
- As would be expected with that type of child with low physique, they are chilly, and if they are exposed to cold their tonsils become affected. One other feature of the BARYTA CARB. children is a marked tendency to salivation; dribbling is a common characteristic of mentally defective children.
- Above are the keynotes to the "mentally defective" group of drugs, and of these BARYTA CARB. is by far the most commonly indicated.
- Following that come the other drugs mentioned previously starting with BORAX.

Borax veneta

- The feature that makes one consider whether a child is a BARYTA CARB. or BORAX type is the manner in which the child is frightened.
- They are both scared children and they are very often quite similar to look at, but whereas in the BARYTA CARB. child anything strange in its surroundings scares it, in the BORAX child it is any sudden noise in its vicinity which simply terrifies it.
- The tendency to salivation and dribbling is equally marked in BORAX, but in the majority of BORAX children one is dealing with a definite stomatitis, and associated with the salivation there are white spots on the tongue, pearly spots round the margins of the tongue, spots on the lips and on the inside of the cheeks.
- There is a very similar history in regard to night terrors in the BORAX child, but there is usually an exciting cause in these cases; the child has been doing too much during the day, or has been overexcited in the evening, and then it is almost sure to have a marked night terror.
- With the BORAX child there is not the same degree of inability to learn. The child is simply idle. If he would give his heart to it he could learn, but he is just idle. These children never settle to anything, and even at play they do not persevere but get bored and change from one thing to another.
- Another thing that distinguishes them from BARYTA CARB. types is that BORAX children are much more irritable, and their irritability does not end up in weeping as it very often does in BARYTA CARB., but it ends up in a violent passion - the child kicks and screams.
- The next point which distinguishes the BORAX child from the BARYTA CARB. child is that the BARYTA CARB. child tends to get a generalized skin eruption, or a very definite crusty eruption on the scalp, but the BORAX child is much more likely to get herpetic eruptions - very often herpetic spots about the lips, or a generalized rash of small herpetic spots on the body.
- BORAX cases are also more liable to get acute digestive upsets than BARYTA CARB.
- types which have the typical chronic constipation, the hard stool. BORAX is liable to sudden attacks of diarrhoea and vomiting. Another characteristic of BORAX sensitiveness to fruit, with violent colic after eating fruit - colic followed by diarrhoea.
- Associated with the tendency to inflammation of the mucous membranes, acute stomatitis etc., it is very common in BORAX children to find either enuresis or pain on micturition; pain on micturition is much more common, and very often it is without any definite urinary infection.
- Another thing that distinguishes the BORAX and the BARYTA CARB. child when a little older is that the BARYTA CARB. child gets depressing frontal headache from over-study; whereas the BORAX child tends to become sick, and tends to get definite nausea from intense concentration.
- Then there is the final clinching point in connection with the BORAX child, and that is the notorious BORAX aggravation from downward motion.
- BARYTA CARB. children often get train-sick or carsick; BORAX children will get train-sick and carsick too, but BORAX children have a peculiar terror of downward motion, and it is that terror much more than the actual feeling of discomfort which is the characteristic of the BORAX children.
- It occurs in numerous circumstances; the typical pointer is the child who screams every time it is laid down in bed if the nurse does not lower it very gently; but is equally marked in older children who scream on going down in a lift. It is the

- peculiar terror, rather than the physical discomfort, which distinguishes BORAX from any other drug.
- One useful practical tip is in connection with airsickness. There are various drugs for train-sickness and seasickness but BORAX acts in the majority of cases of airsickness, because it is the sudden dip which upsets most people, and particularly the terror of falling. Airsickness has been completely overcome by three or four doses of BORAX before travelling by air.
 - BORAX is like BARYTA CARB. in being sensitive to cold, but it has much more sensitiveness to damp than BARYTA CARB.
 - BORAX is one of the sodium salts, and immediately one considers the sodium salts one thinks of the possibility of the others, and by far the most commonly indicated of these is NATRUM MURIATICUM.

Natrium muriaticum

- In children the majority of NATRUM MUR. cases are rather undersized and underweight. At first sight they are a little difficult to distinguish from the BARYTA CARB. child with its shyness, because the NATRUM MUR. child appears to have a very definite dislike of being handled; it has a very definite dislike of being interred with and is liable to burst into tears, which is not unlike the shy terrified reaction of a BARYTA CARB. child.
- But on closer investigation the reaction is quite different. It is not shyness in the NATRUM MUR., it is much more a resentment at being interfered with.
- The NATRUM MUR. child cries, but cries much more from rage than from terror.
- You can very often stop the NATRUM MUR. child's crying if you are sufficiently firm; but try to soothe it and it gets worse.
- A NATRUM MUR. child will be nearly in convulsions with screaming when its mother tries to soothe it, whereas as soon as left alone it will settle down and sit in a corner and watch you. The BARYTA CARB. will sit in a corner and play with anything within reach - it has an entirely different mentality.
- Another thing which distinguishes NATRUM MUR. from BARYTA CARB. is that though they both tend to be awkward in their movements, the BARYTA CARB. child is awkward because of inco-ordination, it is clumsy, but the NATRUM MUR. child knocks things over because it is in too big a hurry.
- There will be a history of delayed development in the NATRUM MUR. child, particularly that the child was slow in learning to speak.
- It may also have been slow in starting to walk but that is not nearly so constant. Often the NATRUM MUR. child's speech is faulty, but it is much more a difficulty in articulation than a lack of mentality as in the BARYTA CARB.
- child.
- The next characteristic of the NATRUM MUR. child is that it is probably small and underweight. In contrast to BARYTA CARB. where there are a mass of enlarged cervical glands, the typical NATRUM MUR. child may have very small shorty enlarged cervical glands in a thin neck. The BARYTA CARB. types have a chain of quite large glands running down the anterior border of the sterno mastoid; the NATRUM MUR. children have small shotty glands at the back of the neck and the neck itself is rather skinny.
- The NATRUM MUR. child does not tend to run to the same degree of crusty skin eruptions as the BARYTA CARB. child. NATRUM MUR. cases get an eruption restricted to the margin of the hair, rather than spreading over the whole scalp.
- There is not the same tendency to salivation in the NATRUM MUR. child and instead of the small patches found in a BORAX mouth, in NATRUM MUR. the tongue is sensitive and is red in places and white in places, not with the little white vesicles of BORAX types but with the irregular mapping which is associated with NATRUM MUR. either in children or in adults.
- As the NATRUM MUR. children grow older, they develop school headaches; when under pressure, working too hard, attempting to concentrate too much, they get headaches. The headaches are almost identical with the BARYTA CARB.
- headaches; they are frontal headaches, with the same feeling of pressure down over the eyes, and they are brought on by intense effort - particularly mental effort.
- The temperature reactions in NATRUM MUR. are definitely different from those of BARYTA CARB. In NATRUM MUR. often the child is chilly, sensitive to draughts, will shiver from a change of temperature, and will start sneezing from a change of temperature; but he is very sensitive to heat - stuffiness particularly - and to exposure to the sun, and is very liable to develop a sun headache.
- The majority of these NATRUM MUR. children have a definite salt craving.
- It is most unexpected that children should have the excessive desire for salt recorded in the **Materia Medica**. But in practice one meets case after case in which there is a very definite salt craving in these children - they will steal salt as other children would steal sugar.

- Another thing to look for in children needing NATRUM MUR. is a very marked tendency to develop hangnails, splits up the side of the nails which are extremely sensitive, very painful, and very difficult to heal. It is a small point, but it is quite useful in practice.
- A distinguishing point is the appearance of the skin. Typical BARYTA CARB.
- children usually have very little color, they are sallow rather earthy looking.
- BORAX children often have considerably more color in the cheeks, the skin is a little more yellow, not quite so earthy looking and a shade more inelastic, thick and greasy.
- NATRUM MUR. children probably are a little darker still, they flush a little more easily, they perspire a little more easily, and there is a slight increase of the greasy appearance.

Sepia officinalis

- When considering skins the next possibility is SEPIA, which has the same kind of sallow greasy skin; and SEPIA is a drug which is far too much neglected in the treatment of children.
- The outstanding feature of SEPIA children is their negative attitude to everything. They tend to be depressed, moody, indolent, disinclined for work, and not even interested in their play. If pushed they are liable to sulk or weep.
- They are usually nervy children, scared of being alone, very often afraid of the dark, and yet they dislike being handled. Very often they have a definite dislike of going to parties, and there is a point which is sometimes confused with BARYTA CARB., a dislike of plaint with other children.
- It is the thing that later develops into the typical SEPIA dislike of meeting friends, and is often confused with the BARYTA CARB. dislike of people altogether, but mostly it is pure indolence in the SEPIA children, and once they get to a party they are perfectly happy.
- The next point is that these SEPIA children, although so lazy and indolent, are definitely greedy, and SEPIA should always be considered for a definitely grey child. Another thing common to SEPIA children is that although they loathe to go to a party, when they get there and start dancing they wake up at once and are perfectly happy. It is astonishing the effect of dancing on SEPIA children. The heaviest, dullest child when dancing at a party will become an entirely different being, will suddenly come alive. It is a useful tip and the parents may give it when asked.
- Another odd symptoms which appears occasionally in children and is a definite SEPIA lead is that these slow-developing children very often acquire the habit of head-nodding. When faced with a head-nodding child always think of the possibility of SEPIA, do not dash off at once to one of the typical chorea drugs.
- Various other points are fairly common in the SEPIA children. For instance, they are nearly always constipated, and associated with this is usually a tendency to enuresis. And one thing which is very constant in SEPIA children is that the enuresis take place early in the night.
- Usually if these SEPIA children are lifted about 10 P.M. they remain dry the rest of the night; it is in their first sleep that they lose control.
- At a later age, in the sallow, dull, greedy, locked-up child, there is a history that she is developing fainting attacks, and these are induced by standing, or by taking up any fixed position in a close atmosphere - standing in school, standing in church, kneeling in church - the SEPIA child is very often liable to faint.
- All these children - like all SEPIA patients - are sensitive to cold.
- Children are particularly sensitive to weather changes, and the typical SEPIA child will develop a cold from change in the weather apparently without any contact with infection.
- Another useful lead towards SEPIA in children is that they are very often upset by milk. If a SEPIA child gets a digestive upset and is put on a milk diet he will certainly become constipated.
- Associated with their sallow, greasy skin, SEPIA children tend to sweat profusely, and are liable to develop very itchy skins without much sign of an eruption and without much comfort from scratching.

Aurum metallicum

- With this sallow, dispirited, sluggish type of child, with that depressed, negative attitude, one should always consider the possibility of gold, AURUM METALLICUM, or one of the gold salts. The typical AURUM child is always an undeveloped child. It is not so much a question of undersize and underweight as that it simply does not grow up.
- The typical AURUM child of 5 years of age is probably about the level of a 3 - year - old. The majority of cases needing AURUM are boys, and in the majority of these cases there has been some failure of development - an undescended testicle, a very poorly-developed scrotum, something which indicated that the child was slow in developing even if

developing satisfactorily.

- It is the type of symptom for which one might consider BARYTA CARB.
- AURUM children always give the impression of being lifeless.
- They are always low spirited, rather miserable, lifeless, and they are absolutely lacking in go. They have no initiative at all and give the impression of finding everything a frightful effort.
- The report from school is that they are backward and that they have very, very poor memories. One of the odd things about them is that, in spite of being dull, depressed, miserable, lifeless sort of creatures they do respond to contradiction; the child has no go in him and he makes some statement which is contradicted and he flies into an absolute rage; it is the one thing that stirs them up.
- Another constant factor which is rather surprising in this type of child despite the impression of being sluggish, is that they have a weird hyperaesthesia to pain, they are terrified of it and extremely sensitive to it. And, in spite of their sluggishness, they are very sensitive to noise and have a very sense of taste and smell.
- They are liable to very persistent, very troublesome catarrh. They have very definitely infected hypertrophied tonsils, practically always with a lot of offensive secretion in the tonsillar crypts. They get hypertrophied adenoids, again with very offensive nasal discharge; with this they get attacks of acute otitis with perforation of the drum, and very often a stinking, purulent ear discharge.
- If they are forced to exert themselves they very easily get out of breath and may get suffocative attacks with acute difficulty in breathing, without any obvious physical cause.
- Another odd characteristic of the AURUM children is that they are frightfully sensitive to any disappointment; they will grieve over it for days, quite out of all proportion to the normal child's reaction.
- And associated with that is the other typical AURUM symptom that the child sobs in his sleep without waking up, and apparently without having been distressed the night before.

Carbo vegetabilis

- A drug which also has a very definitely sluggish condition and is sometimes a little like AURUM is CARBO VEGETABILIS, although the cause is entirely different.
- CARBO VEG. children are definitely sluggish but it is more a physical than mental sluggishness and results from physical stagnation, not from any lack of brain capacity.
- They are slow in thinking; they are dull mentally; they have a slow reaction time; and they are lacking in go of any kind. They are very easily discouraged, rather dispirited and miserable sort of children, and if they are pushed they become peevish, but it is a futile sort of peevishness without much bite in it.
- Associated with the general mental sluggishness, there is always sluggishness of circulation. They are very often heavy, sallow complexioned children, and they have bluish extremities - bluish fingers, bluish toes, and the extremities are always cold.
- The next thing about them is that if they are pressed at all at school, made to work, they are almost certain to develop a dull, occipital headache.
- They may get the same kind of headache from wearing a tight hat. With these dull, occipital headaches there is complete inability to work, to concentrate, almost to think.
- Often the child has been pushed at school, is developing headaches, seems dead tired in the evening, and gets the most violent nightmares, so much so that the child is almost terrified to go to bed, particularly in the dark.
- In these nightmares they see ghosts, faces, all sorts of terrifying specters.
- These cold, sluggish children get very hot and sweaty at night, particularly the extremities, but it is mainly general, and the CARBO VEG. children usually have a sour-smelling sweat.
- Another thing liked with the CARBO VEG. sluggishness of circulation is that they very easily get a pretty persistent epistaxis; very often these children have a severe epistaxis in the night.
- Another symptom associated with the general sluggishness is constipation.
- They mostly have digestive difficulties and tend to have big bellies; they get a lot of flatulence. In spite of being constipated they very easily get attacks of diarrhoea - a very offensive, watery diarrhoea - and then they return to their constipated state again.
- With these digestive difficulties they have marked likes and dislikes of food.
- They like sweet things - which often upset them - and they like to have their appetite stimulated with something tasty, so they like salt things. With their general sluggish digestion they are upset by fat things, rich food of any kind; very often they develop a definite aversion to fats, and frequently have a marked aversion to milk.

-A fairly constant feature of all these CARBO VEG. children is that they are not primarily CARBO VEG. children; this condition has developed as the result of some preceding illness, sometimes it is a case of measles; sometimes an illness like bronchitis or pneumonia very often influenzal in origin, and it often dates from an attack of whooping cough.

Children's types (group iii) : skins

Graphites

- The third group is headed by GRAPHITES. This group is associated with children who have definite skin eruptions. Almost any of the other drugs already mentioned may be required for skin eruptions, for instance, CARBO VEG. children have a very obstinate eczema of the scalp, CALCAREA children have eczema of the scalp, CAUSTICUM children have a lot of skin eruptions.
- There may also be a very obstinate eczema of the scalp with SEPIA indications.
- But the GRAPHITES group is the one to think of when a child has a definite skin history. There is a tendency when treating children with an irritant skin to give a dose of SULPHUR, and there have been many cases where that dose of SULPHUR, and there have been many cases where that dose of SULPHUR has done harm and I am chary of starting with SULPHUR in these children with skin trouble.
- The typical GRAPHITES child is fat and heavy. It is usually pale, always chilly, and nearly always constipated. In the majority of instances with obstinate constipation in a small child the abdomen is enlarged, a factor so constant that one does not stress it.
- GRAPHITES children are always timid. They are rather miserable, and have a complete lack of assurance. The slightly older children hesitate over what they are going to reply to any questions put to them; the school report states that they are indefinite - there is the same hesitation here; and most of these GRAPHITES children are lazy; they have an aversion to work.
- There is a queer contradiction in the GRAPHITES children. With the uncertainty and hesitation, laziness and general physical sluggishness, there is always an element of anxiety in the children. They always tend to look on the hopeless side of things; if they are going to a new school, they dread it. They are always looking for trouble.
- The next thing about the GRAPHITES children is that, associated with their pallor, under any stress at all they flush up - they have a definitely unstable circulation. And under stress, when they are excited, with this flushing up there is a tendency to troublesome but not very profuse epistaxis, which comes on under excitement - that is the diagnostic point.
- A constant feature of the GRAPHITES children, which at once distinguishes them from the CALCAREA children who look not unlike them, is that instead of the soft, sweaty CALCAREA skin, they have a harsh dry skin which tends to crack, particularly on exposure to cold. If these GRAPHITES children have been playing in water in cold weather they come in with their hands chapped and bleeding.
- Associated with the dry harsh skin, are the GRAPHITES skin eruptions, and the type of eruption is constant no matter where it is. Cracked fingers which tend to bleed also ooze a sticky thick yellow serous discharge.
- The same kind of condition arises in any of the folds in GRAPHITES types, the back of the ear, canthus of the eye, angles of the mouth, the groins, bends of the elbows, round the wrists, and particularly about the anus; in this site are found deep, painful fissures oozing a thin, sticky, yellowish discharge.
- As the discharge dries it forms thick crusts which pile up as secretion of matter continues beneath; and the crusts come off to reveal the same kind of gluey yellowish discharge, very often streaked with blood.
- In my experience children suffering from asthma who have a history of skin troubles are not helped by GRAPHITES. These cases of suppressed skin troubles which develop asthma are extremely difficult and I have found that GRAPHITES fails altogether. Many other remedies have been successful such as PSORINUM, ANTIMONIUM CRUDUM, NATRUM MUR., SULPHUR. THUJA has helped quite frequently, and with no other lead it would be wise to start with THUJA.
- That can be linked to one or two other typical GRAPHITES symptoms in children.
- They are liable to get a very persistent purulent nasal discharge, a chronic otitis with a perforation of the drum, and again the same kind of yellowish excoriating discharge, with an irritating eczema of the external ear whenever the discharge runs over.
- Associated with the purulent nasal discharge, many of these GRAPHITES children have marked hypertrophy of the tonsils, with offensive secretion in them, and as a result they often complain of difficulty in swallowing.
- They often suffer with a chronic blepharitis and their lids are completely stuck in the morning with the same sort of gluey

- discharge; dried discharge adheres to the edges of the lids.
- In spite of apparent fatness, they are flabby, and there is general muscular weakness. They are very easily exhausted; are sensitive to motion of any kind; and stand travelling very badly. There is a history of rheumatic pains, particularly affecting the neck and the lower extremities.
 - There is another GRAPHITES symptom which is sometimes useful in these flabby children - they are liable to attacks of abdominal cramp; this is not surprising in view of their constipated state. But in these GRAPHITES cramps the abdominal pains are relieved by giving the child hot milk to drink.
 - In the majority of cases, with the constipated stool they pass a quantity of mucus - stringy, adherent mucus. It links up with the type of discharge from the skin surfaces, although it is not commonly yellow.
 - Another useful symptom, which is common, is that there GRAPHITES children have big appetites; they are hungry children and are upset if they go long without food; they are better for eating. But in spite of their fatness and flabbiness, there is often a surprising and very marked aversion to sweets.
 - In typical GRAPHITES adolescents it is still more surprising, because there is the same flabby, fat, soft adolescent with, instead of the ordinary cracks behind the ear or cracks at the corners of the mouth, they have an acute acne, and one of the questions to ask is whether they eat many sweets, and if it is a GRAPHITES case the reply is that they cannot stand them at all, which is sometimes a very useful tip.
 - Another point about the appetite in the young children, is that they have a definite dislike of fish. Fish is a normal constituent of a young child's diet, and it is easy to find out if they dislike it. Most of these GRAPHITES children do have a very definite dislike of fish.
 - Where considering children with chronic otitis, chronic discharge with an old perforation, possibly with eczema of the external ear, another drug which must be considered is CAPSICUM.

Capsicum annuum

- The typical CAPSICUM child is again a fat, rather lazy, somewhat obstinate child who is very definitely clumsy in his movements - I have never seen a neat CAPSICUM child. Mostly they have rather reddish cheeks, but that is not constant; they may be pale and flush up much like the GRAPHITES child.
- They tend to be very forgetful. They will be sent on an errand, and will come back without what they have been sent to get. It is partly lack of attention.
- They are always touchy, easily offended, easily irritated.
- An odd feature in CAPSICUM children is a strange dislike of being away from home. I think it is partly their feeling that they are not appreciated, partly their touchiness, and partly laziness - they have to make an effort if they are away from home, they have to be more or less agreeable and at home they are very often quite unpleasant.
- The CAPSICUM children are always rather dull; they are slow at learning in school, and their memories are poor.
- These children tend to have local hyperaemias. In a typical CAPSICUM child with a mild earache the whole external ear is bright crimson. A CAPSICUM child with rheumatism has usually one or other joint affected, with a localized blush over the affected area.
- A CAPSICUM child with a cold gets very enlarged tonsils which are very hyperaemic - bright crimson - and the child complains of a burning heat in the mouth with intense thirst.
- An odd symptom sometimes met with in these children with sore throats running a fairly high temperature, is that the child is very flushed, cross, sleepless and thirsty; wants cold drinks, and yet shivers after taking a cold drink. This has been seen repeatedly in a child who has a sore throat and is going on to definite mastoid symptoms.
- Where there is mastoid involvement in a CAPSICUM case - and it is probably the most commonly indicated drug for mastoiditis - there is always a marked tenderness over the mastoid process, and a blush on the skin surface long before there is fully developed mastoiditis.
- One of the nuisances of these mastoid cases is that they usually blow up at night, the child becomes extremely irritable, sleepless, worried, the mother can do nothing with it; it is as obstinate as a mule; she sends for you, and you have to examine it by artificial light and cannot see the blush.
- Time and again I have seen these CAPSICUM children at night and could not make out the blush at all, but next morning in daylight it was perfectly obvious.
- Associated with the tenderness over the mastoid area is the general hyperaesthesia of the CAPSICUM case; they are sensitive to noise, sensitive to touch, and they have a hyperaesthesia to taste.
- In the majority of these children with acute illnesses there is some degree of urinary irritation. It may be an acute cystitis with acute burning pain, intense, irritable pain on passing urine, and it is always of the same burning character.

But even without the acute cystitis, in the majority of acute illness, there is some urinary irritation, and it is always of a smarting nature.

- In a child of this type, clumsy, rather red cheeked, rather sluggish, backward, with a chronic hoarseness and a history of having had acute sore throats - not quinsies, just acutely inflamed throats - very often with transitory attacks of earache, not going on to mastoid involvement, the majority of these cases will need CAPSICUM. The next of the skin drugs in children is PSORINUM.

Psorinum

- PSORINUM children are fairly common. The majority tend to be thin rather than fat. They are always sickly children; have very little stamina; are easily exhausted by any effort, physical or mental; very liable to become mentally confused under stress. They are rather dispirited, hopeless youngsters, and, like all children when they are out of sorts, they become peevish and irritable.
- They are unhealthy looking; they look dirty and unwashed. A PSORINUM child is hardly ever without a pustule of some sort somewhere about the body. The skin in the child is very rough, and dry. In the adolescent PSORINUM case it is much more commonly greasy. But whether in the child or the adolescent, on exertion PSORINUM youngsters tend to sweat and they are always unhealthy, and smelly.
- The skin condition of PSORINUM is not unlike the GRAPHITES skin. There is a tendency for fissures to develop about the hands and in the folds, but there is not the honey-like discharge of GRAPHITES. The discharge is watery or purulent, and it is always offensive.
- In all PSORINUM skin conditions there is intense irritation. Many of these children suffer utter torture because they are intensely chilly, feel the cold very badly and are upset by it, but they have an intensely itchy skin and are driven nearly crazy by wearing woolen clothes.
- With this dirty-looking grey, rough skin, PSORINUM children are upset by washing, which greatly increases the irritation of their skin.
- Most PSORINUM children, in spite of their thinness, have abnormal appetites; one of the constants of PSORINUM children is that any lack of food brings on a violent headache, very often a definite sick headache.
- In a typical PSORINUM child with a skin condition the skin irritation is intense, and the child scratches its face until it bleeds. Between the scratches is an unhealthy pustular eruption, very often associated with a generalized blepharitis.
- In the acute condition it resembles the GRAPHITES type, but it is much more intense than GRAPHITES, often with the eyelids slightly everted looking almost like raw beef. The child scratches all over the body, and again there is the same purulent condition.
- There is the same type of eruption on the scalp, and PSORINUM children are never at peace, always rubbing their heads against the pillow. There is also a yellow, purulent nasal discharge, excoriating the upper lip, and often a purulent foul-smelling otorrhoea.
- This is the intensely irritant skin condition which only PSORINUM will cover, and for which one may be tempted to give all sorts of other things.
- For hay fever, associated with the typical nasal discharge, PSORINUM is much the most commonly curative drug, given in the interval. There is a very similar hyperaesthesia in the mucous membrane to that on the surface in PSORINUM children, and a dose in the spring will wipe out hay fever of long standing.
- It does not help in the acute condition, but a dose given in the spring, before the hay fever season starts, can stop hay fever altogether. PSORINUM has a spring aggravation.
- There are two more common drugs to consider for skin eruption. Firstly, ANTIMONIUM CRUDUM and then PETROLEUM, as the ANTIMONIUM CRUD. children with skin eruptions have the same marked aggravation from washing as the PSORINUM cases.

Antimonium crudum

- ANTIMONIUM CRUDUM children are very interesting. They are always fat, rather overweight, usually pale, and they have a very marked tendency to redness round the eyes, and moist eruptions behind the ears.
- Mentally they are interesting because they are such an apparent contradiction.
- They are irritable children, peevish, and they get more and more peevish the more attention they get - the kind of child that will cry if anyone looks at it and the more you attempt to soothe it the worse it gets.
- The ANTIM. CRUD. child has night terrors, and is cross and irritable; and the more the mother attempts to nurse it the

- worse it becomes. Walking it up and down drives it nearly distracted.
- Then, in contrast to that, they are very impressionable children, sensitive, easily upset emotionally, very liable to burst into tears from any emotional stress if their feelings are touched at all; and under stress they become pale and liable to faint.
 - ANTIM. CRUD. children with skin eruptions tend to get very large, crusty, smelly eruptions - the typical crusty impetigo seen on a child's face. More cases of impetigo in children clear on ANTIM. CRUD. than on any other drug in the **Materia Medica**. In adults also, nine out of ten cases of acute impetigo clear on ANTIM. CRUD.
 - All their skin eruptions are very much worse from the application of water in any form, and become very inflamed and painful from exposure to radiant heat.
 - ANTIM. CRUD. children are very clumsy, and very jerky in their movements and may have an actual chorea.
 - They suffer from warts on their fingers, either one or two small ones, or masses of warts which are usually flat and not very painful. Associated with the warty condition, most of these ANTIM. CRUD. children tend to have rather deformed nails - thickened and unhealthy looking.
 - Two other constant points about the ANTIM. CRUD. children. Firstly they are very liable to get digestive upsets from any acids, sour fruits, or sour drinks.
 - Secondly they have a soft, flabby, coated tongue, usually with a white coating.
 - It is like a MERCURIUS tongue with a white coating.
 - The outstanding points of ANTIM. CRUD. are not unlike PETROLEUM as far as the skin conditions are concerned.

Petroleum

- But the majority of children with indications for PETROLEUM will be thin, rather than fat. Associated with the loss of weight in the typical PETROLEUM case the child has a very good appetite, and is very often hungry between meals.
- PETROLEUM children are as irritable as the ANTIM. CRUD. children but from quite a different cause; they are much more quarrelsome, and easily take offense. The child is often quite bright mentally, but is lazy at school does not want to work and is inattentive and forgetful.
- They are almost always sensitive to noise and scared by any sudden loud noise which they do not understand. They are very liable to be nervous of crowds. They are just as sensitive to cold as the ANTIM. CRUD. or PSORINUM children.
- There are often signs of skin eruptions in the PETROLEUM children, and the commonest is an eruption at the back of the ears, deep cracks oozing a yellowish, watery fluid. Very often these cracks split and bleed.
- But the same type of crack appears in any place in the PETROLEUM child particularly in any fold, at the corners of the mouth, at the angle of the nose, and very often there are similar cracks around the anus, in the groins, or in the axillae; the fluid that oozes out forms thick crusts which are always very sensitive.
- Almost all the PETROLEUM skin eruptions itch. They are more irritable during the day than the night, which is sometimes a help to distinguish them from SULPHUR eruptions.
- PETROLEUM children are very liable to catch cold, and to have acute nasal obstruction, with an excoriating discharge, a tendency for the nose to get crusty, sensitive, bleeding, and very often crusts form on the upper lip and round about the sides of the nose.
- With these nasal discharges there is also some deafness, with acute pain in the ear, and a sensation as if the Eustachian tube were blocked. They frequently have an otitis, with the same kind of watery, yellow discharge, and very marked redness of the external ear, an acute eczematous condition, with irritation and tendency to bleed.
- Another link with the itching is very definitely itchy eyes. Often there is blepharitis with reddened margins, and cracks at the inner canthus, and an infection spreading down the lachrymal duct - they may even get an abscess in the lachrymal sac. Pus forms in the lachrymal duct and an excoriating discharge runs down the side of the nose, raw and bleeding, accompanied by acute conjunctivitis.
- With the invective processes in the throat and nose these PETROLEUM children often have enlargement of the submaxillary lymph nodes.
- Another thing very common to PETROLEUM children is a history of bladder irritation. It is often an enuresis, but much more commonly an acute irritation, it may be an acute cystitis, with the same sensation of rawness and smarting.
- Another feature common to the PETROLEUM children is that after any exposure to cold they may develop acute abdominal colic and diarrhoea. And with the diarrhoea there is always a degree of inflammation about the anus and perineum, with a burning red raw eruption.
- In cold weather the skin of their hands tends to crack, particularly on the finger tips, and these cracks are very sensitive, very painful to touch, with deep fissures which split open and bleed easily.

- All these children have the typical PETROLEUM aggravation from motion, that is to say, they get train-sick and seasick. If the child is pressed it is very liable to develop a severe occipital headache. That occipital headache is rather rare from mental effort, and it is a little difficult to cover, but PETROLEUM sometimes meets the case.
- In cases of seasickness where there is doubt between PETROLEUM and TABACUM, which is the other common drug for seasickness, there is almost always that occipital headache as well as the seasickness in PETROLEUM, and the TABACUM types do not have it at all.
- Seasickness with occipital headache calls for PETROLEUM every time.
- In prophylactic treatment against seasickness it is very difficult to decide between TABACUM or PETROLEUM, but the occipital headache of PETROLEUM children indicates PETROLEUM.
- There are various other drugs for skin conditions in children but these are much the commonest. There is the possibility of SULPHUR because it is almost automatic in skin affections, but it is better to take SULPHUR under the next group.

Children's types (group iv) : warm-blooded

Pulsatilla pratensis

- These are the "warm-blooded" drugs starting with PULSATILLA which is the most commonly indicated drug in children of this type.
- PULSATILLA children are very typical. There are two main types. One is the very small, fine type, with a fine type, with a fine skin, fine hair, unstable circulation, liable to flush up from any emotion, very often going pale afterwards; definitely shy, sensitive; always affectionate very easy to handle, and always very responsive.
- The other PULSATILLA type, is much fatter with definitely more color, usually rather darker hair, a little more sluggish in reaction, a little more tendency to weep rather than to be bright and gay as the smaller, finer type, craving for attention without much response to it, always asking for a little more.
- If you get one picture clear you are apt to forget the other. The factor common to both types is their temperature reaction, all PULSATILLA children are sensitive to heat, they flag in hot weather, lose their liveliness, lose their sparkle and energy.
- They hang about, become either tearful or irritable, and are likely to get digestive upsets. But they are much more liable to be upset by a sudden change to cold in a hot spell - that is to say, they often get an attack of acute sickness or diarrhoea from being chilled in hot weather.
- They tend to get cystitis, or to get earache. Sudden chilling during hot weather causes their troubles. Whilst generally they flag in hot weather, their acute conditions are much more liable to be brought on by chilling.
- In the same way they are upset by taking ice-cream in hot weather, this factor is quite as common as the ordinary PULSATILLA aggravation from too rich food.
- Sometimes one misses a case because of the odd reactions in a feverish attack.
- The PULSATILLA children get acute colds in the head, acute coryza, and with this they are shivery, and very chilly. With the coryza, there is a certain amount of gastric catarrh, a feeling of nausea, and they may actually vomit.
- But, in spite of their chilliness, their sense of blockage in the head is better in the open air and worse in a stuffy room. A PULSATILLA cold always has a bland discharge.
- There is sometimes an apparent contradiction, they are very apt to get conjunctivitis, and in the PULSATILLA conjunctivitis the eyes are very sensitive to any cold draught, and water profusely in the open air. There is usually marked photophobia with itching of the eyelids, and PULSATILLA children are apt to get styes, affecting the lower rather than the upper lid.
- A point that is sometimes a help in PULSATILLA earaches, which are very intense and usually brought on from exposure to cold, is a very violent pain, which spreads all over the side of the face, as well as into the throat.
- If the condition has gone a little further, there is a feeling as of something bursting out of the ear, as if something were pressing right through the ear drum. Another thing is amelioration from cold - their earaches are better from cold applications.
- PULSATILLA children are very often tired, edgy and sleepy during the day, and they become more lively as the day goes on, they are liable to get the PULSATILLA nervousness about sunset - the ordinary sunset aggravation of PULSATILLA.
- They become very lively towards bedtime, are slow in going to sleep, and once asleep tend to get nightmares, night terrors, usually some kind of strife dreams - not necessarily being chased by the black dog of PULSATILLA - but always something worrying, terrifying. Most of these PULSATILLA children are afraid of the dark, afraid of being left alone, as

one would expect in the shy, nervous type of child.

- One thing that will almost always produce a night terror in these children is listening to ghost stories in the dark before going to bed; you can be sure that will give a PULSATILLA child a nightmare.
- Another useful pointer is that these children are very liable to become giddy from looking up at anything high. The only other drug that I know in which this is so marked is ARGENTUM NITRICUM which has an aggravation from looking down, but it has also an aggravation from looking up, but this is very much more marked in PULSATILLA.
- The PULSATILLA child often lies with the hands above the head and this is a useful pointer, although it is by no means constant.

Kalium sulphuricum

- When considering the the hot-blooded child of PULSATILLA type, the next thing to consider is whether it is PULSATILLA or KALI SULPHURICUM. Kent says that KALI SULPH. is merely an intensified PULSATILLA. I do not think it is.
- The KALI SULPH. temperature reactions are identical with the the PULSATILLA ones, the child is sensitive to heat and it flags in the hot weather, cannot stand stuffy atmospheres, is better in the open air, tends to stagnate if keeping still, and is better moving about. It has an aggravation from rich food; and is liable to be upset by sudden changes of weather. But there is a distinct difference.
- The KALI SULPH. child is much more flabby than the the PULSATILLA child, it certainly does not approach the thin fine type of PULSATILLA although it approaches more to the sluggish heavier type of PULSATILLA. Its muscles are flabby, it is easily exhausted by muscular effort. It is more liable to sit about, and has a much more sluggish reaction generally.
- There is more obstinacy in the KALI SULPH. type than in the typical PULSATILLA.
- The PULSATILLA child may be irritable, it may flare up in a temper but it is over; KALI SULPH. is much more liable to be obstinate.
- Also the PULSATILLA children are shy, but the KALI SULPH. children tend much more to have a lack of confidence in themselves - it is not shyness. They are lazy, they dislike work and there is not the keenness and interest of the PULSATILLA children.
- The KALI SULPH. children are not bright, they get tired out by mental exertion, whereas the PULSATILLA children are very often bright and sharp and do quite well at school.
- There is a certain similarity in that they are both nervous, both afraid of the dark, they are very easily frightened, easily startled at strange noises, strange surroundings.
- The typical KALI SULPH. child tends to be more sickly than the typical PULSATILLA child. The PULSATILLA child may not be strong, but the KALI SULPH.
- child tends to have less color and if flushed it is much more a circumscribed flush on the cheeks rather than the variable circulation of the PULSATILLA.
- Another thing that indicates KALI SULPH. rather than PULSATILLA is that nearly all KALI SULPH. children have a yellow-coated tongue, particularly the root of the tongue although the coating may spread right over.
- Another point which helps is that there is a slight difference in the type of discharges. The typical PULSATILLA discharge is a thick, creamy, nonirritating discharge. The typical discharge in KALI SULPH. is a much more watery, more stringy, yellowish discharge.
- As far as liability to actual acute illness is concerned, PULSATILLA is more often needed for acute gastric catarrh, acute gastritis, acute colic and diarrhoea; but if the gastritis has gone on to a jaundice in a PULSATILLA child the indications are more for KALI SULPH. than for PULSATILLA.
- With a PULSATILLA type of child who has caught cold and developed bronchitis which has gone on to a broncho-pneumonia with the ordinary PULSATILLA indications, that is to say, aggravated from stuffy room, relief from air, sense of suffocation, possibly a loss of voice, very dry mouth without much thirst, with a yellowish, watery sputum, and probably patches of consolidation at the left base - left base more commonly - the response is better from KALI SULPH. than from PULSATILLA.
- With a PULSATILLA child who has whooping cough with a lot of rattling in the chest, and the ordinary PULSATILLA modalities, KALI SULPH. does more good than PULSATILLA.
- That is perhaps what Kent means by saying KALI SULPH. is PULSATILLA intensified - in these acute conditions the symptoms are very similar and yet the more severe the condition the more definite are the indications for KALI SULPH.
- It is sometimes useful to remember that the heavy PULSATILLA child is liable to go on to SULPHUR whilst the finer PULSATILLA child is much more liable to become chilly and go on to SILICEA or PHOSPHORUS.
- I usually give PULSATILLA in low potency in chronic cases. They are mostly sensitive children, and where you are dealing

with the sensitive type you do not want a high potency. When dealing with bovine types I go high, but in a sensitive type like PULSATILLA they blossom on a 30 potency. PHOSPHORUS is exactly the same, PHOSPHORUS children respond beautifully to lower potencies.

- I have found very good results from ANTIMONIUM CRUDUM 12, repeated three times a day for two days, in impetigo. With CALC. CARB. or GRAPHITES I would give a high potency every time - a 200, or higher, as one is dealing with an insensitive type.

Sulphur

- From the point of view of children, there are two definite SULPHUR types. Much the commonest is a fairly well-nourished, well-grown child, always with a definitely big head. They are usually fairly heavy in build and rather awkward and clumsy in their movements.
- They are apt to have very coarse, strong hair, and always a fairly high color.
- Their skin tends to be roughish, it will roughen in a cold wind, and they sweat easily. They tend to have rather red extremities, red hands and very often red feet. They always have very red lips, very often red ears, and they easily run to redness of the margins of the lids.
- That is one of the exceptions to the coarse hair, because that type of SULPHUR child very often has poorly developed eyelashes; they have had repeated attacks of blepharitis, they have crusty eruptions about the eyelids which they have picked and scratched, and consequently the eyelashes tend to be undeveloped or poor.
- The other SULPHUR type, which is usually thin, with a fairly big head but rather spindly legs, very often with a big abdomen, rather poorly developed chest, very often not so much color, tending to be paler, with a definitely rougher skin.
- This type has a dryer, coarser skin, with a very marked tendency for the skin to split, to crack on exposure, and the child is rather more miserable generally. The child looks more seedy, has less vitality, is more easily tired, and always stands badly.
- The heavier SULPHUR type have much more bite about them, they tend to be quarrelsome, impatient, rather critical, faultfinding, discontented, very often generally dissatisfied; are apt to feel they are not getting a fair deal, and often feel they are being underestimated.
- They are lazy, but it is often very difficult to say whether it is real laziness or lack of stamina, because they do get tired out on exertion. They have a great dislike of interference, they think they know how to do a thing, they know what they want to do, and strongly resent their parents butting in, they think they would make a better show of it if they were left alone.
- The thin SULPHUR type, are much more inclined to be miserable, low spirited.
- They have much less vitality, much less bite about them. There is the same sort of resentment of outside interference, though it shows itself differently. These thin SULPHUR children are liable to weep, and any attempt to comfort them is apt to annoy them, and they will turn on you.
- These thin SULPHUR children have even less stamina than the fat ones, they are more easily exhausted and, like all SULPHUR patients, they can not stand for any length of time. They stand badly in the ordinary instance, and if they are kept standing they go to pieces.
- There is one outstanding characteristic of all SULPHUR patients, whether children or adults, and that is they have a large appetite - it does not matter whether they are fat or thin - and their appetite is well-defined in its likes and dislikes.
- All SULPHUR patients have a desire for something with a definite taste; they like highly seasoned, spiced foods, and they have a very marked desire for sweets.
- Occasionally a SULPHUR patient will crave salt, but it is not really a salt craving, it is much more something with a taste. Another point about SULPHUR children is that they have an almost perverted desire for out - of - the - ordinary food, the unusual dish that the average child dislikes, the SULPHUR child will eat with relish.
- Another constant feature in both children and adults is that they are always very sluggish after meals, they get heavy and sleepy, they want to lie about, and are irritable when disturbed.
- One very useful pointer about SULPHUR children is that they are liable to get digestive upsets from milk. The small SULPHUR baby very often gets sickness, and may get diarrhoea and vomiting, from milk, and this marked milk aggravation is often overlooked.
- The next thing that is constant to all SULPHUR patients is the skin irritation.
- Most SULPHUR patients have irritation of the skin somewhat, and it is characteristic. It is very much worse from warmth of any kind; warm room, warm bed, warm sun, warm clothing, all start up the SULPHUR irritation.
- When the irritation is present they get definite comfort, and sometimes a peculiar sensation of pleasure, from scratching,

- and occasionally the scratching does not relieve the irritation. It always tends to be much more troublesome at night, quite apart from being hot.
- When they are about, active and occupied during the day the irritation does not worry them much, but when they are at rest in the evening or at night the irritation tends to become much worse, and much more worrying.
 - SULPHUR has every skin eruption known to the dermatologist. The point that distinguishes it as a SULPHUR eruption is the reaction to temperature, and the fact that it always irritates. It is an intense irritation that they cannot leave alone; they describe it in various ways - itching, feeling of animals crawling over the skin, sensation of stinging nettles, any description that fits an intense irritation of the skin.
 - In addition to the general surface irritability these children tend to get very marked irritation of all the orifices - nose, ears, mouth, urethra, anus - any orifice tends to be congested, red, hot and itchy.
 - In all acute or chronic conditions they tend to have a red coated tongue, with a very red tip, and very often a red margin running along the sides, not unlike a RHUS TOX. tongue. Most of these SULPHUR patients have a dry mouth, a hot mouth, and they are thirsty. This applies more in acute conditions than in chronic.
 - Another point which is sometimes helpful in the SULPHUR type children. SULPHUR patients are always aggravated by heat, but one is apt to forget that SULPHUR patients have an unstable heat mechanism; they are very liable - certainly in feverish conditions - to waves of heat and also waves of chilliness.
 - Very often they get extremely hot, break out into a sweat and become shivery - very much the type of condition associated with MERCURIUS. Covered up they get hot and very uncomfortable; but when uncovered they feel a draught on the skin and are immediately chilly. But do not overlook SULPHUR because the child does not want to be uncovered all the time.
 - Another constant in the SULPHUR patient, no matter what the condition, whether it is a skin eruption, or a child with rheumatism, or a child with a tummy upset, no matter what condition, it is aggravated by bathing. And SULPHUR children nearly always look dirty.
 - Some children may at first sight appear to be not unlike CALCAREA children, that is to say, they are heavy, with big heads, are rather pale with a tendency to flush, have rather big bellies, and are clumsy; but they have not the CALCAREA chilliness, they are hot-blooded, and have a very marked tendency to the development of blackheads all across the forehead.
 - These children are nearly all SULPHUR cases. They have rather paler lips than the average SULPHUR child but, particularly with blackheads scattered over the forehead, always consider the possibility of the child being a SULPHUR type.
 - Another contradiction sometimes met with in SULPHUR children is that they have disturbed areas of heat; they have hot heads and cold hands, or hot hands and cold feet; or hot feet and cold heads - very often cold, damp heads - local disturbances of heat and cold as well as general disturbances of heat and cold. A child with cold feet does not automatically rule out SULPHUR because the child does not put its feet out of bed.
 - Typical of SULPHUR subjects is sluggishness. They are better for exertion; better when they are stimulated, and better when they are moving about. Some SULPHUR patients can be very lethargic, dull, uninteresting people but if they are stimulated in the proper kind of society they awake up; they are clever; and you would not recognize them as the same beings.
 - It is the same with SULPHUR children; badly handled they are dull, heavy, cross, irritable; and properly handled they can be bright, interesting, quite friendly, and very often clever. Some of the SULPHUR children have a most astonishing command of languages.
 - A fairly constant characteristic of all SULPHUR children is constipation. The majority of SULPHUR children suffer in some degree from constipation and very often it is quite severe. Associated with that is an enlarged abdomen, frequent enlargement of the liver, abnormal appetite, sleepiness after meals, and a very definite tendency to attacks of colic.
 - The above applies more to the heavier SULPHUR type, the thinner type is more liable to get attacks of ordinary SULPHUR modalities, that is to say, diarrhoea tending to come on early in the morning, any time after four a.m. , and the stool is always offensive.
 - The other constant SULPHUR characteristic is an offensive odor. Discharges, eruptions, perspiration all are malodorous, and the SULPHUR child is very difficult to get clean and wholesome.
 - Another feature often met with in SULPHUR children is that they are often heavy and lethargic and sleepy during the day, and very sleepless at night; also they are liable to get most terrifying nightmares. These are not constant in character, but the child is always being frightened, very commonly being terrified of fire or something of that sort.
 - Another point which occasionally occurs in a SULPHUR child. It is quite lively in the evening, slow getting to sleep, gets off to sleep, and wakes up soon after in fits of laughter. It is an odd symptom, and always in SULPHUR children.
 - Also they get a hungry period about 11 a.m. , and all SULPHUR children are liable to be seedy, headachy, irritable and tired

- out if they have to wait for their meals.
- Nearly all the actual acute diseases from which they suffer are associated with some skin irritation. SULPHUR is commonly indicated in acute styes with intense irritation of the lid margins, the lids are very hot and burning, aggravated by heat, and particularly aggravated by bathing - they smart and sting if an eye bath is used.
 - There are commonly indications for SULPHUR in chronic nasal discharges; in these children with a nasal discharge there is always the same SULPHUR offensiveness.
 - The discharge is always excoriating, there is a redness about the nose, with intense irritation, the children tending to pick at it until it is raw and bleeding.
 - SULPHUR children often get chronic tonsillitis, a deeply injected throat, very swollen, feeling very hot, with very offensive breath. And most SULPHUR children with tonsillitis tend to get masses of glands in the neck - more than ordinary tonsillar gland enlargement and it tends to spread, and involve particularly the submaxillary glands. The tonsillitis is accompanied by irregular heat and cold, shivering attacks, sweaty attacks and thirst for cold water.
 - There are indications for SULPHUR in chronic conditions, chronic ear discharge, with the SULPHUR characteristics, the excoriating, offensive discharge, redness about the external ear, intense irritation; the aggravation of any pain from hot applications, particularly hot fomentation.
 - Chest conditions in SULPHUR children vary from a mild bronchitis to an acute pneumonia; and again certain features are constant. A tendency to waves of heat and sweat, very often occasional shivers, very often burning extremities, and a very definite heavy smell about the child.
 - There is one constant feature that runs through all SULPHUR chest conditions, it is a very marked sensitiveness to lack of oxygen - they cannot stand a stuffy atmosphere, they want plenty of air, and yet they are chilly in draughts. The disturbance is more commonly on the left side of the chest than on the right, but it is too slight a difference to be of much importance.
 - SULPHUR is one of the most commonly indicated drugs in jaundice of children - acute catarrhal jaundice - particularly with the marked intolerance that SULPHUR has to milk in its acute conditions, intense skin irritation, feeling of burning heat on the surface very often with attacks of colic, frequently with attacks of diarrhoea. A SULPHUR diarrhoea produces an excoriating discharge, redness and rawness about the buttocks, intense irritation, scratching.
 - The thin type of SULPHUR patient often suffers from acute rheumatic conditions with the usual characteristics - irregular sweats, feeling of heat, thirst, red tip of the tongue. The actual painful conditions is worse from heat, it is rather more comfortable from cold, it is very much better from movement, although it is painful when starting to move; and there is liable to be a red blush of the affected joint. There may also be a history of the attack having been precipitated by bathing, either sea-bathing or swimming.
 - The desire for fat is very variable in children. It is very common in adults, most adult SULPHUR cases want fat with hot roast beef, for instance, but it is by no means so constant in children. Some do not like fat. If they do it is a help, but it is by no means constant. A number of adults also do not want it.
 - Butter does not come into the fat craving at all. The majority of PULSATILLA patients with a definite aversion to fat, like butter and like cream; but they dislike meat fat, and particularly hot fat. Many PULSATILLA patients will eat fat cold but not hot. But most PULSATILLA patients will take butter, very often in large quantities.
 - The tendency to sweat is constant in the fatter type of SULPHUR; the thinner types usually have a dry harsh skin and do not tend to perspire.
 - Another thing which is sometimes a help about SULPHUR children is that they are extremely pleased with their possessions. The SULPHUR child's toys are the best that could be, and the SULPHUR child's family is the best ever. They also have an astonishing money sense; quite a small child has a very definite sense of values.
 - SULPHUR is not nearly so often indicated as it is used in urticaria. But it is very commonly indicated in urticaria in children, particularly if associated with digestive upsets. Children respond well to any potency, and most SULPHUR children respond very well to a 30 or 200.

Thuja occidentalis

- To continue with the PULSATILLA type of drugs, although the majority of these are hot-blooded drugs, there is one other that is always associated with PULSATILLA, and that is THUJA, although it is chilly in its reactions.
- It is a little difficult to give a mental picture of the typical THUJA child because in the majority of outstanding case there is an element of mental deficiency. In many THUJA children there has been some mental deficiency, some merely backward, some actually deficient.
- In some there is an obvious pituitary dysfunction, and that tends to color one's idea of THUJA. But there are THUJA

- children who are not mentally defective and who have not got a pituitary dysfunction, and that type of child is very like a PULSATILLA child in reaction.
- The outstanding characteristic of the THUJA child is the fact that it is sensitive; sensitive to people. It is responsive to any kindness, it is conscientious in what it does, and it is easily upset emotionally. And there the first strong indication comes in : THUJA children have a peculiar sensitiveness to music, and this is one of the things commonly associated with mentally defective children.
 - Eighty per cent of the mentally defective children that I have treated have been abnormally sensitive to music. Much more sensitive than the average child; and even in the normal child with THUJA indications you get this emotional sensitiveness to music. They are affected by it; they may even weep from it.
 - Associated with that emotional disturbance THUJA children have a sadness, a depression, very like the PULSATILLA depression.
 - The THUJA children, even the mentally defectives, are astonishingly conscientious. They are very often carsick. Another symptom is a strange contradiction often found in a perfectly lively, active child - they are apparently keenly interested, and yet have a strange hesitation in speaking, a difficulty in finding the words they want, or a difficulty in saying them.
 - Very often the difficulty in speaking gives the impression that the child is slow mentally, when it is not really seeking words. That may go on to a definite disinclination to talk; they are rather silent and appear to be rather heavy.
 - The majority of THUJA children are rather under than above average height, many are definitely small and rather finely built. THUJA applies equally well to either fair-haired or dark-haired types. A definite factor is that they appear to get wakened, the more active they are. If they are made to sit about they become dull, heavy, and depressed, but any activity brightens them up mentally.
 - Another common feature in many of these THUJA children is very faulty development of the teeth; with irregular dentition, and very early decay. The enamel of the teeth is definitely faulty in places.
 - THUJA children are sensitive to cold, although they are mostly better in the open air. They are very sensitive to damp, and liable to be much worse in the mornings.
 - Most THUJA children perspire on exertion, and even when they are not exerting themselves they mostly have a rather greasy skin which is more commonly noticed in the dark-haired type than in the fair. Some fair-haired THUJA children have a rather fine skin, and very often a downy growth on the skin, particularly on the back.
 - THUJA children do not stand up well to mental stress. They are liable to get a typical acute neuralgic headache under stress, from getting oven-fired or overexcited, and the point about the neuralgic headache is that it very often picks out definite areas which are extremely painful and very often extremely sensitive.
 - The children tend to get chronic catarrhal headaches. They get thick, purulent, yellowish-green nasal discharge, possibly with crusts in the nose and bleeding.
 - They are liable to chronic otitis media, and may develop a mastoiditis with very severe and localized pain, and tenderness over the mastoid region. If they are old enough they will tell you it feels as if something were being bored into the mastoid bone.
 - Another common feature of THUJA children is a poor digestion. The typical picture of the pituitary child with an almost pendulous abdomen is an extreme example, and these children are extremely liable to develop a chronically irritated cecum.
 - Often there is a full, boggy cecum in the right iliac fossa, with a history of recurring attacks of diarrhoea; and the diarrhoea is fairly characteristic.
 - It consists of pale, greasy, almost fatty stools, and these are always passed with a good deal of flatus; and the attacks are accompanied by a lot of gurgling in the abdomen.
 - Very often these children give a history of having crops of warts. The THUJA warts are soft, and bleed very easily on handling; if knocked the surface may break and bleed.
 - THUJA patients sweat on the uncovered parts. A girl of about twelve years of age was stripped to be examined, and the sweat poured off her when her clothes were removed. She was not sweating at all when covered. Occasionally that odd symptom of sweating when uncovering is found, but usually THUJA children are chilly and shivery when uncovered.
 - A particular case was of interest because there were rare bony deposits in the muscles in quite a young child, and she did very well on THUJA. The first pointer to the possibility of THUJA was that odd sweating when uncovered.
 - The other constant THUJA feature in children is their strange susceptibility to onions. They are very liable to gastric upsets, and an attack of diarrhoea from eating onions, cooked or raw. Another common symptom, although not met with in young children, may occur in the adolescent - they are liable to get acute digestive upsets from tea.
 - A history of vaccination is also a great help in deciding on THUJA.

Bromium

- The next common warm-blooded drug is BROMIUM. It is one of the drugs which is very frequently missed. The common BROMIUM type of patient is usually over-fat, fair skinned, fair-haired, and the majority are friendly, cheerful, fairly happy types.
- Then there are contradictions. The fairly cheerful, happy friendly type, are very easily put out, and if upset they very commonly flush up, and explain that they get a feeling of heat and tension in their heads.
- They become nervous, anxious, very often frightened, in the evening, very much about the PULSATILLA time. They do not like to walk home in the dark and have the impression that somebody is following them, and they get scared - very much like the symptom of PULSATILLA - they look not unlike PULSATILLA, and occasionally bouts of depression in the BROMIUM patient are not unlike PULSATILLA. But BROMIUM is a much more placid depression, much more a melancholy outlook than the acute tearfulness of the PULSATILLA.
- The BROMIUM patient is a rather fat, fair type tending to run to crops of boils, either acne about the face or over the shoulders, and an adolescent needing BROMIUM always has some acne spots about.
- There are further symptoms very like PULSATILLA. They are very sensitive to heat, uncomfortable in the sun and definitely uncomfortable in a hot room.
- They are better for motion and for exercise; and better in the open air.
- By contrast the typical BROMIUM patient is very much better after food, whereas the typical PULSATILLA patient is heavy after a meal; and another contrast - in spite of the fact that they are better in the open air, they are sensitive to draughts.
- The majority of the BROMIUM cases are of two types, one with chronic catarrh of the upper passages, the other the typical acute hay fevers.
- Taking the catarrhal type first, the child with chronic hypertrophy of the tonsils, not the type who is liable to recurring quinces, but one with an enlarged fibrotic tonsil, and often with a general enlargement of the submaxillary glands, which tend to be hard, and tend not to break down.
- With the chronic tonsils they are liable to acute attacks of catarrhal extension to any of the sinuses, and in BROMIUM cases it is more commonly the frontal sinuses that are involved, rather than the antrum; with the involvement of the frontal sinuses the patients complain of intense pain, fullness, and a feeling of swelling at the root of the nose.
- The nose feels choked up, and there is a thick, yellow, purulent discharge, and if any violent effort is made to clear the nose the discharge is liable to be bloodstained. Another point about that type is a thickened, rather inflamed, reddened upper lip.
- Occasionally one of these children will get an attack of very intense croup, with a sensation of tickling in the larynx. The very violent croupy cough, goes on almost to suffocation, and is relieved by cold drinks. They may complain of a feeling of pressure, or constriction, of the throat, and the larynx in these cases is usually very sensitive to touch; There may also be the typical BROMIUM hoarse voice.
- BROMIUM is useful for the fat, warm-blooded child, with rather hypertrophied tonsils, who gets an attack of hay fever coming on usually about June; rather later in the BROMIUM child than in many of the others. Some start in the middle of May, but the BROMIUM cases do not usually start until June. The outstanding characteristic of the BROMIUM hay fever is an extreme hyperaesthesia of the mucous membranes and dust of any kind will set up an acute attack during the irritant period.
- One small boy had a typical BROMIUM hay fever, and if he went into a room which was being dusted would start a violent attack right away, quite apart from any exposure to irritant out of doors. A few doses of BROMIUM completely stopped it.
- These BROMIUM hay fever cases may get asthmatic attacks which are fairly typical. They get very sudden spasmodic attacks with a sensation of extreme constriction of the chest, and extreme difficulty in swallowing. Another point is that although their apparent hay fever does not entirely subside at the seaside their asthma entirely goes.
- Another type in which BROMIUM is very useful is similar, the child is fat, tonsillar, sensitive to heat, with a definitely sluggish tendency and in addition there are generalized rheumatic pains, a type of muscular rheumatism.
- They are also very liable to cardiac affections, more likely a poorly acting cardiac muscle than a definite valvular lesion, but in some cases there is definite cardiac hypertrophy in that type of child and they have improved very much indeed on BROMIUM.
- The constant in all these cases is the feeling of constriction in the chest, feeling of tightness or constriction over the heart. Another constant is that feeling of constriction has developed when they have been facing any wind; there is also

the sensitiveness to draughts which is particularly noticeable in BROMIUM heart cases.

Iodium

- The majority of the IODUM children are dark-haired and rather dark-skinned, and intensely restless. They are very thin children, never still, always on the move, wandering about, fidgeting, restless; this is an outstanding feature of these cases.
- On questioning, you will be told that these children are definitely irritable, and their irritability is characteristic. They are perfectly happy playing with other children and then suddenly, apparently for no reason, they break out into violence. Very often they are playing perfectly happily with a brother or sister and suddenly they pick up something and hit them.
- It is that sudden, impulsive irritability that is the typical IODUM mental characteristic. Very often after such an attack of irritability, the child is extremely depressed, not weepy but just silent, depressed, rather losing interest in things.
- These children usually have very large appetites; they are hungry for their meals, and they are hungry between meals. They become utterly exhausted if they go too long without a meal, and are very liable to get headaches from hunger.
- Although these children eat well they can never be fattened; they remain thin, and may actually be losing weight.
- IODUM children are very sensitive to heat of any kind, hot rooms, hot sun, hot fire, hot baths; heat in any form aggravates the typical IODUM child.
- These IODUM children often have a rather inactive skin. They get attacks of acute infection of the nose, with a tendency to spread into the frontal sinuses, and with such an attack there is an irritant, watery discharge, and a feeling of obstruction at the root of the nose. There is often actual swelling at the root of the nose, and it is tender on pressure.
- Frequently with the coryza there is a very hot discharge, a tendency to sneeze, and with the discharge always very watery eyes. There may be a history of repeated attacks of that sort, followed by development of typical asthmatic breathing. With these thin children with a good appetite, with that sort of history, and with asthma which is definitely better in the open air, IODUM will usually meet the case.
- These IODIUM children with that kind of extending catarrhal infection very often get a degree of deafness which is usually associated with a chronic eustachian catarrh.
- Another feature of IODUM children of that type with catarrhal infections, is an involvement of the larynx. They are very often hoarse, and have a painful larynx, which is tender on pressure. With the laryngitis they are apt to get acute croupy attacks which are extremely painful. One of the distinguishing points about these croupy attacks is that the child gets very hot, and has an intensely hot dry skin.
- Very often in these croupy attacks the child is terrified. They could be mistaken for croup of ARSENICUM type; there is the same feeling of heat, the same burning in the larynx, the same kind of restlessness anxiety, the child is very often terrified, and there is the same kind of choking feeling. But the ARSENICUM child is chilly whereas the IODUM child is hot and wants air.
- The ARSENICUM child will perspire slightly; the IODUM child will be dry and hot.
- IODUM children are very liable to get all sorts of abdominal disturbances.
- Most of which are associated with very typical diarrhoeic attacks, with very frothy, fatty, whitish stools, and may be associated with enlarged mesenteric glands; they may be associated with a general enlargement of the liver and spleen without any very definite blood change; or with definite pancreatic dysfunction, with the typical pancreatic fatty stool, and there may be glycosuria.
- The IODUM children with a fair amount of color, quite bright red cheeks, are very liable to get rheumatic symptoms. It is usually an acute rheumatism, with violent pains which are eased by moving, and are very much worse from heat. The pains are usually very sharp and stabbing in character, and there may be a pericarditis with very acute sharp pericardial pain.
- One thing about the pericardial cases, is apparently a contradiction to the ordinary IODUM restlessness and relief from motion, the chest pains are aggravated by moving, the pains are brought on and are made more acute by movement.
- It is very easy to confuse the rather dark skinned, flushed type of patient, rather depressed, with sharp, stabbing pains which are worse from motion, with a BRYONIA case. They are both worse from heat, but there is not the typical BRYONIA tongue in the IODUM patient, not the intense thirst as a rule. Most BRYONIA cases are more dull and heavy whilst the IODUM patients are more mentally alert. There is usually a complete aversion to food in the BRYONIA cases, and very often a surprising amount of hunger even in the acute IODUM conditions.
- There is a certain similarity between the IODUM child and the BROMIUM child, but it is an entirely different type. The various symptoms are very much alike, but once the type of child is recognized it is not possible to confuse them.
- IODUM can easily be confused with SULPHUR but there is not the intense irritability of skin, the intense itching, in a similar type of SULPHUR.

-One other feature of IODUM quite frequently met with in rheumatic cases, is a history of an acute diarrhoeic attack immediately preceding the rheumatic attack.

Abrotanum

- The clinical picture of the ABROTANUM small baby is characteristic of a congenital pyloric stenosis. The child is emaciated, with a dehydrated wrinkled skin which when pinched up, does not return to its normal state.
- It has an inordinate appetite, because it is vomiting all its food, and is hungry all the time. It has a comparatively big abdomen and spindly legs, it is always cross and peevish as it is being starved. It is usually chilly, is very often sensitive when handled, and it is tender to touch.
- In these ABROTANUM babies there is not infrequently a delay in the healing of the umbilicus after the cord has dropped off - from lack of vitality and lack of nourishment. Several cases who either had a pyloric stenosis or spasm, recovered perfectly on ABROTANUM. Another had a pyloric stenosis, lost all symptoms for a period of four weeks after receiving ABROTANUM, but relapsed and was operated on, had a typical pyloric stenosis and completely recovered. Whether the others were really a spasm, or a true stenosis is not known, but three with a diagnosis of pyloric stenosis did recover with ABROTANUM.
- An older type of ABROTANUM child is also a hungry child, with an inordinate appetite, and again it is a thin child. It always has a tendency to recurring attacks of diarrhoea, usually attacks of diarrhoea alternating with rheumatic pains, and always with a certain amount of inco-ordination, clumsiness, tremor, probably a certain amount of numbness in the hands, feet or legs.
- The child cannot be trusted with any valuable china or it will knock it over or drop it; it is verging on a chorea. They are usually rather peevish and bad-tempered, and very often have a strangely cruel streak in their makeup.
- These children are definitely chilly; they are aggravated by cold, and by damp; and their rheumatic pains are liable to be very much worse at night than during the day.

Fluoricum acidum

- The last of the hot-blooded drugs mentioned earlier is FLUORICUM ACIDUM. The majority of FLUORICUM ACIDUM types, both children and adults, are fair haired and fair skinned. At first sight they are not unlike the SILICEA children. They are rather thin, underweight, usually fairly fine-boned, fine-skeletoned.
- Not unlike the SILICEA types they have a yielding disposition, but none of the SILICEA irritability. They are very often extremely patient, and unlike most of the drugs in the **Materia Medica** they often have a strange enjoyment of life, and find it very pleasant indeed; quite simple things seem to give them an inordinate amount of pleasure. That is the normal peaceful state.
- Mentally they are not unlike the SILICEA children in that they are very easily tired by mental concentration. They get headaches or brain fog at school, and are not exceptionally bright as far as book work is concerned.
- A surprising feature of the FLUORICUM ACIDUM type of child, is that they are liable to get quite pointless and unreasoning hatreds of one or other individual in school. It is a weird difference from the ordinary child's make-up which is striking. It applies to adults as well.
- Unlike the SILICEA children, they are better from physical exertion. Playing games does them good, it wakes them up, they are better for it. The SILICEA child will be tired out by it. Like the SILICEA children, if they are kept standing for any length of time they get faint, headachy, and tired out. Again, unlike the SILICEA children, they usually have a good appetite, and get hungry between meals, with hunger headaches.
- Quite a number of these FLUORICUM ACIDUM children need extra food at school in the middle of the morning or they finish the morning with a headache. They wake up hungry in the middle of the night unable to sleep unless they have something to eat, and in spite of the amount of food they eat they are still firmly thin. But many FLUORICUM ACIDUM children are not markedly thin or underweight. Their type is small and fine but not definitely underweight.
- With their big appetites, they have a desire for highly-seasoned food, it does not matter very much what it is as long as it has a strong taste.
- All the FLUORICUM ACIDUM patients are sensitive to heat; they are worse from hot rooms, from hot sun, from too many clothes and from too many blankets at night. A FLUORICUM ACIDUM child who comes home from school with a slight headache, rather a flushed face, feeling extremely hot, can very often get rid of the headaches by putting his head into a basin of cold water, or by bathing his face with cold water.
- Another factor in FLUORICUM ACIDUM children is that they get a headache if at all constipated. These children also get

- the typical FLUORICUM ACID headache from being unable to get out of school to pass urine; again it is the same type of congestive headache.
- Some of these FLUORICUM ACIDUM children have the fine hair associated with the SILICEA child, but with a tendency to patchy bald areas, without an definite skin disease. It is patchy areas of thinning of the hair rather than actual baldness.
 - Another feature associated with the FLUORICUM ACIDUM child is very faulty dentition, very poor enamel of the teeth, liability for the teeth to decay early, and very often abscesses at the roots of the teeth. FLUORICUM ACIDUM children rarely have a really sound dentition, and associated with that is the other important characteristic - unhealthy finger nails which are brittle, cracked and splintered.
 - Another feature is that they have red, sweaty palms to their hands and very offensive foot sweat, which tends to make the feet hot and sore. Another pointer to a possible FLUORICUM ACIDUM patient, is a dry, red, fissured tongue.
 - The majority of these children have digestive upsets, or a tendency to a breakdown at school, or rheumatic conditions. The outstanding point about the digestive upsets is a tendency to attacks of diarrhoea; there is a liability to acute gastritis, and jaundice, and all these digestive upsets are very much aggravated by any hot drinks.
 - The typical FLUORICUM ACIDUM child with diarrhoea will get a violent attack after any hot drink, which is very often a useful pointer to the FLUORICUM ACIDUM case. In acute attacks they are liable to run a fairly high temperature, with a feeling of intense heat and complete intolerance of any bedclothes.
 - In their breakdowns at school, apart from headaches from concentration - the type of congestive headache which is better from cold bathing - one constant feature is that they make mistakes in writing. They transpose words, transpose letters, and the mistakes seem most senseless. The teaches complain it is pure inattention, and say the child could not make such mistakes if it were paying attention; but the child cannot help it.
 - Their rheumatic complaints have the ordinary FLUORICUM ACIDUM temperature aggravation, and the pains are very much worse when keeping still and better by moving about.
 - Another symptom of the FLUORICUM ACIDUM child who is tired out at school is a feeling of numbness in the arms or legs. An odd thing about this numbness is that it does not come on from pressure; even when the child is still the arms and legs are liable to become numb.
 - The diarrhoeic attacks of FLUORICUM ACIDUM are always irritant diarrhoeas; there is a good deal of peri-anal irritation, and possibly a number of painful peri-anal fissures.
 - FLUORICUM ACIDUM is really a hot-blooded SILICEA, with amelioration from motion, and with a cheerful outlook instead of the flat tired outlook of SILICEA types.
 - FLUORICUM ACIDUM and PULSATILLA patients are not easily confused for the PULSATILLA types are usually very much heavier in build, they have much less tension about them, are softer both mentally and physically. There is not the activity in PULSATILLA of the FLUORICUM ACIDUM case, they have a slower brain, are much more yielding, much less active. The PULSATILLA patient gets tired out with exertion, and the FLUORICUM ACIDUM patient is rather stimulated by it.
 - PULSATILLA is aggravated by exposure to cold water, gets chilled; the FLUORICUM ACIDUM types will bathe in cold water and it will wake them up. It is very much a question of degree; in one the patient is more taut, the other is gentle, yielding, depressed.
 - FLUORICUM ACIDUM will suddenly get irritable, much more violently irritable than PULSATILLA, will strike when the PULSATILLA would probably break out into wrath and then weep. FLUORICUM ACIDUM is very much more like PHOSPHORUS, much more intense mentally, more active, more alive than PULSATILLA.

Children's types (group v) : nervy types

Arsenicum album

- The last group of drugs includes all the outstandingly nervy children, and the key to the whole group is ARSENICUM ALBUM. ARSENICUM children are possibly the most attractive of the children. They are very highly strung, usually finely made, finely built, often with a very fine skin and fine hair; they are delicate-looking children.
- They are always very nervy, very easily scared, very easily frightened, anything unusual will frighten them, they are afraid of being left alone in the house, afraid of going out alone, terrified of the dark, and they always have a very vivid imagination. They suffer from night terrors, and wake up in the middle of the night terrified, jump out of bed and wander through the house to find somebody to talk to.

- It is always the feeling of some horrible occurrence hanging over her, very often she does not know what it is and is just terrified. When comforted and consoled, she will quieted down and go to sleep again, particularly if taken into the parent's bed and has somebody near.
- They are usually of a variable color and tend to be rather pale but flush on excitement. They are not sallow. It is a rather fine skin, and when flushed they often get hot heads, and cold hands and feet on excitement or over-exertion.
- In spite of their delicate appearance these ARSENICUM children are always restless, always doing something, and not just sitting about looking at their fingers. They may take up a thing, do it for a while, then go on to something else, but they never spend their time doing nothing.
- When they are nervy they go from their mother to their father, from their father to the nurse, then back to their mother. Each one gives them a certain amount of comfort but not for long, and they turn to someone else.
- In spite of their restlessness and their activity, they get completely exhausted. They will be all right for a couple of hours, busy, happy, occupied, rather restless, and too mentally active, then suddenly become completely exhausted, grow pale, tired and lie down. Often they become depressed, and in a nervy, frightened state, feel they are going to be ill and want to have somebody near.
- These children are inordinately tidy. A small girl will keep her dolls in a most astonishingly tidy condition. Even small boys, who normally break their toys and leave them lying about on the floor, if of ARSENICUM type, will put them away and be distressed, not because the toy is broken but because it is in a mess.
- They are upset if they spill jam over themselves and get into a mess, and their distress is out of all proportion to the cause.
- Another very definite thing about them is that they are liable to catch cold, particularly from exposure to cold, and these colds are fairly typical.
- They usually start as an acute coryza, with watery, excoriating discharge, very violent attacks of sneezing and a tendency for the cold very rapidly to spread on to the chest.
- In 24 hours the history of an acute coryza develops rapidly to bronchitis.
- With that extension the ARSENICUM child becomes hoarse between the development of the coryza and the onset of the definite bronchitis.
- The other ARSENICUM types get a very similar mild coryza without any hoarseness at all, without any sign of bronchitis but they suddenly develop an acute asthmatic attack.
- The asthmatic attack in ARSENICUM children is a very typical, very tight, dry, spasmodic asthma and it is always accompanied by acute terror. It is always terrifying for a child to get asthma, but ARSENICUM children are almost beside themselves with terror.
- They are liable to get asthmatic attacks either early in the afternoon about 1 p.m. to 3 p.m. some time after lunch, or early in the morning, any time after midnight.
- Another typical asthmatic characteristic is that as the attack subsides the dryness seems to disappear and the chest gets flooded with much with quantities of white, frothy sputum. When the attack is subsiding the dry whistle disappears and the chest gets moisten. ARSENICUM will clear up the whole trouble.
- ARSENICUM children are very sensitive to cold, and exposure to cold is certain to upset them. It either provokes an acute respiratory attack, or an acute digestive attack. These children get digestive upsets very easily; from exposure to cold, and also from overindulgence in any watery fruits. Melons, strawberries any of the juicy fruits may give the ARSENICUM child an acute gastritis, usually with diarrhoea.
- ARSENICUM children are extremely chilly, and in most of their chest and general conditions, they are thirsty with a desire for cold drinks, but when suffering from gastritis or gastroenteritis, the condition is aggravated by cold drinks.
- The gastritis may be brought on by ice cream, and a mixture of fruit and ice cream is particularly dangerous for ARSENICUM children. During the acute stage of gastritis the pain is usually severe and is eased by warmth, either warm fluids or external heat applied to the abdomen. When a child like warm drinks and is made easier by them, one should not ignore ARSENICUM.
- Another point about these acute abdominal attacks is that the child is rather delicate and one that can go downhill extremely rapidly; an ARSENICUM child with an acute diarrhoea will become collapsed in a few hours.
- With this collapse they are restless, worried, anxious, and liable to have constant small stools, little spurts of diarrhoea, and a marked aggravation of the exhaustion after each stool. The child appears absolutely grey, cold and sweaty. Nearly always in the ARSENICUM diarrhoea the stools are offensive.
- In summer after overindulgence in strawberries, etc., the children have been perfectly well the previous day and the next morning they are in a collapsed state after purging all night. It is remarkable how quickly the ARSENICUM children recover if given ARSENICUM.

- In acute cases with violet onset ARSENICUM CM every fifteen minutes will clear up the trouble immediately. But ARSENICUM in low potency is not effective.
- The patients do not have enough vitality to respond to low potencies, and in extreme cases satisfactory results are unlikely from potencies of under 10m.
- There is also a general hyperaesthesia in the ARSENICUM children. They are oversensitive to everything, to smell, to touch, to noise, to excitement; smells will make them sick, noise will make them all jumpy and nervy, excitement will give them a nightmare.
- They are highly strung children. If pushed at school they are liable to get chorea; and if they are not very gently, quietly handled they develop periodic headaches, recurring once in 7 or 14 days, violent sick headaches lasting anything up to from 24 to 48 hours, and they may last two or three days making the child completely prostrated.
- It is always an intense congestive headache, with intolerance of noise, light, or disturbance of any kind. And this one of the ARSENICUM contradictions, with these congestive headaches they want their heads as cool as possible.
- The child feels ill, its body may be cold, sweaty and damp; it has extreme nausea; it is restless and frightened, wants to be well covered - and yet wants its head cold, cold cloths, Eau de Cologne applications - anything to keep it cool.
- ARSENICUM is less valuable in skin conditions than might be expected. It is more valuable in some of the chronic conditions than in the acute dermatitis.
- The secondary syphilitic eruption is the kind of condition in which ARSENICUM is indicated.
- Alternation of asthma and skin conditions is a very definite ARSENICUM indication; where asthma and diarrhoea alternate it is useful. A case of recurring headaches in which asthma developed, cleared on ARSENICUM.
- ARSENICUM very definitely has these alternations, but more frequently in adults than in children.

Chamomilla

- The symptoms of CHAMOMILLA are almost identical to those of ARSENICUM and yet they are entirely different drugs, and entirely different children.
- First there is hyperaesthesia, over-sensitiveness to noise, pain, people; there is exactly the same hyperaesthesia in CHAMOMILLA.
- There is the restlessness of ARSENICUM, moving from one person to another, ever still; and exactly the same in CHAMOMILLA, the child goes from one person to another is never completely still, never at peace. And yet the two types are different.
- In CHAMOMILLA there is extreme hyperaesthesia, the CHAMOMILLA pains are more intense probably than any other pains from which patients suffer; but the reaction is entirely different from that in ARSENICUM. CHAMOMILLA cases have an absolute frenzy of rage; they resent it; they resent having it; and they are furious that the doctor has not cleared it off at once. A CHAMOMILLA child is liable to strike out at you because it is hyperaesthetic.
- There is intense restlessness in the CHAMOMILLA child, it goes from one person to another, and each time it is dissatisfied with the person it goes to, and as it leaves them it is quite liable to strike at them. It is quite different from the soothing that the ARSENICUM child gets from each one.
- The CHAMOMILLA child who is over-sensitive to noise, does not get the nightmare the same night, the child is wrought up into a perfect frenzy, liable to scream and stamp when disturbed. It is quite a different reaction.
- In the ARSENICUM case the child is restless, always moving about whilst the CHAMOMILLA child is better from motion, but particularly better from being carried about - it is passive motion. Jogging about an ARSENICUM child will probably terrify it.
- Jog about a CHAMOMILLA child and it will probably stop screaming and begin to crow. You stop and it wants you to go on, and if you do not it will pull your hair. The reactions are entirely different although the symptoms in the **Materia Medica** are almost the same.
- The CHAMOMILLA child is never still, it is never satisfied with anything it is doing. But it is not a question of passing from one occupation to another, it is a question of getting tired of one thing and throwing it away. It never puts away its toy in a cupboard, it just tosses it down, and picks up something else; if told to put the first toy in the cupboard it is liable to yell.
- Another constant factor about the CHAMOMILLA children is that they get more excitable as the day goes on, more irritable, more difficult to manage, and they are liable to be particularly troublesome about 9 p.m. The CHAMOMILLA child often is quite impossible after it is put to bed until about midnight, then it appears to wear itself out and falls asleep.
- All these children who get into a fury tend to get flushed, with red faces and hot heads, but the CHAMOMILLA child

- tends to get flushed on one side of the face, it is flushed generally but one side will be redder than the other.
- CHAMOMILLA is almost universal for the teething child, but it is a mistake to give CHAMOMILLA to any teething child, the indications for it are quite definite. A teething child who needs CHAMOMILLA tends to get much more fractious at night and to have very swollen, inflamed, tender gums, and they tend to be one-sided with a marked flush on that side of the face.
 - The tender gums are made much worse by any application of heat and they are very much better from cold applications. They are much worse in a hot room, and the attack is liable to subside about midnight. It is worth noting that the toothache pains of CHAMOMILLA have entirely different modalities from the other pains.
 - CHAMOMILLA children are subject to attacks of acute colic, possibly because their parents give in to them; they see something they want and scream until they get it, and that evening they go down with acute abdominal colic - mostly the fault of the parents. These attacks of colic are accompanied by a lot of wind and are very much relieved by hot applications.
 - With these attacks of colic they are liable to get bouts of diarrhoea, with the typical green CHAMOMILLA diarrhoeic stool. A CHAMOMILLA child with colic and diarrhoea gives the best illustration of CHAMOMILLA irritability; they scream the place down. It is painful, fairly acute colic, and the child makes it very clear that it is in pain.
 - Another contrast between CHAMOMILLA and ARSENICUM children, is that CHAMOMILLA children are usually hot-blooded. They have very hot heads, very often hot and sweaty, and they are liable to have burning hot feet which they push out of bed at night.
 - CHAMOMILLA children are ungoverned children, and they have mostly been allowed to get out of hand, but in addition the CHAMOMILLA child in a tantrum of temper can get into such a state that it gets blue in the face and starts convulsions from pure rage. So one has to be a little careful about the handling of the true CHAMOMILLA child.
 - One typical CHAMOMILLA child, about three years of age, when in a rage was liable to beat her head against the wall, merely because it distressed her mother.
 - One night about 10 p.m. after she had been quite impossible for the previous hour and her mother had left her to scream, she had gone into a convulsion.
 - She was practically unconscious, dusky in the face, and twitching all over.
 - So one has to be careful about the wholesome neglect of the CHAMOMILLA child.
 - Quite a number of CHAMOMILLA babies, teething and with acutely inflamed gums, develop convulsions, and this indicates an explosive nervous system in the CHAMOMILLA child which should be watched.
 - Teething children do well on a low potency. A few doses usually stop the disturbance, CHAMOMILLA 12 or 30, two hourly, in the average case, but in a violent attack repeat every half-hour until they quieted down.
 - CHAMOMILLA is also useful for acute otitis in children. It is an extremely painful condition, and in most cases the child does not want to be touched, and is intensely irritable, very often screaming with pain. If the trouble has been brought on from exposure to cold CHAMOMILLA is one of the greatest standbys in the small child, particularly if the one-sided flush is present.
 - CHAMOMILLA has cleared more acute otitis in small children than any other single drug. And it clears up without any puncture of the drum. But the child must have the CHAMOMILLA makeup as well as the otitis, or CHAMOMILLA will not work. The nervous system has to be all on the fret, and the child has to be irritable and touchy.
 - The PULSATILLA child develops otitis media from the same cause - exposure to cold - has the one-sided flush; but it is a PULSATILLA child, not a CHAMOMILLA one, and CHAMOMILLA will not do it any good. These are the two commonest drugs for acute otitis in children.

Cina maritima

- The next drug is CINA, which makes a very interesting comparison with CHAMOMILLA. Most people start with a dose of CHAMOMILLA and if it does not get results they give a dose of CINA. This is not a very scientific way of proceeding. It is better to know clearly what the CINA picture is like and where the difficulties arise.
- The outstanding mental distinction between the CHAMOMILLA child and the CINA child is that in CINA there is a degree of obstinacy never met with in CHAMOMILLA. The CHAMOMILLA child is always unstable; the CINA child can be as obstinate as a mule. That is the main mental distinction.
- In CHAMOMILLA there is the irregular flushing of one cheek and pallor of the other. The whole face may be red but more likely there is irregular distribution. In the CINA child much more commonly there is a circumscribed red patch on the cheeks, and very often a noticeable pallor about the mouth and nose.
- The next distinguishing thing about them is that although both dislike being handled and resent interference, in

- CHAMOMILLA it is much more mental resentment whereas the CINA child is definitely tender to touch.
- There is very often the same description of the two that they will scream when handled, but once the preliminary discomfort of handling is over the CINA children are quite peaceful, and they allow themselves to be carried about and it will quiet them down; whereas in CHAMOMILLA they want distraction all the time, and are always wanting to be doing something new.
 - The CINA child will want to be carried because the steady, passive motion soothes him.
 - Another point which distinguishes CINA from CHAMOMILLA. CINA children are very apt to vomit, as are the CHAMOMILLA types, but almost immediately after the CINA children have vomited they are hungry. Often the CINA children will cry for more food immediately after a meal, and the CINA child often suffers from nightmares, and night terrors if it has had a late meal.
 - Another distinguishing factor between CHAMOMILLA and CINA is their diarrhoeic upsets. Both types have attacks of diarrhoea. The typical CHAMOMILLA green stool is absent in CINA. The typical CINA stool is a very white, watery stool.
 - A constant characteristic of the CINA child, both in its digestive upsets and in general, is its relief from pressure on the abdomen. If it has colic it will turn over on to its tummy, if carried about while it has colic it will turn over the nurse's arm so as to get pressure on its tummy. If it is restless at night, it turns over on to its abdomen and is at peace.
 - CINA children are always chilly and are sensitive to any draughts of air. These children are liable to irregular muscular twitchings, particularly after any excitement, and often in the muscles of the face.
 - In the slightly older children another mental characteristic of the CINA child is that they are frightfully touchy. They have a complete inability to see a joke of any kind, particularly if it refers to themselves.
 - CINA children all have a hyperaesthesia of the head, the head is sensitive to jarring, and they have a hyperaesthesia of the scalp. To soothe down a CINA child never stroke its hair. They have an inordinate habit of yawning, and keep yawning as if they would dislocate their jaws, and in some cases a definite history of acidosis links up with the tendency to yawn.
 - Two other points which indicate the possibility of a child needing CINA.
 - One is that with their intestinal upsets they become very restless and liable to get meningeal irritation, with constant agitation of the head, rubbing it into the pillow. Even without definite meningitis they tend to develop a squint - an internal squint.
 - The other point is that all these CINA children appear to develop an irritation of the nose, it is red, itchy, and they pick at it - and that is quite apart from getting thread worms or anything of the kind. A yawning child picking its nose always indicates the possibility of its needing CINA.

Magnesium carbonicum

- MAGNESIA CARBONICA and CINA are the two most commonly indicated drugs for diarrhoeic attacks accompanied by peculiarly white stools. In addition MAGNESIA CARB. is an interesting drug in children.
- The ordinary MAGNESIA CARB. child is a sensitive, nervous type and as a rule they come for treatment either as very young children or at about ten years of age.
- The most outstanding feature of the MAGNESIA CARB. children is their lack of stamina. Some of them are quite well nourished but they all have very poor muscular power. In an ordinary healthy child the muscles are quite firm, but the MAGNESIA CARB. child has soft, flabby muscles, and any physical exertion tires him out.
- There is exactly the same sort of mental reaction. The older child at school gets mentally tired out and comes home with a severe neuralgic headache. The pains are violent, they may be in any part of the head, and tend to come on at night.
- They are accompanied by very marked sleeplessness, the child cannot get to sleep at all, and a strange feature is that they are better if the child is up and moving about.
- MAGNESIA CARB. children always have very definite likes and dislikes in food.
- They have a marked craving for meat, and anything with a meaty taste. And they have a complete aversion to vegetables of any kind. In small children there is an intolerance of milk; they get sour vomiting, and pasty, pale, undigested stools, which are usually white and soft and puttylike.
- If the digestive disturbance goes further, there are watery stools which are usually excoiating. The type of child is very liable in an acute enteritis to develop an attack of bronchitis or definite broncho-pneumonia.
- In their bronchial attacks the MAGNESIA CARB. children tend to get stringy sputa, which is very difficult to expel. It is not unlike the KALI BICH.
- sputum in appearance, but they have great difficulty in expectorating it at all.
- MAGNESIA CARB. children tend to have a very dry skin. In small children it is particularly noticeable, they get a dry, almost scaly, skin, and a peculiar dry, almost coppery-coloured, scaly eruption of the scalp, almost as if it had been

painted on to the scalp.

- The adolescent *MAGNESIA CARB.* children are always deadbeat in the morning, even after a good night's sleep. It is an effort to get them off to school.
- Another useful pointer to *MAGNESIA CARB.* children is that they are very easily startled by any unexpected touch, and in spite of this very inert type of skin, after taking any hot food or drink they flush up and sweat about the head and face.
- These children are all sensitive to cold, and yet they are rather better in the open air. They are usually aggravated by changes in the weather.

Ignatia amara

- The next of the nervy drugs is *IGNATIA*. It is unfortunate that *IGNATIA* has been distorted in the homeopathic textbooks and has come to be looked on as the hysterical female. Using it in that way misses a great deal of the value which can be had from *IGNATIA* in other cases which are not hysterical females at all.
- A child with a highly developed nervous system; a highly strung, sensitive, bright, precocious child, doing very well at school and being pushed - be it a boy or a girl - and the nervous system is getting overacted, will often present *IGNATIA* indications.
- The first indication is that the child is beginning to develop headaches, a nervous, tired headache coming on at the end of the day, after a period of stress.
- Then they begin to become slightly shaky - their writing is not so good as it was, their finer movements begin to suffer.
- The next pointer is a rather strained expression, and this is a major keynote to *IGNATIA* in the non-hysterical type. It may be anything from a mere tension of the muscles to definite grimaces when the child is speaking, and it may go on from that to facial chorea, generalized chorea, difficulty in speaking, difficulty in articulation.
- The child is becoming unduly excitable - either up in the air, or down in the dumps, and is incredibly hyperaesthetic to noise. If the child is attempting to do homework after school any noise nearly drives it crazy; it is liable to fly into a rage and then lapse into tears.
- After any stress of that kind the child is quite incapable of working, its brain will not function, it cannot take anything in, cannot remember, and cannot think.
- There are definite indications for *IGNATIA* in the peculiar modality of the headaches. The children come home from school with a congestive headache, which, strangely, is relieved by hot applications.
- If their nerves begin to get frayed these children become scared.
- They may have been up against the stress of examinations, they lose their nerve altogether, and are in constant dread of something unpleasant going to happen, and they may become scared of doing anything on their own initiative - even scared of going out alone.
- They get all kinds of digestive upsets, and the typical *IGNATIA* hysterical stomach develops, that is to say the child is upset by the simplest food but can digest the most indigestible meal.
- Exactly the same kind of contrariness appears when the *IGNATIA* child gets a bad throat, an acute inflamed throat, and the only relief is from taking something solid, something to press on it, and the pressure relieves it for the time being.
- These overstressed children get all sorts of disturbances. If they are in any confined place, particularly if there are a lot of people about, they get nervous, distressed, choky, and they are quite liable to faint. But it all keys in with the general picture of nervous stress.
- As would be expected in a child of that type, who has been very bright, clever, successful, and is now rather going to bits, she is very apt to blame herself for it.
- It is very often a child of poorer parents, who is doing quite well on scholarships, and now cannot do as well as she did. She starts to reproach herself, thinks that the failure is due to lack of effort on her own part, gets thoroughly depressed and almost melancholic.
- Linked with the choreic tendency is a liability to get troublesome, irritating, spasmodic coughs, which come on at inconvenient times, and once started go on, and on, and on. That is one type of *IGNATIA* cough in the stressed child. The other type is a very definite, acute laryngitis, with a tendency to laryngeal spasm.
- They are very liable to get rheumatic pains, and may even get acute rheumatism; and most of the rheumatic pains are better from definite firm pressure.

Zincum metallicum

- The last of these drugs is *ZINCUM* and one adds it to *IGNATIA* because of the choreic tendency.

- The typical ZINCUM child is very nervous, sensitive and excitable. They are easily distinguished from the IGNATIA children. The IGNATIA child, to begin with, is a very bright, quick reacting child, whereas the typical ZINCUM child has a slow reaction time.
- When the IGNATIA children are tired out they may not be able to take things in, they have difficulty in learning, difficulty in remembering, but the ZINCUM children are slow of grasping what is said, slow in answering, and they are much more docile, less unstable than the IGNATIA children.
- The ZINCUM child will come for treatment at about the same age, possibly a little older, and will present a history of delayed development. Delayed puberty very often gives the indication for the ZINCUM child.
- The impression is that they are tired, mentally and physically - generally weary. And yet they are restless, twitchy, fidgety. When they are tired they get a very persistent, aching pain in the lower cervical region, very often with burning pains going right down the back.
- Another feature of these ZINCUM children, particularly the very fidgety ones, is that they are liable to get cramp in bed at night, more often in the hamstring muscles than in the feet.
- They are very sensitive to cold, and are always chilly. They get inflamed eyes from exposure to cold. These ZINCUM children have definite thickening of the margins of the lids, chronic blepharitis, and chronic conjunctivitis, and they develop intense photophobia.
- They are acutely sensitive to noise, as sensitive as the IGNATIA children, but talking worries them excessively, and if the child is attempting to do any work and anyone is talking in the room it upsets them more than the noise of other children playing.
- Also in adults, who are completely exhausted by people talking to them, it is very often a definite lead for ZINCUM.
- Another strong indication for ZINCUM is a history of a well-marked, generalized skin eruption in early childhood, and a chorea developing about adolescence.
- Many of these ZINCUM children develop an acute hunger about 11 a.m., and they simply bolt their food and their drink.

BORLAND D. M., Digestive drugs (bl6)

BORLAND Douglas M.

Aesculus hippocastanum

- From the digestive angle, **Aesculus** is indicated usually in the rather older patient, the oldish man, who is beginning to wear down a little.
- He is always rather heavy and dull, and there is a good deal of generous venous congestion, slightly congested veins, very often slightly dilated capillaries which are very obvious, and the patient is dull, heavy, and rather depressed. In most instances you will get a history that the patient has been quite a good liver; he has done himself pretty well and his digestion is beginning to give out.
- The **Aesculus** patient usually complains a good deal of heartburn, with troublesome acid eructation. And the eructation is fairly typical; it is a very nasty, bitter, greasy type of eructation. He also tells you that very often after a decent meal, with that eructation he begins to gulp up little mouthfuls of sourish food.
- Then, always you will get a complaint of fullness and discomfort immediately after a meal, sometimes amounting to actual pain, usually of a burning character, and this discomfort often continues right along to the second meal, which for a time gives him some relief.
- On occasion you will get the story of this fullness and eructation going on to actual vomiting, the patient gulping up small quantities, mouthfuls, of food, which are sour or bitter, and of his going on doing this till his stomach is empty, when he feels very much more comfortable.
- The next thing about this **Aesculus** patient is that with this general venous state, and with the general feeling of fullness in the abdomen, on examination you will always find a certain amount of hepatic enlargement. Associated with this, they often complain of backache, an aching pain in the back with a good deal of stiffness, and particularly they complain of difficulty in getting up out of a chair.
- You have seen the congested old man in the club very often, a typical picture sitting back in an easy chair, and you have seen him struggling up out of his chair and holding his back - that is typical of **Aesculus**.

- As a rule, the appetite is not good. They complain of a general lack of appetite, but usually, there is considerable thirst. These patients always suffer from constipation, and they are liable to get attacks of very painful haemorrhoids, a feeling as if the rectum were full of sharp little sticks; and extreme pain on attempting to defecate.
- They are always sensitive to pressure on the abdomen, or to tight clothing, and they always feel at their worst in the mornings when they wake. If they have an after-lunch nap, they wake feeling more bloated, more congested, and they have more eructation. They are also always sensitive to hot, stuffy atmospheres.
- It is most important to get a knowledge of your drug as a whole and not to prescribe on a few well-known characteristics. For instance, the **Lachesis** patient has very much the same sort of temperature reactions as the **Aesculus** patient, very much the same venous congestion, very much the same distension, and also the marked aggravation after sleep; and yet mentally the two are poles apart.
- Aesculus** patients have the dull lethargy of the venous patient, who is just heavy, and sluggish, and wants to sit back in his chair; while **Lachesis** has all the mental activity, acute loquacity, and suspicion which immediately make you realize that you are dealing with a different type altogether.
- Aesculus** is the picture one tends to associate with the man who has done himself very well all his life; he is getting on in years, towards the seventies, and is beginning to go to pieces. Very often you will get a history that, during latter years, he has had very troublesome rheumatic pains, which tend to wander about from one place to another, and they are pretty sharp in character.
- He is the type of patient who normally gets a dose of **Sulphur** from most of us, and we are rather worried and disappointed because he does not respond as a **Sulphur** patient should do. It is not really the patient's fault; it is ours.

Anacardium orientale

- It is well known that **Anacardium** is one of the routine medicines for pyloric or duodenal ulcers. But, unfortunately, from the homoeopathic standpoint, the knowledge does not help much in being sure when to give it, and merely for the local condition, it is most disappointing.
- It is one of the fascinations, but one of the trials, of homoeopathy, that one case of duodenal ulcer responds to **Anacardium** but the next one does not - it is one of the things that keeps up one's interest in the work. One can get a fairly definite picture of the **Anacardium** makeup, and link it on to the typical diagnostic symptoms of pyloric or duodenal ulcer.
- The first thing about **Anacardium** patients is that they are always intensely irritable, bad-tempered, liable to curse and sweat; but, and this is a diagnostic point of **Anacardium**, they are cowardly. If anyone stands up to their cursing, they simply crumple up, and have got no stuffing at all.
- It is obvious and very different from the **Nux** and **Hepar** makeup.
- The next thing about them is that they suffer from an extreme feeling of indecision. They worry about things, they cannot make up their minds, and this worry and nervous fret is liable to bring on an attack of pain. Another point is that any excitement is also liable to produce an attack of abdominal pain.
- Then, again from the prescribing point of view, it is helpful to remember that most of these **Anacardium** patients have a blunting of all their senses.
- Their sense of hearing is blunted. Their sense of smell is either blunted or disturbed. It is sometimes very acute for particular smells, and they sometimes have a nasty odour in the nose, but often the sense of smell is blunted.
- The next thing that is a help in your drug selection is that these patients are rather insensitive to their surroundings. They do not fuss about things, untidiness does not worry them in any way. This is important because so many of the other drugs run exactly the opposite way.
- Another symptom of which **Anacardium** patients complain is that they are liable to get sudden attacks of very profuse salivation. And not infrequently these patients have a rather offensive odour from the breath.
- Usually they are moderately thirsty. But any cold food or drink - cold drink particularly - is liable to bring on an attack of acute pain. Another point is that **Anacardium** patients are all particularly aggravated by soup, which is liable to produce a very acute heartburn.
- Anacardium** patients often complain of a feeling of nausea in the morning on getting up. They often get a return of this when they begin to get hungry, and it is usually relieved by food. They also complain of a good deal of gurgling in the abdomen, rather than of actual distension. They have a sensation of hard plug pressed into the epigastrium; this becomes steadily more acute, then they get a gurgle and the pain begins to subside.
- As a rule, while these patients are eating they are fairly comfortable, and their comfort may last anything up to a couple of hours after a meal; then the pain begins to return. And it is usually a blunt pain.
- Anacardium** patients are always chilly. They are very sensitive to a cold draught; not at all keen on being out of doors, and

- yet there is one oddity about them - they get an astonishing amount of relief from exposure to the heat of the sun.
- These patients always get a rather urgent call to stool; very often an urgent desire with inability to expel the stool, or else a good deal of difficulty and yet the stool is quite soft. In appearance, the typical **Anacardium** stool is pale, colorless, almost bileless. But not infrequently **Anacardium** patients have typical tarry stools, associated with a leaking ulcer.
 - The local abdominal pain is usually better from warm food, although any kind of food will relieve it with the exception of cold things. Not every duodenal ulcer calls for **Anacardium**, and it is only when you get the additional **Anacardium** symptoms that **Anacardium** will do good.

Argentum nitricum

- The condition I tend to associate with **Argentum nit.** is the typical flatulent dyspepsia. It is indicated in definite gastric ulcer, but always a gastric ulcer which is associated with intense flatulence; a feeling of acute distension and other **Argentum nit.** symptoms referred to later.
- The picture is of a nervous makeup - the typical anticipation neurosis which one commonly associates with **Argentum nit.** in all its complaints. Not infrequently this remedy is indicated in people who have been overworking, getting overtired, and whose digestion is giving out in consequence.
- And these patients as a rule give the history that the first sign they get of becoming overtired is a sense of brain fog and the development of headache, coming on usually at the end of a day's work. And with that brain fog they get the feeling that they will not be able to carry on with their work, that they are going to have a nervous breakdown, or that they are going to have a gastric or duodenal ulcer.
- They always have a marked sensitiveness to heat in any form, particularly close rooms, a stuffy atmosphere of any kind; and when they feel below par they develop an acute sensitiveness to any crowded place; a roomful of people; a theater; a church; in fact a crowd of people anywhere.
- All their digestive upsets are liable to be brought on, or made very much worse, from anticipating any important engagement which they have to keep. One of their most troublesome complaints is a feeling of intense abdominal distension, with violent efforts to bring up wind which they cannot expel, and then, after the effort has stopped, the wind gurgles up on its own account.
- Very often you will hear the statement that when the pain is very acute, and they feel they are full to bursting point, they get marked relief from very dilute alcohol. It seems to break the wind, and they immediately become very much more comfortable.
- In acute digestive upsets they develop an extreme desire for cold foods, cold drinks, iced foods, and as they have a definite desire for sweet things in any form, you find the **Argentum nit.** patients have a strong desire for ice cream. The cold foods and cold drinks seem to relieve the abdominal pain, but, as a rule, ice cream makes them worse.
- They are very fond of sweets which always tend to increase their digestive difficulty. The appetite is usually fairly good, and these patients have a marked desire for strong-tasting, pungent food.
- Very often there is a history of the pains developing immediately after the patient has taken any food. They continue getting worse for about an hour, and then there is vomiting, with relief. Sometimes the pain does not develop until about half an hour after a meal, and then becomes steadily worse until the patient vomits.
- The pain usually starts right in the middle of the epigastrium and tends to spread from there round towards the left side of the abdomen under the left ribs. In acute gastritis or gastric ulceration, they get a good deal of vomiting, and the vomit may be blood-streaked or definite coffee-grounds.
- These patients often suffer from quite acute nausea, and occasionally you come across an **Argentum nit.** patient who tells you that a sour drink will relieve the nausea, but usually the **Argentum nit.** gastric upsets are made much worse by sour fluids or sour food.
- There is frequently a history of a chronic, very troublesome diarrhoea.
- Associated with that, there is a very useful point to remember as regards the appearance of the tongue.
- When the disturbance is mainly of the upper digestive tract, the typical **Argentum nit.** tongue is a rather pale, flabby tongue, which is somewhat dry. But where there is much chronic bowel irritation, the tongue is liable to become smoother, redder, and looks rather as if the papillae had been flattened out. It is still dry, and the mouth is still hot, but the appearance is quite different from that in the acute gastric upsets.

Arsenicum album

- There are indications for **Arsenicum alb.** in a variety of pathological conditions; in an acute gastritis, an acute

- gastroenteritis, a gastric ulcer, or a gastric carcinoma. But no matter what the pathological condition is, unless you get the other **Arsenicum** indications the drug is not going to help.
- For instance, an acute gastroenteritis, with vomiting and diarrhoea, as the result of food poisoning, may call for **Arsenicum**.
 - Not all such cases, however, call for it, and unless the other indications are present, **Arsenicum** will not do any good. For instance, one essential symptom in these **Arsenicum** cases is an intense burning pain, whether the lesion be in the stomach or the bowel. These burning pains are relieved by either external heat applied to the abdomen, or by taking mildly warm fluids; and definitely aggravated by cold.
 - In general makeup the **Arsenicum** patient is always extremely distressed, very anxious, very worried and very much afraid. Always restless, always thirsty, and craves cold drinks as the mouth is burning hot. Any vomit is again burning hot, and scalds the throat. But if the patient takes a cold drink, it will increase the abdominal pain. The patient himself is always chilly.
 - There are one or two points which are useful to remember. In an **Arsenicum** gastritis, the patient will complain of intense burning pain in the stomach, may vomit up a little fluid or may vomit up a quantity of fluid, and the fluid may be anything from mucus to bile or blood, but it is always associated with the same burning character of pain, and the same extreme sensitiveness of the stomach to pressure.
 - When treating a case of that type, there is one thing to remember; the **Arsenicum** gastritis is particularly aggravated by milk. So never put that patient on to a milk diet. The best plan with your **Arsenicum** cases is to put them on to water, nothing else, for forty-eight hours. Although they do not like sweet things, and they rather jib at glucose, they stand it quite well.
 - There is an odd thing in this connection. In children one occasionally sees an **Arsenicum** gastritis in which the patient seems to be singularly tolerant of sweetened, condensed milk, although they cannot tolerate ordinary milk. I cannot explain why this is so, but in practice it is the case.
 - Owing to its periodicity **Arsenicum** is often helpful in treating recurring bilious attacks.
 - Arsenicum** patients with gastro-intestinal upsets feel so awful, so ill, and they are so afraid, that they get a definite craving for stimulants of all kinds - alcohol, coffee, tea, anything that may stimulate them - and all stimulants aggravate their pains. Mostly they have an aversion to food of any kind, and a particular loathing of anything fatty or greasy.
 - In **Arsenicum** cases the stools are very varied - acute watery diarrhoea with just little flecks of mucus in it, acute bile-laden stools, absolutely clay-coloured stools associated with an acute hepatitis, or a tarry stool associated with a gastric ulcer or a gastric carcinoma.

Aurum metallicum

- Indications for **Aurum** occur in the typical malignant stomach. There are one or two very definite indications which point to such a case.
- Aurum** is indicated for the patient who has realized that he is up against a malignancy, or at least a very serious illness, and he is very hopeless about the outcome of it.
- The patient is singularly obstinate and does not always carry out instructions; he gets an idea into his head, either that it is no good his doing anything, or that something of which he has heard or read is going to cure him, and it is very difficult to persuade him otherwise.
- As far as the appearance of the patient goes, many of these **Aurum** patients have, or have had, a definite cardiac lesion of some kind and are quite liable to have a good deal of colour, very often the sort of mitral flush associated with the cardiac lesion. Add to that the symptom that all these **Aurum** patients have a definite desire for air; they want plenty of fresh air circulating about them.
- They get flushed and hot and when they are feeling particularly depressed, heavy and miserable, are very often helped for the time being by bathing, or by sponging the face and neck, in cold water.
- The next thing is that most of these **Aurum** patients have a good appetite, very often an inordinate appetite, but it is not so much gastric symptoms which are relieved by eating or aggravated by hunger as the patient's general feeling. He feels very much better in himself after a meal, and he is very much worse if he is hungry - more depressed, more miserable, more disheartened.
- In addition, these patients get a definite hunger pain which is relieved very often by eating, but they are much more likely to get a feeling of intense fullness, pressure, and weight in the upper part of the abdomen. Very often that feeling of fullness is more marked, or more complained of, in the left part of the upper abdomen than the right, although the majority of these cases have definite hepatic enlargement.
- This may be the general enlargement due to cardiac back-pressure, the ordinary smooth, hard, congested liver, or it may

be an irregular enlargement due to secondaries in the liver.

- One peculiar symptom comes in here. The patient is rather hot-blooded, and yet with this feeling of drag and heaviness in the abdomen he very often complains that when it is bad he suffers from intensely cold legs and feet, very often they are icy cold, which is in contrast to the general hot-blooded state. And, not infrequently in these carcinomata where **Aurum** is indicated, there is quite early development of ascents.
- As regards their appetite, they usually develop a definite craving for alcohol, coffee, very often for milk, and have a marked aversion to meat. And very often there is a history of alternating attacks of diarrhoea and constipation.

Bromium

- The type of case with indications for **Bromium** is that where there is suspicious ulceration in the stomach, usually with a history of pain coming on immediately after food, and very often of definite coffee-ground vomit.
- As a rule, these gastric pains are worse during the latter part of the day, and worse at night, and there are various gastric, or appetite, symptoms which are helpful in the selection of **Bromium** for these patients.
- For instance, they often have an acute desire for acids, although their pain, or discomfort, is markedly aggravated from taking acid foods; and the taking of acids will not infrequently produce a sudden violent diarrhoea, or an acute gastric irritation which sets up a very irritating cough.
- In other words, the stomach cough of our infancy does exist, and you meet it in these **Bromium** patients. They also have as marked an intolerance to oysters as you associate with **Lycopodium**.
- Another point that sometimes helps to a **Bromium** diagnosis is that these patients have an undue susceptibility to tobacco. It is the common practice, when treating gastric or duodenal ulcers, to forbid tobacco, and in **Bromium** cases it is an absolute necessity, because they are extremely sensitive to it.
- They often say that smoking will produce gastric pain almost immediately; even sitting in a room where people are smoking is often enough to upset them.
- They also get a marked aggravation from hot foods or hot drinks. These increase the discomfort or pain, make them feel sick, and may actually make them vomit; and yet they have a strong dislike for cold things. They get a sensation of hunger - an empty feeling in their stomachs - which is relieved by taking food, although their actual pain is aggravated. So you very often get an apparent contradiction.
- So far as the general makeup is concerned, there are one or two points which help in **Bromium** selection. The patients are definitely hot-blooded. They are sensitive to heat, to hot rooms, to stuffy atmospheres, but they are even more sensitive to draughts, particularly a draught of cold air. If they exert themselves, they often suffer from distressing palpitation. They are usually somewhat emaciated, and not infrequently you have a history of recurring sore throats, and often their tonsillar glands will still be somewhat enlarged.
- Bromium** patients are always depressed, and have a strange kind of indifference. The one thing the **Bromium** patient does not want to do is work of any kind; he simply has no interest in it, and he shies from it.
- Although **Bromium** patients have a tendency to flush when they get hot, or when they are in a hot atmosphere, as a rule they are pale, rather an earthy colour; and they may be completely ashen in appearance if they have had much haemorrhage. And with their coffee-ground vomits they very often have a fairly sluggish, long-standing ulcer, and a history of repeated tarry stools.
- Finally, these **Bromium** patients often complain of a very salt taste in the mouth, particularly in the morning on waking.

Carbo vegetabilis

- CARBO VEGETABILIS, is the drug everyone thinks of who has a patient suffering from flatulence. But, unfortunately, not all flatulent patients respond to **Carbo veg.**, and it is a help to have a fairly clear idea of the kind of flatulent patient who requires this drug and thrives on it astonishingly well.
- Carbo veg.** patients are of course flatulent, and the typical **Carbo veg.** patient is the atonic dyspeptic. As a rule, they give a history of chronic minor indigestion lasting over a long period. There are two classes of patients who give that history; Firstly, the thin, tall, atonic long-stomached patients whom one looks on as abdominal neurasthenics. They always have a feeling of abdominal discomfort, and a feeling as if their clothes were too tight. These patients are always tired, always miserable and look unhealthy.
- They are pale and sallow. To stimulate their appetites, they want something either very salty or very sweet; they have a craving for coffee, acid drinks or acid fruits. They usually dislike meat, and any fatty food. If you attempt to put them on to a milk diet, they dislike it and feel much worse on it; and it appears to give them a marked increase of flatulence.

- The other type of **Carbo veg.** patients do not look abdominal neurasthenics at all. They are rather overweight, look well-nourished, and give a history of overeating and, probably, over-drinking for years, particularly taking very rich, indigestible food; and their digestion is beginning to fail.
- They have the same feeling of distension and fullness in the abdomen as the first type, and they also have a lot of flatulence; but these overfed patients very often have much more burning discomfort than the emaciated ones. They are very liable to attacks of general abdominal colic or of definite hepatic colic, and very often have gallstones.
- On account of having done themselves too well, these patients go off meat food, particularly rich, very fatty foods, because they are made uncomfortable by anything of that sort. They develop much the same group of symptoms as the abdominal neurasthenics - in other words, the craving for coffee and sour things and they get the same discomfort afterwards; they are just blown out.
- Both of these types find a certain amount of temporary relief from eructation, from getting rid of some of this flatulent distension.
- That is the chronic state of **Carbo veg.** patients. But they also suffer from acute attacks in which they get definite burning, epigastric pain, which usually come on some little time after food. With these burning pains, they very soon develop definite colicky attacks, which tend to recur, and which become more and more troublesome for about a couple of hours after eating.
- At the end of that time they usually bring up a quantity of wind and the attack subsides for the time being. Instead of bringing up wind, they may have a sudden gurgle in the abdomen and the whole trouble subsides.
- If these patients take anything in the way of ice cream, very iced water, or iced wine, it is liable to produce an almost immediate feeling of distension and acute abdominal distension. Add to that the little excitement of an after-dinner speech, and these patients collapse with acute heart failure.
- The overfed type of **Carbo veg.** patients normally suffer from a somewhat torpid liver, which is usually a little enlarged, and they almost always suffer from constipation. The neurasthenic type also suffer from constipation, but they do not usually get the enlargement of the liver, although it may be palpable on account of the general visceroptosis.
- There is one other complaint which both types of **Carbo veg.** patients frequently make. During their abdominal discomfort, when they are just feeling a bit distended and raw inside, they get a sudden flow of saliva into the mouth, and very often it is so extreme that it suddenly runs out of the mouth. This happens more during the night than during the day; they wake up and find their mouth full of saliva, and it may trickle out on the pillow.
- All these **Carbo veg.** patients, whatever their type, are sensitive to cold, are rather chilly, suffer from cold hands and feet, and yet all have a definite air-hunger. They are uncomfortable in an airless atmosphere and, like the **Pulsatilla** patients, often feel definitely cold in a stuffy atmosphere.
- As regards potency, I find that the overfed type of **Carbo veg.** does well on a single dose of a high potency. In the case of the abdominal neurasthenic, however, you are better to give low rather than high potency, and I should start off with a 30.
- Although **Carbo veg.** is usually indicated for an atonic stomach rather than for an ulcer, there are occasionally indications for it in chronic ulcer where there is delay at the pylorus and a dilated stomach as a result. Strangely enough, you sometimes get indications for **Carbo veg.** in ulceration at the cardiac end of the stomach, or the lower end of the oesophagus, and you quite frequently get indications for **Carbo veg.** in oesophageal carcinomas.
- After patients with oesophageal carcinoma have swallowed their food, they get exactly the same feeling; they are filled up almost to bursting point; and then there is either eructation with a little fluid and relief, or there is a gurgle and the fluid goes through, giving relief. Patients have come into hospital unable to pass anything - or, possibly, only a little fluid - through the stricture, and on **Carbo veg.** have gone out after a few months, on a solid or semi-solid diet.
- I usually start these oesophageal carcinomas on a low potency. Up to the present I have given them 30, though I should probably go lower still and give 12. A dose once a day for three, four or five days, and then stop the administration and watch the effect.
- Whenever there are signs of increased difficulty, start the administration again, giving a dose every day for another four or five days and then stop again. In most cases the appetite has steadily increased each time the drug was repeated. Each time I repeat the drug I change the potency. I start off with 30, go on to 200 when I have to repeat; next time 1m, then 10m. I have not seen any cases where I have had to go higher than 10m.
- I started to change the potency in this way because, in his last pronouncement on the question of potency, Hahnemann seemed to hint that if you changed it you could repeat more quickly than you could if you kept to the original one.
- It has been tried out in this country, and it is confirmed by experience. If you repeat the drug in the same potency you have to wait longer than if you give it in a different potency.
- It does not seem to matter whether you increase or decrease the potency so long as you alter it. For instance, if you have

given 200, it does not seem to matter whether you go up to 1m or down to 30; the important point is that you must after the potency.

Causticum

- CAUSTICUM is one of the most useful drugs we have for a type of patient that is very difficult to handle. For the rather broken down, chronic dyspeptic.
- Broken down in health, rather shaky, very depressed, very hopeless and very miserable. They give you a history of chronic indigestion, and what makes you think of **Causticum** is that, whenever the wind changes into a cold, dry quarter they are certain to get an attack of indigestion.
- Another indication for **Causticum** is that these patients are very liable to develop a stiff neck, stiff back, stiff arm or a stiff muscle somewhere, from exposure to the same kind of cold, dry wind.
- They suffer a great deal of abdominal discomfort. They describe their complaints in a variety of ways - a burning sensation in the stomach, a feeling that it is constantly out of order, a constantly soured stomach, a feeling as if everything fermented when it was swallowed - just the hundred and one expressions that you get from the chronic dyspeptic.
- The symptom that indicates **Causticum** is that in spite of this spoiled stomach, they are painfully hungry all the time, though they cannot bear the thought of eating. If they want anything at all, they want something with a definite taste about it; pungent food of some kind, smoked meats, acid beer.
- They have a definite aversion to sweet foods, pastries, cakes, delicacies of most kinds.
- Another interesting thing which always points to **Causticum** is that after a meal they are very liable to develop acute thirst with a desire for cold drinks - and yet, if they take very cold drinks after a meal, they get acute abdominal pain.
- In their gastric attacks, **Causticum** patients get a certain amount of eructation or, more frequently, a feeling of sour fluid coming up into the throat. They may actually vomit, in which case the vomit is very sour and seems to scald the throat. After any starchy food they are liable to become flatulent, distended and very uncomfortable. And they usually suffer from pretty obstinate constipation.
- As far as their actual lesion is concerned, I think chronic gastritis is the most common, but there are also indications for **Causticum** in cases of definite gastric ulcer.

Chelidonium majus

- CHELIDONIUM is one of the most satisfactory medicines because its indications are so clear. It is mainly indicated in cases of gastric catarrh, either acute or chronic, gastro-duodenal catarrh or catarrhal conditions of the gall bladder.
- The textbooks say that **Chelidonium** patients are very heavy and lethargic, but I have seen quite a number of **Chelidonium** patients who were neither heavy nor lethargic. They have a certain amount of difficulty in concentration, and a good deal of forgetfulness; they are very often depressed, and are liable to have a good deal of anxiety; but normally I have not found the dull lethargy which is described in the textbooks.
- Very often there is much restlessness, and the patients will complain of a strange and very distressing abdominal sensation, which is so acute that it makes them feel they will go crazy. They dislike any mental effort, and they dislike having to talk - I have noticed this very strikingly in quite a number of **Chelidonium** cases.
- The patients as a whole are sensitive to heat, they are warm-blooded. This is worth remembering because their local gastric digestive symptoms are aggravated by anything cold and relieved by heat, although the patients themselves are aggravated by heat.
- The tongue in **Chelidonium** cases is sometimes helpful. Many cases have a peculiarly pointed, narrow tongue, very often with a yellowish coat. And one surprising thing is that in spite of the tongue being narrow, it shows the imprint of the teeth at the sides.
- Mostly, the patients complain of a very unpleasant, bitter taste - although sometimes it is just a horrible, spoiled taste - associated with the collection of a good deal of tough mucus in the mouth. With the complain of a bitter taste, they are liable also to have attacks of sudden acute salivation.
- The discomfort of which these patients complain is distinctive. They feel as if they had something tight round the upper part of the abdomen, almost like a band or a string. That is a constant sensation. It varies a little and sometimes goes on to a feeling of general abdominal fullness, particularly - again - in the upper part of the abdomen and more marked on the right side.
- With the general feeling of distension, is the complain of acute, shooting pains which stab through from the front and usually go through to the back in the region of the right scapula. These sudden shooting pains are quite frequently

- accompanied by a colicky sensation and are not infrequently followed by an attack of pretty profuse vomiting, the vomit consisting of anything from glairy mucus to bile-stained material. It is unusual in **Chelidonium** to get much in the way of bleeding.
- If there is much pain in the right half of the abdomen, it is usually aggravated by the patient's turning over on to the left side; it causes an increase of the feeling of distension and drag in the upper part of the abdomen. In the more acute colicky attacks, the pains are relieved by external warmth, aggravated by any abdominal pressure or by motion, and are made rather better by drawing up the legs and relieving the tension of the abdominal muscles.
 - Chelidonium** patients have a good deal of flatulence, and they get great relief from bringing up wind. The striking characteristic of **Chelidonium** is the marked relief of pain from taking warm fluids - any warm, bland fluids, but particularly warm milk. Sometimes there is a craving for sour things, stimulants or beer, but any of these aggravate the pain.
 - They develop a marked aversion to meat, to fish in any form and to coffee. They always have a definite susceptibility to tobacco; smoking will bring on an attack of acute distension in the abdomen and may produce an attack of acute pain. The patients feel hungry, and get a certain amount of relief immediately after eating, particularly if the food is warm.
 - There are two main types of **Chelidonium** cases. In one the gall bladder is infected, and the patient is definitely jaundiced, has a bileless stool and a bile-stained urine. The kind of case in which **Chelidonium** is helpful is the one in which the patient is having irregular rigors, with rises of temperature, acute gall bladder pain and a feeling of general heat and exhaustion. In these cases, the rigor is liable to occur about 3 o'clock in the afternoon.
 - There is a tendency for a second rigor to take place in the early hours of the morning, usually about 4 o'clock. So far as the more chronic catarrhal condition is concerned - gastric catarrh and gastro-duodenal catarrh - the maximum discomfort is liable to occur in the latter part of the afternoon from about 4 o'clock to 9 o'clock.
 - Contrasting with that first acute infective case, there is another type of **Chelidonium** case, in which there does not seem to be the same degree of infectivity, but in which you appear to get more organic disturbance, sometimes running to a definite carcinoma, associated with a much more earthy appearance of the skin, very often with a slightly jaundiced tinge in the eyes, definitely dark stools and urine that is free from bile. That type, when associated with the **Chelidonium** food modalities, responds very well indeed to **Chelidonium**.
 - Apart from the occurrence of bileless stools in **Chelidonium**, there is not infrequently a history of alternating attacks of constipation and diarrhoea.
 - Quite often digestive attacks of this type are associated with sudden changes of the weather; if the weather suddenly becomes too hot or too cold, the **Chelidonium** patient is liable to have an upset.
 - There is one other point which is sometimes a help in a **Chelidonium** diagnosis. Associated with the gall-bladder or liver upsets, the **Chelidonium** patient is very liable to develop severe, troublesome neuralgia of the right side of the head and face, particularly spreading down behind the right ear. I have never been able to explain the neuralgia, but I have come across it several times without any local focus.
 - Chelidonium** does not appear to have any definite solvent effect on gallstones themselves. It does diminish the congestion of the common duct and, if the stones are of manageable size, they are passed. I myself have never seen them dissolved under the administration of **Chelidonium**.

China officinalis

- CHINA is one of our most neglected digestive medicines. Formerly, it was used extensively but, for some reason, it has fallen into disuse in this country.
- One hardly ever sees it prescribed, which is a greatly pity. It would seem that this is because we have all come to look on **China** as a medicine which is prescribed merely for the result of loss of fluid or prolonged illness; we look on it as a general pick-me-up instead of considering it on its merits and prescribing it for the conditions which it fits. And there are some very definite indications for **China** in digestive disturbances.
- The condition in which you will require it is the atonic dyspepsia, associated with a good deal of intestinal disturbance, probably amounting to a definite colitis. It is also indicated in chronic dyspepsia associated with definite hepatic disturbances, which may go on to the formation of actual gallstones.
- No matter what the type of lesion from which they are suffering, these patients always have the most intense flatulence.
- They seem to manufacture gas, and the outstanding characteristic is that they seem to be able to bring it up in any amount. Watching these cases, it is clear that many of them are air swallowers, and it is not really a fermentation.
- They are so constantly uncomfortable that they are swallowing air all the time and blowing themselves out. They bring up a great deal, start swallowing again, and again blow themselves out.

- Mentally, **China** patients are interesting. They are always depressed, very discouraged and they have a horrible sense of frustration. Very often you get the history of a severe illness as the onset of the trouble, as the result of which they become irritable and develop a general hyperaesthesia. They are sensitive to everything - noise, touch, odors of any kind, and very often develop a peculiar hyperaesthesia to taste. This is rather interesting because, in spite of their extremely acute sense of taste, quite a number of **China** patients develop a craving for all sorts of highly tasting food - pungent, spicy things - in order to tickle their appetites.
- All **China** patients are intensely chilly, very sensitive to cold draughts and want to be warmly covered up all the time. To this symptom of general chilliness you can add a **China** peculiarity; the patients complain of intense coldness in the stomach.
- The tongue in the typical **China** case tends to be flabby, toneless and rather pale in colour; and they complain of an intensely bitter or salty taste. Not infrequently you meet a patient who complains of a horrible, slimy feeling in the mouth and, when that is present, they usually develop an intense antipathy to butter or greasy food of any kind.
- There are various disturbances of the appetite. Some **China** patients have a horrible, gnawing, empty feeling and yet no real appetite for their food at all.
- They are quite indifferent about starting a meal, but their appetite seems to return once they begin. And they always get an increase of their flatulence and distension immediately after food. With that distension they begin to eructate, and this eructation may go on to definite vomiting, the vomit being of sour mucus which may be bile-stained or contain traces of blood.
- Many of these patients eat quite well, taking a reasonable quantity of food, yet nearly all of them are emaciated. Not infrequently you come across a case in which the patient suffers from flatulent dyspepsia which is accompanied by the passage of undigested food in mucous stools. These cases give a definite history of night sweats and, in spite of a good appetite which is, in fact, frequently abnormally large, the patients are noticeably emaciated.
- Associated with the digestive upsets in **China** patients, you will almost always get a complaint of intense weariness and a general aching pain all over.
- They say they feel just as if they had done a great deal of hard physical labour and were completely tired out.
- In the attacks of acute abdominal pain, the abdomen becomes hyperaesthetic on the surface to light touch, and yet the pain is relieved by firm pressure. These chronic dyspeptics are very liable to suffer from attacks of facial or definite dental neuralgia; it seems to pick up the trigeminal nerve. These neuralgias, again, are very sensitive to any draught of cold air, very sensitive to light touch, definitely helped by firm, steady pressure, and relieved by warmth.
- All **China** patients give a history of absolute intolerance to any acid - sour food or sour drink. These immediately produce a feeling of acute, abdominal discomfort, increased abdominal distension, general gurgling in the abdomen and an attack of diarrhoea.
- In dealing with a **China** colitis, you will find that the patients complain that they are liable to get an attack of diarrhoea immediately after food. In addition, they get very troublesome nocturnal diarrhoea. The motion usually consists of a mucous stool with a quantity of undigested material, and is passed to the accompaniment of large quantities of flatus.
- In the chronic **China** patient there tends to be a certain amount of enlargement of the liver, usually a hard liver; and there is sometimes a certain amount of enlargement of the spleen.
- It has been said that in many cases of gallstones, associated with that type of flatulent dyspepsia, you can get immense relief - in fact, many homeopaths declare that you can get solution of the gallstones - by the continued administration of **China 6** over a length of time.
- In this connection it may be worthwhile to mention **Colocynth**. Where you have a hepatic colic which has responded to **Colocynth**, you will very often find that **China** is your most useful follow-up after the immediate gallstone colic is over.
- If you just think about **Colocynth** for a moment, I am sure that you will realize that the abdominal picture is very similar to that of **China**. It is more a spasm of the circular fibres in **Colocynth**, and more a paralytic condition in **China**; with the result that in **China** there is flatulence, whereas in **Colocynth** there is irregular spasm and colic. In **China**, there is aggravation from sour foods; in **Colocynth**, very often, the colic is brought on by taking icy cold foods, but it may also be produced by sour things, particularly cold sour things.
- The two drugs have almost the same modalities; they both have definite relief from pressure, definite amelioration from warmth and definite aggravation from cold. So it is not surprising that **China** should very often take up the work where **Colocynth** has relieved the acute spasm.
- Incidentally, **Colocynth** has a facial neuralgia which is almost identical with that of **China**. The modalities are practically the same. The **Colocynth** neuralgia is not quite so sensitive to cold, though it has the same relief from firm pressure, and it has exactly the same distribution over the trigeminal nerve. It is, therefore, not surprising that these drugs run pretty closely together.

Conium maculatum

- CONIUM is a very useful medicine in malignant conditions of the stomach - either chronic ulcers that have become malignant or, more commonly, malignant growths round about the pylorus, usually with secondary deposits in the liver.
- Many of the patients who ought to have **Conium** are given one of the sodium salts instead, the reason being that they have a definite dislike of people, want to be left alone and quiet, and have a definite craving for salt. But there are distinct differences in the mentality of **Conium** and of sodium patients. **Conium** patients do not want to be disturbed, but they dislike being entirely alone. They are depressed, but it is a very quiet, gentle melancholy in **Conium**, not the acute mental depression of the sodium patients. And there is very often a strange superstitiousness in **Conium** which is not usually associated with sodium cases.
- Naturally, where you are dealing with a thing like an abdominal carcinoma, the patient is weak, tired out, and any mental effort is a great strain.
- One thing that helps you to your diagnosis of **Conium** is that this weakness is accompanied by definite tremulousness. It is also accompanied by very marked vertigo, particularly on any sudden movement; the patient, who has been sitting quietly, suddenly gets up from his chair, and becomes giddy; or he turns suddenly in bed and immediately everything begins to swing round.
- As regards the appetite, there may be hunger - sometimes almost a craving for food - or there may be complete loss of appetite. A point to remember is their definite craving for salt. And not infrequently there is a marked aversion from bread in any form.
- There are one or two interesting points in connection with the stomach symptoms.
- In **Conium** you frequently get a history that on swallowing food the patient feels as if it is stuck in his throat. Well, you get much the same condition in **Natrum mur.** - the ordinary **Natrum mur.** spasm - but, in **Conium**, the patient feels as if something rose up from the stomach and blocked the food that was coming down; **Natrum mur.** cases feel as if the oesophagus closed on the food and prevented it passing further. Then, apart from eating, **Conium** patients are apt to get the same sort of sensation of something rising up into the throat, and it often produces a quite irritating cough.
- These patients commonly complain of acute heartburn and violent, stabbing pains, feeling exactly as if a knife were sticking into the right side of the upper abdomen, passing across to the left side and producing intense nausea.
- They frequently vomit and the material is always very stringy in character and difficult to get up. It may consist of stringy mucus, bile or coffee-ground material.
- Another complaint of **Conium** patients is that, some little time after eating, they get a feeling as if the contents of the stomach were being pushed out through a narrowed pylorus. They tell you that they can often feel a definite lump rising up about the pyloric area as the food attempts to force its way through. And where these patients are suffering from a pyloric carcinoma you can feel the tumour.
- In these cases you get early involvement of the liver, which is enlarged and irregular. Often they complain of very sharp, tearing, stitching pains in the liver. Associated with the early dissemination into the liver there will almost certainly be enlarged abdominal glands as well, very often hard lumps in the abdomen, and the whole abdomen very sensitive.
- The patient often complains that, apart from these hard lumps, there are areas in the abdomen which seem to come up in hard knots, as if there were intestinal spasm. But, rather than the spasmodic colic you associate with some of the other drugs, in these **Conium** patients you get acute cutting pains. Most of the gastric pains come on about a couple of hours after a meal, and they are all of this forcing character.
- Many of these patients suffer from alternate attacks of diarrhoea and constipation. Whether they are constipated or have diarrhoea they are mostly.
- very exhausted after the bowels have acted; they feel very shaky and almost faint.
- With their abdominal carcinomas, these patients frequently have disturbances of the bladder, usually a partial paralysis in which the urine stops and starts and they have difficulty in completely emptying the bladder.
- There is one other point which is sometimes a help. In addition to the cough which is associated with their gastric discomfort, **Conium** patients often complain bitterly of a very dry spot in the larynx, which they cannot moisten and which sets up a constant, irritating cough.

Graphites

- GRAPHITES is one of the routine medicines prescribed in cases of duodenal ulcer but, unless the definite **Graphites** indications are present, one does not obtain a satisfactory result and, as there are quite a number of other drugs which

- also have a bearing on duodenal ulcers, it is important to have the **Graphites** picture quite clear.
- The majority of **Graphites** patients are rather overweight; they tend to be fat. They are usually pale in colour, although sometimes they have a fair amount of colour. One woman with a duodenal ulcer responded very well to **Graphites** and she had quite a high colour.
 - Mentally, they tend to be rather despondent, depressed and lacking in energy.
 - It is not so much mental stamina they lack, but actual drive. They cannot make up their minds, are hesitant in all they do, and worry about their affairs.
 - Quite frequently you are told that the actual acute attack for which they consult you was precipitated by a period of unusual mental stress.
 - As a rule, these patients are chilly and feel the cold a good deal. But they are very sensitive to any stuffy atmosphere or lack of air. If you inquire into their history carefully, you often find that they have suffered at some time from some degree of skin disturbance, usually an eczematous type of eruption - very often eczematous patches at the back of the ears. Or, they may have had digestive upsets with attacks of piles, very troublesome peri-anal fissures, and eczema.
 - As regards their actual complaints, they have a beastly, spoiled stomach which feels just out of order; they feel rather sick and get a good deal of eructation. That goes on to more acute attacks in which they have heartburn or actual acute pain, which is usually of a griping character and, when this is extreme, there may be attacks of vomiting.
 - Not infrequently these patients say that with the attack of pain and feeling of sickness there is a horrible, sudden sensation of extreme weakness - a feeling as if they were going to faint. Following this sensation of faintness, in quite a number of cases, there has been vomiting of blood or, short of that, definite melaena for the next day or two. So this feeling of collapse is apparently associated with a sudden gastric haemorrhage.
 - In addition to the more or less chronic state, **Graphites** patients suffer from definite hunger pains which gradually develop about two hours after food, and are relieved by eating.
 - Considering actual likes and dislikes, one of the outstanding differentiating **Graphites** symptoms is the marked aversion to sweets. There is very often an aversion to salt also, but this is not so marked.
 - Frequently one comes across a patient who has a very definite aversion to animal to animal food. This seems to be more mental than physical, for the patient will often say that the food tastes quite good if they can overcome the aversion, but they shy from taking animal food in any form.
 - With their acute attacks of heartburn, there is a feeling of intense heat in the stomach and throat and a desire for cold drinks, in order to cool down the stomach; but, as a rule, **Graphites** patients are aggravated by cold food. When they have pain they are relieved by warm drinks, very often especially relieved by warm milk.
 - These patients always complain of a good deal of abdominal flatulence, a feeling of general abdominal distension with indefinite griping pains. With these attacks of flatulence they feel a sudden rush of blood, a sudden flush of heat, to the face and head. With the general abdominal distension they are very intolerant of any tight clothing, it makes them more uncomfortable. And I have been told that, after one of the acute attacks, the patient developed a definite herpetic eruption round the abdomen.
 - Most **Graphites** patients are constipated, and their constipation is rather suggestive. They have periods when there is no inclination for the bowels to act; followed by a griping, colicky disturbance and then an action of the bowel in which they pass a very large stool accompanied by a quantity of white mucus. Normally, the stool tends to be palish but, after one of the acute attacks in which there is leakage from a gastric or duodenal ulcer, they have black, melaena stools.
 - Often **Graphites** patients complain of a very unpleasant taste in the mouth; either just a spoiled taste like the spoiled sensation they get in the stomach, or a bitter, salt taste. With this saltish, bitter taste they frequently develop little burning blisters on the side of the tongue.
 - There is one other point that sometimes helps in diagnosis; many of these **Graphites** patients develop a marked hyperaesthesia of the sense of smell, particularly to the odour of flowers. This is not constant, however, and others suffer from a chronic nasal catarrh in which the sense of smell is entirely lost; they have a yellowish, excoriating discharge, a tendency to develop cracks at the side of the nose, and small, slightly spreading eczematous patches.
 - As regards the actual pathological condition, most cases tend to develop a duodenal ulcer. In most of the satisfactory **Graphites** cases I have seen, actual ulceration has been demonstrated by a barium meal.
 - There is astonishingly little scarring after **Graphites**. I have found that the ulcer has disappeared and the duodenal cap returned practically to normal - as shown by X-ray examination - and it is quite insensitive to pressure.
 - In any case, with persistent scarring I would give **Graphites** in low potency, say 6, for a week or two to see if it could be diminished.

Hepar sulphur

- HEPAR SULPH. is another of the medicines which are neglected in digestive disturbances, and many cases in which we ought to give **Hepar sulph.** are given **Nux vomica** instead.
- There are many similarities between these two medicines. Mentally they are very alike. They are both hyperaesthetic in every way; irritable, snappy, hasty in their movement, impatient and very chilly. In the majority of cases both **Hepar sulph.** patients have more colour; very often they have bright red cheeks instead of the sallow **Nux** appearance.
- All the **Hepar sulph.** patients I have treated for digestive disturbances have had very unhealthy mouths; they have a tendency to caries of the teeth, unhealthy gums and very often a history of dental abscesses. Frequently the breath is offensive and there is an unpleasant - or definitely metallic - taste in the mouth.
- Most **Hepar sulph.** patients tend to develop a horrible sensation of hunger in the middle of the morning - a very unpleasant, empty sensation. And with this they have an acute craving for highly seasoned, strong-tasting food of every kind.
- One thing that always suggest **Hepar sulph.** is the fact that not only are the local gastric symptoms relieved by food, but the patients themselves feel a hundred per cent. better after a meal; it seems to lift them generally, quite apart from the relief of their local symptoms.
- These patients usually suffer from a good deal of heartburn, with very troublesome, acid eructations.
- Associated with the empty feeling in the stomach is a very distressing sensation of the whole abdominal contents hanging down; this is particularly increased by standing about or by walking. In spite of this sagging sensation, they are made uncomfortable by anything in the nature of abdominal support; external support of any kind seems to increase their distress. So, be a little careful of anything in the nature of a Curtis belt in the visceroptotic **Hepar sulph.** cases.
- These patients are very liable to recurring attacks of vomiting - almost bilious attacks. The typical feature of the attack is that the patient feels horribly sick, makes violent efforts to vomit and, after severe retching, brings up a quantity of bile-stained fluid.
- Associated with these bilious attacks the patient has acute, cutting pain, usually about the region of the umbilicus, accompanied by much rumbling in the abdomen and, sometimes, definite colic. With these general abdominal upsets troublesome attacks of acute diarrhoea are very liable to develop. The type of stool in **Hepar sulph.** cases is very offensive and fermenting. Often these people have had recurring attacks of this kind every spring and autumn for years, and while the attack lasts there is frequently profuse, sour-smelling, generalized sweat.
- In addition to the craving for stimulating foods of all kinds, there is one **Hepar sulph.** characteristic which is sometimes a great help; with the digestive upsets there is very often a definite craving for vinegar. This is a clear **Hepar sulph.** pointed.
- It is said that these patients have a marked craving for fat. I have not treated one who had a craving for fat during a digestive upset; but I have had quite a number of **Hepar sulph.** patients who had digestive upsets of this nature and who developed an acute aversion to anything greasy or fatty. So do not ignore this drug just because the patient does not have a craving for fat.

Hydrastis canadensis

- HYDRASTIS is one of the drugs required for the most serious types of abdominal trouble, usually a very acute gastritis, a gastric ulcer or a gastric carcinoma. The cases are always very serious, and the patients feel extremely ill. They are despondent rather than anxious about themselves, and very often feel so uncomfortable that they would be thankful to die. They are completely worn out and exhausted.
- As a rule, they are pale and have rather a greasy appearance. Many of the **Hydrastis** patients I have seen have had very marked blackheads on the skin - a condition that one tends to associate with that kind of greasy complexion.
- These patients complain of a horribly flat taste - nothing tastes good at all - and they very often complain of the tongue feeling as if it had been burned. The whole throat feels raw and sore, and they have the same rawness and soreness in the stomach.
- As a rule, you are told that the patient vomits practically everything taken, except possibly a little milk and water. They complain of an acute burning pain and, associated with it, a feeling of emptiness. With this emptiness there is a complete loathing of food, and the sinking sensation seems to be worse if they take any food; it does not relieve them at all.
- With this burning pain in the stomach, the patients very often have violent pulsation in the epigastrium, accompanied by acute palpitation.
- All their distress is aggravated by taking bread, or any vegetables.

- Very often in these cases there is an early development of jaundice, with a rather hard, somewhat tender liver. Owing to this torpid, heavy liver, there is often a dragging sensation and a good deal of burning pain in the hepatic region.
- These patients have frequent attacks of colic - generalized colicky pains - in the abdomen, and they usually suffer from extreme constipation; it is almost impossible to get their bowel to act at all. Occasionally, however, one meets **Hydrastis** patients who have bouts of diarrhoea, in which they pass very bileless, almost colorless stools.
- It is very similar to the picture described under **Arsenicum**, but without the **Arsenicum** distress, thirst, fear of death. In **Hydrastis** you have the despondent, deadbeat patient, instead of the anxious, thirsty **Arsenicum** patient.

Ignatia amara

- IGNATIA dyspepsia are rather common, and definite in their symptoms. Most of the **ignatia** cases one meets are typical examples of nervous dyspepsias of various kinds; and they are always associated with the unexpectedness that you meet with in **Ignatia** in any condition.
- For instance, in your **Ignatia** dyspeptic you will get a combination of complete lack of appetite with a craving for food; or there is a feeling of intense nausea associated with hunger - a horrible, empty, dragging feeling in the abdomen, with complete aversion to taking any food at all. These are typical of the contradictory conditions which one associates with **Ignatia** in any of its disturbances.
- The most constant symptom running through all **Ignatia** digestive disturbances is that feeling of emptiness; most **Ignatia** patients seem always to be nibbling food of some kind. They very often tell one that they are so uncomfortable, particularly in the evening and night, that they simply must have some biscuits by their bed or they get no rest at all; and the same sort of thing applies throughout the day as well.
- The next striking thing is that almost invariably their desires and aversion for food are very inconstant. For a week they may have a craving for one thing, then that craving entirely disappears and, for the next week, they may have just as marked an aversion to it.
- Associated with that there is the complaint that the patient starts a meal quite hungry and interested and then, in the middle of the meal, all desire for food suddenly disappears - everything tastes unpleasant, flat, or insipid, and they want nothing more.
- With their digestive disturbances, the majority of these patients have a certain amount of nausea, and very often there is a sudden regurgitation of food. This is usually rather bitter in taste, and may be associated with a good deal of flatulence and eructation, which comes on immediately after eating.
- With that, you can link up the symptom that **Ignatia** patients suffer from very troublesome, persistent attacks of hiccough. These attacks are often very painful and difficult to control, but frequently you will find that they are relieved by taking something to eat.
- One constant **Ignatia** symptom in their digestive disturbances is a complete intolerance of tobacco. The **Ignatia** patient is quite liable to feel sick, nauseated, or to get an acute attack of hiccough, if he smokes.
- They suffer from a strange mixture of fullness and emptiness. Very often there is a feeling of extreme emptiness immediately after food, which is later followed by distension and fullness associated with a certain amount of shortness of breath and almost air-hunger or, even more frequently, a tendency to constant sighing.
- Another symptom of which they often complain is definite colicky pains. And, again, the strange thing about these pains is that they are often relieved by eating.
- The actual pathological condition from which **Ignatia** patients mostly suffer is simply a flatulent dyspepsia, without any definite organic lesion. In that state they develop an acute aversion to any warm food, and to meat; peculiarly, they are often more comfortable after taking some sour fluid or sour food.
- But you cannot rely on these symptoms, because one week you may get them and the next week you may get entirely the reverse. One thing that is constant in the **Ignatia** patient, in addition to the intolerance of tobacco, is a marked intolerance of coffee. It increases their digestive disturbance, very often gives them a crampy pain, and may even set up definite hiccough and regurgitation of food.
- All **Ignatia** patients suffer from troublesome, generalized abdominal flatulence. Often they have great difficulty in getting rid of it, and it is associated with very marked constipation. The constipation in **Ignatia** is much the type one associates with **Nux vomica**, that is to say, the constant, ineffectual urging to stool.
- One is sometimes apt to confuse **Ignatia** with **Argentum nit.** which also has this intense abdominal flatulence. In both the flatulence is much aggravated by sweets, but the point to remember is that in **Ignatia** you get this flatulence associated with colic and constipation, whereas in **Argentum nit.**
- you get it associated with colic and diarrhoea.

- Ignatia** patients do get attacks of diarrhoea, but it is most commonly entirely painless, and is usually associated with some emotional disturbance - fright, shock or something similar - it is not usually the result of indiscretion in diet, nor is it the anticipation diarrhoea of **Argentum nit.**
- In addition to their abdominal flatulence, **Ignatia** patients mostly complain of a horrible feeling of weakness in the abdomen, a dragging down sensation; and they all, in that weak state, are aggravated by any stimulants - alcohol, tea, coffee and, particularly, spirits in any form.
- There are one or two small points about **Ignatia** which are sometimes suggestive. With their digestive upsets they tend to get a good deal of salivation, with a sourish taste in the mouth. Again, they complain very often of a troublesome tendency to bite the inside of the cheek.
- On looking inside the mouth, you will find that the ampule at the end of the parotid duct is very definitely swollen; it is in this region that the patient has this difficulty and tends to bite the slightly punting mucous membrane on the inside of the cheek.
- Ignatia** patients, with all their flatulence, often develop an insatiable desire for bread, which is, needless to say, very inadvisable.
- With their digestive upsets you find, of course, the ordinary unstable **Ignatia** makeup. These patients are excitable, or depressed and weeping; they want attention and sympathy, and yet they are very much more emotional if any sympathy is given to them. And frequently the commencement of their digestive history dates from some acute emotional upset, either emotional shock or nervous fright.
- Ignatia** is not a long-acting drug. In the typical **Ignatia** case I do not find that the action is much longer than three weeks, even in a very high potency.

Iodium

- IODIUM** is one of the very interesting digestive drugs, and it covers a number of definite pathological conditions. There are three conditions which **odium** covers particularly well. The most important is chronic pancreatic. The condition of second importance is a very chronic gastric carcinoma. The third is a cirrhotic liver, which may be a primary cirrhosis, a chronically inflamed liver or a liver with metastatic growths in it.
- No matter what the pathological condition, there are certain constant factors which lead to the prescription of **Iodium**. My experience has been rather contrary to what is laid down in the textbooks of materia medica as to the **Iodium** makeup.
- The textbooks all stress the intense irritability, the intense restlessness and the strung-up nervous state of **Iodium**. But in the cases in which I have seen **Iodium** helpful, a marked characteristic has been a general mild despondency.
- The patients have always been rather mild, intensely scrupulous in all their dealings and somewhat timid. But it is that intense scrupulousness of the **Iodium** patient which, to my mind, is their outstanding characteristic.
- As far as the irritability is concerned, in these digestive cases it is a symptom which tends to develop during the process of digestion, and is by no means a constant factor in the patient's makeup.
- Another constant in **Iodium** patients is their tendency to become worried and anxious if their meal is delayed and they become at all hungry. They have a very marked desire for food. They do not necessarily want a great quantity at a time - in fact, they often are not able to eat much at all - but they have a very quickly recurring need for food and, if they do not get it, become worried, anxious, restless and distressed.
- So far as their desire for food is concerned, they do not seem to have very definite cravings. Some have a marked desire for meat; but, usually, it is food of any kind that the **Iodium** patients want, more than any particular articles of diet.
- These patients always have a good deal of generalized abdominal pain, the exact nature and situation depending to some extent on the pathological lesion. But in all these cases there is a certain amount of relief immediately after taking food; In gastric carcinoma they often complain of a burning pain, associated with marked epigastric pulsation and quite extreme epigastric tenderness. In these gastric carcinomas the patients usually have rather a pale, yellowish complexion, with somewhat striking, bluish lips. This holds good for all the **Iodium** lesions, no matter what they are.
- Both in gastric carcinomas and in pancreatic lesions, **Iodium** patients are liable to get attacks of acute salivation and vomiting, which are often extremely distressing. The tongue tends to be very dry, and patients often complain that it feels scalded or burned.
- In spite of the general restlessness the patients often complain of extreme faintness on movement; sitting up, getting out of bed, standing, will bring this on - particularly when they are hungry.
- In their gastric conditions they mostly suffer from obstinate constipation, which is a great trial to them, and is associated with marked abdominal distension. They may also get spasms of localized distension, which are extremely painful.

- With that can be linked another **Iodium** symptom; the distension due to diffuse, generalized enlargement of the abdominal glands in carcinoma cases. You will get the same thing with the pancreatic lesions and, if you are dealing with a secondary hepatic carcinoma, you will find the enlarged glands there, too. The characteristic feature is that these glands are definitely tender on palpation, and they feel very, very hard.
- As far as the pancreatic cases are concerned, **Iodium** patients suffer from the typical pancreatic pain, that is to say, a pain right across the upper part of the abdomen, about an inch above the umbilicus, associated with a horrible fullness, tenderness and an intense pressing feeling. Cases with these pancreatic lesions have attacks of diarrhoea, with very unpleasant, frothy stools.
- Where you are dealing with the disturbances of the liver, whether as a primary cirrhosis or as a secondary carcinomatous condition, there is liable to be jaundice, but it is fluctuate in intensity; the jaundice is constant, but it varies in degree. These cases have clay-coloured stools, very often recurring attacks of exhausting diarrhoea, with somewhat frothy stools.
- As regards results of treatment. In pancreatic cases, where there could be no question about the diagnosis, with definite fermentation of the stools, the patients have definitely improved after treatment. I have seen cases with definite masses of glands in the abdomen clearing up, and the patients' capacity for dealing with fats going up out of all recognition.
- I do not say that these patients are cured. I have treated one or two of them who died. But their pain had been removed, their abdominal distension went down, they put on weight, they lost their hopeless outlook, and they lost their recurring attacks of diarrhoea. These patients do not get well, but it is astonishing what comfort you can give them.
- I treat all carcinomas who have had X-rays with one of the radioactive salts as a first measure - to try to antidote the X-rays. Usually one of the radium salts, **Radium bromide** or **Radium iodide**. If there are any indications for **Iodium**, I prefer the **Radium iodide** to the **Radium bromide**.
- Iodium** is one of the very useful medicines for relieving those patients who normally go on to massive sedative treatment and have an appalling end.
- With the aid of **Iodium** it is astonishing what relief can be given to these patients, although it may not actually cure them.
- In any of these cases I give the drug fairly frequently to begin with, and find it holds for longer and longer intervals; so I think there is no doubt that it definitely has a curative effect.
- I have seen **Iodium** indicated in mammary carcinomas, but I have never had a clear indication for it in uterine carcinoma. I had a case once with a carcinoma of the tongue, and she did very well on **Iodium**. Eventually I lost sight of her and did not know the ultimate result. But the epithelium of her tongue shrank to half the size, and the mass of glands in her neck almost disappeared.

Kalium bichromicum

- There are three kinds of condition calling for **Kali bic**. First is the acute catarrhal condition of the mucous membranes of the digestive tract, acute gastritis, gastric catarrh, gastro-duodenal catarrh or gastroenteritis.
- The catarrhal condition is much the commonest for which **Kali bic**. is indicated. Second is the definite ulcerative condition, particularly a gastric ulcer. And this is ulcerative colitis.
- In all these cases you are dealing with a very typical patient. The **Kali bic**.
- patient tends to be fat, sluggish, restless, depressed and taciturn. You will usually get a history that these patients have been subject to chronic catarrh all their lives, and they mostly suffer from a degree of chronic nasal, or postnasal, catarrh - very often with a perpetually choked sensation about the root of the nose.
- All these patients suffer from wandering rheumatic pains. They are not very severe in character, but tend to wander about from one place to another, and are always relieved by motion.
- Normally, the patients are rather pale, but with their digestive upsets they tend to become somewhat blotchy. Very often they suffer from acute attacks of acne.
- Depending on the type of lesion, you find two kinds of tongue associated with **Kali bic**. In catarrhal conditions they tend to have a thickly coated tongue, particularly at the base, and they have a nasty, flat, bitterish or sweetish taste and a good deal of sticky saliva. The coating may be anything from sticky white to thick yellow, and the base is particularly affected.
- In ulcerative conditions, especially in ulcerative colitis, you usually find a very dry, smooth, red, almost glazed tongue.
- The commonest story given by these patients is that they have absolutely no appetite, and very often they have a loathing of food in the morning. It may be that they start their breakfast but about halfway through cannot continue with it. Or they may have the typical morning nausea, with complete inability to face breakfast at all.
- After a meal they suffer from an intense feeling of fullness, heaviness and general malaise. This comes on quite soon after

- a meal, and is usually accompanied by a very unpleasant feeling of general chilliness. With this sensation of fullness, they are liable to have sudden attacks of nausea and vomiting.
- The vomit in **Kali bic.** is very suggestive. It is sour in taste, contains a great amount of mucus, is difficult to expel, and the mucus hangs down from the patient's mouth.
 - There is one odd symptom of which these patients sometimes complain; a strange feeling of irritation in the throat. It feels as if they had a foreign body hanging on the soft palate, and intense nausea and even actual vomiting may be produced by it. Very often they describe it as the sensation of a hair on the back of the throat, or something of that nature. Not infrequently this is associated with their nasal catarrh and is, in fact, a string of mucus, which makes them retch and gag.
 - Kali bic.** patients suffer from pretty extreme burning gastric pains, which may become very acute tearing pains going right through to the back between the scapulae. When the pain is bad it is usually accompanied by a good deal of acute water brash.
 - During the day they mostly suffer from a general lack of appetite, and yet they feel faint and gone if they do not have some food. With this feeling of faintness there may be a suggestion of nausea, which is relieved by taking a little food.
 - These patients are usually thirsty and very often they develop a marked craving for beer and sour or bitter foods, all of which tend to aggravate their distress. In some of the ulcerative conditions, particularly if the ulcer is towards the pyloric end of the stomach, they suffer from definite hunger pains which come on about three hours after a meal.
 - A distinguishing point is that the pain goes on to actual vomiting, and the patients bring up typical stringy mucus, which may be actually bloodstained.
 - And, with this ulcerative condition, **Kali bic.** patients are very liable to develop an extremely sore spot in a small area in the epigastrium.
 - There is one condition in which **Kali bic.** is almost specific; the gastritis associated with excessive beer drinking. It has the typical morning aversion to food, the typical glair vomit associate with the beer drinker, the horrible slack inertia in the morning, the hunger and dislike of food, and the recurring attacks of nausea. **Kali bic.** will not only clear up the gastritis, but it will also stop the craving for beer.
 - In ulcerative colitis, **Kali bic.** patients have very acute, griping diarrhoeic attacks. The diarrhoea is exceedingly suggestive; it is brown, frothy, watery, offensive and usually accompanied by the passage of a quantity of stringy mucus.
 - Not infrequently there is a quantity of pus mixed up with the stool.
 - In the more chronic colitis cases, there is often a spring aggravation in **Kali bic.** patients. They are fairly comfortable during the rest of the year, but each spring the condition flares up again, and they get another bout of colicky griping and this violent, distressing diarrhoea.
 - Quite frequently, in **Kali bic.** digestive cases, there is a history that the patients have been subject to migraine attacks all their lives. These attacks are very typical. The patients have violent, sick headaches, associated with pain situated in one small spot above one eye. The pain gradually becomes more and more intense until it produces violent vomiting of typical, stringy mucus.
 - The particular point is that these migraine attacks are always associated with ocular disturbances - zigzags, disturbances of the field of vision, partial blindness, or something of that nature - preceding the onset of the acute pain.
 - One drug should be mentioned which does not come into these digestive drugs but which should always be remembered in association with these **Kali bic.**
 - recurring migraine attacks characterized by disturbances of vision, pains in small spots and the typical stringy vomit - **Iris**. **Iris** has almost exactly the same symptom picture, and occasionally you will come across a patient you think is typical **Kali bic.**, but whose migraines do not clear on it; and you will find it clears on **Iris**. The picture of the migraine attack is identical; it is impossible to distinguish one from the other. So, when you encounter an apparent **Kali bic.** migraine that does not respond, always remember **Iris**.

Kalium carbonicum

- KALI CARB.** has a number of indications for digestive disturbances, varying from a general slacking down of digestion to typical flatulent dyspepsia and the development of gallstones; occasionally **Kali carb.** patients have very suggestive symptoms which point to an oesophageal obstruction, possibly an oesophageal spasm or sometimes a definite organic stricture.
- But these symptoms alone do not help to select **Kali carb.** as the drug; you have to add them to the general picture which it is rather difficult to summaries. I give the one that has appeared as fairly typical, although it is not exactly what you find in the materia medica.

- Kali carb.** patients are usually somewhat anaemic, rather pale and always definitely chilly. They are sensitive people, dislike being alone, are rather worried - often particularly worried about their diseases and not a little frightened.
- Mentally, their moods tend to alternate. At times they are quite cheery, at others they seem to be unduly depressed and liable to weep. Running through their makeup there is a strain of irritability. They are very easily irritated by noise, are often unduly sensitive to voices, and easily startled - any sudden touch or noise startles them.
- Another fairly constant symptom is a tendency to a troublesome chronic nasal catarrh, usually associated with some crusting about the nostrils. With the chronic catarrh, the patients tend to develop a rather swollen, somewhat tender, upper lip.
- The tongue in the **Kali carb.** patient tends to be rather flabby and pale. One associates two types with **Kali carb.** In one there is a thickly coated base, very similar to the **Kali bic.** base. In the other there is a very sensitive, raw tip to the tongue, sometimes with definite blisters on it. These patients often complain of a slimy, flat, bitterish taste in the mouth.
- There is some apparent contradiction affecting the appetite. The patients may have complete loss of appetite and an extremely uncomfortable feeling after food; but, if they do not take any food, they develop a very unpleasant, empty, sinking feeling in the abdomen. On the other hand, these patients may have an increased appetite and the only thing that comforts them is a little food taken often; and immediately they become hungry they are uncomfortable again.
- As a rule, **Kali carb.** patients have a definite desire for sweet things, actual sugar or sweets, but you will occasionally find - again, an apparent contradiction - a desire for sour things. In most of these cases there is a definite aversion to meat.
- In the oesophageal spasm or stricture, the main symptom is a very distressing burning pain behind the middle of the sternum, with a sensation of something hard pressing right through from the front to the back.
- When the patients attempt to swallow they have a sensation of the food sticking there, and it may regurgitate into the windpipe, setting up violent spasms of coughing and choking. Associated with the boring pain in the mid-sternum, these patients often complain of a very tender spot in the spine, about the mid-dorsal region between the scapulae.
- With reference to their stomach symptoms, one of the most constant **Kali carb.**
- complaints is a feeling of bloating in the abdomen. This is often accompanied by a sensation of throbbing in the epigastrium, and the whole upper abdomen is exceedingly sensitive to pressure. The sensation of bloating and distension is much worse after any food. With these disturbances, the patients often complain of sharp, stitching pains in the epigastrium, which are very much worse on movement.
- Another **Kali carb.** indication is that the patients are liable to have attacks of acute distension during the night, particularly in the early hours of the morning, and their sleep is often seriously disturbed by them.
- There is one odd description sometimes given of their abdominal distress.
- They feel as if the stomach, instead of being distended by wind, were full of water which was sloshing about.
- As regards the liver attacks, the usual history given by **Kali carb.** patients is that, after some months of flatulent dyspepsia, they develop recurring slight liver upsets, with sharp stitching pains in the region of the liver, usually extending over to the left side.
- Then they begin to have definite rises of temperature - an infective process is taking place. With these temperatures, they are liable to develop a troublesome cough, with acute stitching pains in the right side of the chest and, very often, patches of consolidation in the right lung.
- Naturally, they become jaundiced; but, apart from actual acute attacks, you often find **Kali carb.** patients with yellow, scaly patches on the skin, either on the abdomen or on the back. In acute attacks they have a bileless stool; but, quite apart from the acute liver attacks, these patients often complain of a chronic, very light-coloured, painless diarrhoea.
- In the majority of cases which I have seen, the **Kali carb.** patients, in spite of chronic indigestion, have been rather overweight than under.

Lachesis mutus

- There are two types of condition that indicate **Lachesis** in abdominal disturbances. The more common is that of the chronic alcoholic; the other is the definitely septic abdomen, and it does not matter whether it is a septic appendix or a septic gallbladder.
- The chronic alcoholic with **Lachesis** indications has certain constant factors.
- You always get the tremulousness, the congested dusky appearance, the choking sensation round the neck and the desire for air. These chronic alcoholics often complain of exceedingly cold legs and feet - a **Lachesis** indication - and this is often associated with a certain amount of oedema.
- As regards the mentality of these alcoholics, in the more acute stage you may find the typical **Lachesis** mentality in which

- they wander about from one subject to another, and have the difficulty in speech, hurry, impatience and suspicion which you associate with this drug. But much more commonly these patients are in a very phlegmatic, indolent, melancholy state.
- Like all chronic alcoholics, they have a typical morning aggravation. They wake with severe nausea, general malaise and weakness, and they steadily improve as the day goes on, often being quite lively in the evenings. When they are feeling horribly heavy and morning-afterish, they are liable to complain of an acute headache on getting up, about the root of the nose, with violent neuralgic pains spreading over the head.
 - They usually complain of a gnawing sensation in the stomach, which is relieved by food. The way in which the **Lachesis** patient takes his food is sometimes of help - he simply gulps it down. As a rule, after one of these rushed meals, the patient feels horribly bloated and is liable to have violent attacks of belching.
 - Commonly, the tongue is dry and red, although in the worst cases the tongue develops a brownish streak down the centre. Occasionally I have seen a **Lachesis** alcoholic with a coated tongue and a red streak down the centre, identical with the red streak one associates with **Veratrum viride**.
 - Lachesis** alcoholic gastritis patients have a definite craving for alcohol, and many of them have a craving for oysters - champagne and oysters is the diet of choice. And, of course, any alcohol aggravates their gastric distress.
 - These patients are liable to have a typical alcoholic liver, with a good deal of general tenderness over the liver and an aggravation from any pressure; they cannot bear any tight clothing. Later, they frequently develop ascites.
 - In these chronic alcoholics, it is not unlikely that you will find some albuminuria; and a tendency to develop early retinal haemorrhages, particularly in the left eye, with violent pain and a sensation as if the left eyeball were being squeezed.
 - Frequently there are recurring attacks of very offensive, putrid smelling diarrhoea.
 - That is one type of case. The other is the septic abdomen. And here you find the dry, brown tongue more marked than the red. There is likely to be acute thirst; also the thick, difficult speech one tends to associate with **Lachesis**; the difficulty in putting out the tongue, and the marked tremor.
 - No matter where the sepsis is, whether in the gallbladder or the appendix, it is always associated with a feeling of intense distension, and it is always accompanied by the most extreme tenderness - these patients can hardly bear to be touched at all, even the least touch on examination being extremely painful.
 - They complain that they feel as if all the abdominal contents were being twisted up into a tight ball and something would burst.
 - They tend to have rises of temperature round about 10 o'clock in the evening, and they always feel worse after they have been asleep; they waken feeling poisoned, very often with a violent headache, as if thoroughly drugged from head to foot.
 - There is one interesting point about their appendix abscesses - or any abscesses down in the right iliac fossa; during the attacks of violent pain, the pain starts in the cecal region and extends down into the thigh and through into the sacrum on the right side.
 - In gallbladder infections, they get exactly the same kind of pain, and it tends to spread across into the stomach, not so much through to the back. In these conditions, they have the same bloated, dusky appearance, the same feeling of general heat, the same desire for air, the feeling that they are being stifled, and very often the same complain of cold extremities.
 - If there is any discharge - for instance, in an appendix case after operation - it is always very offensive, the abdominal wound shows no sign of healing at all, and there are dark, unhealthy sloughs, usually associated with a tendency to bleed.

Lycopodium clavatum

- LYCOPodium is one of the common digestive drugs - it is probably more often prescribed for indigestion than any other drug in the materia medica. Almost everyone suffering from flatulence is given **Lycopodium** at some time or other.
- Lycopodium** patients do suffer from flatulence and you may have indications for it in a simple flatulence dyspepsia, but you will find it frequently indicated in the flatulent dyspepsias associated with some pyloric delay or obstruction, either a simple scarring or a definitely malignant pyloric obstruction.
- In most of the cases suffering from flatulent dyspepsia in which **Lycopodium** is well indicated, there is a history of prolonged and intense mental strain for some months preceding the development of the digestive failure. And there are definite **Lycopodium** indications apart from the local conditions.
- The **Lycopodium** patient tends to be underweight, many of them are definitely emaciated. They are all tired mentally, finding mental work a great effort; they find themselves making mistakes in routine occupations that they do without thought in the ordinary way; if they go back over their work, they find it is full of mistakes.
- Either as a result of this, or independently, they develop a state of timidity, apprehension, general dread and a weak kind

- of melancholy.
- They may show some perverted sensitiveness. They are apt to go to pieces if anyone is kind to them, they break down and may actually weep. But they are equally likely to develop a suspicious, distrustful streak and, if they link this up with their anxiety and general dread, they very often become parsimonious, really from fear rather than from a desire to hoard.
 - If irritated, **Lycopodium** patients often develop attacks of acute anger, and they always appear to be oversensitive to pain. Usually they have a sallow complexion, which may be definitely yellowish or yellowish grey; and most typical **Lycopodium** patients I have seen have had a very suggestive yellow discoloration of the teeth.
 - Frequently their earliest complaints are that they wake up in the morning with a nasty, bitter, dry taste in the mouth, and after meals are liable to have incomplete, unsatisfactory eructations, with a burning sensation in the pharynx and a sour taste in the mouth.
 - They complain constantly of having a soured stomach and of suffering from attacks of waterbrash, acute acidity, and recurring attacks of hiccough.
 - These attacks of hiccough come on more particularly in the later afternoon or evening, or immediately after a meal.
 - One constant thing about **Lycopodium** patients is that they are hungry. Even though they are suffering from this feeling of acidity and flatulence, and having constant eructations, they are still hungry and, if they do not have their meals at regular intervals, they are liable to have greater distress.
 - A meal will often relieve their acidity and, if their meals are delayed, they develop a troublesome, heavy headache. They tell you that frequently they sit down to a meal hungry but feel up after a few mouthfuls; then the acid eructations start, and they get rid of a quantity of gas and can continue the meal quite comfortably.
 - They will say that they must eat at regular intervals, otherwise they feel very ill; they have no appetite when they start their delayed meal but, after a few mouthfuls, it furls and they can eat quite a big meal.
 - All **Lycopodium** patients are aggravated by cold food, and the gastric discomfort is lessened by warm meals. Most of them have a definite desire for sweets which seem to increase the flatulence.
 - They very often develop an aversion to tobacco, which seems to give them hiccough and increase their acidity; and they often have an aversion to coffee, which also seems to increase their distress.
 - Quite often they have a liking for starchy foods and an aversion to meat.
 - With an acute abdominal distension of this type, they are uncomfortable if they have anything tight round their waists, and they dislike all tight clothing.
 - They complain that they have not only the attacks of acute abdominal distension but also small patches of distension throughout the bowel - localized patches of flatus which are painful for time, then there is a gurgle and the discomfort disappears. Often they say that by sitting up and rubbing the abdomen, they can shift the flatus on, with almost immediate relief.
 - The same sort of story is associated with the pyloric obstruction. There is a localized epigastric distension, with definite cramping sensation in the stomach as if it were being squeezed, then there is a gurgle and the whole thing subsides.
 - With these pyloric obstructions, the patients may feel as if they had a tight cord tied round the upper abdomen and, as the gurgle takes place, the cord seems to slacken off. They also complain of an acute burning pain in the pyloric region.
 - Most **Lycopodium** patients have a sensation of abdominal weakness; they feel as if the abdominal contents were sagging down, and they want to support the lower abdomen.
 - Some **Lycopodium** patients suffer from gallbladder attacks, and may actually develop gallstones. They complain of a constant bruised pain in the hepatic region, and on deep inspiration they get a sharp stitch in the neighborhood of the gallbladder.
 - All **Lycopodium** patients seem to suffer from very obstinate constipation, with which they are liable to develop attacks of acute piles which are extremely painful. But, quite apart from piles, there is often great pain in the anus on attempting to defecate.
 - Lycopodium** cases have a marked aggravation from oysters; you will find it is equally common for **Lycopodium** patients to have a marked desire for oysters, even though they are upset by them.

Magnesium carbonicum

- There are one or two definite conditions in which there are indications for **Mag. carb.**, the clearest being in cases of acute acid dyspepsia, and like so many patients suffering from this complaint most **Mag. carb.** patients are depressed and very disconsolate. They are aggravated by any mental exertion, particularly by talking.
- Frequently they complain that after a good night's sleep, they wake up feeling very weak and worse than before they went

- to bed. They are always sensitive to noise and to touch. They are also very sensitive to cold, particularly cold draughts, and to any drop in temperature even though it may not become really cold.
- Mag. carb.** patients are liable to have attacks of acute griping pain associated with violent heartburn, or they may have a feeling of abdominal distension accompanied by acute colic. In these attacks, the abdomen is very sensitive to pressure.
 - The eructations from which they suffer are either very sour or they are bitter; more commonly, they are sour.
 - Mag. carb.** patients are always aggravated by milk, which seems to sour immediately in their stomachs and increase their distress. They always have a very marked aversion to any green food or green vegetables. Often this is accompanied by a definite liking for meat, which may amount to their taking practically nothing but a meat diet and no vegetables at all, although as a rule they have no aversion to bread and starchy things in general.
 - The point that makes these patients typically **Mag. carb.** is that, associated with the acid dyspepsia, they are very liable to suffer from either acute facial neuralgia or acute dental neuralgia.
 - With facial neuralgia, the patient has red-hot shooting pains in the face; which tend to be much worse at night, and the patient finds it impossible to stay in bed and must get up and walk about. They are also very much worse from cold, and from any cold draught.
 - With dental neuralgia the patient is much worse at night, and very much worse in a warm bed. But, in contrast to the facial ones, these neuralgias are definitely relieved by cold drinks or cold water held in the mouth, whereas the facial ones are very much aggravated by cold in any form.
 - Mag. carb.** patients tend to get their most distressing gastric attacks in the late afternoon, probably between 6 o'clock and 7 o'clock, and they are usually accompanied by nausea. You may confuse this with the **Lycopodium** 4 to 8 aggravation and so miss the **Mag. carb.** indication.
 - But there are other distinguishing points which help. **Mag. carb.** patients in their attacks of acid dyspepsia, are liable to have colicky pains on the left side of the abdomen or round about the umbilicus; **Lycopodium** patients have irregular colicky pains and a sense of general distension.
 - Following on the attacks of colic, **Mag. carb.** patients have very acute attacks of diarrhoea, usually with green stools which have a very sour smell; practically all **Lycopodium** patients are constipated.

Mercurius solubilis

- There are two types of conditions which indicate **Mercurius**. The first is an acute gastritis; the second is an acute enteritis, either a simple enteritis or one going on to a definite dysentery. In either case there are very definite **Mercurius** indications.
- The patients always look ill; they have a very suggestive pale, earthy, puffy appearance, with a moist, sweaty skin. Quite early in the disease, whether it is a gastritis or an enteritis, these **Mercurius** patients become very restless, and very tremulous. Often they have distressing jerking, twitching sensations.
- They suffer from troublesome alternations of heat and cold - either becoming intensely hot and unable to bear being covered up, or else pushing off the covers and becoming cold and shivery. But, whether hot or cold, they are sweaty all the time.
- With the digestive disturbances, these patients tend to develop troublesome rheumatic pains, which are mostly complained of as bone pains. These become much more troublesome as the patient gets warm, and they are extremely painful as night advances. They are one of the causes of the patient's intense restlessness.
- In their attacks of acute gastritis, the patients tend to become definitely apprehensive and worried about themselves. And often rapid in their speech.
- On the other hand, their mouths become unpleasantly foul, causing difficulty in articulation and they may actually stammer.
- In their more serious enteritis conditions, **Mercurius** patients may become very depressed, wretched and miserable. They are rather apt to be distrustful, they feel they are not being properly looked after and are not going to get better. In their wretchedness, when talking about their complaints, they may break down and weep.
- The appearance of the **Mercurius** tongue is always very suggestive. The first impression is that it is swollen and toneless, and it has a strange appearance of being somewhat oedematous - it looks watery. With this swollen-looking appearance you may find the imprint of the teeth along the sides.
- The tongue is usually palish in color, but it may have a definite coat, either white or a dirty yellow. A constant characteristic is the peculiar tremulousness of the tongue when it is extruded.
- These patients often complain of a very foul or a sweetish taste in the mouth, which is very distressing to them; and always, in all their complaints, they suffer from acute salivation.
- In acute gastritis, the patients suffer from extreme burning pain in the pit of the stomach. This is very much aggravated

- by any food, and is accompanied by extreme heartburn.
- Although the pain is aggravated by food, the patients often have a feeling of extreme hunger, frequently accompanied by a craving for stimulants, especially brandy or wine. In these acute gastric upsets, the **Mercurius** patient is always thirsty, and the desire is for cold drinks.
 - In acute gastritis, **Mercurius** patients may develop acute inflammatory gallbladder attacks, accompanied by extreme soreness in the region of the liver which is very much aggravated if the patient turns on to the right side.
 - During these attacks, they frequently have a marked nightly aggravation, with rise of temperature, increased discomfort, waves of heat and cold, profuse sweats - a typical septic appearance.
 - Where there is this type of liver disturbance **Mercurius** patients usually develop an acute aversion to anything fatty or greasy. They also develop an acute aversion to meat of any kind. Associated with the unpleasant sweet taste in the mouth, **Mercurius** patients normally have a marked aversion to sweets.
 - The enteritis of **Mercurius** is a very violent attack with acute gripping pain in the intestine. All the contents of the abdomen feel sore and raw. It is accompanied by a good deal of abdominal distension and very violent tenesmus.
 - The tenesmus is often quite ineffectual and nothing is passed at all. Or there is extremely violent tenesmus and the passage of a very small, bloody mucous stool, accompanied by extreme burning in the rectum.
 - Not infrequently, with the persistent tenesmus, the patients develop a tendency to very painful rectal prolapse. I recall a number of these acute dysenteries in World War I. It was a bacillary dysentery with severe and almost incessant tenesmus and straining.
 - As a rule the bowel upset was more marked during the night than during the day.
 - Many of these cases cleared up entirely in a very short time on **Mercurius**.
 - Depending on the degree of tenesmus and the state of bloodiness of the stools, one prescribed either straight **Mercurius sol.** or else **Mercurius cor.**
 - When the stools contained more blood and less faecal material, the tenesmus was more violent, and the tendency to prolapse more marked, **Mercurius cor.**
 - gave better results.

Mezereum

- There is a tendency to consider **Mezereum** merely as a skin medicine - for the case with the typical **Mezereum** skin irritation followed by the development of the **Mezereum** rash. But this is one to the very useful medicines for acute gastric ulcer. The ulcer tends to be near the pyloric end of the stomach, but it is definitely a gastric ulcer.
- Apart from the pathological condition, there are certain indications which lead one to **Mezereum**. Outstandingly, these gastric patients tend to be hypochondriacal, and their main complaint is that everything feels dead and useless, nothing seems to make a definite, vivid impression. They are depressed and weepy, with a general feeling of dullness, a slight sensation of confusion and a marked forgetful tendency.
- As a contrast to their general state, they have spells of irritability and anger, which are characterized by a desire to irritate other people and say something that will vex them.
- Their main physical complaint is a general feeling of sickness, accompanied by a burning sensation in the stomach and a gradually increasing sense of uneasiness. This feeling of discomfort is temporarily relieved by eating.
- The patients often say that the whole stomach feels raw and that eating makes it more comfortable for the moment.
- As a result, **Mezereum** patients often acquire the habit of eating almost continuously, in their desire to relieve their discomfort. Not only is their local condition ameliorated by eating; the patients themselves feel better for it.
- There are various contradictions as regards their sensitiveness to heat and cold. The patients as a whole are sensitive to cold air, and yet, when they have the feeling of sickness and nausea, their nausea is aggravated by going into a close room and relieved by going out into the open air. Again, these patients are liable to suffer from acute neuralgic headaches which are definitely aggravated by warmth. It is exactly the same with their eruptions; an irritating eruption is definitely aggravated by warmth and is worse at night, possibly from the warmth of the bed.
- The tongue in **Mezereum** tends to be whitely coated, with a sensitive, burning tip. The patients often complain of a peppery taste in the mouth, almost a sensation as if the tongue had been burned, and this burned sensation very often spreads right down the oesophagus into the stomach.
- Mezereum** patients are very sensitive to any fatty food, which seems to increase their distress. They have a desire for bacon and coffee, and have a definite aversion to meat. As a rule, they are thirsty.
- In their gastric upsets, they are very liable to develop attacks of diarrhoea.
- These attacks are accompanied by rectal tenesmus which, though not severe, is very definite. The stools tend to be sour,

watery and undigested. Far more important than the actual appearance of the stool is the sensation of extreme chilliness from which the patient suffers after the bowels have acted.

- Mezereum** is a very useful drug, and I do not know anything that quite takes its place, and yet it is one that is not very often thought of for this particular condition.
- There is one condition, quite apart from its digestive symptoms, in which **Mezereum** is very useful. You will find it extremely helpful for an acute ciliary neuralgia following excision of the eyeball. This is particularly true if the patients get - and many do - a severe sensation of coldness in the eye socket from which the eyeball has been removed. It is quite a common complaint after excision, and is very marked in **Mezereum**, which gives enormous relief in these cases.

Natrium arsenicosum

- The majority of instances indicating **Natrium ars.** are cases of definite gastric ulcer, the type of gastric ulcer which is going on to malignancy.
- As a rule there is a history of the patients being very well nourished, often they have been quite fat; and now they are rapidly losing weight. There is always a feeling on their part that they are seriously ill.
- They develop an acute, anxious, nervous kind of restlessness, and very often complain of the feeling that something serious is about to happen to them.
- With this marked restlessness, they find it quite impossible to settle down to anything, to do any serious work or make any attempt to concentrate.
- Natrium ars.** patients are always chilly and very sensitive to cold, particularly damp cold. They often get an aggravation from change of weather, particularly a change to wet. In spite of their aggravation from cold, they say that mentally they feel clearer and more alert in the open air; in a stuffy room they become more muddled and find concentration more difficult.
- In contrast to their general nervous restlessness, they complain of extreme lassitude, of a sensation of severe weakness, and a very marked aggravation from any exertion - either mental or physical. This sense of tiredness, exaggerated by any exertion, is slightly helped by a meal: food lessens the tired feeling. The appetite may be excessive or there may be a complete aversion to food.
- All **Natrium ars.** patients complain of a good deal of flatulence - general abdominal flatulence - and they all suffer from particularly acute gastric pain. The pain may be a general sinking, uncomfortable feeling, a feeling of weight in the epigastrium; or more acute pains, cramping, gnawing, cutting; or just an indefinite feeling of general soreness.
- The pain in the stomach usually comes on immediately after food, in spite of the fact that when the condition is not too acute, the patients themselves feel better, less tired and weary, immediately after a meal.
- With their digestive upsets, **Natrium ars.** patients develop an acute aggravation from any cold food or drink, either of which increases their discomfort. Any fatty food tends to upset them, and they are particularly aggravated by fruit, milk and pork. Mostly they are aggravated by any alcoholic drink, wine in particular, and especially if it is sour. If they have been in the habit of smoking, they find they develop an acute aversion to their accustomed tobacco, and it seems to increase the gastric discomfort.
- They develop a definite desire for sweet things and, occasionally, for bread.
- They also develop an acute thirst. Very often they have a longing for cold things. But any cold drink or food is apt to produce a sensation of nausea, whereas any hot drink or food tends to increase the stomach pains, particularly the sore, raw feeling.
- They have frequent attacks of eructation, with which they bring up a quantity of sourish watery material, and they suffer from almost constant heartburn. As the condition becomes more acute, they get attacks of vomiting; and they may vomit anything - sour mucus, very bitter mucus, bile or blood.
- With the tendency to malignancy, there is usually some degree of enlargement of the liver, which is commonly very tender; and the patients are liable to alternating attacks of diarrhoea and constipation.
- Natrium ars.** patients are more liable to get ulceration on the posterior wall of the stomach; and frequently a severe aching pain going right through to the back, midway between the scapulae. With digestive complaints, they commonly suffer from a degree of urinary frequency, accompanied by difficulty in passing the urine.
- These patients often complain bitterly of intensely cold hands and feet. Also of a very troublesome, cold sensation in the back, and they have great difficulty in relieving it. This latter symptom is a useful distinguishing point from **Natrium phos.**, which does not have this sensation of coldness in the back.
- Most **Natrium ars.** patients that I have seen have suffered from indefinite rheumatic pains. All have had a degree of skin irritation. In some, the itching has been very troublesome, and in none has it been entirely absent.

- Patients requiring one of the sodium salts are liable to suffer from eye strain.
- The peculiarity of the **Natrum ars.** eye strain is that, where these patients are complaining of pains in or about the eyes, the pains are relieved by warm applications.
- I have seen several of these cases where there has been a definite malignant stomach, beyond the operation stage. They have gone downhill quite comfortably on doses of **Natrum ars.** given in low potency. It relieves the greater part of their pain, and I have seen it entirely relieve their vomiting. But they do go downhill in spite of it; it may be that, if one got in earlier, one would be able to cure them, but of that I have no proof.

Natrium carbonicum

- The **Natrum carb.** digestive disturbances is that of a typical flatulent dyspeptic. **Natrum carb.** patients are always complaining of flatulence, heartburn, eructations; and they are acutely conscious of a very spoiled stomach. Usually there is a history of having taken one of the antacid preparations, and of taking it in quite large doses.
- It is difficult to place the **Natrum carb.** patient, but I will describe the kind of picture I associate with it.
- These patients are usually rather pale, sometimes definitely sallow, with a tendency to yellowish blotches on the skin. They tend to be rather underweight and of poor physique. They very often stand badly with rather stooped shoulders, and give the impression of having a sagging abdomen.
- They are always tired-out people; very often with a history of having had a long spell of overwork, and they are exhausted nervously and physically. They complain of inability to work or to concentrate, of a sensation of confusion and a general feeling of brain fog. Most **Natrum carb.** patients are depressed, and occasionally the depression goes on to a definite religious melancholia.
- There is always some degree of depression with a dislike of any mental effort.
- This shows itself in a dislike of meeting strangers or having to talk to people; very often it develops into a dislike of their family, dislike of company in general, and a marked aversion to certain people.
- They explain this dislike of certain people in various ways; sometimes they say it is just that they cannot get on with certain people, at other times that certain people exhaust them and leave them dead tired; or simply that they are sensitive to the atmosphere of people.
- Natrum carb.** people are always nervous, and they have a general trepidation which is very much aggravated by any sudden noise.
- If they are startled by a sudden noise they are liable to have definite trembling attacks; they will often get these attacks from excitement of any kind. In addition to being sensitive to noise, most of their senses tend to be over acute; they are over sensitive to light, their sense of taste is over acute. Their sense of smell, too, is always disturbed - sometimes it is over acute but, more commonly, it is entirely absent.
- They are always chilly patients, very sensitive to cold, particularly to cold draughts, and yet they are aggravated by extreme heat and are very sensitive to exposure to the sun - they nearly always suffer from sun headaches. They are extremely sensitive to any atmospheric electrical storms.