



## Lesser Writings

# Clinical Cases New Remedies Aphorisms and Precepts

J.T. KENT

# **LESSER WRITINGS**

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- 01- A criticism of Dr. Holmes**
- 02- A Study In Materia Medica**
- 03- Lecture**
- 04- Address**
- 05- The relation of gout to the voluntary system**
- 06- Why is cancer incurable ?**
- 07- Tuberculosis**
- 08- Nosode**
- 09- The modern tendency to re-prove our Materia Medica**
- 10- The definition of a homoeopathic physician**
- 11- Higher use of primary branches in medical education**
- 12- Adoption Of Homoeopathy**
- 13- Books**
- 14- The position of the specialist in therapeutics**
- 15- Address : Typhoid Fever.**
- 16- Address : Vital action and reaction**
- 17- Dosage**
- 18- Use of the repertory**
- 19- An address preliminary to the study of homeopathics**
- 20- Birthday of Hahnemann**
- 21- Class-room talks**
- 22- Class room talks (2)**
- 23- Classification of constitutions useless in prescribing**
- 24- Correspondence of organs, and direction of cure**
- 25- Diphtheria**
- 26- Distinction between the similar and the similimum**
- 27- Emergencies – Euthanasia**
- 28- Gall stone or kidney colic - discussion**
- 29- Hints to specialists**
- 30- Homoeopathy : its fundamental principles outlined**
- 31- How symptoms change**
- 32- How To Study The Repertory**
- 33- How to use the repertory**
- 34- Idiosyncrasy**

- 35- Landmarks Of Homoeopathy**
- 36- Malaria Fevers – Therapeutics**
- 37- Management Of Displacements Without Mechanical Support**
- 38- Murex - Sepia**
- 39- Observations Regarding The Selection Of The Potency**
- 40- Potencies Discussion**
- 41- Pure Homoeopathy defended**
- 42- Reply to Dr. Hughes**
- 43- Series In Degrees**
- 44- Sycosis**
- 45- Syphilis as a miasm**
- 46- Taking of the case in discussion of a paper.**
- 47- Temperaments**
- 48- The Action of drugs as opposed by the Vital Force**
- 49- The administration of the remedy**
- 50- The basis of future observations in the materia medica or How to study the materia medica**
- 51- The healing principle**
- 52- The language of the repertory**
- 53- The making of a man**
- 54- The plane of disorder and cure**
- 55- The second prescription**
- 56- The similimum**
- 57- The study of our Materia Medica**
- 58- The study of provings**
- 59- The symptoms and aspects of such cases as present an unfavorable view and cause an unfavorable prognosis**
- 60- The trend of thought necessary for the comprehension and retention of homoeopathy**
- 61- The trend of thought necessary to the application of the homoeopathic materia medica or a rational use of curative agents**

**62- To all Homoeopaths**

**63- The view for successful prescribing**

**64- What is homoeopathy**

**65- "What shall we do when the law fails."**

**66- What the people should know**

## 1- A criticism of Dr. Holmes

On page 602, this year, my friend Holmes relates a perfectly simple Veratrum case and cure; a case that a recent graduate would not fail to recognize at a glance.

He further reflects upon experience when he states that he did not have his "library" with him, and he had loaned his wheelbarrow.

If Dr. Holmes had told us what he would have given or done had he found a case of sickness that presented symptoms entirely unknown to him, I would refrain from asking him to please come out again frankly and state just what he would have done.

I believe that Dr. Holmes is honest, and therefore believe that he would have been sorry he had loaned his wheelbarrow, and sorry he had not brought his repertory.

Dr. Holmes would have us believe that he thinks that doctors carry their repertory simply to make a show, simply to look for such simple cases as he reports.

I do not know a member of the International Hahnemannian Association that would need a repertory for so simple a case as the Veratrum case.

Perhaps Dr. Holmes offers this as a stumper a case that would puzzle the honourable members of the International Hahnemannian Association.

If Dr. Holmes offers this case to show his own erudition, and the full extent of it, he has succeeded, but if he has offered it to show that the repertory is not a valuable life-saving plan, he has failed.

He intimates that his "rule of practice" is to give a medicine high, but if his "rule of practice" is based upon the same reasoning as his rule of leaving his library at home (because a low potency would be so heavy to carry in a hurry), we presume his potency, therefore, was very high.

He gives six powders, but does not say how much better six doses would be than one; therefore we infer that six powders, one every half-hour, must be also a "rule of practice.", he says :

"I consider this a desperate case, as several such had died under old-school treatment."

"As several such had died under old-school treatment" was his reason for thinking it a desperate case, and the only reason for thinking it a desperate case, we have no evidence that the prescription cured.

He may have lived simply because he did not get old-school treatment.

"In cases calling for immediate action, it seems to me a risky piece of work to either take out a library at the bedside or to go back to one's office to study it up."

We therefore infer Dr. Holmes thinks it not risky to stay at the bedside of a violent sickness, even if one knows not the remedy for this sickness.

What will Dr. Holmes do in the absence of knowing what to do, that is right ?

Will he look on and let the patient die ?

Will he guess at one or several remedies ?

Will he break the law and give allopathic drugs, or what will he do ?

Does Dr. Holmes mean to have us infer that he, a young man, has so much wisdom and materia medica in his head that he is never puzzled ?

He attempted to convince us of that at Niagara, but made a signal failure.

"I have not, as a rule, been able to find just what I wanted when I was in a hurry."

He means that he is not accustomed to the repertory so that he can find what he wants in a hurry.

This is a criminal confession for a professed follower of Hahnemann.

The confession means negligence or laziness when human life is at stake.

"Let those use their books who want or need them."

By this Dr. Holmes says, in substance, that he does not want books and does not need them.

This is an astonishing statement. I would like to study materia medica under Dr. Holmes.

## 2- A Study In Materia Medica

There is a physician in this city, or at least he has a sign on his door, going about day and night seemingly not in his right mind, or if he be perfectly sane, what he does and says might be attributed to buffoonery (Stram.) with desire to calumniate (Ipec.), but if a very generous view be taken of the matter, he is not responsible for his words and conduct.

He bellows on the street (Bell., Canth.), and assumes an air of importance (Hyos., Stram.).

Some of his friends have observed great anxiety with sweat (Ars., Graph.).

There is a great awkwardness about his movements and he drops things (Apis).

He is advanced in years prematurely (Bar-c., Ant-c.); he is said to be astute in his madness (Anac.), and is much worse in his mental aberrations when alone (Elaps., Phos., or Stram.) with no one to talk to.

He is given to alternations of humor (Ignatia), i. e., irritability with cowardice (Ran.-bulb.).

He is very jealous (Hyos.) and seems to have an aversion to his own business (Sep. or Kali-c.) because he attends so diligently to that of others.

He has not manifested any desire to destroy his own clothing, but often rips his neighbor's coat up the back (Verat.).

In all his ravings he is fearless, yet he is anxious from a slight noise (Caust., Silic., or Aurum), and he seems to dread a storm (Nat-c., Phos).

He has at times shown great apprehensiveness (Hyos.) with an active cerebral hyperaemia (Glon.).



He sees faces from every corner (Phos.), and was know, to make rapid movements in the street at the sight of a hand organ (Phos-ac.), so great is his aversion to music.

Sometimes he thinks he sees cats (Puls., Stram.) and is said to be childish in his behaviour (Crocus).

Again he imagines he sees far into the future (Acon., Phos-ac.), and his comprehension is decidedly difficult (Lyc.) especially of what he hears. (Cham., Nat-c.).

He frequently manifests a lack of self-confidence. (Bar-c, Kali-n), because he knows that there are people living who know the real cause of his insanity (Phos.).

Occasionally his conscience troubles him (Ars., Cocc.), and a small boy frightened him the other day by saying "rats !" (Calc.).

He often looks back as if pursued by enemies (Dros., Lach.).

He went home and looked in the looking-glass and thought he saw a goose (Hyos.).

At times he is of a slanderous turn of mind (Nux) and lacking in moral feeling (Anac.).

His pride is wonderful (Plat.).

He often walks in his sleep (Phos.) and starts at a slight noise (Borax) and has a dread of thieves (Ars., Lach.).

Perhaps a nosode would cure him if the product of his disease could be run through a potentizer.

The remedy that causes the totality of symptoms does not appear, even after long study.

Even "Christian Science" has failed to make a man of him.

It has recently been reported that he has resorted to stimulants, and still he fails.

Is there no saving a man who will not save himself ?

Echo answers, "no saving !"

### 3- Lecture

A physician advanced in years looks back upon many failures, The faithful Homoeopathist recalls a man, a woman, a child, and realizes that these, among his past failures, would now be simple cases.

Prescribing the homoeopathic remedy is such a process of growth and progress that it may be said that "the best of the wine is saved for the last of the feast."

In the beginning of one's practice many acute diseases run their course, in advanced years they are nearly all aborted.

The young man looks upon the successful years of long experience, and wonders if he will cure as he sees cures made as Hahnemann made them.

It is well to hope-for all to hope that, with experience, each may attain the high degree of perfection in healing that Hahnemann attained.

Much can be done now that Hahnemann could not do, because we have a greater number of remedies, and a greater number of potencies, and higher potencies.

It is doubtful if the technique of prescribing has made much progress.

It is in this direction that all need most to meditate. None of Hahnemann's pupils lived since Hahnemann who could do what he did.

Few have lived since Hahnemann that could do what he did. It was what he was able to do in his ripe old age that appears so wonderful.

If we would make progress, we must dwell upon the teaching of The Organon.

1. We must dwell long upon what it is in the human being that must be changed, in order to restore man from sickness to health.

2. We must meditate long upon what it is in remedies or drugs that constitutes a healing power or principle. (§3.)

To some it will seem to be an old story even to refer to this question,

Which has been heretofore so fully considered; but it may also surprise some to, learn that many of our so-called faithful friends are thinking and acting as if the patient is sick because his liver, or heart, or stomach, or some organ, is improperly functioning.

So long as one thinks that man is sick because his organs are not doing proper work, just so long he cannot construct a treatment that accords with The Organon.

So long as one regards the results as causes, so long the true idea is obscured. So long as one thinks in this way, he will take symptoms accordingly and work the repertory in such manner, and, although his results may satisfy himself, yet they will not compare with results obtained from thinking that sick organs are but the results of a disordered state of the man himself, who is composed of mind and physical being and, last, of organs and extremities. (Org. §§ 10-11, 15.)

Traditional nosology may be useful so long as we have a public sphere to maintain, but it is useless in the homoeopathic art of healing.

It must be clearly settled what it is in man that is first, and what is last; what is highest, and what is lowest; what is innermost, and what is outermost; before we can perceive what are causes and what are ultimates. So long as one thinks of pathological conditions as causes, so long will he act in directions that are the opposite of healing, and toward destruction.

All nutritive processes are commanded and conducted from center to circumference, therefore all healing processes must go on from centralized efforts.

Pupils have often heard these statements, and wondered at their meaning. I have kept a watchful eye over such pupils for many years, and all of them who have failed have wondered at the meaning of such statements.

They who can perceive the meaning are the ones who are able to perform the works directed in The Organon of Samuel Hahnemann, and heal the sick as

he taught, viz : to cure the patient, and then the organs will also return to normal function. .

Men who give Bryonia for pneumonia, Nux Vomica for the stomach, Kali-iod for syphilis, and Belladonna for cerebral congestion, seldom learn to individualize from the patient to his parts and organs. The best they can do is to individualize from organs and parts, hoping to get somewhere. "Lucky hits" are their sole joy and success.

Their successes would be failures in the minds of men who can follow Hahnemann in all he means in emphasizing the mind symptoms above all others in any given totality of symptoms of a sick man. (Org. § 213.)

### 1. Diagnosis Of What Is Curable

The true physician must know that whatever it is in man that is morbid can represent itself by signs and symptoms only. These he must meditate upon earnestly, patiently and wisely, that he may find in the Materia Medica symptoms most similar.

If he is heedless of the best interest of sick people, or careless in discovering and writing down their symptoms, or too indolent to search for corresponding symptoms in the Materia Medica; or if he is given to making light of the symptoms he hears the patient speak of, or of the symptoms he reads in the Materia Medica, he will never prosper or grow wise with age, but will go the way of all such men into indolence and levity, depending upon hired laboratory findings for the basis of a prescription. The last state of that man will be worse than the first.

The man who believes that he is directing his remedies against germs, or against worms, or against a tumor the patient may have, is in extreme darkness, if he cannot perceive that a healthy man will have healthy tissue, healthy blood, and therefore there can be no soil for germs and worms or morbid growths. (§§ 7, 11, 12, 14, 70, 84, 89, 98, 107-9.)

On one side we have the laboratory to furnish a basis for prescribing; on the other hand is the Organon.

One class of prescribers is demanding enormous expenditures for laboratory fixtures in our colleges, while giving no credit for our Materia Medica

opportunities, though the latter are ten times greater than any found in the colleges of the former class.

This clearly indicates the trend of traditional medicine and of the ignorant homoeopath following in this line. They should be permitted to have their enormous and surplus laboratories in peace; but we must demand that we have our full privileges in Materia Medica and therapeutic philosophy.

This demand has never been made upon State Boards that stand over our colleges with uplifted hands. The requirement of our Hering College should be entirely different from that of Rush or the P. & S.

The basis of our knowledge in practice is Philosophy and Materia Medica, while theirs is laboratory. Both must have clinical advantages the same in quantity, but differing in character and quality.

The reverse of all these whims and imaginations are Hahnemann's substantial doctrines, based upon facts, and now confirmed by a century of experience, viz : *It is impossible to conceive of anything but symptoms that are to be removed or cured in order to establish health.*

Look back upon our century of experience, and what have cured.

Nothing but symptoms. The results of disease disappear themselves when the symptoms are cured. When the symptoms are removed by a homoeopathic remedy, the patient is cured.

The physician must perceive when the symptoms represent a complete image of a sickness. When only a few symptoms are observed,

Hahnemann calls it a one sided case, and says that no great things should be expected of a remedy chosen on a few symptoms. (Org. §§ 172-6, 185.)

The homoeopathic physician *clearly perceives when he has a clearly defined image*, and then he knows how certain the remedy is to act curatively. (§§ 3, 104.)

Defective education is often revealed by professed homoeopathic physicians bringing; cases for advice with only a few clinical symptoms, or a few particulars, or the results of disease, all mental symptoms and generals being omitted. The physician who administers a remedy on such a one-sided case

will have a high percentage of failures; but he often struts like a peacock over his lucky hits.

*All curable sicknesses make themselves known to the intelligent physician in signs and symptoms.* (Org. §§ 14)

Diseases are, therefore, incurable when they do not make themselves known in signs and symptoms. Whether the physician fails to find the symptoms, or whether there are no symptoms, as in malignant growths, or whether the patient conceals the symptoms, they are unknown to the prescriber.

## 2 Materia Medica.

Every effort is being put forth to re-establish the science of medicine upon a positive basis, yet these efforts are based upon pure theory. What can be more positive or matter of fact than the written declaration of the interested patient, or the prover ?

These are assertions of fact, and they are daily confirmed by thousands of experiences. How can a more substantial basis be expected ?

The records of confirmed and verified provings stand as so many recorded facts.

The symptoms of the sick man are recorded as so many facts.

The similarity between these two is the only variable quality, and this is a matter of art; and art is always a variable quality.

Then all that remains is to find an artist - a physician - and all the questions are solved. Is this grade of intelligence too high for which to work ? Can it be true that educated men and women wish to compete for a prize much lower in the scale of human accomplishments ?

Whatever it is in medicine that heals the sick, nothing that represents the healing principle in each individual drug can ever be known but the symptoms obtained in healthy provers.

The laboratory and microscope must ever fail, because these can discover only the ultimates, while the curative power is only a tendency, or *conatus*, of an invisible substance evolved into activities by circumstances.

So long as men search in the laboratory for causes of disease, so long they will search in the laboratory for curative powers, which must always end in failure. (Org. §§ 24-2, 108.)

The study of the homoeopathic pathogenesis, which is so extensive, requires so much time and perseverance that men who are given to carelessness, indolence and levity, can do very little to make a showing for professional glory; hence the stupid, the flippant and the "smart" must always seek the material method and make it the basis of his efforts, thereby associating with, or placing himself on the same level as, the mechanic. Of course, all liquid substances seek their own level.

### 3 Use Of Potencies. Application Of Remedies To Sickness.

And lastly, the physician must know how to adjust the one to the other, in order to gain the ends of healing. (Org. §§ 146 *et seq.*)

Our pathogeneses have expanded into enormous proportions, so vast that no mind can encompass them, yet this once may be expanded very many times by a full knowledge of the uses of the various potencies.

The physician who knows how to use the various potencies has ten times the advantage of the one that always uses one potency, no matter what that potency is.

After thirty years of careful observation and comparison with the use of the various potencies, it is possible to lay down the following rules :

Every physician should have at command the 30th, 200th, 1m, 10m, 50m, cm, dm and mm potencies, made carefully on the centesimal scale.

From the 30th to the 10m will be found those curative powers most useful in very sensitive women and children.

From the 10m to the mm all are useful for ordinary chronic diseases in persons not so sensitive.

In acute diseases the 1m and 10m are most useful.

In the sensitive women and children, it is well to give the 30th or 200th at first, permitting the patient to improve in a general way, after which the 1m

may be used in similar manner. After improvement with that ceases, the 10m may be required.

In persons suffering from chronic sickness and not so sensitive, the 10m may first be used, and continued without change so long as improvement lasts; then the 50m will act precisely in the same manner, and should be used so long as the patient makes progress toward health; then the cm may be used in the same manner, and the dm and mm in succession.

By this use of the series of potencies in a given case, the patient can be held under the influence of the similimum, or a given remedy, until cured. *When the similimum is found, the remedy will act curatively in a series of potencies.*

*If* the remedy is only partially similar, it will act in only one or two potencies; then the symptoms will change and a new remedy will be demanded.

Many chronic cases will require a series of carefully selected remedies to effect a cure, if the remedy is only partially similar; but the ideal in prescribing is to find that remedy similar enough to hold the case through a full series to the highest. Each time the patient will say that the new potency acted as did the first one received.

The patient can feel the medicine when it is acting properly. Some have intimated that suggestion is a help to the action of the remedy; but it is wise to know that suggestion fails when the wrong remedy has been given.

#### 4- Address

*Fellow Members of the International Hahnemannian Association* : It is with pleasure that I welcome you to your eighth annual meeting; to one which promises to exceed in interest and profit even our last session.

In the past, this Association has accomplished some very useful work for the cause it espouses.

Let us hope it will do even more in the future. And what is the cause we espouse; or in other terms, why this Association.



It was certainly for no idle purpose, nor for any senseless caprice, that our oldest and most respected members left the American Institute and formed this separate Association; it is equally true that we of the junior profession did not join this Association for any selfish or useless purpose.

Was not this Association formed solely for the purpose, as expressed, of perpetuating and developing true Homoeopathy ?

Was it not felt at the time of its organization that the hour had come for true men to arouse themselves, and work for the science they loved ?

Had they not heard all the principles which Hahnemann had taught, and which the experience of many had proven to be true, vilified and abused; had not, in short, all true Homoeopathy been driven from the Institute ?

The Homoeopathic school, then as now, was divided into two parties : the one representing Eclectic methods and practice, the other the principles and practice of Hahnemann, of Gross, of Boenninghausen, of Hering.

The time had come when all practitioners had to decide which of the parties they should assist. And let it be to the eternal glory of these men that they chose rather to be right than to be with the majority !

In the history of the American Institute, we may read a warning for us. In its first years the Institute was composed of able and true men, and its purpose was for truth and usefulness.

But little by little Eclectics were allowed to creep into its membership, and soon, behold ! the whole body is Eclectic.

Let us then beware whom we elect members, let our censors be even over-scrupulous lest a wolf creep in sheep's clothing.

Let no member sign any application for membership unless he knows the physician personally and is very sure he is qualified to serve with us.

Too great caution cannot be observed in this matter. It is not great numbers that we want, but men of truth and purpose.

While much caution may be judiciously exercised in this matter of electing new members, let us not repel those who though not yet with us, are in sympathy with our purpose, and whose presence would be welcome.

Let us not therefore erect any Chinese Wall of exclusion, but merely exercise all proper precaution to prevent evil.

Let no good man be excluded by personal malice; nor any useless man elected to serve personal ambition.

As well stated in the preface of our last volume of transactions :

"Personal interests or ambitions have no place here, but only what is truth,"

Without doubt all will assent to this assertion, but many will inquire, and most rightly too, What is truth ?

This question has been asked many, many times, and of all subjects.

In this case, limiting our statement to what is true in therapeutics, we unhesitatingly assert the law of similars to be true; to be a proven fact.

Has it not been found operative in all diseases and in all countries ? Can fuller demonstration be needed ?

*"It is true; let it stand," we all exclaim.*

It may be well to remark that while our law is a fixed fact, we must never forget that our school is not to be stationary.

The law is complete and perfect; our knowledge of the extent of its usefulness is very incomplete and imperfect.

The law is fixed, the school is progressive.

Eclectics, building upon the uncertain sands of *theory*, need to be continually rebuilding, as each new theory causes a shifting of their foundation.

Homoeopaths, building upon the unchangeable rock of law, need never rebuild.

Our foundation then being firm, we need only develop and improve the superstructure.

Our knowledge of the extent and usefulness of the law of similars has increased since Hahnemann's day; let us see to it that we continue to improve, and always in the right way.

The law, being of divine origin, is complete, perfect, and fixed; the school, being composed of erring humanity, is incomplete, imperfect, and changeable.

While many willingly concede this much to the Homoeopathic law, yet they desire something more; they would like to have *liberty*, license, "to use their best judgment;" to be free to treat anomalous cases by non homoeopathic measures if, in their judgment, such may at any time be needed.

There is growing up such a tendency to the so-called scientific that our young men stand in danger of being drawn into this vortex of confusion.

This scientific vortex looks wonderful; it is so strong !

What can there be in the science of medicine but a knowledge of how to cure the sick ?

The scientific physician, when asked what he knows, must say : *I know how to cure the sick.*

If he really knows this he has the knowledge and is scientific. If he has not this knowledge, which he pretends to possess, he is a pretender and a fraud.

What is there of value in this word "scientific," when all the pretenders in medicine make use of it ?

These, most of all, cry "We are the scientific." "We teach science."

The amount of science depends entirely on how much the instructor "possesses, for "a stream cannot rise higher than its source."

The "Eclectics" claim to teach the most scientific ( ?) of all, because they select the good from all schools of medicine.

Who has guided them to this great wisdom ?

Do they pretend to have a law or a philosophy to enable them to select the wheat and leave the chaff ?

No. Such a thing does not belong to their pretensions. They even claim the greatest empiricism to be the highest order of science. The greater the chaos and confusion the greater the science.

The cry of the unbelieving does not strengthen their scientific position when their only appeal is to the microscope and to common sense.

*Common sense is opposed at all times to cultivated intelligence.* The man of lowest intelligence can prove that he must have a dose that can be seen and handled to cure him of his aches, by appealing to common sense.

The mongrel makes use of the same reason and argument to condemn us that the Allopathist resorts to, to convict the mongrel-appeal to common sense and belief.

Ten men may stand and affirm each, "I did not see." and one man states "I did see," and who of the eleven would the meanest court in the land accept as competent to give evidence ? The one knows what the ten did not know.

The ten declared they have tried the high potencies and have failed to secure curative results. What have they demonstrated ?

*Nothing but their own ignorance* of the manner of using these potencies. But they say they cure with the low. I do not believe they cure with the low, because of the best reasoning. It is logical to suppose or presume that a physician who can cure with the high, can cure with the low, but the demonstration is entirely wanting to show that the physician can cure *with the low* and cannot cure with the high.

Men who know how to select a remedy have confidence in that remedy and go on gaining yearly in this knowledge; men who are ignorant of the powers of the selected remedy of course have not gained the confidence necessary to cure with it, and they mix other means and other medicines.

It has been recently stated in a medical journal that there are logical reasons for deserting Homoeopathy for Allopathy; that is, for abandoning law for empiricism.

The idea is fallacious, and no sensible reason has ever been adduced in its support. There can only be one excuse for this change and that is *failure* !

And this failure has never yet been shown to be due to any insufficiency of the homoeopathic law, but is always easily traced to the incapacity of him who uses it. All men are liable to err. Let him who thinks he cannot sin cast the first stone at our law.

Concerning the oft-made plea for liberty of medical opinion and action, we would remark that no one is free from the obligations of law; the greater your work, the higher you advance, just by so much do you rivet ]the chains of responsibility.

Only the beggar in the gutter is free to do as he will. No one can grant a physician success in practice whose practice does not of itself secure success.

If one practice Homoeopathy he will secure Homeopathic success; if he practice Allopathy, he will gain only the meager results of Allopathy. No results of learned bodies can change this rule.

We are freemen; free to do and practice as we please; but our success will be measured by our practice, and our title as Homoeopaths or Eclectics be given accordingly as we practice the one or the other, and we all know the greatest measure of success is attained by a strict adherence to the law of similars, the minimum dose, and the single remedy.

The Homoeopathy of Hahnemann gives the greatest success, the greatest freedom, and the greatest honour. No man can practice empiricism and honestly claim to be a Homoeopath; such are "living a lie," as an Allopath has asserted.

The Eclectic is a slave, bound by error; the Homoeopath is free, emancipated by truth. A great poet declares, "He is a freeman whom truth makes free, and all are slaves beside."

Let not this Association harbour or indorse in any way, even by absence of rebuke, any form of false teaching. Let it be distinctly understood that we do fully and honestly believe, collectively and individually, the resolutions of this Association, as adopted.

We have declared that these resolutions "completely and fully represent the therapeutic opinion and practice" of this Association. Let it be shown to the outside world that we mean what we have said.

We do most assuredly believe Hahnemann's *Organon of the Healing Art* to be the only true guide in therapeutics. Let us not, then, tolerate any teaching which seeks, pervert or abridge this master-work in any way. We have asserted, as our belief, that the only true guide for a prescription is the totality of the symptoms and the proven drug.

Let us not, then, prescribe upon any other basis; it cannot be Homoeopathic nor wise to do so.

We cannot allow to be true any teaching which seeks to controvert this fundamental principle of Homoeopathic practice.

He who recommends the building of therapeutics upon any new theory or upon any other basis than that prescribed by this law, is no Homoeopath and has no fellowship in this Association.

Successful practice cannot be based upon pathological theories.

Whether these theories teach one to prescribe for a pathological condition or for a presumed dyscrasia, it matters not; both are un-homoeopathic. and both are unsuccessful.

The adoption of drug proving by Hahnemann, first introduced two great features into medicine, and these are *certainty* and *prevision*.

We are sure a drug will cure in the sick such symptoms as it has produced upon the healthy; we are enabled by this certainty to *predict*, before the trial of a drug, what it will cure.

For these grand features of its art, medicine is indebted to Samuel Hahnemann - see to it that no fault of ours destroys his noble work.

In short, it is to be remembered that the basis of a homoeopathic prescription is the symptoms of the patient, the question of the dose is secondary.

The size of the dose can never make the remedy homoeopathic in this case.

In this matter of dose, some err upon one side and some upon the other.

So we see that while some believe an imperfectly selected drug may be made to do the work of the perfect similimum if it be "pushed" or exhibited in crude doses; on the other hand, we find some who are disposed to assent to almost any prescription so it be given "high" enough.

Both these parties are in error. While we cannot dogmatize upon this question of dose, all here will agree that the better selection, i. e., the nearer we come to the perfect similimum, the less medicine we need give.

This proposition may be stated again in other words.

It is the experience of our best prescribers that the similimum will cure most cases best if given high and in one dose, or at most a few doses. Indeed, experience tells us that the high potencies are always best; this is experience however, and not law.

But the converse of this proposition is not *true*, that a badly selected drug may be made to do good work by giving much of it.

This idea is the cause of most of the mongrelism of the day.

In published reports of clinical cases, we find evidence of the necessity for careful examination of the patient.

Hahnemann laid the greatest stress upon this examination, telling us how to do it and saying, in effect, that a patient well examined was half cured.

Unless this careful examination be made, one cannot get all those peculiar characteristic symptoms which Hahnemann has declared must be the deciding symptoms.

All cases have many symptoms, which are to be found under many drug, and are hence of little value in deciding our choice of a remedy.

Each case should have, and probably does have, some peculiar symptoms; these we are to get.

These we must get; and our examination of a patient is incomplete so long as we possess only a list of common and general symptoms.

It should be our task to question and examine the patient until such peculiar symptoms are found.

We hear much complaint of the insufficiency of our *Materia Medica*, of the uselessness of our repertories, but most generally the failure to prescribe correctly and even easily is not due to the want of good books, but to this lack of careful and thoughtful examination of the patient.

Forget not this, that the greatest cures the world has ever witnessed have been made by the earlier Homoeopaths with a much less complete library than we now possess.

After selecting the proper remedy, we must not forget that it is of prime importance to give it in proper dose, and not to change too soon nor to repeat too frequently.

Never change a remedy unless the changed symptoms call for another; never repeat the dose (or change remedy) when the patient is improving.

For a fuller and a better understanding of the true healing art, you are to study and to restudy the *Organon*.

Our purpose in these few, remarks has not been to teach this art, but merely to call attention to a few salient points; to give admonition upon a few prominent features which cannot be too steadily kept in view.

This Association, it has been said, was organized for an especial purpose, and that purpose was to promulgate and develop Homoeopathy.

In pursuance of this work, the purifying and completing of the *Materia Medica* must be our chief concern.

It is the foundation of our art. Our *Materia Medica* once corrupted and perverted, clinical success becomes impossible.



We may again take warning by the fate of the American Institute, for it, too, started forty odd years ago, to do this same work, and for some years the Institute did good service in this study.

But as it grew Eclectic, the Institute became enamoured of the fate siren named *progressive science*, and all truth was abandoned.

Let us beware lest a like fate overtake this Association.

The *Materia Medica* is to be developed by careful and thorough provings of new drugs; we repeat, careful and thorough provings, for most of the modern provings are worthless, having been carelessly and improperly made.

One is afraid to prescribe upon them; afraid to trust valuable lives to such careless work.

How differently do we feel when we prescribe one of the old, reliable remedies.

Then security begets quiet reliance and success crowns our efforts.

At our last meeting, a good beginning was made in this study of the *Materia Medica*, and your bureau gives promise of great usefulness and interest for this meeting.

In all of our work we must strive to emulate the energy and zeal of Hahnemann and of his early disciples; they were indeed masters.

Nowhere does one's knowledge of therapeutics and medical ability show forth to better advantage than in this proving of drugs and revising the *Materia Medica*.

To do it well the best talent and the greatest zeal are required, but this need not deter us from the work, for ability and zeal are easily to be found in our ranks.

The *Materia Medica* is to be enriched by clinical observations, and here also we may again take pattern by Hahnemann's careful work.

The admission of clinical symptoms into our *Materia Medica* must be done with the greatest caution.

They can only be incorporated after the most searching inquiry, and then should always be so marked that we can tell the clinical from the pathogenetic.

The hasty and inconsiderate adoption of clinical symptoms is certainly an evil; and if pursued to any great extent will render the *Materia Medica* unreliable.

Every practitioner is not a reliable judge of the value of a clinical confirmation.

Even reliable clinical confirmations need only be noted when peculiar or characteristic; of common, general symptoms we have an abundance.

The clinical symptom is only admissible to fill up the gaps left by imperfect provings, or in cases where provings cannot be obtained.

Though some of the best symptoms now in use are of clinical origin, as a general rule they cannot be considered as certain and reliable as the pathogenetic.

Besides the provings of drugs and the careful, conscientious noting of clinical symptoms, we can also do a useful work in marking clinical verifications of pathogenetic symptoms.

A symptom produced upon a healthy person and cured in a sick person becomes doubly reliable,

There can be no doubt about the value of such symptoms.

The most dangerous manner of perpetuating Homoeopathic truth is to mix it with uncertainty or mystery.

There are some things about the art of healing that pertain to the scientific, of which not one is more important than the *proven drug*.

A member may state that he has cured somebody with an unproved drug, and he may fail to demonstrate the homoeopathicity of the so-called cure, because of the lack of evidence that can only be obtained from the provings.

There are many good things involved in mystery that the time is not ripe to discuss them.

The relations of Homoeopathy to them must be first demonstrated or this organization cannot recognize them.

The Allopathist reports cures on unsupported opinion, and we reject these because he has no demonstration.

If this same Allopathist reports a cure of vomiting by *Ipecac*, the Homoeopathist can accept it as a real cure, because it is what can be expected.

Experiment as you may on the healthy with new medicines, the sick man demands a remedy for his sickness the likeness of which has been found in a pathogenesis.

In no way can we perpetuate pure philosophy but by adhering to the proven drug in all our discussions.

Better rule out all the fragmentary guesswork and make every report show its relation between drug and disease in the manner designated in our philosophy.

The Publication Committee should reject, without fear or favor, all papers with reports of cures where we have not had access to the record of provings.

Of what value is the cure without the proving ? Save the cures until you have given us the proving.

By thorough and careful work we will some day complete a *Materia Medica* whose every symptom will have been repeatedly verified.

Then, indeed, will our art become the exact science predicted for it.

Such is the end for which we labor. A great stride toward such an end will be made when we have in completed form the Guiding Symptoms, by the late Dr. Hering.

These are now promised, and if given us as that master mind left them (not as some lesser mind may think they should be given), our school will secure a treasure.

The very opposite of this great work of Hering's is the so-called *Encyclopaedia of Drug Pathogenesy*, which seems to be a confused mass of mangled provings.

We have more than once attempted to gather assistance from its garbled and condensed pages, but have always been baffled. That it has any value we are unable to see. It is to be hoped it has a purpose as much labor seems to have been spent upon it, and much expected of it.

There is another point to which your attention may be profitably directed, and that is to secure greater care in selecting our medicines and more care in manufacturing our potencies. It seems as though carelessness were also creeping into our pharmaceuticals.

The greatest discretion must be exercised in selecting proper material for our pharmacopoeia and in their preparation. The same preparation, especially in the use of our vegetable remedies, should be used in the prescribing as was used in the proving.

We do not mean the same potency, but the same pharmaceutical preparation. Impure. or uncertain drugs will, of course, not correspond in their effects upon the sick to the action of a purer drug used in the proving.

The physician and the prover should use the same preparation. Without doubt, many of our failures may be justly laid to some imperfection in our drug preparations.

During the past year little worthy of note has occurred in the medical world. In the old school new theories have arisen and old ones have died.

This is the old, old story with these scientists. Among ourselves the work seems to be steadily progressing for the better.

The successful meeting held a year ago at Saratoga has been productive of much good, has shown the outside world that this is a working association of genuine Homeopaths.

Such successful meetings cannot fail to have a beneficial effect upon the Homoeopathic school.

And now we meet for the eighth time to greet each other, and to work for the perpetuation of the art of healing known as Homoeopathy.

We have come together from the remote quarters of the land to sharpen a common faith by another year of busy experience.

This organization has been separated from the masses of all grades in medicine, a mere handful, that has been called a respectable minority, and it can even now see the gulf that yawns behind it.

With independence we are able to go on climbing the mountain of Homoeopathic truth. Some say we are at the top.

Be not so sure; we have but climbed a foothill; soon will we see a mountain beyond, with but the faintest trace of human footprints.

We follow on, though the mountain side be steep and thorny, led by the light of truth.

Soon the toilers grow weary and their number becomes smaller.

In the distant past there is a multitude, while the valleys below still throng with conflicting millions.

The few toil on up the steep and rocky mountain side, steeper, more rocky as they press onward.

The distance brings to view the heavens, dotted with nebulous sky and space beyond.

There is to be seen another mountain far away, and much higher, which is yet to be climbed, upon which, through the clear sky, above the clouds, behold the immortal Hahnemann.

5- The relation of gout to the voluntary system

When four to six years old she hated her sisters and her mother.

When fourteen, she began menstruating and fainted with the violent cramping uterine pains at each period. When thirty, she had gouty finger joints.

When she was a child we could not call the mental state gout, nor at puberty could we think of gout, but was she not then afflicted with the beginning of what was later a gouty condition ?

When she was a child Fluoric acid would most likely have cured her. When she suffered at puberty she needed *Lapus albus*.

When she became gouty she was cured of her lifelong sufferings with *Silica fluorica calc*.

In many similar cases I have noticed that gouty conditions begin and continue along the course above described.

Must we stretch our imagination, then, to say that the same remedy would have cured her if she had had it in infancy ?

Why not let such cases lead us to things first, instead of things last : the diagnostic symptoms or ultimates ?

Is it not possible to perceive that we have not fully taken the symptoms of any adult case, if we have neglected the symptoms from childhood to the present ?

Drugs may have obscured the recent symptoms, but if the mother can describe the mental state of the child we have a good beginning, and can sometimes see what remedy was needed before the drug doctor or the near-homoeopath obscured the case.

To cure the results of disease - the ultimates - we must be guided by the symptoms that represent causes and first periods of developing sick constitutions.

The man who waits for pathology to guide him to a remedy for a constitutional sickness is most unwise.

We sometimes see the remedy shining through the pathology, but generally only the smallest hints are visible.

These hints may strengthen the indications, but it is better to strengthen the indications with the early symptoms.

If we are to arrest gouty formations we must look for early mental symptoms, as the gouty concretions give small clew to the remedy.

6- Why is cancer incurable ?

In other words : What must be discovered, to lead to the cure of cancer ?

When a case has been cured, why was it possible when other cases, and most cases, have resulted in failure ?

It is true that in some cases there are hold-over symptom enough to lead to the remedy, *but in most cases there is nothing discoverable but the malignant growth and its associated features of hardness, stinging pains, ulceration, enlarged glands and the tendency to involve the surrounding parts in its own development.*

A neophyte could say that such a growth is malignant, without the aid of a microscope.

Then, in most cases, the paucity of symptoms is the present state of the situation.

If the child's mental symptoms could be fully ascertained, and the symptoms from the childhood to adult age, something might be done.

Cancer generally comes on in after life, when childhood actions have been forgotten.

The patient does not know her own childhood mental state, the parents may be dead, sisters and brothers may describe the antics of the child.

Many of our patients come to us with a history of old school drugging from childhood; every childhood morbid condition has been suppressed; eruptions have been suppressed; symptoms have been changed by crude drugs; no clear-cut representation of the constitution has been permitted to evolve.

We do not know whether the child was obstinate, hateful, ungovernable, hysterical, violent, slow in school work, or the opposite; we can learn only

the commonest features of puberty, which is a most important time to investigate in all women.

If the symptoms that have appeared from birth to the present date are undiscovered, it is no wonder that cancer is incurable.

*To cure any condition we must base the prescription on the totality of the signs and symptoms and not on the pathology.*

The cancer is the ultimate. The symptoms from the first are the outward image of the patient. If they have been suppressed or changed by drugs that are not homoeopathic, there is nothing left for the homoeopath to do and the surgeon can do no better. Palliation and prolonging life are not curing.

*"All curable diseases make themselves known to the intelligent physician in signs and symptoms." (Hahnemann.)*

Pathological conditions, as also the patient, are incurable when there are no signs and symptoms, and so long as there are no signs and symptoms these remain incurable. *In proportion as the pathology progresses the signs and symptoms decrease.*

This is marked in cancer, in tuberculosis, in diabetes, in Bright's disease, and in all of the organic conditions of the body. In some instances, the remedy that was once indicated by mental and physical symptoms will cure even in moderately advanced pathological conditions; again, such a remedy will soon reveal that the patient has been sick too long and the pathology has progressed too far, and the reaction is so feeble that he sinks rapidly and the remedy must be antidoted.

I remember a patient who had long suffered from tuberculosis of the lungs; cavities were present; several haemorrhages had occurred; the mental and physical symptoms had called for Phosphorus from the early history, and even at the time he came this remedy fitted the symptoms.

Phosphorus was given in high potency, as I had not then learned better, and there followed a high fever, involuntary diarrhoea, and sinking.

It was apparent that this patient would soon die, but Arsenicum antidoted the over-action of Phosphorus and the patient lived several months.



The patient must have the reactive ability when the similar remedy is administered, or become worse after such a remedy than before.

*Therefore, it is a homoeopathic remedy when the patient can react from it, otherwise it is only a similar agent and not a remedy.*

When a similar remedy is not a homoeopathic remedy is quite a new problem to many good thinkers.

It is never such when the patient lacks that reaction which is always depended on and so promptly noticed in all curable cases. Some patients have lost this reaction when there is no visible or discoverable organic disease.

This is what comes to the aged who die of senile debility and it may be said, as a fact, that the deceased had no disease.

We often see, in the last days of the aged, a quick response after the remedy, but it holds only a few hours and he sinks to his final rest. Quite similar is this lack of reaction in some feeble, young, and middle-aged people.

Whether it comes from constitutional debility or pathological conditions, the lack of vital reaction is the same.

When we think of the curability of cancer or tuberculosis, this is the question to be considered.

We can judge the measure of his reaction by watching the symptoms after the administration of the remedy. No two patients react the same.

It is generally safe to conclude that so long as signs and symptoms are present good vital reaction continues, but after the signs and symptoms have departed, and pathology has taken their place, it is impossible to predict what the quality of his reaction may be, until the patient has been tested by the similar agent.

When this is known, it will be easy to understand why old symptoms return, in chronic cases, after the administration of the similar remedy.

Patients having only feeble reaction are only palliated, while those of strong reaction go through all their past symptoms in the reverse order of their appearance.

In patients with cancer or tuberculosis, we may be quite certain of their ultimate recovery, if old symptoms return after administration of the remedy.

These patients seldom have the vital reaction strong enough to develop former symptoms, hence they are incurable.

To be able to perceive the remedy from the signs and symptoms in the present or history is one item of cure, but another and quite different item is the vital reaction of the patient. To find a remedy that will restore his lost vital reaction is thus far impossible. Even the surgeon's knife has been a failure.

## 7- Tuberculosis

A three-year old boy was brought to my office to be treated for adenoids. There was a history of several deaths from tuberculosis on the father's side.

After long and earnest questioning, the mother continued to conceal the boy's mental state.

She seemed ashamed to reveal his mental symptoms. It came to my mind to test his condition with Tuberculinum bovinum, as he had such a history of disorder, and I had many times seen this remedy cure adenoids that followed such a history.

I then forcibly put a powder of the remedy on the child's tongue, after a struggle.

He refused to put out the tongue or open the mouth. The mother attempted to persuade him to open his mouth; then the time came for the boy to exhibit himself.

He was violently angry, eyes became glassy, appeared as if he would have a convulsion, attempted to spill the pellets out, turned upon his mother and said,

"I will kill you, when I get home I will kill you."

He frothed at the mouth. Then the mother was persuaded to relate the child's disposition and mental symptoms.

She said that they were unable to govern him or persuade him to do anything he did not want to do.

He would fly into a fit of rage and threaten to kill his father or mother, and would froth at the mouth whenever they attempted to force him to obey a command.

While the child was in my office the mother forced him to open his mouth, and the dose of Tuberc, 10m was put on the tongue.

Four weeks later another dose of the 10m was given and later the 50m was given.

Within a month the child began to change and became a perfectly gentle and orderly child.

The adenoids had entirely gone in three months. The child is a most promising boy, now ten years old. No other remedy was required.

After observing a large number of consumptives from the beginning to the ending, I am unable to say that the corresponding mental relation is fixed and positive.

The mind is always out of balance in children who are constitutionally affected from inheritance. Sometimes the will, is most disturbed and sometimes the understanding.

When the lungs, kidneys and intestines are the seat of the localized disease, the understanding is predominantly disturbed.

When the liver is the seat of the localized disease, the will symptoms are most prominent in early history.

All cases present early mental symptoms, and there is always a trail of symptoms, mental and nervous, until the development of tuberculosis is well established; then the mental symptoms disappear, and in most cases there has been an absence of mental symptoms for a period before the beginning of the deposits.

This leads to the opinion that there is in nearly all cases a predisposition to tuberculosis and it is this predisposition that is inherited. If this is absent, protection is quite positive.

The predisposition is marked in many cases from birth to the onset of the localized disease or ultimates.

We should not wait for the onset of the pathology, but all cases should be prevented by study and tests.

If parents were aware of the possibility of testing and absolute prevention, they would aid toward the final closing out of the "white plague."

#### 8- Nosode

The nosode tendency is becoming altogether too extravagant.

I have known Medorrhinum to be given and fail where Thuja would have cured promptly, because the symptoms were predominantly Thuja and not Medorrhinum.

I have known Psorinum to be given because the case was supposed to be due to psora, where Sulphur was well indicated.

It is a great error to prescribe for the miasm instead of the totality of the symptoms.

If the symptoms are very scanty and the remedy is doubtful and the patient has a history of gonorrhoea, his symptoms having come on since, it is a hopeful experiment to give Medorrhinum.

In similar manner, if there is a history of syphilis with a paucity of symptoms, it is a good experiment to give Syphilinum.

Most certainly we must rise above miasmatic prescribing, yet the miasm should be held in view and the remedies should be held in view, and the remedies that fit the symptoms should also be deep enough to cure the corresponding miasm.

#### 9- The modern tendency to re-prove our Materia Medica

There is a general call for our old remedies to be reproved; but nothing has been done as yet to improve any of the old provings made in the early days.

We need not expect our *Materia Medica* to grow except in the hands of good observers.

When we have noted *all that can be observed by the physician himself, and felt and observed by the prover, and observed by companions*, we have gathered about all that is worth knowing for the purpose of prescribing.

Provers do not push a drug until tissue changes are found, hence the expert examinations have been useless and these laboratory examinations do not add to the information that is desired either in the patent or the prover.

The simple-minded patients and provers give us the best symptoms for use.

The so-called pathological prescribing is all done on clinical symptoms or on the toxic effect of drugs, yet most of the pathological prescribers are so ignorant of the sources of symptoms that they oppose prescribing on clinical symptoms as a basis of the prescription.

Such ignorance is characteristic of mongrelism throughout.

In the wonderful re-proving of Belladonna, absolutely nothing was added to the grand old Belladonna.

Many have urged that re-proving be made under the eye of specialists with all laboratory tests, blood tests, blood pressure, etc., thinking that this highly scientific procedure and display would cause Homoeopathy to be accepted by the representatives of traditional medicine.

In my opinion we would only subject ourselves to ridicule.

If we would think more of the grand old method of proving followed by Hahnemann, our minds would be clearer as to what would be best to record-what would be needed.

These so-called modern provers are ignorant of the philosophy, and therefore do not know what is required for a successful study of it drug nor study of a sick man for it successful prescription.

The modern demands for proving reveal complete ignorance of the requirements for prescribing.

They aim at bringing forth the common symptoms and neglecting the symptoms that characterize the patient.

This defect is stamped upon all modern provings.

Materia Medica students should master the Organon first and make provings later.

The methods of Hahnemann have never been improved.

Let all compare the modern provings with Hahnemann's provings and note the difference.

Our well-proved remedies do not need re-proving.

Many of our scantily-proved drugs should have further provings, but in the same method followed by Hahnemann.

Remedies should be proved in low, medium and high potencies.

As soon as the prover begins to experience the symptoms, administration of the drug should be stopped until there is no manifestation of drug action, else confusion follows.

The confusion has spoiled many otherwise good provings.

10- The definition of a homoeopathic physician

"A homoeopathic physician is one who adds to his knowledge of medicine a special knowledge of homoeopathic therapeutics and observes the law of similars."- A. I. H.

"The homoeopathic physician is one who prescribes the single remedy in the minimum dose in potentized form, selected according to the law of similars."

The superficial observer would not criticize either form of definition.

The astonishing part of the first formula is expressed in the first part :

"who adds to his knowledge of medicine."

Of what does the knowledge consist ?

Is it what all tradition count as up-to-date use of drugs, such as cathartics, ointments, depressants, compound tablets, coal-tar products, crude drugs in general, etc ?

Does it mean that the homoeopathic physician must know these so that he can have something to which to add the special knowledge of homoeopathic therapeutics in order to be a homoeopathic physician ?

It would be supposed that the homoeopathic physician had abandoned the first to become a physician of an advanced and scientific order.

It must be acknowledged that all of this knowledge of medicine, to which he is to add his homoeopathics, is traditional ignorance and absurdities.

Now to this ignorance he is to add a knowledge of homoeopathic therapeutics.

Would it not be better and wiser to say that a homoeopathic physician is one who has abandoned traditional absurdities and adopted the science and philosophy of healing according to the Law of Similars ?

Men who depend upon the diagnosis, the laboratory findings, the pathology, the bacteriology, for selection of their remedies are expected to add to such knowledge (?) a special knowledge of homoeopathic therapeutics !

It has been our experience to meet a large number of these so called homoeopathic physicians, but we have never met one who had added any knowledge of materia medica or the art of prescribing to his so-called general knowledge of medicine.

The astonishing part of the formula is that it frames into the definition just the part that prevents every man from becoming a homoeopathic physician.

So long as he holds on to the traditional absurdities, even when called modern scientific medicine, so long as he is incapable of learning the true art of healing according to the Law of Similars.

So long as he believes that these absurdities are valuable knowledge, so long he feels no need of going into real knowledge of homoeopathic therapeutics.

It is not sin to know these absurdities so long as he realizes that they are such, but the formula calls them "knowledge of medicine."

It cannot refer to anatomy, physiology, chemistry, etc., because to these he does not add, as they are part of doctors rights and possessions.

If we look over the country and take note of the men who sail under this flag, and we ascertain their methods, it will be found that many of them scarcely differ from the allopath in the use of drugs and methods.

The most of them believe in the Law of Similars, but are too ignorant of materia medica, of the use of repertory and of the philosophy, to practice Homoeopathy.

In their ignorance they use drugs in the same crude form as they were used for proving, whereas the sick man who has the corresponding symptoms is a thousand times more sensitive than was the prover.

It is well to know that if these ignorant pretenders really administered a true homoeopathic remedy, they would intensify the illness in hand.

I have known them to do this many times, and in their ignorance they would change for another remedy instead of stopping the drug to permit the patient to make a quick recovery.

I have met many of these crude physicians, and they have generally blamed the college which turned them out with only a crude knowledge of materia medica, no knowledge of how to use the repertory, and without any homoeopathic philosophy, although they had plenty of pathology, plenty of diagnosis.

They saw, ointments applied to the skin, in a very large skin clinic, by one of these physicians who professes to add to his stupid ignorance a knowledge of the lam, of cure.

Was not the adoption of this definition for the sole purpose of giving standing to men whose requirements were a knowledge of fads and



traditional absurdities, and ignorance of Hahnemann's Organon and the Pure Materia Medica ?

It is a question that must come to the mind of every thinking homoeopathic physician.

It is equally evident that the second definition, mentioned above as the description of a genuine homoeopathic physician, could find only a small minority in the American Institute to favor it, as we all know.

It has often been asked why Homoeopathy grows so slowly.

Is it not apparent that the reason is to be found in the sentiment that caused the adoption of this first definition of the homoeopathic physician, which so misrepresents the true followers of Homoeopathy ?

When such men are in the majority; What is there to be seen in their prescribing that would attract the attention of any suffering man ?

No wonder that the world is slow to accept Homoeopathy when the people see so little convincing proof of its usefulness.

What better is it than the traditional medicine ?

How often do we hear our own faithful patients say :

"If we could not find a genuine homoeopathic physician I would call an allopath ?"

These are the patrons that know the difference.

The patron knows better than to trust a man who alternates remedies, gives compound tablets and tinctures.

Yet the A. I. H. definition permits the fraudulent misrepresentation to pose as a genuine homoeopathic physician.

11- Higher use of primary branches in medical education

Learn well the anatomy, pathology, chemistry, diagnosis, and the symptoms and course of every disease and all disease ultimates, that common symptoms may be quickly and certainly known.

By this means it will be easier to say what symptoms are not common to the case in hand, and thereby to perceive that all symptoms present in a given case which are not common must be *uncommon* and *predicated* (in general or particular) *of the patient*.

These must be foremost in guiding to the remedy and the common symptoms may fall in, taking their place naturally where they belong in each individual case of sickness.

When this method is mastered, prescribing becomes easy, with experience.

If we are homoeopaths, how shall we discover it and prove it to ourselves and others ?

We may give the single dose or repeat our remedies; We may give potentized remedies in high or higher potencies; We may wait ever so long on the action of our given remedies and yet fail to cure sick folks, and if we fail to cure sick people we are not homoeopaths.

*The curing of sick people permanently, gently and quickly is the first and best test of a homoeopath.*

This is easier said than done.

It is often only a pretension. It is one thing to cure chronically sick people and another to cure acutely sick people, or sicknesses, or diseases as some would have us say.

If the remedy is properly chosen and properly administered in typhoid fever, how soon should the patient recover ?

This is a question that every homoeopath should ask himself, and by it should be willing to have himself measured.

Looking back over thirty years I can answer the question better than a young man. My cases of continued fever with prostration, tympanitic abdomen and sordes on the teeth recovered inside of two weeks in the first ten years of my homoeopathic practice.

In the last twenty years they have all been aborted in seven to ten days.

Not one has continued to progress according to the usual course of the disease, therefore not one could be proved to be typhoid by the Widal test.

The homoeopathician will never have a case that will stand the eighth day test, therefore, according to modern science, he will never have a typhoid; Hahnemann says that all acute diseases should be aborted.

Why should we not expect to do this if Hahnemann did so a hundred years ago ?

Why call ourselves Homoeopathicians if we cannot do as well as Hahnemann did ?

Why not offer this as the test of our ability and skill, and consciously admit that we must abort all acute diseases or cease to call ourselves homoeopathicians ?

There can be no better test for our work and for our position than to announce to the world that we do this, if we do it and let all others compare their work and stand or fall by the test of clinical experience,.

Let the near-homoeopath, the highly scientific laboratory doctor, the Christian scientist, the eclectic, the osteopath, or whatever he may be, come in and show what he can do to abort acute diseases.

We must stand by the test. All our homoeopathicians know how to do this work and make good. Hahnemann says in his Organon Of Healing, paragraph 149 :

If we profess to follow Hahnemann, let us display to man what we do to entitle ourselves to the name and to disfranchise pretenders.

Pretenders will at once come to the front and reveal themselves by denouncing us and affirming that it cannot, be done. They thereby only declare that they cannot do it, and hereby convict themselves of being only fraudulent or pretended followers of Hahnemann.

Even if they affirm that they are only modern homoeopaths, they must disclaim on the work they do, pretensions.

"The proof of the pudding is in the eating and not on the plausibility of their scientific methods or of it"

Homoeopaths cure all acute diseases-what do others accomplish ?

It only remains for us to educate the people so they will know what to expect, and what can be done, and who can do it.

But first the education must begin with the physician, so that he can meet the requirements.

Some will say "We do not believe it," which simply means that they have not seen such results, and this only signifies that they do not know how to apply the remedies homeopathically.

Then let the education begin at home. That there are many professed Hahnemannians who are not doing this work in this way is no reason for our silence.

It is enough to know that Hahnemann did it, that many others are doing it, that we should all do it. If we cannot do so, let us give up our pretensions.

## 12- Adoption Of Homoeopathy

Homoeopathy will not be universally adopted for many centuries.

There are many people in the world who cannot believe a great truth however much evidence is presented in its favor.

We are all encumbered with tradition. Unbelief in new things is our strongest tendency.

The tendency to ridicule what we do not understand is born in us.

A few refined and educated minds that have been opened by circumstances are prepared to examine our principles; others have accepted the truth by force of circumstances.

All who really love Homoeopathy have an unlimited desire to teach it to associates and to their patients.

They are often astonished that the door is closed to their willing efforts.

Our literature has been defective, to a large extent as a teaching medium - that which has been prepared for the laity as much as that which has been prepared to teach the medical student and practitioner.

Looking over our literature of the past we observe its incongruities.

Here and there we find hints.

Hahnemann's Organon is a strong, rich source of knowledge, but it is in long sentences, and very condensed, and difficult for many to understand.

When one has fully comprehended the principles, he then reads Hahnemann's Organon with the deepest satisfaction.

The subject is so deep, so difficult to comprehend. A most scholarly deep-thinking man said to me,

"I have read your Philosophy five times and am still reading it, and now I begin to understand Hahnemann's Organon.

When this is known it may not be a surprise that so many fail to comprehend our principles.

This has been said to indicate how important it is to have our principles clearly taught in all our colleges.

Yet nearly all our colleges fail to teach these principles; the Chair of Philosophy may be filled by a man who knows nothing of the subject.

Such a state of affairs delays the spread of Homoeopathy.

Homoeopathy would develop faster if the physicians were all true to its principles.

So many use the compound tablets, and prescribe tinctures in physiological doses, telling people they practice Homoeopathy.

### 13- Books

Homoeopathy is slow to win its way because of the defective use of books, as well as because of defective books, thus producing results that are not striking but merely ordinary.

There are books in existence that seem to foster the idea of pure Homoeopathy which have done much harm along with much good.

The Therapeutic Pocket Book has rendered all our old men a grand service, but it is most defective and yet has caused many good men to shun repertories. It has in most instances furnished only a moderate exhibition of results.

Its generalizing of all particulars has destroyed its worth in so many instances.

When we see the circumstance of *lying*, shall we conclude that lying shall apply to headache, to vertigo, to dyspnoea, to palpitation, to backache, in the same degree ?

Shall we take the Mag-m. *aggravation of liver symptoms when lying on the left side* applicable to headache, to vertigo, to dyspnoea, etc., and all in the same degree ?

Must we have all our circumstances in the same degree in generals as in particulars ?

All who have learned the better way look back with surprise at the faith reposed in the Pocket Book.

One who is familiar with the materia medica can make very good use of this small book, but it will misguide the young man and lead him, to drop the use of repertories, and thereby hinder the spread of Homoeopathy.

When all our books are arranged so that the whole being comes into view, from generals to particulars, when taking the case; when working out the case; when reading the materia medica and when studying the philosophy; then may we hope that our cause will march on by healing the sick and by teaching all who have the desire to learn it and the ability to understand it.

#### 14- The position of the specialist in therapeutics

The specialist assumes, and no doubt believes, that the chronic complaints and symptoms of human beings are due to the disordered condition of the particular organ which he has selected as his particular speciality.

The gynecologist tells the woman that all her suffering in the various organs and parts of the body are due to the disordered pelvic organs.

The cardiac specialist tells her that all her complaints are due to her heart.

The oculist tells her that all her troubles are due to the eyes.

The neurologist tells her that all her troubles are due to the spine.

Each one promises that the patient will be well when the organ which he treats has been properly treated.

It would appear that this perverted idea of the specialist prevents him from ever learning to be a successful homoeopathic physician.

It appears never to have dawned upon one of them that the organs are sick and out of order because the patient is sick.

Each specialist gives local treatment to the part that is his specialty, if he can get to it to treat it locally. If he cannot reach it with local treatment, he feeds the patient with drugs, supposed to act upon such organ, in physiological doses.

The local treatment of nose and throat, vagina, eye and ear, is no doubt the most dangerous of all the work done by specialists.

The specialists appear to think that all there is to be learned about the human body is the anatomy, pathology, and local treatment of the part selected.

With the exception of a few specialists who do not work in this way, it is evident that more harm comes thus to human beings than the homoeopath can counteract.

Any homoeopathist who does careful and honest prescribing will have constantly on hand a lot of patients who have had discharges from ear, vagina, or eyes, suppressed by local use of strong drugs.

If the specialist would only consider first *the patient as a whole*, while he is advising about the part that he has pre-empted as his own, and cease using the strong lotions, he would be a useful man, but he then would only be a physician and seldom a specialist.

The smallest part of the body should never be treated except by *a remedy that fits the symptoms of the entire constitution, organs and parts.*

It is a complete loss, if not a damage, to a patient to take a remedy for the eye, unless it fits all the symptoms of the mind, body and parts, yet we cannot object to a physician choosing to be a specialist if first of all he is an all-round physician.

Let us picture to ourselves a weakling in medical college, who thinks he can cut down his work by confining his study to the treatment of a single part.

Even if he goes to Germany and amuses himself for a year, watching the local treatment in the clinic of some celebrated specialist, he finds the same lotions used in the same manner and with the same results as in the medical clinic of his own home.

Is it a wonder that so often in our hearing it is said the specialists are all humbugs ?

The same lotion is used for every patient with a slight variation only in appearance.

The great specialist and the small specialist are all the same in treatment and they all use the lotions that may be the latest fad.

If they have found a more successful lotion it is only one that will do the patient a little more harm. In proportion as it relieves (?) the organ, in that proportion it injures the patient.

Homoeopathic patients should be instructed so that they will know, when going to a specialist, whether he is treating them constitutionally or locally.

When the patient is consulting a specialist for spine, heart, or brain trouble, he should know whether it is one who will give crude drugs for physiological action, or who is a genuine homoeopathic prescriber and will take all the symptoms of mind, body, organs and parts and select that remedy which corresponds to the *totality of the symptoms.*

We have been too long silent on this subject.



The consequences of vicious suppressive treatment should be made known to all our patrons in no uncertain language.

If the homoeopathician is outspoken in all the matters that are for the people's good, it will be seen that we are not approaching the old school sufficiently to lead any person to predict a near conjunction of the two schools.

Why should a specialist who relies on local treatment expect to associate with homoeopathic physicians ?

Can local treatment in the hands of a professed homoeopath be any different from local treatment in the hands of a traditional doctor ?

When this treatment is the same as that used by the old school doctor why should he call himself a homoeopath ?

15- Address : Typhoid Fever.

An address delivered before the Boenninghausen. Society, Philadelphia. Pa.

Prostration coming on slowly. Continued fever. Zymosis. Sordes in the mouth. Tympanic abdomen. Diarrhoea. Delirium. Petechiae	Agar., Arn., Ars., Arum-t., Bapt., Bry., Carb-v., Chin., Cocc., Colch., Crot-h., Gels., Hell., Hyos., Kali-bi., Kali-ph., Lach., Laur., Lyc., Mur-ac., Nit-ac., Op., Petr., Phos-ac., Phos., Psor., Rhus-t., Secale, Stram., Sulph., Sulph-ac., Ver a, Zinc
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*Mr. President, Ladies and Gentlemen :*

When I was asked to present the subject of the therapeutics relating to typhoid fever it occurred to me to present the subject in a general way, but as I thought about it and considered the epidemic now in the city, progressing and increasing to intensity, it seemed to me that it would be more profitable to study especially such remedies as relate to the present epidemic.

Of course, this consideration cannot be taken up without a general extensive survey of typhoid; but to make the subject comprehensive would require a dozen evenings rather than one, so I will consider tonight only those remedies that belong to our present epidemic in Philadelphia.

I shall not have time to go over the subject of diet, hygiene or prophylaxis, nor the numerous things that every well disposed and intelligent physician should know for himself, but will confine myself to the therapeutics, the homoeopathic remedies that relate to the present form of typhoid.

On the black-board we have a general summary of the pathognomonic symptoms of typhoid fever, those that run through all cases, those that are present more or less all through the fever.

You could scarcely have a group of cases of typhoid that did not exhibit these conditions.

Then if we go into our Materia Medica we readily group the remedies that correspond.

These on the blackboard, if considered in a general way, you will find look like the symptoms we have placed opposite them.

You see that in this group individualizing and differing symptoms are left out, only those that are common to them all are included.

They all have prostration, they all have in degree a continued nature of the febrile condition; they all have, some higher than others, the zymotic tendency; they all have the sordes and the distension known as tympanitic abdomen; they all have more or less a diarrhoea, and most of them have petechiae.

In a general way the group on the left equals the group on the right and vice versa, but this is the general and common consideration.

But now, as that entire group of remedies in complex is equal to that group on the left in complex, so is each one a likeness of the group on the left.

Each one has in its nature a species of typhoid or continued fever and yet none of them produces true idiopathic typhoid fever.

Only a likeness is found, but we deal only with similars, and while we recognize that the typhoid, the Agaricus and the Zincum are all individuals, yet we recognize that they are all similar.

Not all, however, have the symptoms in the same form and hence the necessity of individualization comes up before us.

Some have the diarrhoea at one time of the day, some have it at another time of the day; some have continued fever in very high degree and some have continued fever in low degree. Arn., Bry., Lach., Stram., Sul-ac., have continued fever in very high degree, but China's most characteristic feature is intermittent fever, and it has continued fever in low degree.

China has in a very high degree many of the symptoms and much of the nature of typhoid fever, the prostration, the tympanites, the zymosis, the sordes, the diarrhoea, the delirium, but as to a continued fever it is in a low degree, and hence China comes in intermittents and remittents which are going towards and becoming continued.

Primarily Gelsemium is a remittent remedy, but in a moderate degree it takes on continuance as it progresses, and hence has been found especially suitable for those fevers that are remittent in character in the earlier stages, but, as the disease advances, progresses towards a continued fever, and hence it is suitable for bilious and remittent fevers that take on the continued type, or, strictly speaking symptomatic typhoids.

Some remedies have delirium in the fore part of the night and some in the after part of the night. These questions have to be considered, and the only way to consider them is by a carefully prepared repertory.

Even the fever has its time of aggravation. It is important to find the time at which the fever is highest; in some remedies it will be in the afternoon, some from 3 o'clock to mid-night; in some the sharpest time is from 9 o'clock to midnight, etc.

Those remedies having highest fever at certain times are as follows :

Afternoon : Agar., Apis, Ars., Bry., Canth., Chin., Colch., Dig., Gels., Hyos., Ip., Lach., Lyc., Nit-ac., Nux-v., Ph-ac., Phos., Puls., Rhus-t., Stram., Sulph., Sul-ac.

Evening : Ars., Bry., Carb-v., Cham., Chin., Hell., Ign., Ip., Lach., Lyc., Mur-ac., Nit-ac., Nux-v., Phos., Phos-ac., Puls., Rhus-t., Sul-ac., Sulph.

4 to 8 p. m. : Lyc.

4 p. m. till midnight : Stram.

5 p. m. : Kali-n., Rhus-t., Sulph.

7 p. m. : Lyc., Rhus-t.

8 p. m. : Hep., Mur-ac., Phos., Sulph.

9 to 12 p. m. : Bry.

10 p. m. : Lach.

Night : Am-c., Apis, Ars., Arum-t., Bapt., Bry., Calad., Carb-v., Cham., Chin., Chin-a., Cocc., Colch., Kali-bi., Lach., Lyc., Merc., Mur-ac., Nux-v., Op., Ph-ac., Phos., Puls., Rhus-t., Stram., Sul-ac. Sulph.

Temperature running very high : Bry., Hyos., Rhus-t., Stram.

Midnight : Ars., Lyc., Rhus-t., Stram., Sulph., Verat.

Midnight, before : Ars., Bapt., Bry., Calad., Carbo-v., Lach., Lyc., Nux-v., Stram.

After : Ars., Bry., Chin., Chin-a., Lyc., Nux-v Phos., Rhus-t., Sulph.

These points as to the highest temperature are important. Remedies select a particular time. You may ask, "Why ?"

I am not here to answer that, but we observe the fact, and by observing we act accordingly. Find out from the nurse, or by your thermometer, at what particular time the temperature is the highest, and then examine such medicines as have this increase of temperature.

But these are only most common and general considerations. The most important symptoms to consider for the selection of a remedy are such as are not necessarily found in most cases of typhoid, such as belong to the patient

himself, such things as stamp upon the sickness the nature and state of the patient.

According to Hahnemann the sole duty of the physician is to pay attention to the patient not to treat his disease, but the sick man. Everyone suffering from this fever has only what might be called a species of typhoid.

When the physician enters the room he should begin to observe and gaze at everything for symptoms; for the symptoms are to the intelligent physician the index of the disease.

What this patient is doing is certainly an important thing for the physician to observe.

Does he desire to move or remain quiet ?

If he is worse during rest he will move, and if he moves continuously we at once examine a certain class of remedies, that may be called the moving remedies, or restless remedies, such as Arn., Ars., Bapt., Hyos., Lach., Lyc., Rhus-t., Stram.

It is important to examine into the cause of his restlessness, and by observing him a little, or, if he be able to talk, by questioning him we will find that one (the Arnica) patient moves because he is sore and bruised and wants to get off the sore spots; he often says that the bed is hard, but if he describes his sufferings concretely he will say he is sore and bruised and moves to find relief, only to become sore and bruised again, and so he keeps on moving.

Arsenicum is continuously moving. It is said in the text he moves from the bed to the chair, and from the chair to the bed, but you see by his face that it is an anxious restlessness that possesses him.

His mental state is one of anxiety, and is depicted upon his countenance; and you will see that this mental state drives him to move and he cannot keep still.

We sometimes see the Baptisia patient restless and moving, although many times curled up in a bunch and doing nothing, but when he moves it is like Arnica, to get off the sore place.

Hyosciamus moves from restlessness. Rhus tox. moves because he aches; he is sore and bruised and the longer he keeps still the more violent is that aching, and so he moves and tosses and lies but a moment; after moving he thinks now he is going to be comfortable, but the soreness soon returns and causes him to move. How does that differ from Arsenicum ?

Arsenicum has the mental anxiety and it is depicted upon the face.

Rhus tox has that also in a less degree, but the anxious restlessness in Rhus is not so severe as are his pains. Arsenicum is mental, Rhus tox is physical.

Stramonium moves and moves with the delirium and wildness of his mental state; his anxiety and awful state of frenzy keep him in continuous motion. This then expresses a difference, no two are alike.

But if after long watching the physician sees that the patient lies in one position and desires to be quiet, does not want to move, is not restless, he must study Bry., Cocc., Colch., Hell., Phos.

These all lie perfectly still as if dead. Bryonia in a high degree wants to be let alone, does not want to talk, is worse from motion, has a scowl if asked to move, lies there as if tired and dreads to move.

Cocculus does the same lying on the back, eyes partly open, knows a good deal that is going on, but does not want to be spoken to, with a great state of paralytic prostration.

There is a strong key to it, viz., if you talk in his presence about his food, and how we will go about it to feed him, he is nauseated at once; Colchicum has the same state, and it is only by further consideration that we will be able to distinguish between these two remedies.

Cocculus has more of the paralytic weakness. Colchicum has a characteristic diarrhoea. In Cocculus it is the brain that is troubled; we will look in the abdomen for the symptoms of Colchicum.

Hellebore also lies still with the head thrown back, the limbs drawn up upon the abdomen, rolling the head in delirium, but otherwise wants to keep perfectly still, and the physician has only to observe a few days to see that there are wrinkles coming in the face and brow showing cerebral disturbance of the gravest character.

Or the mental weakness and increasing prostration, with thirst for ice cold water which gurgles through the bowels, will enable you to distinguish that he is needing Phosphorus.

Many patients have carphologia, as it is called, picking at the bed clothes or his lips or at floes. The remedies having these symptoms are Arn., Ars., Cocc., Colch., Hell., Hyos., Lyc., Phos-ac., Phos., Psor., Rhus-t., Stram., Sulph., Zinc.

They all make such motions, but if it is observed that he picks his bleeding lips, regardless of the fact that they are raw and sore and bleeding, and he tears off the crusts and still they bleed, and yet he picks them, Arum triphyllum, is of great importance and must be added to the list, for it has this symptom along with two remedies already included, Phos-ac, and Zincum.

If the physician continues to gaze, he observes the stupor.

This state of stupor, profound or otherwise, is covered by quite an extensive list of remedies, such as : Arn, Ars, Bapt., Bry., Carb-v., Cocc., Colch., Crot-h., Gels., Hell., Hyos., Lach., Laur., Lyc., Murac., Op., Petr, Ph-ac., Phos., Rhus-t., Sec., Stram., Sulph., Sul-ac., Verat., Zinc.

They have varying degrees of prostration and if we had time it would be delightful to go through them all, but I will mention only a few.

The peculiar prostration of Baptisia is noticed very early : the patient will be lying upon the right side quite stupid, quite prostrated, hardly able to answer, but usually he can be aroused.

Sometimes he will finish what he is saying, but oftener he will not finish the sentence he has begun but will drop back into sleep or stupor, in the midst of it.

The stupor of Muriatic acid is especially worthy of consideration, as it comes on gradually and is attended with a great degree of prostration. It comes on late in the progress of the disease, because it succeeds the muscular prostration which we will speak of later.

In contra-distinction to this Phos-ac. he comes stupid early in the progress of the disease, and from the stupor of mind he progresses toward weakness of

body, and hence we observe in Phos-ac., that which is peculiar, viz., copious diarrhoea, of a watery character that is often cerebral, and yet there is no evidence of prostration.

The physician wonders how such a copious watery ejection of fluid can be present without prostration, it is a nervous diarrhoea.

If the physician gazes sufficiently long he notices, also, the muscles and of parts trembling all over, quivering, jerkings, twitchings, called subsultus tendinum.

The trembling early expressed is a strong indication of a severe nervous state quite analogous to Zincum, but if it is primarily of the tongue that the trembling is noticed, and not especially of other parts, it is found under Ars., Gels., Lach., Lyc., Phos., Rhus-t., Secale, Stram., Zinc.

In Lachesis the tongue trembles on putting it out, and the sensation of trembling of the tongue in the mouth is also Lachesis.

If, when he attempts to talk the lips quiver, that is, the effort at motion makes the lips quiver, we must study Lach., Phos., Stram., and Zinc.

A great degree of weakness is present when the jaw falls down, so that the mouth is wide open, and the tongue shows its bleeding and sordes.

This patient will soon show a tendency to slide down in the bed with a great degree of paralytic weakness.

For the symptom, jaw hangs down, we find the following : Arn., Arsen., Bapt., Carb-v., Colch., Hell., Hyos., Lach., Lyc., Mur-ac., Op., Phos., Secale, Stram., Sulph., Zinc.

The patient's expression will also be observed by the physician.

When he sees an expression of anxiety depicted upon his countenance then these remedies come into his mind : Ars, Bapt, Crot-h., Lyc., Nit-ac., Stram., Sul-ac.; but if the patient puts on an appearance as if he had been intoxicated, looking : as if he had been on a debauch he must consult Bapt., Cocc., Gels., Lach., Mur-ac., Op., Stram.



If he tries to rouse the patient and get him into conversation he may rouse up perfectly bewildered, and then the physician thinks of Nux-m., Phos-ac., Stram., Zinc.

Or he sees that the patient gazes off in one corner in a vacant, fixed look, says nothing, answers no questions.

This is like Arn., Cocc., Op., Phos., Stram., Sul-ac. For the idiotic expression seen in some patients he must study Lach., Laur., Lyc., Secale, Stram.

The look of a typhoid patient is said to be sometimes very similar to a vacant stare, then it is that Cocc., Phos-ac., and Stram. are to be examined to see if all the rest of the symptoms agree.

As the physician looks into the mouth he sees the gums and the teeth, and the tongue, and he finds that brown exuded blood has dried upon the various parts and upon the lips.

Sordes are built upon the teeth, containing decomposing blood, and here we find in a high degree the following remedies indicated : Ars., Bapt., Bry., Chin., Gels., Hyos., Mur-ac., Phos-ac., Phos., Rhus-t., Secale, Stram., Sul-ac.

If the tongue is more particularly examined, and it is found to be black, and the blood that exudes is particularly black, such remedies as Ars., Carb-v., Chin., Hyos., Lach., Lyc., Op., Phos., Secale, Sul-ac., are to be thought of.

When the tongue is more brown than black Ars., Bapt., Bry., Carb-v., Chin., Colch., Hyos., Kali-ph., Lach., Lyc, Phos., Rhus-t., Secale, Sulph., Sul-ac., must be examined.

The tongue is sometimes very red later on in the stages of typhoid.

After it has cleaned off its thick heavy exudations it becomes very red, sometimes glistening with red sides, sometimes with red tip, but if generally red Ars., Bapt., Colch., Crot-h., Gels., Hyos., Kali-bi., Lach., Lyc., Nit-ac., Phos., Rhus-t., can be thought of; they all have red tongue.

Later in the disease after the fever has to great extent subsided, or even though there still be fever, the tongue becomes denuded, is glossy, shiny,

looking as if varnished, a glistening tongue, then we must examine : Kali-bi., Lach., Phos.

When there is a very red stripe down the center of the tongue Kali-bi., Phos., Phos-ac., Verat-v., become useful.

When the tongue becomes very red and dry at the tip, Ars., Lach., Lyc., Nit-ac., Rhus-t., Sul-ac., become very important. Perhaps you may have noticed in these zymotic states that the tongue is generally dark brown or red, very seldom white or yellow; the yellow tongue belongs more to bilious or remittent fever.

The tongue is generally dark, and in the more violent forms of the disease, blackish or brown. With the, very heavily coated dark tongue, where these exudations pile up the following remedies will be found useful : Arn., Ars., Bapt., Bry., Carb-v., Cocc., Kali-bi., Lach., Mur-ac., Nit-ac., Phos., Phos-ac., Rhus-t., Secale.

In very low forms of advanced typhoid with a great degree of prostration after the fever has somewhat subsided leaving a state of tremulous prostration, the tongue becomes cold and it is said often by the patient that the tongue feels cold; it is then that such remedies as the following must be examined : Carb-v., Laur., Verat., Zinc.

When it feels cold to the touch of the physician, Ars., Carb-v., Colch., Laur., Phos-ac., Verat., Zinc., are the remedies.

Then again the tongue becomes cracked, bleeds and is raw; oozing of blood appears about the mouth, about the tongue and upon the lips; for this bleeding, cracked appearance of the tongue, the following remedies must be examined : Ars., Arum-t., Bapt., Carb-v., Chin., Crot-h., Hyos., Kali-bi., Lach., Lyc., Mur-ac., Nit-ac., Phos., Rhus-t.

In some cases of typhoid either early or later in the disease, the tongue is as dry as chips, as dry as leather, dark brown or very black and it is tough like leather or wood.

The patient has almost no use of it. This is found in the following remedies : Ars., Arum-t., Bapt., Bry., Carb-v., Chin., Cocc., Hell., Hyos., Kali-bi., Lach., Lyc., Mur-ac., Nit-ac., Nux-m., Phos., Phos-ac., Rhus-t., Secale, Sul-ac., Verat.

If particularly the centre is dry as a board and withered, and upon the sides it is moist, looking more like a tongue, we think of Bapt., Crot-h., Lach., Phos., Stram., Sul-ac.

The physician then brings in his nose for the further consideration of his patient. The putrid odors from the mouth that the physician observes, call especially for Arn., Ars., Arum-t., Bapt., Bry., Carb-v., Crot-h., Kali-bi., Lach., Lyc., Mur-ac., Nit-ac., Phos., Rhus-t., Secale, Stram.

In this way we consider what has been observed by the physician himself throughout the entire body and appearance of the patient, and next we proceed to examine what the nurse has to say concerning this patient.

The physician cannot examine all of the passages from the bowels and bladder, and he must rely upon what the nurse can relate concerning the things that take place during his absence; these, of course, are very numerous, but a few general things can be talked about.

The diarrhoea, when it is of a nondescript character or a mere typhoid diarrhoea, coming as a pathognomonic part of the disease, is not a very important feature, but at times it becomes very severe, very exhaustive, and then the time of the aggravation must be considered.

Some have the diarrhoea only at night, like China; some have it in the day time only, like Petroleum; some have it day and night, and of these exhaustive diarrhoeas, the feature which is of most importance is the involuntary nature.

Involuntary diarrhoea. is found under Arn., Ars., Bapt., Bry., Carb-v., Colch., Crot-h., Gels., Hell., Hyos., Lach., Laur., Mur-ac., Op., Phos., Phos-ac., Rhus-t., Secale, Sul-ac., Verat.

Quite a list to be examined, but the physician must examine well all of these.

Sometimes we have a still greater degree of prostration in which there is involuntary discharge of both stool and urine, taking place simultaneously, and then Arn., Ars., Carb-v., Colch., Hyos., Laur., Mur-ac., Phos-ac., Phos., Rhus-t., Secale, Stram., must all be looked into.

Copious flow of blood with the stool, hemorrhage from the bowels, will require an examination of the following remedies : Arn., Ars., Carb-v.,

Chin., Colch., Crot-h., Kali-bi., Lach., Lyc., Mur-ac., Nit-ac., Phos., Rhus-t., Secale, Sul-ac.

The nurse further relates in her description of the stool that is very putrid, that it is cadaveric, like dead things, like stinking meat, horribly offensive.

It is an unnecessary individualization in this typhoid state to go into the fine differences of the odor, because it is often only a difference in the nose to measure an odor.

Putrid stools would call to mind Ars., Bapt., Carb-v., Crot-h., Lach., etc.

The very copious thin exhaustive stools often require such remedies as Phos-ac., Phos., Secale, Verat.

Then we notice another state, which is commonly worse in the night and may be observed also at times when the fever is at its highest, or when the patient is unconscious, viz., twitchings.

He twitches and jerks; sometimes it is so marked that it is like a chorea, when it becomes like Agaricus, but when only in the finer muscles, Ars., Carb-v., Cocc., Colch., Crot-h., Hyos., Lach., Mur-ac., Phos., Psor., Rhus-t., Stram., Sul-ac., Zinc. become the remedies.

When the prostration becomes so marked that the patient slides down in bed until his head is perfectly level with the body, right off from the pillow, it is then that the following remedies must be examined : Ars., Carb-v., Mosch., Mur-ac., Nit-ac., Nux-m., Phos., Phos-ac., Rhus-t.

The mental symptoms are often of the greatest importance. Little particulars come out sometimes in mental symptoms that lead you to think of a remedy, not to give the remedy because of the keynote, but to sit down and meditate upon it for a few minutes, to ascertain whether or not it fits the whole case, whether the remedy that is calling attention to itself has all the rest of the symptoms.

The mental symptoms are of great value, especially when the patient is in a state of semi-consciousness, when he is going down into a state of prostration.

There are changes in his mind, in his manner of speech, and answering questions. If he looks as if he could answer correctly but does not, then such remedies as Carb-v., Hyos., Phos-ac., Phos., must be studied.

When his answers do not fit the question, when they are irrelevant, when he answers a question that has not been asked, then Carb-v., Hyos., Nux-m., Phos-ac., Sul-ac., will be the remedies to consider.

When he lies and looks at the physician but does not answer the question, he looks as if he could answer, but never says a word, Arn., Hell., Hyos., Nux-m., Phos., Phos-ac., Stram. must be thought of.

He lies and looks into the physician's face and reflects a long time, and finally answers with great difficulty, it seems that he cannot get his mind to compass the idea, and he answers slowly, Cocc., Hell., Nux-m., Phos-ac., must be considered.

In a general way, those having slow answers and slow speech, as if meditating before answering (the semi-conscious state), are Ars., Carb-v., Cocc., Hell., Nux-m., Phos., Phos-ac., Rhus-t.

He answers correctly, but soon returns to a marked state of stupor, is found especially under Arn., Bapt., Hyos.

Again, his mental state becomes more active, and he takes on delirium and rage, but more particularly wants to run away, wants to escape, wants to get out of the window, the following remedies must be examined : Ars., Bapt., Bry., Cocc., Hell., Hyos., Lach., Phos., Rhus-t., Stram., Zinc.

There is sometimes one reason, and sometimes another, for his wanting to get up and escape.

When the patient thinks he is away from home and wants to get up and get out of the window and go home, Bry., Hyos., Lach., Op., Rhus-t., Verat., must be thought of.

If in his hallucinations the most frightful rage is observed, when he strikes, bites, cuts, seeks to kill, do mischief, destructive rage, Carb-v., Hyos., Laur., Lyc., Op., Phos., Phos-ac., Rhus-t., Stram., come in for a share of consideration.

If on closing the eyes he screams out as if he saw horrible visions, Bry., Hell., Lach., Stram., are to be considered.

Raving, wild delirium is often best covered by Hyos., Lyc., Nit-ac., Op., Phos., Secale, Stram., Sul-ac., Verat.

16- Address : Vital action and reaction

"A medicine is not too high to cure so long as it is capable of aggravating the symptoms belonging to the sickness, in the first hours in acute, and in the first days of a chronic, sickness.

--Hahnemann's Organon.

Two different presentations :

Some understand Homoeopathy as a science presenting human sickness in forms to be perceived :

From center to circumference,

From head to feet,

From within out,

From highest to lowest,

From the vital centers to the periphery.

This may be said to be the vertex presentation whereby one thinks from things first to things last, perceiving the loves and the hates as the first and deepest of any sickness in man.

A sickness can be perceived in :

Perversion of the desires and aversions,

Perversion of the intelligence,

Disturbed memory,

Physical sensation perverted,

Disturbed functions or organs, with the attending circumstances,

Perverted sensations and sufferings of *parts*,

Tissue changes and pathological conditions,

Sensations and sufferings dependent upon the pathological conditions.

Causes that excite each of these are parallel to the perverted states themselves, in each sphere.

Any physician who can view a sick man in this way, from first to last, will *be able to secure evidence that will enable him to adjust materia medica so that order will certainly be re-established.*

This may be called birth by vertex-presentation.

Some physicians are utterly unable to perceive that the mental symptoms are first, will and understanding perverted, and are unable to perceive that the man himself has been unbalanced by heat, by cold, by light, and by electricity, in instances of excess, of defect or of perversion.

They are utterly unable to perceive that the man as a whole, as of himself, may be perceived in a grasp collectively, and mentally analyzed by the measure of excess, defect, and perversion.

Such men always see ultimate tissue-changes, pathology, as both cause and ultimate. I say see because they do not perceive.

The first-cited vision is to be perceived; the last can be seen and touched.

This latter might be termed breech-presentation.

These two classes of men must always differ :

The first are philosophers and rational men; the others are materialists.

One class think from things first to things last, including all items in their places, and giving each its full value in relation to the whole; the other see the ultimates and give no value to the whole.

The first see sickness in its perversions :

Of the loves,

Of intelligence.

Of memory,

Of bodily sensations,

Of causes and of circumstance,

In greater and in lesser,

In general and in particular.

And these as they extend into ultimates.

The first are adherents of, and filled with the doctrines; the second are not of, but against the doctrines.

The second must see results of disease. They have no perception of causes and circumstance.

When they see what they call causes they see only ultimates; they appear to lack ability to group the first conditions of disorder.

They do not see *order in the phenomena of disorder, nor in the symptoms of sickness*.

They see sickness only in its endings, or ultimates.

To heal the sick, man must perceive what in the body is in disorder, and he can perceive this only by viewing the phenomena of disorder.

The phenomena that represent progress from cause to effect are often ignored until ultimates that can be seen and touched are present. This assumes that a thing can be a thing and at the same time the cause of itself.

## 17- Dosage

A fatal error prevails in many quarters : to suppose that increasing the size of the dose makes it more Homoeopathic.



It is not yet clearly understood that the attenuation should be similar to the plane of the perversion, the disorder, in the economy.

Increasing the degree of the potency may hasten the cure, but it often increases the aggravation; diminishing the potency diminishes the homoeopathicity, and if the drug be increased in quantity the relation departs from the similar to the dissimilar, hence becomes not the curative power.

#### 18- Use of the repertory

As Homoeopathy includes both science and art, Repertory Study must consist of science and art.

The scientific method is the mechanical method; taking all the symptoms and writing out all the associated remedies with gradings, making a summary with grades marked, at the end.

There is an artistic method that omits the mechanical, and is better, but all are not prepared to use it.

The artistic method demands that judgment be passed on all the symptoms, after the case is most carefully taken.

The symptoms must be judged as to their value as characteristics, in relation to the patient; they must be passed in review by the rational mind to determine those which are strange, rare, and peculiar.

Symptoms most peculiar to the patient must be taken first, then those less and less peculiar until the symptoms that are common and not peculiar are reached, in order, from first to last.

These must be valued in proportion as they relate to the patient rather than to his parts, and used instead of ultimates and symptoms pathognomonic.

Symptoms to be taken :

First-are those relating to the loves and hates, or desires and aversions.

Next-are those belonging to the rational mind, so-called intellectual mind.

Thirdly-those belonging to the memory.

These, the mental symptoms, must first be worked out by the usual form until the remedies best suited to his mental condition are determined, omitting all symptoms that relate to a pathological cause and all that are common to disease and to people.

When the sum of these has been settled, a group of five or ten remedies, or as many as appear, we are then prepared to compare them and the remedies found related to the remaining symptoms of the case.

The symptoms that are next most important are those related to the entire man and his entire body, or his blood and fluids :

*as sensitiveness to heat, to cold, to storm, to rest, to night, to day, to time.*

They include both symptoms and modalities.

As many of these as are found, also, in the first group, the mental summary, are to be retained.

There is no need of writing out the remedies not in the mental group or summary; these symptoms, relating to the whole patient, cannot be omitted with any hope of success.

We must next look over all the record to ascertain which of that group are most similar to the particulars of the regions of the body; of the organs of the body; of the parts; and of the extremities.

Preference must be accorded to discharges from ulcers, from uterus during menstruation, from ears, and from other parts, as those are very closely related to the vital operation of the economy.

Next must be used the modalities of the parts affected, and frequently these will be found to be the very opposite of the modalities of the patient himself.

A patient who craves heat for himself, generally, and for his body, may require cold to his head, to his stomach, or to the inflamed parts, hence the same rubric will not fit him and his parts.

Hence to generalize by modalities of *isolated* particulars leads to the incorrect remedy or confounds values placed upon certain remedies.

There are strange and rare symptoms, even in parts of the body, which the experienced physician learns are so guiding that they must be ranked in the higher and first classes.

These include some keynotes which may guide safely to a remedy or to the shaping of results, *provided that the Mental and the physical generals do not stand contrary, as to their modalities, and therefore oppose the keynote symptoms.*

Any remedy correctly worked out, when looked up in the materia medica, should be perceived to agree with, and to fit the patient; his symptoms; his parts; and his modalities.

It is quite possible for a remedy *not having the highest marking in the anamnesis* to be the most similar in image, as seen in the materia medica.

The artistic prescriber sees much in the proving that cannot be retained in the repertory, where everything must be sacrificed for the alphabetical system.

The artistic prescriber must study materia medica long and earnestly to enable him to fix in his mind sick images, which, when needed, will infill the sick personalities of human beings.

These are too numerous and too various to be named or classified.

I have often known the intuitive prescriber to attempt to explain a so-called marvelous cure by saying :

" I cannot quite say how I came to give that remedy but it resembled him "

We have heard this, and felt it, and seen it, but who can attempt to explain it ?

It is something that belongs not to the neophyte, but comes gradually to the experienced artistic prescriber.

It is only the growth of art in the artistic mind : what is noticed in all artists. It belongs to all healing artists, but if carried too far it becomes a fatal mistake, and must therefore be corrected by repertory work done in even the most mechanical manner.

The more each one restrains the tendency to carelessness in prescribing and in method, the wiser he becomes in artistic effects and materia medica work.

The two features of prescribing must go hand in hand, and must be kept in a high degree of balance, or loose methods and habits will come upon any good worker.

#### 19- An address preliminary to the study of homeopathics

It is not an easy grade to the pinnacle of pure Homoeopathy, or as it should be admissible to say, to Homoeopathy.

I know that the statement admits that there is a quality of Homoeopathy prevailing not strictly pure, which is so true that argument opposing it is unnecessary.

The condition of medicine leading up to the new system nearly a century ago could scarcely be written or spoken of *forcibly, enough* to impress the mind with the *gravity of the situation*, or to *portray* the injury to the human race.

At that time medicine was in a state of chaos. Hardly can it be said that there was any good in it, and, as to its history, it was entirely traditional.

It was composed of powerful and drastic measures, and its only claim to respect was that its measures were sure to *kill speedily* or to *cure lingeringly*.

These measures were bleeding, cupping, leeching, vomiting, cathartics, sudorifics, soporifics, etc.

To what extent has medicine advanced ? Have the numerous fads and fancies furnished the world with a better system of old medicine than then existed ?

Is the deadly administration of concentrated compounds, alkaloids and resinoids a better and safer system ?

Then, drugs in massive doses were hurled through, but now they are administered in such a form that they are diffused throughout the body, depressing the vital energy and ultimating disease forms.

Then they used coarse forms of crude drugs and now they use the dangerous, concentrated forms of deadly drugs, and, as much now as then, *without law or principle*.

Then the physician compounded his own medicines, now the chemist and pharmacist prepare the nostrums and inform the learned ( ?) doctor in regard to the fullest particulars and uses, in order that he may be prepared to administer these potent concentrates to the dying sick.

These new agents come from the laboratories so rapidly that the druggist can no longer keep posted as to the names-much less the physician as to the properties of the medicines he uses.

No sooner has a flooring of concentrates been threshed out than a new one comes, so that every year an entire Materia Medica, new and clean, is manufactured for the use of this highly learned profession.

How different is this from the remedies used by the New School ! Remedies once proved and verified stand as a fixture, under the same specific indications, so long as man dwells upon the earth and needs aid for sickness.

*The remedies discovered by Hahnemann will stand the test of experience for the ages to come, as they have grown stronger by use since their discovery.*

Fifty years have built and confirmed the Homoeopathic Materia Medica, while the Old School has had many new ones, and, like the shifting sands, no man can predict where the next one will come from, nor the ending of the one now in use.

Many changes have come over this system of traditional medicine. Its adherents, failing, by their methods, to obtain the respected results, and jagged by the thorn in the flesh - Homoeopathy's success - have betaken themselves to profound research which has been heralded by mighty leaders : Koch, Pasteur and others.

The chaotic jumble now, denominated scientific medicine is a stench in the nostrils of rational men, and ought to be patented for a modern medical kaleidoscope. *Such is the boasted medicine of experience.*

A microcephalic of Philadelphia some years ago offered one hundred dollars as a prize for the best essay exposing the fallacies of Homoeopathy; so great is the task, he makes a great offer.

But how inexpensive it would be to secure an essay on the fallacies of traditional medicine ! So-called "regular medicine" has made many changes, as silly as they are numerous, because not based upon law.

Its votaries speak of progress. What can they mean !with no principles to conserve, no law to obey, and only speculation to offer as the foremost elephant of the advancing juggernaut ?

*It is the medicine of lawless experience and speculation. It is not a result of discoveries, but the opposition of disgusted patrons and Homoeopathic statistics, that has impelled the apparent industry in this so-called science.*

It has not been for the love of the dear people whom they mock in the wards of public hospitals that they have changed, but the spur of comparative failure and chagrin following the useless experiments upon the sick à la Koch, Pasteur, etc.

The moderation observed in dosage has been so worthy of imitation that even the pseudo-homoeopath finds consolation in the fact that he can hoodwink a confiding public with these deceptions-they so resemble Homoeopathic forms of medication from which they were taken. But the simple only are thereby deceived.

For the deceptions practised by pretenders in our own ranks there can be no need of apology. They and their faults are too well known, and the causes are :

First, The increasing demand for the genuine.  
Second, The comparative infancy of the new system.  
Third, The imperfection of the machinery of instruction.  
Fourth, The imperfection of books.  
Fifth, To generalize, want of opportunity, capacity and desire.

Allopathy concerns us very little; its way and that of Homoeopathy have long since parted. Homoeopathy has made grand strides. We recognize Hahnemann as a great master, a loving father and a God-fearing man.

In 1833 he finished his masterpiece, the Organon, of which there are many translations, it having gone through five editions, the first of which appeared in 1814.

The growth and prosperity of this great system of medicine have gone on until thousands of physicians are practising it, and colleges, hospitals, dispensaries and journals are spreading it to the ends of the civilized world.

The continued study of the doctrines of his new system is leading to better application, and the unsettled questions of the past are rapidly diminishing.

Hundreds of practitioners now scattered over the land rise up to testify to the fullness of the law and the success following obedience to principle. Their testimony is a satisfactory demonstration that Homoeopathy pure and simple is all that is desired in the cure of the sick, that the law is universal, and the failure must come from causes above enumerated.

Obedience demonstrates that Homoeopathy rests upon fixed principles - on a law- and not on a mere rule of practice, to be changed for something better, or when fancy dictates a new whim. (Organon § 2.).

As well say or suppose that the apple could do otherwise than fall to the earth when its stem is disconnected from its mother tree.

There can be but one great system of Homoeopathy. Men who rise to the fullness of uses in its application have broken the fetters of prejudice, bigotry, intolerance and self conceit, and have followed on after the light never faltering though often stumbling, never sneering though often doubting-until the full heat and light of the mid-day sun hold them spellbound in the knowledge and love of uses. These attainments are within the grasp of all who love knowledge for uses and not for selfish ends.

Homoeopathy exists in varying degrees as to application, from the crude, with a mixture of traditional methods, up to the highest results of absolute obedience to known law. Every practitioner admits the value of the law by, his efforts to follow it, inasmuch as he practices to the fullest extent of his knowledge and turns aside only where knowledge of law was defective.

Then it follows that the degrees are only the shadings from ignorance to knowledge, and they are almost infinite in number from the kind-hearted mother with her family medicine case to the discriminating master, all

honestly seeking the happiness of human kind or mercenarily grasping to sell relief of pain for filthy cash.

*The inexperienced must be assisted and instructed in order to practice Homoeopathy without resort to traditional medicine. But assistance can be of use only when desired and appreciated.*

To acquire the knowledge necessary to conduct a practice without resort to doubtful methods demands arduous toil and constant application, while the mind is held in a receptive attitude and the longing of the heart is for truth *because it leads to what is good* and not to sell it for a price.

The doctrines of Homoeopathy are elevating and simple to the mind that is right, and, when known, following their dictates is easy; for it is easier to follow well marked paths than to flounder in the mire of traditional medicine. It is hardly necessary to affirm that one who knows how to be obedient to fixed principles has no incentive to, and will not, depart from them. It cannot be denied that many seek, and few discover, the pure doctrines of Homoeopathy.

That many would call the necessary labor too great a sacrifice cannot be disputed. That the Creator knows to whom to intrust His Sacred truths I have no doubt. That any man who seeks the elevation of man and will work earnestly shall receive his portion should not be disputed. it is impossible for him who is ignorant of the principles of Homoeopathy to realize the great good to man that can come from a full knowledge and application of the law of similars.

They who are ignorant of the higher and fuller uses of Homoeopathy assume that they are wise, or that knowledge of fixed principles does not exist, and declare that the use of anodynes is justifiable when the appropriate homoeopathic remedy is not known. They often use such agents to the detriment of the patient and of the system which they profess to believe is founded on law; They are unable to see that obedience to law is liberty, and suppose that license to violate law can be granted by themselves.

Obedience to principle must stand before the pocketbook, reputation or other selfish motives, or the physician cannot rise to the constant and perfect reliance upon law with the feeling of satisfaction, and that it is right and all that is good to do. In every instance where disobedience is urged, the



impulse is ignorance and selfishness, to the end that man pays tribute in some Way to the physician, instead of the physician serving the man.

The question : "Why not rely on law ?" has never been answered but in two ways : "I do not know," or "It is not profitable."

When we comprehend the wonderful work that Hahnemann performed and the magnitude of the Organon (Which was so complete, as he left it, that no man has been able to add to it, nor, in spite of sneers, been able to take from it), can we refrain from reverence and the tacit belief that he was aided by all-wise Providence ?

When we consider how ably he opposed the pathological theories of his day (the pathological -notions of a century ago, now abandoned, were advocated then with as much assurance and pertinacity as those now in vogue, as the Old School accepts and abandons theories as flippantly, and with as profound reason, as a siren, her lovers); when we realize the extent of his learning in all branches of science, the wonderful physical endurance that enabled him to remain every third night in reflection, and the love that, under all circumstances, he manifested toward the human race and God; and when it is known that the source of man's love is the fountain of inspiration; then may we comprehend the depth of truth in, and properly revere, his masterwork, the Organon of healing.

Indeed, has it been said by all masters since its writing that new truths come out of it, after every reading, to suit the varying degrees of advancement in the progress of each faithful observer, no difference how old or how wise.

The masters of these living doctrines and the materia medica have been constant readers of this great work. Not one of the prescribers has ever claimed a discovery not fully set forth in this work, but all in their greatest accomplishments have said that they based their successes upon the Organon. It is the first book for the student to read, and the last for the old and busiest physician to ponder over.

When Lippe, Wells and scores of others advocated a continuous reading of this book during their long careers, should we not similarly look upon it with a feeling of profound respect ?

Should we not crave the hidden truths that have made these faithful followers of law so successful ? To whom would a rational man apply for

light when desiring to follow law in healing the sick and measuring out uses to man ?

Naturally to Hahnemann and his faithful adherents, and not to those who smile at what they choose to consider the ravings of an aged man.

There are some professed homoeopaths who, by words and actions, denounce Hahnemann as a theorist, a fanatic, and as visionary, but these have never cured sick people as Hahnemann did.

Let all men learn of him until they can do as he did; for he was, and still is, the teacher above

all others. He was the first advocate of Homeopathy, and we must look to him, and all deviation from his teachings should receive another name.

There should be no controversy with men when principles are the thing considered. The truth often cuts men deeply and urges to dispute, and wounds thus made seldom heal by first intention or without loss of blood.

Controversy seldom teaches him who does not seek the truth. The rational man accepts the truth because he is prepared for it and because it is truth. The sick come in distress after all else has failed and they are in a receptive attitude; while the old and hardened follower of traditional methods comes in the attitude of rebellion, and his egotism and bigotry cannot be overcome. To him the sunlight is as dark as smoke,

Hahnemann formulated the principles of Homoeopathic therapeutics. Isolated statements had been made previous to his labors, showing that glimmerings of truth had occasionally appeared, but not bright enough to permit the arrangement into doctrines. He so arranged the rules of practice in the Organon and Chronic diseases that the system of homoeopathic therapeutics may be considered complete.

Homoeopathy rests not upon theory nor opinion, but upon facts. Hypotheses and reasonings have no place in treatise on that upon which human life depends. It is, of course, impossible for the medical theorist to reflect upon medical facts, because he has no knowledge of facts to consider; hence he reasons that perhaps the vomiting is caused by a disordered brain, or by a congested liver, or is reflex from the uterus, and so on, indefinitely.

This theorist is more likely than any other to think that an exact diagnosis is of great moment, and yet every hypothesis shows the shifting basis of his false conclusion.

The minds thus perverted by false reasoning are outnumbered only by fluctuating opinions, and with them there is no substantial way and roadbed because the wandering, the confusion and the mental fluctuation prevent settlement upon any course or path of continued operation.

With them there is no *indicated remedy*, and a continuous whirl of medicaments comes before the mind. The sickroom is filled with bottles and the patient's stomach distended with things too numerous to mention : from home-made decoctions to an Irish stew.

The more accurate the diagnosis and the more substantial its basis, the more inaccurate the prescription that is based upon it. The diagnosticians are the poorest prescribers, yet, in spite of all this, no harm can come from the finest sagacity in naming diseases.

*It must be understood, however, that the diagnosis does not reveal the nature of a disease in a manner to image a remedy.* The diagnosis is the name of ultimates and exteriors, while it is, the interior nature that must be perceived through the peculiar, characterizing signs and symptoms, in order to discover the remedy that will cure. (Organon §§ 6-8.).

The highest order of this peculiar insight leads to selection of remedies of the highest degree of similarity, hence, to the highest order of healing.

Medical opinions concerning a given sickness are as plentiful as doctors. Even in this day of medical sunlight, there prevail the lightning changes in medical opinions, as an afflicted mortal rambles over a large city among the medical luminaries; to receive their costly and worthless diagnoses.

This might not appear so hazardous were it not a fact that treatment is supposed to rest upon the diagnosis. Fortunately, for the patient as for the doctor, the supposition is not criminal.

Our own Chapman, with his prescription test case, has demonstrated that the simplest case cannot secure two similar prescriptions, even when the greatest minds in allopathy are consulted.

The result was quite different with the New School, as all the physicians named the same remedy. The same test can never be repeated with similar results.

The epidemics in the last twenty-five years have revealed wonderful similarity of methods and remedies. The Yellow Fever Commission portrays the certainty of method and results, in the records forming the statistics for Memphis and New Orleans.

These men had no connection with each other. They labored and gained results that demonstrated that they were inspired by principles, as the same remedies were used in the different cities for the same symptoms, and with similar results.

Exactitude of methods, and similar remedies for similar symptoms the world over, with the same good old materia medica which becomes better with age and use, should appeal to the minds of men in a way to secure a hearing.

In the practice of Homeopathy, a master, wherever he may be, has something on which to base a prescription. When else was this ever so marked as by Hahnemann, when, after his study of the cholera epidemic, and reference to the symptoms of the materia medica, he decided that Veratrum, Cuprum and Camphor were the remedies suited to the epidemic; yet he had never seen a case of cholera ?

When asked what remedies would correspond to this disease, he simply recalled the provings. The nature of the disease appeared similar to what he had seen in the provings of Camphor, Veratrum and Cuprum. He therefore concluded that these remedies ought to cure this sickness. They were thereupon successfully used.

They are our sheet-anchors in cholera today, and they ever will be. This was no opinion of Hahnemann. No, he had simply obtained the symptoms of the provings, and compared them to those of the disease. From this he said that these would be the remedies. Homoeopaths thus have a power that is not found elsewhere in medicine, viz., that of prevision.

*Positive principles should govern every physician when he goes to the bedside of the sick. (Organon, §§ 1-2.).*

The sick have a right to it. Before the time of Hahnemann there was no such thing. The sick were villainously treated.

Since the advent of this most beautiful and perfect system, the people have a right to demand exactitude in methods and knowledge. Better to do nothing than to do something useless. It is better to watch and wait than to do wrong.

Every action in Homoeopathy must be based on a positive principle. Every action of the physician using Homoeopathy should be based upon the principles of the system. He should say : "Thus saith the principle, as doth the grammar in every word of your speech." Some say, "I do not believe;" but let it be known that belief has no place in the study of Homoeopathy.

The inductive method of Hahnemann gives no place for unbelief; hence it is that Hahnemann has formulated the first paragraph of the Organon :

"The first and sole duty of the physician is to restore health to the sick. This is the true art of healing."

## 20- Birthday of Hahnemann

It naturally comes into our minds to celebrate the birthday of Samuel Hahnemann on the eleventh day of April.

Some will do this by a banquet, some by speeches, some by silent heart-throbs.

Some will celebrate openly and outwardly, while in secret they administer tinctures in physiological doses and compound tablets, and alternate two medicines, neither of which is related to the sickness in hand.

The silent, heartfelt thankfulness that Hahnemann was born and lived his life and left us the results of his discoveries in the Organon, Chronic diseases and Materia Medica Pura, is the best way to celebrate this wonderful man's birthday.

Hahnemann fulfilled his usefulness, and no man ever took his place.

This is true of all great and useful men.

Every man that does his utmost in useful work leaves no one to do his work.

Every man must seek his own work and do it; men fail when they try to fulfill another man's work.

Many great men have followed Hahnemann; each has done his own work.

Men have become great in Homoeopathy in following the principles laid down in Hahnemann's Organon, in teaching, translating, compiling, and prescribing, but not a single man has become noted by using tinctures, compound tablets, or ignoring the doctrines of potentization.

Some of these have become noted politicians, but none of them have been noted teaching the Philosophy or the Materia Medica.

The men who have been noted teachers in our Materia Medica have been men who have openly stood for the principles of potentization, the single remedy, the similar remedy, and all the principles found in the Organon.

All such men will celebrate the birthday of Samuel Hahnemann; many others will make speeches, and eat and drink and be merry.

## 21- Class-room talks

Chronic tendency to congestion of the head, when Bell. has been the remedy that gave relief to the acute expression of the disease, Calc.

Now, I don't mean you to understand that during the attack Calc. would be the better remedy. Bell. corresponds more fully to the acute manifestation.

Calc. would agg. too strongly; but after the attack a dose of Calc. will cure the tendency to repeated return of these congested conditions.

So when each time the patient takes a cold, he has swollen tonsils, tonsilitis, and has chronic induration of the tonsils - Bar-c.

Now, we do not mean that Bar-c. would be the best indicated remedy during the acute attack - many remedies may be better indicated - but that a dose of Bar-c. *after* the attack, would *be* indicated, and would cure the tendency to return.

*Don't commence the treatment of any chronic disease during the exacerbations.*

In epilepsy you will never cure unless you first find a remedy that covers and corresponds in every respect to the acute attack.

Then follow with the complimentary or chronic as the curative.

In chills and fever a prescription before or during the paroxysm will *certainly* increase the violence of the paroxysm, and hinder, if not complicate, matters.

## 22- Class room talks (2)

Hahnemann has been accused of alternation, of saying that Bry. and Rhus. alternated.

Now, Hahnemann did not mean you were to put one remedy in one glass and one in another, giving first of one and then the other; Bry. and Rhus. are complements of one another, and Hahnemann meant just this :

You have had the symptoms and given the similar, Bry., and you will often find that when Bry. has ceased its action the symptoms of Rhus. will begin to shadow forth.

Now, wait a little; you will have a clear picture of Rhus.

You give it, and after a little Rhus will have done its work.

Again the symptoms of Bry. may appear, and so on until you have finished your case.

Arn., Rhus, and Calc. often follow one another *this* way : A sprain in joint, bruised condition of muscles, would be well covered immediately by Arn.

The injury does well for a time, but after a week or two there is still some weakness and pain.

Now Rhus is also similar, but belongs to a later period.

So Rhus takes up the case, carries him comfortably on for some months, when he suddenly finds its power over the condition gone, and that he has a rheumatic stiffness in the strained joint coming on *after cold, damp weather*.

Now Calc. is indicated and will finish the case.

Hahnemann has said that we would often find that certain of the remedies rotated, i. e., Sulph., Calc., Lyc., one might say of that, as of alternation, to place each in a tumbler by the bedside, giving from first, second, and third in succession, etc.; but that is not the point.

The great master intended you to know that many times (not always) the symptoms of sulph. would be followed by those of Calc., and those again by symptoms of Lyc., returning to Sulph. after Lyc., and so on until the case is completed.

It is well for you to know these things, that you may - be watchful and prepared to solve the problems as they arise.

The better prescribers use the most profound reasoning in the study of their cases and in their search for a remedy.

To show you how you must think and study out your symptoms-by a comparatively simple case-and how to prescribe when you seemingly have but one symptom :

A lady comes to my office with extreme restlessness of lower extremities.

Well, I think that is Zinc., pre-eminently and many, many others.

Yet I do not stop there. I inquire further, and find that a few days before she has been out in the rain and got wet.

"Where, your feet ?" Oh ! no ! My feet were protected but my head got very wet.

Why, think I, that sounds like Bell. I must see if Bell. has restlessness of the limbs.

Sure enough, Bell. has it, and Bell, cures with no further return of symptoms.



### 23- Classification of constitutions useless in prescribing

Why should we attempt to classify constitutions as an aid in prescribing ?

Every individual is a constitution, and no two sick persons can be classified as of the same class to the satisfaction of any clear, observing, and thinking homoeopathist.

It is a fatal error to classify constitutions, as no two are sufficiently similar, when observed by a genuine homoeopathician to form even a common class.

Human beings are a thousand times more complex than the chess-board in the hands of most skillful players.

Every change in combination in mental or physical signs and symptoms brings a new view of the entire patient as observed collectively.

Normal mental methods come to all thinkers in such diverse appearances as to justify the well-known statement that no two minds are alike.

In similar manner, all abnormal minds appear to the alert physician as sick individuals.

Mental abnormalities may be classified by their common manifestation by the alienist, but the classification is never useful to the homoeopathist when searching for a remedy.

The classification is made up from common symptoms of the mental-disease symptoms for the purpose of medical diagnosis, but *the peculiar symptoms in each and every morbid mental case must guide to the prescription*, and these prevent classification.

Nothing leads the physician to failure so certainly as classification.

The physician who prescribes on a diagnosis is a failure, except for his chance shots.

Individualization is the aim of every homoeopathic physician.

The symptoms that represent *the morbid constitution or disorder of the individual* are the ones that the skillful prescriber always seeks.

Symptoms that are uncommon in one constitution are common in another, because such uncommon symptoms are common to some diseases and uncommon to others.

Classification is necessary to the proper study of diseases, pathological conditions, and diagnosis, but every case of sickness in an individual is so dissimilar to another case that each and every patient must be examined and measured by the symptoms that represent his disordered economy, or prescribing will be followed by very ordinary results.

#### 24- Correspondence of organs, and direction of cure

Hering first introduced the Law of Direction of Symptoms : from within out, from above downward, in reverse order of their appearance.

It does not occur in Hahnemann's writing.

It is spoken of as Hering's Laws.

There is scarcely anything of this law in the literature of Homoeopathy, except the observation of symptoms going from above to the extremities, eruptions appearing on the skin and discharges, from mucous membranes or ulcers appearing upon the legs as internal symptoms disappear.

There is no specific assertion in literature except as given in the lectures in Philosophy at the Post-Graduate School.

The innermost of man consists of will, understanding, and these are extended outward through the general physical organism.

This idea belongs here in considering the direction of symptoms - from the innermost to the outermost.

We meet patients in whom we make what we would not know would be a good prescription except for a comprehension of this relation of the innermost and the outermost.

A patient returns after a prescription has been made, who, from his symptoms would think himself worse, yet he could not be so considered except by his reasoning that something has appeared which he did not have before.

Then the doctor would be tempted to change the remedy if he is not familiar with correspondence of organs.

By his knowledge of correspondence of organs he is able to know, whether the patient is better or worse.

The physical organs correspond to internal man; to the will and understanding.

The intellectual faculties consider a proposition presented, weighing it in the light of things learned to determine whether it be false or true, partly false or partly true.

The memory holds it while it is examined and considered, and the intellectual faculties digest what is received, separating truth from false, and appropriating the truth and rejecting the false.

The stomach receives food; it and the small intestines digest and assimilate that which is good for the body, and cast off that which is not suitable, that which is indigestible, false.

These correspond to the intellectual part of man, doing for the body what the intellectual faculties do for man.

The kidneys perform similar work, separating the false from the true in the blood.

The worn out part of the blood is manufactured into urea, urates and is carried off.

The kidneys do for the blood what the intellectual faculties do for truth.

At first you may not perceive any relation in these things, but long observation and examination of these reveals much.

When you are treating a patient insane in the intellectual faculties, stomach disorders or intestinal disorders appear as the patient improves, cramps and diarrhoea occur, the disorder extending through the intestinal canal. In another patient, kidney affection with albumin in the urine results, in the course of reaction from mental disorder.

Pain in the back and albumin in the urine appear although the nurse says the patient is improving.

When the reverse is true, it is deleterious.

In the course of treatment of a patient with albumin in the urine, when mental disorders appear, the patient is growing worse.

Others have observed stomach and kidney disorders improve while mental disturbances appear.

When prescribing for stomach disorder patients, and mental disorders appear, antidote your prescription immediately.

When the reverse occurs, it is in the order of cure.

Reaction will soon follow, the stomach disorder or kidney disorder will soon pass; do not interfere.

Thus we have from within out, or from without in. It is an infallible correspondence.

In the course from within out, according to law, we do not always have mental changes followed by skin symptoms - that is a more rapid development.

It is slower and more gradual when stomach or kidneys are disordered.

Then it goes through the series of organs; as the stomach improves, catarrh or eruptions appear.

That patient will remain well.

Sometimes the intellectual faculties correspond to lungs.

The lungs do for the body what the intellect does for the man.

When the patient is threatened or settled in phthisis, and following a prescription, the lungs or bronchial tubes, by any lung, kidney, stomach or intestinal disorders, after your prescription; that patient is improving.

When an individual is sick in the will, when loves are turned to hatred, when he desires to destroy his own life, or flees from, or hates his own children, when a wife is averse to her husband, or the entire voluntary system is perverted; in this sort of insanity, what will occur ?

When a correct prescription is made, the heart or liver will become affected, these correspond to the voluntary system.

Not stomach or kidney affections, but heart and liver disorders will occur when prescribing for will affections.

If you have a heart affection improving on your prescription, and a desire to destroy life follows, you must antidote the prescription; the symptoms are taking the wrong direction.

When rheumatic affections disappear from the extremities and go to the heart, and later the patient wants to destroy his life, the course is from without *in*.

The voluntary corresponds to heart and liver.

There is enough to indicate that divine revelation and the letter of the Word are based on these correspondences, and no man knows it so well as the ancients knew it.

Where love of God is referred to, we find the word heart in the Scriptures.

The intellectual faculties are referred to when it says "binding up the loins," "the loins bound up with truth."

In the word of God are found all these correspondences, and from these correspondences we learn the nature of man's life and body. Man's life, soul, mind, and will, correspond to the organs of the body.

Through familiarity with Swedenborg, I have found the correspondences wrought out from the Word of God harmonious with all I have learned in the past thirty years.

Familiarity with them aids in determining the effect of prescriptions.

A man, sick in his mind, does not appreciate how sick he is, and is not able to judge of his condition.

He thinks he is worse when liver symptoms appear; he says he is worse.

That is the course from within out; be not deceived.

The threatened condition of the liver will pass away with the remedy selected for the mental disorder.

These things must be clear : - otherwise you must take a low plane in the homoeopathic art : - otherwise you will interfere with your own work, meddling with good work accomplished.

Without such knowledge, knowledge of Homoeopathic Materia Medica is insufficient except for acute cases.

Homoeopathy is suited to old chronic, suppressed conditions : gonorrhoea, itch, eruptions, and syphilis. Hahnemann could not know these things and without them no man can do what Hahnemann said could not be done.

He said effects of drugs are incurable, but he used only the 30th potency and could not do these things.

You cannot handle suppressed conditions without this knowledge.

You have wondered at the work I have done.

The work you have seen in my practice differs from that of others because of this knowledge.

Those who do not have it, blunder and destroy the lives of human beings because they do not know what is taking place.

Correspondences are only the outgrowth of observations.

They are not available to the physician except by the law "Similia similibus curantur."

Think on these things; meditate and profit by it; use it.

Few know truth; the world is ignorant.

The less a man knows the less responsibility he has.

When you perceive truth, a duty accompanies it.

You are a million times more responsible.

When you come within range of eternal truth, law and order you take a tremendous responsibility upon yourself.

What we hear at conventions is usually opinions of men; what we hear now is not opinions.

You can see from your own knowledge that this must be true.

I have no opinions and I avoid offering any until I perceive the stamp of eternal truth.

This is a beginning, but the same thing runs through the organism.

Sexual organs usually are associated with the will.

Women who suffer from sexual organs, uterus and ovaries, have both loves and intellect affected from suppression.

Men who have sexual disturbances involving the sexual are predominantly affected in the intellectual organs.

## 25- Diphtheria

This disease is generally looked upon with terror, and well it may be, as it demands more than ordinary knowledge to conduct its victims to safety.

To say that Homoeopathy is wanting at the bedside of these cases is far from true. It cures all cases where good vitality is present and where its remedies are wisely administered.

To assume or admit that our lack of knowledge must be a common cause of so many failures is both true and untrue.

It is true that more knowledge is required than the ordinary homoeopath possesses, or he would not be compelled to admit the several deaths in his confessions and reports.

But to say that our knowledge and Homoeopathy in its present state of development could not be expected to do better is far from true.

Our science is now developed to a high state of perfection, but individuals often fail to apply it in this disease with wisdom and judgment, and therefore lose many subjects.

The disease is not constantly with us, and when it comes it generally assumes a form unlike its previous appearances; and by the time the physician has carefully looked into the epidemic phases and remedial agents it has gone, leaving upon his hands severe and unfavorable terminations to cause regret and disappointment.

The physician of studious habits and active practice, however, may so keep in touch with his principles and Materia Medica as to keep his death list remarkably small, but it must be observed that he does not prescribe for every symptom that shows itself on the instant of its appearance.

I will venture to say that any physician's death list will be large if he hurries into bed chambers, looks at the tongue, takes the temperature, feels the pulse, looks into the throat, makes a culture, disinfects the house, washes the throat with antiseptics, etc.

I will also venture to say that any physician's death list will be remarkably small if he goes to the sick room and observes all the symptoms of the patient, all the surroundings of the house and room, sees all the obstructions, and knows the full purport of all things there, waits and watches the development of the sickness until its every feature has been manifested, if he knows when that time has come, and then carefully compares all the symptoms of this sickness with the symptoms of the Homoeopathic Materia Medica, and knows how to select the potency, how to administer it, and when not to give it.

How many of you can say all these things to yourself ?

How many of you do it in just this way. Do not most of you entertain the idea that you must make great haste to get medicine into that child's stomach or it will get worse ?

Do not the most of you fear that the people will turn you off and get another physician if you do not do something at once ?



Do you know of any other class of work that would not be jeopardized and ruined by such haste as all of you do at the bedside in one of these serious sicknesses ?

If you are not guilty of this charge then you are not hurt, but it is so true of so large a number of our best men that no harm can come from hearing about it.

To go to the bedside with fear and trembling is death to the sufferer.

To go to the bedside. with confidence born of knowing and from having trusted our means of cure so long, means life to the patrons of Homoeopathy.

It is not that you are ignorant of your principles and your Materia Medica, but that these are not invoked at the time of greatest need.

Through fear and haste you act and fail, whereas you should watch and wait and discover there is no hurry, and if the sickness has not yet shown what medicine this life stands in need of, wait even if you go and come repeatedly.

Let it develop until its character is stamped upon the case so that no mistake can be made.

A mistake in the first remedy, nearly always means death, or at least it masks the case. It would be strange if you, who know so much about the art of healing, could make a first prescription of a remedy so far from similar that it did not act.

You know if it is similar at all it will make changes in that symptom image, and if it is similar enough it will cure; therefore you need not hope that if your first prescription did not cure it was so dissimilar it was harmless.

You must expect to cure, or begin the cure with the first prescription; then all is easy, as the changes now observed are such as bring joy to the hearts of the family and to the doctor.

You must, therefore, never prescribe on the first flitting evidences of the sickness, but according to the true saying :

"First be sure you are right and then go ahead."

The first prescription, when correctly adjusted to the symptoms, will cause the membranes to fade out and all the characteristics of sickness with it.

The first prescription, when incorrectly chosen, will most likely change the symptoms, but the patient will go on from bad to worse and the next prescription must be a matter of guess-work, as the index has been spoiled, and hence the mortalities.

You know enough about your Materia Medica to do good work if you apply it properly.

The Materia Medica is full and rich, and the Repertory points out the general and particular features. Guernsey's cards are most useful aids.

They are correctly compiled and within the reach of all. It is not more Materia Medica that is needed, but a correction in the faults at the bedside.

The careful follower of all Hahnemann's instructions in *taking the case* will avoid the errors I have mentioned, and save the necessity for a *kind and generous counsel* to say :

"The treatment is just such as we would have given had we been here in the beginning !"

To find out which remedy to give is the important matter to be considered.

The characteristics of a fatal case of this disease are as follows :

1st, No individualizing symptoms.

2nd. An ignorant physician, and this is the commonest cause of failure.

The patient might as well be sick without symptoms as have plenty of symptoms and a doctor who knows not the meaning of symptoms.

A favorable prognosis may be made where there are plenty of symptoms to indicate a remedy and there is a doctor present who knows how to read these signs of nature.

Always consider first that which is not commonly found in this disease and examine the remedies having such striking features.

The exudative inflammation in the throat, nose or larynx, with the marked weakness and zymotic manifestations grouped as diphtheria, finds for remedies the following : *Acet. ac.*, *Ail.*, *Am-c.*, *Apis*, *Ars.*, *Arum-t.*, *Bapt.*, *Brom.*, *Bry.*, *Canth.*, *Caps.*, *Carb-ac.*, *Crot-h.*, *Elaps.*, *Hep.*, *Iod.*, *Kali-bi.*, *Kali-chl.*, *Kali-mang.*, *Kali-ph.*, *Kreos.*, *Lac-c.*, *Lach.*, *Lyc.*, *Merc.*, *Merc-c.*, *Merc-cy.*, *Merc-i-f.*, *Merc-i-r.*, *Mur. ac.*, *Nit-ac.*, *Phos.*, *Phyto*, *Rhus t.*, *Secale*, *Sul-ac.*, *Sulph.*, and no doubt many others.

It often happens that the nurses speak of the suffocation as soon as sleep comes, which is a symptom that often leads the neophyte to *Lachesis*, but this remedy may not cover the rest of the symptoms.

The following remedies should be consulted, as they all have it as well as the general zymotic state, weakness and exudation : *Am-c.*, *Bry.*, *Arum-t.*, *Crot-h.*, *Hepar.*, *Kali-bi.*, *lac-c.*, *LACH.*, *Lyc.*, *Rhust.*, *Secale*, *Sulph.*

The constant picking at the lips and nose has often pointed to *Arum t.*

A type of cases often observed where bleeding is an alarming sign; bleeding, from nose, mouth and throat, when *Bry.*, *Crot-h.*, *Lach.*, *Phos.*, *Secale*, *Sulph-ac.*, would be the group to examine.

The odors from the mouth sometimes become important and lead to the study of remedies having putrid odors : *Apis*, *Arum-t.*, *Bapt.*, *Bry.*, *Carb-ac.*, *Crot-h.*, *Kali-bi.*, *Kali chl.*, *Lach.*, *Lyc.*, *Merc.*, *Merc-c.*, *MIT-AC.*, *PHYTO.*, *Rhus-t.*, *Secale*, *Sulph.*

The well-known mercury breath always leads to the examination of the various preparations of that remedy, such as *MERC.*, *Merc-c.*, *Merc-cy.*, *Merc-i-f.*, *Merc-i-r.*

The ropy, stringy mucus coming from the throat and air passages is often an important factor and the following remedies are to be examined : *Apis*, *Arum-t.*, *Carb-ac.*, *KALI-BI.*, *Lach.*, *Merc.*, *Merc-c.*, *Merc-i-f.*, *PHYTO.*

If white, *Lach.*

If Yellow, *KALI-BI.*, *Lach.*

If the liquids which the patient attempts to swallow come out of the nose, consult : ARUM T., Canth., Carb-ac., KALI-BI., Kali-mang., *Lac-c.*, Lach., Lyc., *Merc.*, *Merc-c.*, *Merc cy.*, Phyto., *Sul-ac.*

The gangrenous aspect of the throat is found in : Ail., Am-c., ARS., Arum t., Bapt., Carb-ac., Crot-h., *Lach.*, Kali-ph., KREOS., Mur-ac., Nit-ac., Phyto., Secale, Sul-ac., Sulph.

When ulceration is notable : ARS., Arum t., Bapt., Chlor., *Hep.*, Iod., Kali-bi., Lac c., *Merc.*, *Merc-c.*, *Merc-cy.*, Mur-ac., NIT-AC., Phyto.

When swelling of the external throat and cervical glands is a marked feature : Arum t., *Lach.*, *MERC.*, *Merc-c.*, Nit-ac., RHUST.

The following remedies have the disposition to constant swallowing observed in some cases : Arum t., *Hep.*, *Lac c.*, *Lach.*, *Lyc.*, *Merc.*, *Merc-i-f.*

From a lump in the throat : LACH.

The difficult swallowing in this disease is so common it can scarcely be taken as a guiding feature. Yet sometimes empty swallowing is very painful when solids can be swallowed easier and then the following should be inspected : Crot-h., LACH., Lac-c., *Merc.*, *Merc-i-f.*, *Merc-i-r.*

Pain when not swallowing or pain ameliorated by swallowing is often important : CAPS., IGN., Lac-c., Lach.

The marked distress in touching the throat is often a guiding feature and then Apis, Brom., Bry., Lac-c., LACH., PHYTO., become a group of importance.

The pain is marked in some cases when anything warm is brought in contact with the throat, warm drinks, etc. : Apis, Lach., Lyc., PHYTO.

When cold things aggravate : Ars., HEP., LYC., Sabad., Sulph. are to be considered.

The membrane has too many features to be examined in this short paper, and hence a repertory must be consulted.

But when the exudation is predominantly on the right side : Apis, Ign., Lac-c., LYC., *Merc-i-f.*, Phyto., Rhus-t.

When it extends to the left : Lac-c., LYC., Sulph.

When predominantly on the left : Brom., Crot-h., Lac-c., LACH., Merc-i-r.

Extending to the right : Lac-c., LACH.

When the exudate alternates sides, LAC-C, stands alone.

When the exudate is predominantly in the nose : Am-c., *Kali-bi.*, *Lyc.*, Merc-c., Merc-cy.

When it extends to the nose : Kali-bi., Merc., *Merc-c.*, *Nit-ac.*

When the larynx is the locality affected the state is far more serious and the following remedies must be consulted : Am-c., Apis., Arum t., BROM., Carb-ac., *Hep.*, *Iod.*, *Kali-bi.*, Kali-mang., *Lac-c.*, *Lach.*, Merc-cy., Merc-i-f., *Nit-ac.*, PHOS., Sang.

When extending into the trachea : Iod., KALI-BI., Phos.

## 26- Distinction between the similar and the similimum

There is one point worthy of consideration; we are trying to make a distinction between the similar and the similimum, with which I do not agree.

I have not any doubt, from experience, that two medicines may be similar enough to the totality of symptoms, and either may be the similimum, each would be similar enough to cure it; and how can you say both of these are, or either of them, is the similimum.

If you go into degrees you may consider it in this way : The medicine may be so dissimilar, that in dynamic power it would have little or no effect upon the disease; it then approaches it in a degree of similarity by becoming more and more similar.

As it approaches in similarity it sustains an inability to change the symptoms that exist.

It may be sufficiently similar to spoil it, to change and not effect a cure, until you have not improved the patient, but only changed the symptoms.

I have observed in the management of intermittent fevers more than in any other class of complaints, giving medicine that has a few characteristics in intermittents, but which does not correspond to the genus of the disease or patient, and immediately follow it with its complementary, and you may change it from time to time for five or six weeks; I have seen it in so many cases.

Medicines may be similar enough to effect curative results in a patient, and improve the health of that patient, improve the general condition whether an acute or chronic disease.

When that medicine has done all the curing it is capable of then, its complementary will take up the work and go on with it.

This is a matter of experience fully established by the Organon and every man's experience, and it seems to me the paper does not call out anything new, for it is in keeping with every man's experience.

Where there is psora or acute miasm, you can have a medicine similar enough to spoil the case, or similar enough to have a curative action; or the similimum, which is the medicine that cures the symptoms present, eradicates them completely.

## 27- Emergencies – Euthanasia

I am frequently asked, what should be done in times of great suffering for immediate relief ?

To those who desire to obtain reliable information, and who wish to practice in accordance with our principles, I would say, take the symptoms of each individual case and select the remedy capable of producing similar symptoms.

In a general way this is all that would be expected of me for an answer to the question, by those who are conversant with materia medica.

Consumptives often suffer greatly when left to themselves, and some medical practitioners, knowing no better way, give Morphine and other stupefying agents, thinking that they allay human suffering.

This kind of practice cannot be too strongly condemned.

Firstly, it is an acknowledgment that our law is not all-embracing; secondly, it is the *poorest kind of relief to the patient*.

But I would not deprive medical practitioners of all means of relief for their patients, without furnishing as good or better ones.

The consumptive, when going down the last grade, needs the comfort of a true *healing art* and not the makeshifts of mongrelism of allopathy.

The homoeopathic remedy is all that he, who knows how to use it, needs to allay the severest distress. Every true homeopathist knows the value of these wonderful remedies.

A few hints -may not be out of place.

When the hectic fever, that so rapidly burns the patient up, is in full blast; the hot afternoon skin, the night sweat, the constant burning thirst, the red spot on the cheek, the diarrhoea, the stool escapes when coughing, *the intense fever P. M.*; the constriction of the chest, suffocation; then should *Phos., very high*, be administered, *but never repeated*.

An aggravation will follow, but it must not be meddled with, as it will soon pass off, leaving the patient free from fever, and he will go on till death, many times, comfortably.

*It is regrettable meddling that causes the dying man so much misery.*

The distressed suffocation and inward distress in chest and stomach, streaming perspiration, great sinking; must have the clothing away from the neck, chest, abdomen, gastly countenance, and choking, call for *Lachesis*, and it may be given as often as occasion requires, but to give satisfaction and prompt relief, not lower than two hundredth.

To this ghastly picture, if we add, he is covered with a cold sweat and there is one on either side of the bed fanning him, and the abdomen is distended with flatus, and the breath is cold, *Carbo v.* in water every hour for six hours, and stopped, will give rest and beatitude with many thanks.

But the time is yet coming when even these remedies will not serve us.

The ghastliness of the picture has not changed, and to it we have added the pains of dying cells-death pains, the last suffering.

Such pains come on when mortification begins.

If it is in the abdomen, we may avert it by differentiating between *Arsenicum* and *Secale*, but if this pain comes in the last stage of consumptive changes, we are beyond these remedies.

Much later there is a remedy, and it is *Tarantula cubensis*. It soothes the dying sufferer as I have never seen any other remedy do.

I have seen *Ars.*, *Carbo v.*, *Lyc.*, *Lach.*, act kindly and quiet the last horrors, but *Tarantula cubensis* goes beyond these. I have lately administered it in the thirtieth cent. potency.

When death is inevitable, the first named remedies seem to be mostly indicated, but no longer act, and the friends say,

"Doctor, can't you do something to relieve that horrible suffering ?"

the pain, the rattling in the chest, with no power to throw the mucus out; the patient has but a few hours to suffer, but he can be made as quiet as with the terrible Morphine in a very few minutes by the *Tarantula* thirtieth.

I believe that no physician would use a narcotic if he only knew a better way.

What is more inhuman than to leave the suffering patient in his last moments to writhe in the agonies of dissolution, surrounded by weeping friends ?

The true physician will embrace the opportunity to exercise his skill at these moments.

It has come to pass that I am invited frequently to stand at the bed of *moribund* patients, whom I never attended during their curable ills, and as many times do I thank the Grand Master for the wonderful means of allaying the pangs of the flesh, without resort to the necessity of departing from that law which I have so many times pronounced universal; even in the last moments - a euthanasia.



## 28- Gall stone or kidney colic - discussion

In any case of gall-stone or kidney colic you cannot tell if there will be more stones.

When the stone has been formed, it is separate from the patient.

When the patient is under the influence of pain, it is the spasm from the stone in the ureter; clutching of the muscles.

The remedy that fits the constitution has a tendency to prevent the manufacture of more stones and relieves the spasm that occasions the pain.

After the remedy there may be an outpouring of stones, either renal or gall-stones.

In one case a teaspoonful of stones were discharged in one or two days.

The fibres were relaxed and the kidney was emptied of stones.

This the remedy does when aimed at the patient.

Often Belladonna is indicated; it is not deep enough for the patient but it is complemented frequently by Calc-c. or Calc-ph. when the picture is of Bella., will relieve the suffering but does not meet the condition.

Natrum sulph. will often fit the constitution and relieve the acute trouble.

Natrum sul. or the constitutional remedy, whatever-it-is, induces healthy bile formation.

You cannot promise there will be no more colic if you fit only the condition.

So long as stones are there, they may be passed.

The constitutional remedy is the best thing for the patient.

It will set the kidneys to manufacturing healthy urine.

There is no more to say about it, but it takes time.

You will not cure all old liver and kidney cases.

The patient may be incurable, and such will continue to manufacture stones.

They have too low a vitality.

Sometimes the carefully selected remedy will hold the patient but ten days or so.

Then the chances are against cure, and the surgeon can do no better.

If the remedy hold long in a steady improvement and rouses reaction, he can be cured.

The reason cancer and consumption cannot be cured in some patients is that the reaction does not hold up.

#### 29- Hints to specialists

A quasi-homoeopathic gynaecologist once said to some of our students :

"If you undertake to cure these diseases (displacements) with your homoeopathic remedies you will fail. I have tried remedies and have never found them of any value. I now replace the uterus and adjust a pessary immediately."

In such cases what has become of the law ?

And yet some specialists cry out that the specialties are not sustained.

Shall the common average physician sit down and worship such gynaecology, when he, though not pretending great skill, can do better than the specialist, taking his word for it.

This is not to underrate him who uses all his means in the right place for the greatest good.

There is room for all the specialties, but our specialists must do better than the common practitioner, or they must not complain of being scolded.

We expect that the specialist shall not simply and only know the mechanical portion of his department, but that he shall also be expert in the materia medica of his department.

It will do for the average doctor to say,

"Oh, you materia medica fellows are experts; we are too busy to learn these fine things;"

but it will not do for our specialists to be guilty of ignorance in this department.

They must know how to cure with remedies, or they must not lay claim to special qualification.

When I talk with a specialist I expect to learn of special indications for remedies, and I am generally disappointed.

The specialist has the same pathogenesis to work out his case by that all have, but he generally relies on somebody's hard work, trying to make them fit his cases, and as a rule it does not apply.

Every man who claims special excellence in any one department should search the provings for a therapeutics peculiar to his own demands and build for himself.

Several years of hard study will reward his labors and he will know none the less of the accumulated experience of others in the application of these same pathogeneses recorded in works on therapeutics.

The specialists stand accused of ignorance of the materia medica - indeed, they are their own accusers when they acknowledge the demand made upon mechanics for the majority of cases treated.

Failure to cure by the materia medica should be the exception in all non-surgical diseases, and when other means are resorted to they should be looked upon as but palliative and not curative.

There are instances when it is judicious to palliate, but let no man call these means curative.

The curse of Homoeopathy is the too free use of palliatives, and this is because of the wide-spread ignorance of the philosophy of Homoeopathy and the materia medica.

Doctors use palliatives when they do not know what else to do, as the surgeon cuts off the leg when it is the last resort; had he known how to prevent the disease-processes he would have saved the leg.

It is a common practice to apply a support to hold in position a displaced uterus and then begin to build up by medicine.

Who is wise enough to know what to administer after the symptoms, the only true expression of the disease, have been removed ?

Yet this is the way some of our specialists go about it, and then complain that "the law is a failure."

There might be some reason in first taking the symptoms by, which to select a remedy and then applying a pessary; but to the experienced the folly of this will appear, as it is so well known that the symptoms immediately disappear without mechanics.

Support is not needed after the right remedy has been taken two days.

Again, if a support be used, one has no, evidence of good or bad selection.

The cure of these diseases is possible without support with pure medicinal treatment; the demonstrations are too numerous to deny; then let the specialist lay no claim to proficiency who is not able to do better than the average doctor.

It matters not how often a woman is examined, only that she is safely, gently, and permanently cured.

The question of frequent examinations is one to be laughed at.

But the question arises, first of all, do you cure safely, quickly, and permanently ?

If the physician can make more out of a patient by making frequent observations, and his patient will stand that kind of business, it is well enough, and he must settle with his own conscience if he have such a thing; but he must not so interfere as to delay recovery which should be more or less rapid in most cases.

I have the right to take exception, and to criticize, when women go to specialists and pay enormous sums for the treatment of diseases that should be cured with a few doses of a properly selected homoeopathic remedy.

These things have occurred, and not with our tyros, but those standing in the lead.

I can produce the notes if any man dare dispute it, and the worst part of the whole business is that the greatest pretensions are cloaks to the most profound ignorance.

These men are generally too wise (?) to be taught by an American author or teacher.

They go on with their circumscribed armamentarium for local use, and the thimbleful of *materia medica*, which is all they have, serves the purpose of homoeopathic show.

If the representatives of the homoeopathic school would learn the polychrests so that they could compare them throughout, the demand for mechanics and local slops would decrease.

There should be no fashion in medicine; what was good fifty years ago in the hands of the masters should be just as good today, and the deviation comes out of departing from the methods of the early physician who had not the labor-saving and brain-saving machines.

If the masters could cure such cases with simply great labor, how much better ought we do.

The high degree of perfection will never come to our specialties so long as the specialists are content with the palliatives -now in vogue.

I am astonished at the amount of palliation that can come from some of these mechanical supports, but I am never astonished at any great skill in the use of remedies in the hands of our specialists, and I still fail to see any good reason for sending a non-surgical case to a specialist to be treated.

When they arrange a family circle of their own to include the *materia medica* and correct philosophy, then and not until then can they claim patronage that naturally should fall to the specialist.

I fail to see any good reason why a homoeopathician should advise a patient to consult a professed homoeopathic specialist, whose principal means are those developed and used by the allopathist.

If there is any reason to suppose a homoeopathic physician can use allopathic tools to a better advantage than the allopathist himself, I fail to see it.

If allopathic means are better than ours, why uphold the law which is the *sine qua non* of Homoeopathy ?

If a combination of allopathic and homoeopathic means goes better, why not associate with congenial spirits, the eclectics ?

### 30- Homoeopathy : its fundamental principles outlined

As we were about to enter upon a discussion that may lead beyond the probability of ready comprehension, and as I may encounter, even at this center of Hahnemannism, those who have not travelled beyond "*faith*" and "*belief*," permit me to ask my hearers to lay aside both, and with me enter upon a line of thought and investigation, and accept the outcome regardless of preconceived opinions, belief, or faith.

These have no part in a scientific discussion.

One should proceed without opinion, without faith, without prejudice to weigh the statements found in the sixteenth section of the fifth and last edition of the *Organon of Samuel Hahnemann*.

The doctrines contained in this section are the result of many years of thought and classified experience and they conflict with the statements of accepted authority.

But if it be the foundation of truth, even in part, we must explore its interior and bow to its revelations.

Though Draper and Carpenter have failed to discover these inner precincts, they have not demonstrated that Hahnemann's conclusions were illogical or impossible.

With cell-formation they have ended; but life, the home of disease, is unknown to them.

The opponents of this doctrine, which the followers of Hahnemann have accepted as a great truth, may search in vain and quote authority without end, and the only result attained is : Not found, not demonstrated; unknown.

These authors, being ignorant of this vital dynamis, deny its existence; they cannot see it; cannot manipulate it; and cannot demonstrate it by the common instruments in chemistry and physiology.

Nevertheless. the time will come when physiology must deal with this question as a factor - not in dispute; then will the great void in this science be filled with that which will make medical science to rest on firm foundations; while at present from old-school standpoint it has no foundation, and with the Hahnemannian school our foundation is disputed.

As it is probable that I shall be accused of extremism, let me say, by way of explanation, that not all so-called homoeopaths admit the truth of the dynamic doctrine and choose to call it "dynamic theory."

There are graded believers in Homoeopathy as in religion.

Some are born to position, others acquire it. To be born of Christian parentage does not make one a Christian. Yet believing in Christ and His teachings, without following His example or obeying His commands, will distinguish him from the Jew.

In like manner believing in the Law of Cure makes a homeopathist

But like the followers of Christ, it is only possible to, be an exemplary one by close relation at the throne of grace, or measuring every action by the principles under the law.

Therefore it will be observed that to be an exemplary follower of the master healer, it is necessary to be near him, and follow after him in all his steps that the highest degree of wisdom may appear in our methods.

Not that I would blindly follow a leader who has been extensively courted; but that after discovering Hahnemann to have been the greatest living healer it behoves that we study him in all his intricate philosophy to ascertain, if

possible, wherein rested his great powers as a physician, and then see whether as a healer he is worthy of followers.

If we have discovered that he was an original thinker and philosopher, and his teachings are as he declared them to be, viz. : the only true method of curing the sick, let us follow as far as he has gone, not wavering a hair's breadth, until we have arrived at the point where the master left us and his great philosophy.

They who practice on a part of Hahnemann's teachings and fill the great void with "results of experience," do so with methods that the master unequivocally condemned; and while it may not be thought kindly of the statement is true; they are not the homoeopaths who have followed in the footsteps of the master.

They have not lived closely to the law, and are not Hahnemannians. Hahnemann said to a friend of his in Paris, who was complimenting him on the great number of his followers.

Says Hahnemann :

"Yes, there are a great many homoeopathic doctors, but all my true followers can be counted on the ends of my fingers."

It is as an exponent of the philosophy of Hahnemann that I speak to you, his professed followers. It is because I have learned that the Central New York Society desires to live close to the master and learn of him, as far as he had advanced, that I travelled so far to address you on this occult subject.

While some of the enemies of Homoeopathy, and some professed followers of the Law of Cure, have said that this great master was visionary, and many other harsh things, it may be well to observe that he never ceased to think with strength; his very last thoughts are to be fully appreciated before we attempt to walk alone, or build a philosophy out of other material.

Before entering upon a fuller discussion of the statements which contain the master's conclusion, let us look into the life of this great man, and see what manner of man was he, and how he was led to such a conclusion relating to the invisible vital dynamis.



We want to know whether he reasoned it out by a pure mental effort, or arrived at it after the use of potentized medicines-as a result of experience.

Burnett says :

"Of Hahnemann's father sufficient is known to be sure that he was no ordinary man, in as much as he taught the young Samuel to think for himself or which purpose he is said to have shut him up alone and given him a theme to think out."

If Ameke's history be read it will be seen at once that Hahnemann displayed wonderful energy in securing his primary training, as his father was a man of limited means.

Everywhere facts confirm the historian, wherein he states that Hahnemann never admired metaphysical speculations; he always concluded on facts, never on theory or speculation. I refer you to his essay on the "Speculative System of Medicine," *Lesser Writings*, p. 567, wherein a masterly handling of the subject was done, showing a wonderful mind and a complete knowledge of the medicine of his time, which he manipulated so iconoclastically.

In 1792 he challenged the physicians to justify themselves for the treatment administered Emperor Leopold II.

Even thus early the master-mind saw the perniciousness of the practice in vogue. Neither was he wanting in knowledge of many sciences.

He was the first to make the proving of drugs a system. From 1790 he continued the proving of drugs, and throughout his writings, he recommended the use of drugs only whose effects are accurately known, which knowledge is to be discovered only by proving upon the healthy; and this is in keeping with his manners and acts everywhere we find exactitude of thought and method.

While translating Cullen's *Materia Medica*, in 1790, he met the latter's explanation of the action of Cinchona bark in curing chills and fever.

Cullen attributes the curative influence to a "strengthening power it exerts over the stomach."

Hahnemann refuses to accept this explanation, and cites the following :

"Substances, such as strong coffee, pepper, arnica, ignatia, and arsenic, which cause a kind of fever, extinguish the periodicity of fevers."

"For the sake of experiment, I took, for several days, four drachms of good Cinchona bark twice a day."

The results are too well known to be recalled here; but it will be observed that Hahnemann did not refuse to accept Cullen's explanation without a reason on definite information, while Cullen's opinion was a mere speculation, such as men feel compelled to offer when expected to say something.

From facts, Hahnemann was led to remark that Ipecac must produce certain forms of artificial ' fever in order to cure intermittent fever.

Gradually was he advancing by deduction to the great discovery of the Law of Cure.

Up to this time, while he had seen the evidence, he had not formulated the *Similia similibus curantur*, in fact, nothing is seen of it until 1796, in an essay which appeared in *Hufeland's Journal*, and is a part of the *Lesser Writings*, p. 295- "Essays on a New Principle for Discovering the Curative Power of Drugs."

In this paper he advises medicines in crude, but small doses.

"In a, dose just strong enough to produce scarcely perceptible indication of the expected artificial disease."

At this time he had not discovered the nature of the vital dynamis.

In 1801 he wrote a paper,

"Cure and Prevention of Scarlet Fever" (*Lesser Writings*, p. 369), wherein he recommended tinct. Opium, one part to five hundred of alcohol, and one drop of this to be shaken with five hundred of alcohol, the patient to take one drop of this preparation at a dose.

It was after 1801 that his centesimal scale was brought into use. In this year he used Bell. and Cham. in about the third or fourth dilution.

Very soon he discovered that

"the diminution of the action, of the drug was not proportionate to the diminution of its quantity."

Also the astounding fact became evident that

"medicines could be so diluted that neither physics nor chemistry could discover any medicinal matter in them, and yet they possessed great healing power."

Hufeland says Hahnemann was the greatest chemist of his day, therefore was not in ignorance of the actual inability of the science to measure the quantity of medicine in his newly discovered healing agencies.

His enemies have said he was highly educated in physics, botany, chemistry, geology, astronomy, pharmacy, etc.

His greatest and last attainment was his discovery of dynamism, which has distinguished him from all men and established a Hahnemannism that will stand as long as the world stands.

They may run away with Homoeopathy and befoul it into a modern nastiness, a mongrelism, and by virtue of the might and numbers vote it to mean anything they chose, but they have no power to change Hahnemannism, which stands and must forever stand as a living truth wherever men love truth and are not afraid to speak their true convictions.

I do not favorisms; but, Mr. President, in this case our only safety is to stand by this one for the simple reason that when any other name has become popular it will be stolen as the honored name of Homoeopathy has been stolen, and is no longer an expression of the doctrines of Hahnemann and its most conspicuous representatives who do not make use of his methods.

If an inquiring allopath seek information of one of these modern representatives, he will learn nothing of the teachings of Hahnemann. Why is this ?

Simply because the colleges have not taught the sixteenth section of the *Primer*.

They have not taken neophytes up through the primary work, but have placed them at work with the advanced course, which is never learned without the primer.

Where have we such a parallel in other sciences ?

One of the conditions necessary to the successful perpetuation of this science is a knowledge of its first principles and how to teach them.

Let us now proceed to inspect the various editions of this *Organon*, and we see what a careful man our author was.

He was not a man to adopt a theory of others before having thoroughly tested it and having observed the facts upon which the theory was based.

Everywhere we see originality of thought, firmness, great power of observation, comparison, and most wonderful reasoning. Metaphysical speculation was repulsive to him, which he carefully avoided in the first edition of the *Organon*, which was published in 1810.

He was eminently practical in all that he said and did. Thus, you will search in vain in all the first four editions of the *Organon* for the term and idea of the vital force. He only spoke of the interior of the organism.

In the seventh section of the first edition:

"There must exist in the medicine a healing principle; the understanding has a presentation of it, but its essence is not recognizable by us in any way, only its utterances and actions can be known by experience."

Twenty-three years later, when seventy-eight years old, in the fifth edition, published in 1833, in the ninth and tenth sections, he distinctly calls a unit of action in the whole organism of the vital force.

From this it is evident Hahnemann arrived at this conclusion after a long and practical experience, in as much as he was led up to it by his early perception of the similar vital principle contained in the medicine (see first ed., fifth section), which is only recognized by its action upon the organism.

I have shown you that it was not metaphysical speculation that led the master to the idea of the vital dynamis, but a long series of practical and experimental research.

If we would think for ourselves, let us inspect some of the facts that relate to general medicine and see if we can answer some of the questions that are propounded, and then revert to the vital dynamis.

We read in the time-honored text-books that there is such a condition of the human body known as *diathesis* - in fact, several of them; again, that these diatheses are hereditary and predispose to disease.

What is this diathesis out of which grow so many diseases ? In one subject comes cancer; in another insanity; in another tuberculosis; and in another epilepsy, or Bright's disease, or Hodgkin's disease.

What is the strumous diathesis ?

What is this state of bad feeling that precedes any fixed organic change that locates in an organ ?

Can it be that this latent wrong in the vital power is not worthy of consideration ?

Can it be that the kidney can take on structural change and become waxy without cause ?

You must say, No ! What is the cause of this lesion, and why do not these named exciting causes always produce the same results, and why does not every person subjected to these exciting causes become afflicted with waxed kidneys?

You answer because there is a predisposing, determining influence at work. Yes, the diathesis. But the diathesis has no foundation in fact, only a thing of imagination.

A convenient explanation of unknown things; a figure-head in the text-books, out of which we have had no benefit, and learned no lesson from the old school, whose literature has so wisely furnished us with a meaningless lot of terms.

We read of the weakness, of the dropsy, etc., etc., coming from Bright's disease, but we do not read of the pre-historic symptoms; are they of no value ? Are they not present ? Yes, they are present. Then what are they ?

We read of exciting and predisposing cases but we do not read why a similar combination of exciting and predisposing causes is not always followed by Bright's disease.

We have a right to ask this of a system of medicine that claims scientific attention and public patronage.

Another example, if you please, we read of a self-limited disease called scarlatina (scarlet fever).

Any allopathist will warm up in opposition if you tell him that scarlet fever is not a self-limited disease. If it be a self-limited disease it must result in resolution or death; the child must recover by statute of limitation, or die.

They do not all die; some are left even under old-school treatment to tell the tale. From these we learn that ear-discharges are the result of scarlatina.

This otorrhoea is not a part of scarlatina - as according to accepted teaching - the disease is self-limited. The child was a picture of health before the scarlatina : then, what is this new trouble?

Specialists treat the otorrhoea as if it were a new disease *per se*; if so, whence has it come and what is the nature of it?

A novice can tell you a long name and affirm that it is catarrhal; but that is not satisfactory. Where did it come from?

Did it come spontaneously, or was it the result of some latent wrong in the vital dynamis?

I say in the dynamis, as there was no tissue change before, and the scarlatina has long gone. We do not know that this new trouble is essentially chronic; and that in scarlet fever there is no chronic element.

Now, has this sore ear simply developed this, a propitious time ? Has the scarlatina so weakened the mucous membrane of the aural tubes that they

become the favorite sites for the expression of a something that the disease when badly treated has aroused into action ?

I say when badly treated, because when the disease is properly treated, otorrhoea does not follow. I no longer see such troubles, and have not had them since I have been able to recognize their true nature.

What is this something that may exist for years in a latent state be handed down from generation to generation, and come to view at any time and cause chronic troubles to follow self-limited diseases ?

We have a right to a civil answer to a question of this kind. If a vital wrong is capable of existing for years in an invisible state outside of the tissues, there must be some invisible precinct that stores it or it does not exist.

Can it now be doubted that a disease may exist for years with or without a morbid anatomy ? Rokitensky says scrofula has no morbid anatomy.

To be logical, according to the material school, there is no scrofula and no struma; that scrofulous manifestations have no cause, and consequently no reality.

Why do not all injuries of the synovial membranes of the iliofemoral articulation result in hip-joint disease ? Why do some abscesses close with the evacuation of pus, and others form sinuses and fistulae?

Look where you may in literature other than Hahnemannian, and you will find mere speculation, theory, and no practical deduction.

Hahnemann describes three constitutional miasms that may exist in latency, that develop and progress in the vital "dynamis" without changing the tissues, that may spring into destructive activity and attack organs and give shape to countless lesions called disease; that these miasms should be recognized as primary wrongs out of which grow incurable maladies, and all structural changes.

Shall we, learn a lesson from these reflections or shall we pass them as mere theories ? Hahnemann teaches the nature of these miasms; it is not my province to discuss them, but to simply call them up as the essentials to the complete study of the sixteenth section.

The questions to be unanswered from all these are :

First. Have we such a condition as an invisible immaterial disease ?

Second. If so, are all diseases of the same nature, and

Third. Is it rational to attempt to nullify a disease of immaterial nature by material substances.

Hahnemann's early deduction was that disease, being of an immaterial nature, could develop only on a similar basis or in a similar sphere, when in contact with a similar quality of force; and to again reach it curatively, a force must be found equally as immaterial.

The mystery of the vital force for all practical purposes in the healing art has been solved by the immortal Hahnemann, and named the vital dynamis.

His deductions are summed up in the sixteenth section.

This section furnished the keystone to the doctrines of Hahnemannism, and without which the great arch must flatten and collapse; without this finishing doctrine his followers would be where all are who have rejected it - floundering in the mire of uncertainty and floating in the swift and muddy rivers of guesswork and disappointment.

The study of the sixteenth section clearly sums up what the great philosopher believed disease to be.

Let us enter this wilderness and see where we are directed. If we accept the teachings we must admit that (the results of disease) lesions, tissue changes, cannot be considered as primary expressions of disease, but as a consequence.

The molecular vibrations or vital activities, are a warning that a continuance of the expressions of wrong life must mean progressive death. To consider life in the sense that Hahnemann looked upon it, as normal activities within the organism, we must then look upon these normal activities changed by cause to be the abnormal, which is disease.

The only evidence of disease are the definite expressions that deviate from the normal, which we choose to denominate the language of the vital wrong



(section 7), "Hence, the totality of these symptoms, *this outwardly reflected image of the inner nature of the disease, i., e., of the suffering vital force.* "

Localization is at all times a secondary state or the result of disease, while changed feelings are the primary manifestations.

The primary or changed feeling often escapes observation, as in a gonorrhoea; but the disease has been pervading the economy for a period of eight days, and the localization finally appears as a discharge.

The same is true of all contagious diseases, and as far as is known, of every disease. If we look upon disease with any other view and consider it *per se* when it localizes itself, and then search for a name to fit it, by virtue of its morbid anatomy, or its location, we trace it to its observable beginning, and as though it had no cause, and study it in relation to changed cells as a something with only an ending but with no beginning.

But when looking at all tissue changes as the result of disease, we are in position to inquire :

What is the disease proper ? This guides into the pre-historic state when there were no tissue changes, and yet there will be found ample expressions to convince us that all was not perfect in the invisible vital kingdom, and the scalpel has not been directed.

Then it is with this pre-historic state, these vital activities, that we have to deal. Before the change of tissue has occurred there must have been a cause of morbid vibrations -a condition of morbid vital activities, or cell-changes could not have been wrought.

What is the nature of that state or condition that existed before the tissues and cells changed their shape ?

There must be two, the right and the wrong; the former the correct life function known by the absence of all subjective sensations - a feeling of bodily comfort and ease; and the latter by the presence of subjective morbid feelings. The former is known as health, and the latter as sickness or disease.

These cannot be measured as a quantitative influence, as the cause is only qualitative in itself, and its results are but a perversion of a proper force. It will be as difficult to demonstrate that quantitative influence is necessary to

produce vital changes as to demonstrate that there is a measurable quantity in noxious forces so hurtful to man.

Therefore, we may conclude that causes purely qualitative act destructively.

We now have the right to assume that all vital changes primarily are only qualitative in the sense of misapplied force, and that these morbid vibrations are the disease, and all there is of disease *per se*.

Now, we may assume that life is a dynamis capable of perpetuating its own identity when the medium through which it acts is not destroyed or impaired.

Again, to act upon the dynamis and not disturb the medium there must be force brought in relation with the vital force equally as qualitative and as free from quantitative consideration.

It hardly needs further demonstration to show that this vital perversion is possible, but we observe daily the wrong feelings that have been known to exist for years without quantitative changes or localization.

Thus have we arrived at Hahnemann's conclusion.

But now we glean that if an equally subtle dynamis is necessary to cause disease and disturb the harmonious relations of the vital activities and it is admitted that the Law of Similars expresses the curative relation and the only law of the kind known to man - must we not conclude that this curative power or force, to be a corrective principle, must be equally qualitative and subtle with the life-principle, with the disease cause, with the disease itself ?

The vital affinity cannot appear between forces of foreign relations; they must be *similar* in quality and devoid of quantity.

Power used in the sense of overpowering an antagonist has no place in the science of homoeopathics, but it is a consideration of a given force deranged or perverted to be simply harmonized and restored to equilibrium.

It will at once be observed that a surplus of force is impossible only as a surplus in a qualitative relation which has no part in the similitude of a purely qualitative problem.

To attain the highest degree of similitude, not the quantity of a given power, is the aim.

The similar is quality with similar expressions of activity in the *sine qua non*, as we have demonstrated, that there is no quantity necessary in the consideration.

Therefore, if this be only a spirit - like dynamis - and I believe the demonstration is clear - all of the quantity taken or made use of must be that much more than similar - therefore, unlike - and that much more than the demand to restore equilibrium; in other words, contrary and in no relation curative.

Not in any sense restorative, but, on the contrary, retarding the return to normal vibration by impairing the medium through which the vital dynamis must operate.

In relation to cure, it has so often been said by the master there was yet too much medicine to cure.

The dose is yet too large to cure. The use of the term quantity conveys the idea of strength, which has no part in any homoeopathic sense as related to a curative agency.

To reduce remedial agents to primitive identity of a qualitative character only that they may act through the new medium, is the aim of the true healer.

Not until they are divested of their own media can they be quickly corrective or be active in any sense as similar agencies.

This view may appear to oppose some statements of Hahnemann.

In section 45, "The stronger disease will overcome the weaker one."

This is only apparent. The two diseases, being partially similar, overcome each other only in part; but the part of the one overcome only in part reproduces itself and runs its course unmolested.

" In section 34, "For it is by virtue of the similitude, combined with greater intensity."

This statement may be correct; but I believe it to be only apparent, and that the similitude is the only necessary demand for the destruction of both, or, rather, the correction of the wrong in the dynamis or spirit - like vital force.

There being no entity, there can be nothing to overpower - only a perverted effort to be corrected. Any disease will subside apparently by natural decline when met by a noxious influence of similar dynamis of sick-making possibilities, regardless of intensity.

This view strengthens the Law of Similars and is in harmony with immaterial activities. It is not adding a new force, but applying a force to correct a perverted life principle.

The noxious, disease-producing influences have nothing in common with material agencies. When so crude that they can be seen and manipulated, they are feeble sick making agencies.

*(The sceptical experimenters, in provings made with attenuations, forgot that a special predisposition is frequently necessary for contagion, and that this predisposition cannot be made to order, but must be utilized when found, which affords a propitious opportunity for the pure experiment through which we discover the sick-making power of drugs). (Section 31).*

The dangerous and most noxious agencies are of the unknown. The most astute have failed to find the cholera or yellow fever causes. The cause of small-pox is yet unknown. The subtle influence that in one stroke stoops down upon a village is not measurable by our crude senses.

The smallpox poison, when attenuated with millions of volumes of atmospheric air, comes to the surface through the mails and through old clothing by inhalation and the slightest contact. The impression wrought upon this spirit-like dynamis accumulates until the medium is threatened with destruction - all from a simple perverted life-force.

In this sixteenth section: "Neither can the physician free the vital force from any of these morbid disturbances."

No, because the life force being an immaterial force like electricity, there is nothing to purge out, but a simple vital perversion to be corrected, and as the wrong is essentially immaterial, nothing but an immaterial something can be similar enough to it to act upon it as a curative.

A material substance may change the organism and thereby suppress or suspend an immaterial wrong, but the latter will return so soon as the former, its medium, resumes its normal conductivity.

It will be observed at once that the essentials of cure do not exist in operations upon the organisms, and as material substances operate largely through the organisms, the true disease is not reached. The object then must be to avoid operating upon the organism and essentially through the vital impulses by correcting the perverted vital activities.

The causes of disease existing in a highly attenuated form are similar in equality to the vital dynamis; hence the affinity or susceptibility. This same affinity must be acquired by a drug substance. The attenuation must be carried on until a correspondence of spheres has been reached, or until resistance is no longer possible.

The point of the highest degree of similitude in quality between two activities is variable, as it is in a degree observable in a very wide range of attenuation, as many quick cures are observed from low attenuations, but, more commonly, the high and highest attenuations furnish the most striking examples.

That low potencies cure, nobody disputes; and this does not refute the doctrine; but it must be admitted that it is by virtue of the inherent dynamic principle that it is curative, though more feebly curative in the low than when the drug is attenuated to a quality equal to the quality of the attenuated disease cure and the qualitative vital dynamis.

The striking changes sometimes observed from low attenuations are the results of primary action on the organism which Hahnemann seeks to avoid.

To bring about such results medicines must be repeated, while a single dose of the attenuated medicine would prove curative, and not influence the organism primarily.

From a practical standpoint let us look upon the results of obeying the instructions of the master, who was always guided in his later years by the doctrine of the sixteenth section, and contrast them with the result of those who disobey this teaching.

The former class has followed closely the master's teachings, accepting the dynamic doctrine, and in this line have they made their cures, with the same evidence claimed by the other class, simply the patients recover.

They have not felt the need of other methods than those taught by Hahnemann. They have not gone backwards, but, on the contrary, they have made some progress.

How have they progressed ? Let us see.

If you will consult section 41 of the *Organon* you will see. Here we see that Hahnemann declares it almost impossible to eradicate some diseases because they had been complicated with drugs having no relation to the disease.

He says that his remedies were always capable of curing effectually all simple diseases. Hahnemann then used but thirtieth cent. potency when this section was written with few exceptions.

What have his faithful followers to say as proof of the truth of the doctrine and as proof of progress ?

That many of these most complicated diseases can be wiped out. That the drug symptoms can be subdued by very high attenuations, leaving the simple original disease to manifest itself through the natural medium, when it can be cured by the thirtieth potency of the master.

They who have rejected this doctrine as a dogma have never seen this work and they never will.

Yes, we shall progress if we observe facts, and unflinchingly cling to the doctrines of the immortal Hahnemann. Let us look at the contrast.

What can be said of this class ? Their cures are only a deception. Had they really cured their cases they would not need to resort to the latest whim of an empirical profession.

They have abandoned the teaching of the sixteenth section, and what is the result ?

They know that they cannot cure the sick and they even refuse to believe that anyone else can. You never dispute a cure where it is in keeping with your daily observations.

They say that ague must have Quinine, when the follower of the master cures all his cases with the attenuated appropriate remedy. The materia medica that has been found so satisfactory in the hands of Hahnemann and his followers has been a failure and it needs revising.

There must be something wrong and we want no greater evidence of their failure than that the chief defamer, J. P. Dake, requires in his practice a large stock of Warner's sugar-coated pills, composed of crude medicines.

If this be true of the chief, what in the name of heaven must the lesser lights need, who must, of course, be less skilled ?

They have declared that any one who simply selects his remedy under the Law of Similars is as high as he can attain in the art of healing; and he may thereafter cover his patients with mustard, and apply all the local measures he chooses.

Even they say that the local treatment is assisted by the internal remedy.

The first departure from the dynamic doctrine is dangerous and leads toward non-success, and careless method is the outcome. Safety comes from simply not following the law of selection, but also the teaching of the sixteenth section must be heeded.

Look at the alternation departure, and see the laziness of his thoughts. Examine the prescription file in any drug store of a large city.

What do you find ? Simply a lot of prescriptions called homoeopathic whose only element of Homoeopathy is the signature of a long professed homoeopathic practitioner.

Hahnemann regarded this vital dynamis as a unit of force (see section 15), and the departure from health as a unit of force.

We cannot study the sixteenth section and ignore this portion of the dynamic doctrine. How absurd must it appear to one who has a clear comprehension

of these truths to consider for one moment the problem of alternation which the master has so unequivocally condemned in section 272, and its note.

Take a mental state that clearly indicates Nux vomica, and associate it with a Pulsatilla menstrual condition, with menses too late, scanty, and pale.

In the former Pulsatilla is contra-indicated by the crabbed temper; in the latter Nux is contraindicated by the conditions of the menstrual flow.

The two, therefore, are contraindicated, neither of them corresponding to the unit of force known by the totality of symptoms. Can it be possible that by combining them it will make either or both homoeopathic to the demand of this unit ?

Hahnemann everywhere speaks of using only such medicines as are accurately understood by having been proved on the healthy human body. Here we have a compound about which little is known.

Can it appear rational to suppose, or assume, that with a compound unknown, composed of elements neither of which is homoeopathic to this unit of force, that they can act uniformly curatively ?

These departures, wherein the doctrine of the sixteenth section is not heeded, are the foundation of all ill-success; of the cry for a revised materia medica, and of so-called modern Homoeopathy.

I must say again, that modern Homoeopathy is built out of the departures from the doctrines of the immortal Hahnemann.

These men have found the materia medica so inadaptable to their wants, that a majority of their prescriptions are composed of crude drugs.

These departurists have so departed from the methods of Hahnemann that the homoeopathic profession as a mass is to-day but a caricature, having violated every principle of the philosophy that has anything distinctive.

They may find momentary comfort in it, but every true man must feel like uttering, "Father, forgive them, they know not what they do."



Editors Homoeopathic Physician :

For the interest of the members of the Rochester Hahnemannian Society, I desire to comment on the case related by Dr. Grant to the Society, and published in Homoeopathic Physician, October, page 538, last line, where the Doctor gave Stannum.

He notes that the patient came back and stated that the sputa had changed in the taste to "salty."

Stannum has the salty taste as well as sweetish, and it is very common for a drug to convert one symptom into another within its own sphere in curing.

If it converts a symptom into one not within its own sphere the cure will be slow or prove to be not a cure.

When a patient returns and reports symptoms worse or changed, it is proper to look to see if the new symptoms are found under the medicine taken.

If they are found there the prescription is a good one and the physician may say to himself, Sac. lac. If the new symptoms are not found in the search into the same proving there are two conclusions to be settled by waiting :

I. The case may need another remedy.

II. If the cases goes on to quick recovery it will be found that the new symptom or symptoms will some day belong to the pathogenetic symptoms.

The cultivation of this watchfulness leads to great accuracy in prescribing, as much will be gleaned that comes under useful knowledge.

The field is a very large one, and the field of high potencies is especially a fertile one.

Observing what develops in the aggravation of high potencies and the direction of symptoms is the grandest study in the materia medica.

### 32- How To Study The Repertory

After all the symptoms of a patient have been written out, the *Repertory* should be taken up.

The beginner should not attempt to abbreviate the anemnesis, but should write out the full *general rubric* for exercise, if nothing more.

If *melancholy* be the word, the remedies set to the word should be written down with all the graduations.

If the *melancholy* appear only *before* the menses, let a sub-rubric be placed in a manner to show at a glance the number of remedies of the *general class* having the *special period* of aggravation.

Many of the most brilliant cures are made from the *general rubric* when the *special* does not help, and, in careful notes of ten years, would bring down many of the *general rubric* symptoms, and furnish the best of clinical verifications.

The longer this is done the more can the busy doctor abbreviate his case notes.

The special aggravation is a great help, but such observations are often wanting, and the general rubric must be pressed into service.

Again, we have to work by *analogy*. In this method Boenninghausen's *Pocket Repertory* is of the greatest service.

Take Minton's most excellent work, and we find menstrual agonies are ameliorated by heat, peculiar to *Ars.* and *Nux.*, and by moist heat, to *Nux-m.*

But the symptoms of one case are not like either of these remedies, and we must go farther into the *materia medica*.

We can there form the *anemnesis* by analogy and make use of the *general rubric*, taking all the remedies known to be generally ameliorated by heat and warmth applied.

To be methodical, the general rubric should appear in the notes of the prescriber and the special below it.

If this plan be carefully carried out, a comparison of ten years' work would be a most instructive perusal.

What is true of a remedy generally may often be true in particular, especially so in the absence of a *contraindicating exception*, well established.

If this plan be followed by beginners, always reading up the *Materia Medica* with the *anemnesis*, by the time business becomes plenty the work becomes easy and rapid.

A young man can prescribe for a few patients a day and make careful homoeopathic cures, and he can gain speed enough to prescribe for twenty or thirty a day after a few years.

Any man who desires to avoid *this careful method should not pretend* to be a *homoeopathic physician, as the right way is not in him*, as the desire must precede the act.

The patient does not always express the symptom in the language that would best indicate the *real nature* of the symptom.

Then it is that judgment is required, that the physician may *gain a correct appreciation* of the symptoms. So often is this true that the young man and often the old is led from the true expressions of nature, and he will make an inappropriate prescription.

The task of taking symptoms is often a most difficult one.

It is sometimes possible to abbreviate the *anemnesis* by selecting one symptom that is very peculiar containing the key to the case. A young man cannot often detect this peculiarity, and he should seldom attempt it.

It is often convenient to abbreviate by taking a group of three or four essentials in a given case, making a summary of these, and eliminating all remedies not found in all the essential symptoms.

A man with considerable experience may cut short the work in this way. I have frequently known young men to mistake a modality for a symptom. This is fatal to a correct result.

The symptom is the sensation or condition, and the modality is only a modification. The symptom often becomes *peculiar* or *characteristic* through its modality.

When a sensation is looked up in the *Repertory*, all the remedies belonging to it should be written out, and individualization began by modalities.

I am frequently asked what is understood by *peculiar* as applied to a case.

A little thought should lead each man to the solution.

A high temperature, a fever *without thirst*, is in a measure *peculiar*.

A hard chill with thirst for cold water is peculiar.

Thirst with a fever, with the heat, is not peculiar, because you can safely say it is common to find *heat with thirst*, and uncommon to find heat without thirst.

That which is common to any given disease is never *peculiar*.

This may seem too simple to demand an explanation, but let him who knows it go to the next page.

Pathognomonic symptoms are not used to individualize by, and are never peculiar in the sense asked for.

I am asked what I mean when I say to beginners, *treat the patient and not the disease*.

My answer always is about as follows :

The symptom that is seldom found in a given disease is one not peculiar to the disease, but peculiar to the patient, therefore the peculiarities of the patient have made the disease differ from all the members of its class and from all others in the class, and make this disease, as affecting this patient, an individuality by itself, and can only be treated as an individual.

This individuality in the patient manifests itself by *peculiar* symptoms nearly always prominent, and always looked for by the true healer.

The man who gives Aconit for fever knows nothing of the spirit of the law or the duties of the physician.

The same is true of *Colocynth* for colic, *Arsenicum* for chill, etc.

"What shall we do when we find several peculiarities in the same patient and one remedy does not cover them all ?"

Here is where the astute physician will pick up his *Repertory* and commence the search for a remedy most similar to all, and if he has been a student for a few years he need not go about asking foolish questions.

The lazy man has spent his days in the folly of pleasures, and the man of limited belief has shot out so many valuable things that he is constantly up in public asking foolish questions and reporting cases with symptoms so badly taken that he reveals the whereabouts of his past life.

He has not made use of the *Repertory*, and shows a complete ignorance of the *rubrics* and the usual formality of taking symptoms as taught by Hahnemann.

It is a blessed thing that they are not responsible for all their ignorance.

Where shall the responsibility rest, and who shall "throw the first stone ?"

It is so easy to wink at the sins that we ourselves are guilty of that it seems impossible to find judge or jury before whom to arraign the first law-breaker.

The cry for liberty has been a grievous error, as liberty is and has been most shamefully abused.

It means a license to violate law, and only a modest elasticity is necessary and full eclecticism is the product.

It is liberty that has driven out of use, or limited the use of the *Repertory* that all the old healers so much consulted.

If Boenninghausen used a *Repertory* with the limited remedies there proved, how much more do we need to consult it.

### 33- How to use the repertory

Ever since the appearance of my *Repertory* in print many of my friends who use it, have urged me to write out my own method of using a repertory.

I realize that it is a most difficult undertaking, but shall attempt to explain my method. I doubt not but most careful prescribers will find that they are working in a similar manner.

The use of the repertory in homoeopathic practice is a necessity if one is to do careful work. Our Materia Medica is so cumbersome without a repertory that the best prescriber must meet with only indifferent results.

After the case has been *properly taken* according to Hahnemann's rules it is ready for study. I do not intend to offer in this manner the ordinary rubrics, because all know them so well.

A case that is well taken and ordinarily full will show morbid manifestations in sensitive ness to many surroundings, such as weather, heat and cold, also in the desires and aversions, mental symptoms and the various regions of the body.

When I take up a full case for study, I single out all the expressions that describe the general state, such as the aggravations and ameliorations of the general state of the patient or of many of his symptoms.

I next consider carefully all his longings, mental and physical, all the desires and aversion, antipathies, fears, dreads, etc.

Next I look for all the intellectual perversions, methods of reasoning, memory, causes of mental disturbances, etc.

All these I arrange in form together, in order to set opposite each one all remedies in corresponding rubrics as found in the repertory.

By the cancellation process it will soon be seen that only a few remedies run through all these symptoms, and therefore only a few are to be carefully compared in order to ascertain which one of all these is most like the particular symptoms not yet lined up to be considered as the first ones have been considered.

Hahnemann teaches in the 153rd paragraph that we are to give particular attention to such symptoms as are peculiar and characteristic. He teaches also that the physician must pay his earnest attention to the patient.

Now if these two things are duly considered, it will be seen that Hahnemann's idea was that a characteristic symptom is one that is not common to disease but one that characterizes the patient.

All the first lot of symptoms singled out for a more comprehensive view are such, as characterize the patient, and are predicated of the patient himself.

By treating a portion of the symptoms in this way we have reduced the list of possible remedies to a few or perhaps only one. As it is necessary to consider the totality of the symptoms for a basis of the homoeopathic prescription, it is now necessary to examine all the rest of the symptoms in order to ascertain how these few remedies correspond with all the particulars.

It may be said that the above is only routine work and everybody does it just that way. True, but after so much has been accepted the more intricate problems come up. To work out a well-rounded case is the simplest part of repertory work, but when one-sided cases appear and when the patient states his symptoms in language that cannot be found in provings the case is far different.

The record of the patient should stand as nearly as possible in his own language. From an extensive correspondence and many years of teaching graduates, I have come to the conclusion that it is a difficult matter for many to know when the record of symptoms contains the possibilities of a curative prescription.

Many cases are presented with no generals and no mental symptoms - absolutely no characterizing symptoms - only the symptoms common to sickness. When a successful prescription is made on such symptoms, it is scarcely more than a "lucky hit."

It cannot be classed as scientific prescribing. Many records are presented with pages of vague description and one keynote that has served as a disgraceful "stool pigeon" to call forth a failure from many doctors.

Unless the symptoms that characterize the patient are brought out in the record the physician should not be surprised at a failure. The remedy must be similar to the symptoms of the patient as well as the pathognomonic symptoms of his disease in order to cure.

To show something about the requirements of repertory work, I will try to bring out hypothetical groups of symptoms such as come to every man. In a well-rounded case, or as an isolated group, we frequently meet with what is called "writer's cramp."

This must be divided into many elements before it can be properly put on paper as a work out case or fragment of a case. If we should take "writer's cramp" and say no more about it, we would have only a limited number of remedies to look to for cure.

But our resources are unlimited, as will be seen. "Writer's cramp," when examined into, will be found to mean cramp in fingers, hand or arms, or all three. Sometimes numbness and tingling of one or all three; sometimes sensation of paralysis in one or all three; sometimes tingling of fingers and hand, and all of these conditions from writing or worse while writing.

Cramp in fingers while writing : Brach., cocc., cycl., trill., mag.-ph. stann.

Cramp in hand while writing : Anac., euph., mag.-p., nat. p., sil.

Numbness in fingers while writing : Carl.

Numbness in hand while writing : Agar. zinc.

Paralytic feeling in hand while writing : Acon., agar., chel., cocc.

Cramp in wrist while writing: Amyl.-n., brach.

The above brings out about all that can be found in the Materia Medica on this subject, and failure often follows owing to the scanty clinical and pathogenetic records to which we have access; but we have just begun to consider that vexatious group of symptoms. It is true that sometimes the above scanty showing presents just the remedy required. But oftener it does not, and then we may proceed as follows :

Cramp in the fingers, hand and wrist or such parts as are affected : Use the general group on Page 938 of my Repertory - a long list.

Numbness of fingers and hand : Pages 999 and 1000, using also the general group.



Sensation of paralysis of hand and fingers : Use the general groups, pages 1118 and 1119.

After these have been carefully written out, turn to the general rubric in Generalities, on page 1287, "Exertion," and write out such of these remedies as are found in the complex symptoms from exertion.

Writing is nothing else but prolonged exertion. When this simple lesson is learned the physician will see at once that the same process will show the remedy in those who have lost the power of the hand and fingers, or have cramps, etc., from playing stringed instruments or playing the piano or the prolonged use of any tool or instrument. It is using in proper manner a general rubric.

Furthermore, after cures have been made with remedies selected in this way, such remedies may be added to the scanty list of particulars first referred to, and in this manner will our repertory grow into usefulness.

This is the legitimate use of clinical symptoms. It is the proper application of the general rubric to the end that our scanty particulars may be built up. The new Repertory is the only one ever found that provides a vacant space for annotating just such information.

If the large number of correct prescribers in the world would join in this extension, we could soon have a repertory of comparatively extensive particulars. Our generals were well worked out by Boenninghausen and much overdone, as he generalized many rubrics that were purely particulars, the use of which as generals is misleading and ends in failure.

The success coming from Boenninghausen's Pocket-book is due to the arrangement whereby generals can be quickly made use of to furnish modalities for individual symptoms, whether general or particular.

This feature is preserved in my repertory, as all know who use it. But it is the generals that can be used this way.

A large rubric made up of promiscuous particulars, none of which are predicated of the patient is a "hit or miss" when applied in general and usually a miss.

For example, "aggravation from writing" is a rubric of particulars. In no instance is there one wherein the patient himself is worse from writing, but the eyes, the head, the hands, the back (from stooping), etc., make up this rubric.

It is useless to resort to aggravation from writing when a headache is the symptom and find the remedy refers to a complaint in some other part wholly unlike headache.

To make use of this modality for mental symptoms when it is applied to complaints of the hand is perverting the uses of circumstances.

Aggravation from writing should be limited to the symptoms that are worse from writing and kept with them, as it is not a general. It is so done in my repertory.

This is wholly different in the great rubric "motion." If we study Bryonia from that rubric, and from the Materia Medica, we will see that such a large number of particular symptoms is aggravated by that remedy that it appears that the very patient himself is worse from motion.

Hence, it will be seen that motion is a rubric that must show the extent of aggravation in relation to the general bodily state by general and particular, and it must be retained in the generals. Any rubric that modifies so many particulars that the very patient himself seems to be so modified must be classed as general.

Many wonderful cures have been made from the use of Boenninghausen and many wonderful failures have followed, and it is from the above cause.

The new repertory is produced to show forth all the particulars, each symptom with the circumstance connected with it.

It is in infancy and may remain so very long, unless all who use it unite to preserve their experience in well-kept records and furnish the author with such.

The author is devoting his life to the growth and infilling and perfecting of this work, and begs all true workers will co-operate by noting errors and omissions, and, above all, noting such modalities of particulars as have come from generals and been observed in cures.

### 34- Idiosyncrasy

This term has been used in allopathic nomenclature, to define a condition supposed to be a special hypersensitive state always present in a particular patient. It is well known that some patients have an increased irritability for certain drugs.

This susceptibility has been called, for want of a better explanation, an idiosyncrasy. It is a peculiarity of many people, so supposed; but, as a matter of fact, every person has some idiosyncrasy or peculiar susceptibility to something.

Cases are on record of most striking susceptibility to certain poisons and noxious gases.

In California, a child four years old was poisoned with four single drops of Laudanum. I have seen dangerous symptoms follow a single drop of Aconite in an adult. I know a large robust woman who becomes stiff and rigid in her joints whenever she inhales sewer gas or air from a common country closet vault.

A man lately reported a case to me for advice, a travelling man, who stated that whenever he slept in a room where persian insect powder had been used he broke out with pustulous eruptions and became a great sufferer.

I once knew a man who would suffer greatly from the mere trace of camphor that he would accidentally inhale in spite of himself in his ordinary travels. I am acquainted with a physician who dare not take a teaspoonful of custard, or he will have diarrhoea in less than two hours.

A practicing physician told me years ago that he could not carry Rhubarb in his saddle-bags, as it always gave him a diarrhoea soon after inhaling it, we have people among us who are made sick by the commonest articles of the dinner table. I presume every person has observed this peculiar idiosyncrasy. Why did not some wise man in allopathic medicine explain this, and not leave it for Hahnemann to solve by the law of similars ?

How simple that the similar power or force should create within the body such a turmoil. Were there no idiosyncrasy there would be no disease. This susceptibility being present, the noxious agent, though a million times too small for the microscope to reveal, will do its work and bring on disease, and

even death, and the wonderfully wise pathologist has not solved the etiology or the method of this active destruction upon its medicine.

In drug proving we find a single dose of a drug exerting its power upon one prover, and the others escape until after having taken many doses or taken it many days. The highest potencies affect some provers, and large doses of the tincture are required to influence others.

Homoeopathicity is almost, if not quite identical with idiosyncrasy. A patient of mine said I must not give him anything with Strychnia in it, because the smallest doses of that drug made him worse, but his remedy was Nux vomica, which he detected in the second potency and declared it was Strychnia.

It cured him permanently. It is fortunately a fact that our crude prescribers seldom make a close selection, or they would do a world of harm. The sensitiveness of a sick nerve to a homoeopathic agency is wonderful, while the subject may bear a great amount of inappropriate crude drugging without apparent distress.

It is more than likely that the four-year old child that was poisoned with four drops of Laudanum. would have found its remedy in potentized Opium in a single pellet. This idiosyncrasy can be produced by medicinal substances; thus, the provers of Thuja may get a diarrhoea after onions; the provers of Colch, are made sick by the smell of eggs; Plumbum provers cannot eat fish; Lycop. provers cannot eat oysters; while Ignatia provers are made sick by eating sugar and sweets; not that all suffer in this way, but many.

These peculiar idiosyncrasies are also cured by the corresponding remedy. Many times I have cured with Thuja the peculiar diarrhoea brought on every time the patient eats onions. What explanation has our learned pathologist for this state ?

Can he by his wisdom cure it. No, his good patients go on suffering from their peculiar constitutional wrongs, and the good old doctor consoles him or her by soothing words or a dose of Opium or chalk mixture.

All there is of medicine that can permanently benefit man has come through the philosophy of Hahnemann; and this great stumbling-block of regular physicians the idiosyncrasy, has become a keynote of scientific medicine, and explains itself when the philosophy of Hahnemann is understood.

The marked idiosyncrasy is not always observed for the crude materials, as is well known to all Hahnemannians, an instance of which is observed where crude common salt will not produce the slightest disturbance, although the patient craves and takes it largely in food, but the higher potencies produce the sharpest aggravation.

The same may be observed with lime salts when there is a marked bone salt inanition. Therefore, in cases where Lime is the remedy and Lime-water is ministered, not the slightest medicinal effect is produced; but the higher potencies act curatively, after which the corresponding saline is appropriated from the natural source, the food eaten.

This extreme susceptibility, called idiosyncrasy for want of a name to describe an unknown something, is clearly an underlying pathological relation of curative drug action, and is manifested by the over action of this curative drug in many instances.

The richest field of drug proving is found in provers with the peculiar idiosyncrasy for certain drugs. Hence the value of potentized drugs for proving although only a few of our large numbers of provers bring out symptoms.

The continued taking of potentized drugs develops a susceptibility to certain drugs, and such provers become better after several attempts.

I have observed that patients become more sensitive to the homoeopathic remedy after several years continuing to take purely potentized medicines, while the taking of crude substances so phlegmatize the system that no fine symptoms will be evolved or felt.

I have patients with whom I can develop the curative antagonism by the single dose of the highest handmade potency, who, if more medicine were given, would become sick of the over-drug action.

Then it is plainly to be seen that chronic and acute idiosyncrasies are present in the subject, and instead of a fault to be regretted in a patient, should be studied comprehensively in its relation to its expressions, viz., symptomatology.

This is the beautiful and pleasant work of the Hahnemannian.

We are not baffled but encouraged by the existence of this so-called idiosyncrasy, as by finding it we have gained a strong hold, in the way of information, upon the constitution of our patient. It may be his or her peculiarity and the guiding symptom to a curative selection.

### 35- Landmarks Of Homoeopathy

It is a source of much astonishment that so many apparently good homoeopathic physicians depart from the law and order methods of practice and adopt faith-cure, Christian science, hypnotism, mind cure, osteopathy, etc.

It is undoubtedly because of a lack of knowledge of the science of Homoeopathy. The Art has been studied, but the Science of the Art has been neglected.

Homoeopathy demands that the prescriber shall use for curing a substance that is capable of producing similar symptoms upon the healthy. If we must accept the cures of the hypnotist we must accept the cures from all sources.

The hypnotist does not know the quality or form of the force that he uses. He does not know the symptoms it will produce upon the healthy. He does not pretend to use it against symptoms similar to those which it will produce. If this is true why should the homeopathist think of using it ?

I believe it to be in the interest of Homoeopathy and of the patient to stand upon our ground - to stand by the Law of Similars.

The symptoms produced by hypnotism are mostly observed on the sick and feeble, hence are doubtful.

No human being should be deprived of his freedom nor have the latter in constraint.

It is a fundamental principle in Homoeopathy that cures are changes in the condition of order from center to circumference. This is not true of any of the isms, pathies and fads now bidding for patronage in the healing world.

It is familiar to all who know the doctrines of Homoeopathy that removal of symptoms from place to place, on the surface or from the surface, never benefits the patient but often proves harmful to him.

Results are often brought forward exhibited as cures, yet no law has been confirmed, no symptoms have been verified, no directions have been observed in the changes. If we are to accept such results as cures, we must admit the cures of traditional medicine. If we are to accept the opinions of men we have no line between Homoeopathy and Old School.

It is the old story of placing experience prior to the law. It is the same as observed in the numerous followers of the early educators : Hering, Lippe, etc. They followed experience and not the doctrines. All who were able to follow the doctrines were saved from the fall.

We have only to think a moment to conclude. Think of the many who listened to the teachings of Hering and how many of them - now practice as he taught ? All were taught experience; when they saw Hering's cures they were convinced. When they went out for themselves they had forgotten the teaching, they could not see through Hering's spectacles and their results were different.

The Art of Healing must not be taught first. The Science must be taught first, and the Art next - the law first and experience following.

To convince pupils by the clinic is incorrect teaching.

The proper method is to teach first the Science and convince the mind that the doctrines are true; then the Art may be taught by Clinics.

This method will end in permanent education. Men who have fallen, were such as had observed the Art and the results and thereby believed, but lacked the knowledge to do the work and hence fell away and denied. It is time that our faithful practitioners opened their eyes to this important fact.

There is nothing simpler ! Why does a man fail ? Simply because he does not know. His belief may be all right, but he does not know how. The knowing how consists of knowledges and these have been neglected. No one possessed of these knowledges ever went wandering into hypnotism, Christian science, faith-healing, osteopathy or employing crude drugs.

All who possess these knowledges are busy healers of the sick. They are the successful ones, and unless personally objectionable to the public, are prosperous. The truth saves men from the hypothetical allurements of medical practices.

To know what and how physicians of the world practice appears to be the knowledge mostly sought but to know why would more probably lead to successful methods. What does it signify what is practiced in medicine if there is no good reason for the doings ?

A student leaves his preceptor to enter practice for himself. He applies the remedies as he thinks his preceptor did but without the same results. The conclusion is that he was not using the preceptor's reasons for such practice. It must be concluded that a successful man is one who has worked out the reason for his doings. Again all who would imitate his application without his knowledges will fail and fall away from strict methods of practice.

There is another ism that destroys Hahnemann's teaching, viz., the misunderstood keynote system. This system appeals to the memory only. It does not train the mind to *know the character of the remedies*. It makes the memory hold only a few fragments of the remedy. It omits the nature of the remedy or the image of the patient, which was the soul of Hahnemann's teaching. If we omit from our thoughts this soul, this image, we omit all upon which a homoeopathic prescription rests, viz., *the totality*.

I believe it to be the duty of every true man to oppose the fragmentary short-cut to prescription-making. The publication of small books circulated to make prescribing easy is sure to make homoeopathic prescriptions impossible to those who use them. The author has watched the passing of some of these short-cuts but he does not expect to live to see easy prescribing. *The basis of a homoeopathic prescription is the totality of the symptoms*, which must be meditated upon until the image appears to the perception.

Full records of the cases must be kept.

Great care in keeping potencies must be observed.

The study of potency as related to persons is important.

Science Of Homoeopathy must be dwelt upon more, and the Art no less, in order that our honest men be not confused over faith-cures, hypnotism, osteopathy and other isms too numerous to, mention.

Homoeopathy is making wonderful strides in curing chronic miasms but they are upon the lines laid down by Hahnemann. The author has no



discovery of his own to introduce to the world. He has learned to be faithful to, and contented with what has been handed down.

The Law of Similars will direct to curative remedies for all that are curable and comfort such as are incurable, if we can keep our selfish ends in subjection.

### 36- Malaria Fevers – Therapeutics

By "malaria fevers" I mean such as are mixed, and not distinctly intermittent, generally denominated typhomalaria; exclusive of the variety which has, as a class, a clear apyrexia; such as are especially met in this city.

This paper is intended to apply to the class of mixed fevers confined to St. Louis, to the cases blending from the complicated intermittent to the complicated typhoid.

It is known that some of them take on a predominance of typhoid symptoms, and some of them a predominance of symptoms found in complicated intermittents. It is this hybrid state that causes us so much vexation.

I have undertaken the task of furnishing the best guide to remedies for our own circumscribed work. I have not mentioned many remedies generally thought of great importance, because I have not found the symptoms indicating them. Should I go into remedies so seldom indicated, this paper might extend beyond endurance. Hence the remedies are those most useful.

#### Antimonium crudum

The gastric derangement, nausea, and vomiting, great exhaustion, white tongue, and thirstlessness, constipation, or diarrhoea, must guide to this remedy.

The concomitants, few or many, can seldom do away with indications for this remedy.

#### Arnica

This is a frequently used remedy.

The sore bruised feeling all over the body; the patient complains of the "hard bed" and the aching, sore feeling in the whole body, the soreness compels him to move and he turns upon the other side, which in turn becomes sore and bruised and compels him again to move.

There is thirst and moaning; he cries for relief "or he will die."

There is great exhaustion and pain in the stomach and bowels, pressing and cutting pains in the stomach with nausea and vomiting; very often eructation, tasting like spoiled egg, with bad taste in mouth, diarrhoea of a blackish water with bits of bloody, mucous stool; repugnance to food, milk, broth and meat; coldness in the stomach, and if there is a chill, it is preceded by great thirst.

Arsenicum album

Prostration, anxiety, and fear of death; extreme exhaustion, with thirst for water, little and often, for cold water, which causes nausea and vomiting; diarrhoea, stools scanty, dark, watery, offensive, with tenesmus, and the patient is covered with a cold sweat and blue spots.

The tongue is dry and cracked, and the mouth and throat are parched and he wants only water enough to moisten the dry, mucous surface.

In the beginning he goes from bed to bed, and is not relieved by the motion (unlike Rhus), yet his anxiety and restlessness compel him to move.

The after midnight aggravation of fever and anxiety are especially guiding.

The relief from warmth in general and warm drinks is also important.

The burning in the stomach, bowels, mucous membranes, and skin, so common in many cases, is happily met by Arsenicum.

The involuntary stools generally point to Ars., but Arn, and Phos. have sometimes been indicated.

The latter I have not often found indicated; occasionally the following symptoms have been present, indicating Phos.

The dry, burning mouth and tongue, with constant thirst for large quantities of ice-cold water, which is vomited when becoming warm in the stomach, or gurgling from the stomach down through the abdomen, causing an involuntary stool from a relaxed ani; hot head, desire to be magnetized, with overpowering fears; thinks he will see some thing coming from the corner of the room; bleeding from the nose, and septic exudation about the teeth (sordes) the face is blue, bloated, and Hippocratic; the terrible dryness is not relieved from drinking, and he wants a stream of cold water poured down his throat, there are stupor and delirium, and he slides down toward the foot of the bed (like Phos. ac. and Rhus).

He answers no questions or gives wrong answers to questions; great indifference.

### Baptisia

The peculiar sodden condition of the patient, with his besotted countenance, the face discolored and dusky, and the mental disquietude; his body he thinks is scattered over the bed and he is striving to arrange the scattered members; he thinks his limbs are talking to each other, his answers are irregular, as if he were intoxicated; he seems to comprehend the question and makes an effort to answer, but falls to sleep, or into a stupor in the midst of the sentence; the tongue is foul and the mouth fetid; the delirium is greatest during the night the functions are all sluggish, and the fever never runs very high; the pulse is often weak and compressible, sometimes the surface is cold.

In diphtheria the mucous membrane is dark and looks as if it might slough, and the exudation is dark; the surface is tumid and threatens to become gangrenous; finally dark, ragged, putrid and ulcers form and the patient is too stupid to complain of pain; the tongue may be coated white or yellowish, white at first, but soon becomes dirty and brown and feels as if burnt or scalded and cracks; dark blood exudes.

There is seldom much thirst, although if water be presented he will drink a large quantity and relapse into stupor.

The typhoid abdomen and stool can be found under this remedy yellow, mushy, and pasty, or bloody and very fetid, stools of pure blood or bloody mucus, exhausting and excoriating; involuntary stools.

The tenderness and tympany of the abdomen are well marked, Baptisia is not a specific for typhoid fever, yet the remedy to begin as well as finish the case, Arn., Hyos., Lach., Mur-ac., Opium, are especially related to it.

The Arnica patient forgets the word while speaking, but he does not begin his answer and fall into a profound sleep without finishing. Baptisia has the sore, bruised feeling of Arnica, but not the restlessness attending the soreness. The sensitiveness to pain is marked in Arnica and nearly lost in Baptisia.

These remedies cannot be distinguished by the stools in many instances; both have dark, profuse, watery, fetid stools, and great soreness of the soft tissues as if bruised. The mental state and the besotted condition may be the only symptoms to base a choice upon.

A patient of mine was violently attacked with a chill; he moaned with pain and declared he would die; he purged almost involuntarily, a fetid dark, watery stool; he would not answer me civilly, but said he was sore as if bruised. Between the violent abdominal pains he was stupid, as if drunk; when aroused he was snappish and his words did not express his probable intention.

The stool made me think of Baptisia, but Arn. has the same, also the mental state, hence it must be the most appropriate remedy. It broke his chill. The violence of the attack led me to anticipate a congestive chill, but the remedy quieted him very speedily.

Baptisia is often given, I find, where Hyosciamus would be a more appropriate remedy. In the latter the patient has a profound stupor, but when aroused he will answer correctly; the tongue is dry, black and stiff, but there is not the tumid appearance of mucous membrane as if sloughing would soon appear, or as if they would become gangrenous; Baptisia has involuntary stool, but not stools and urine like Hyoscyamus, nor does she attempt to expose the genitals in her delirium.

Arsenicum produces stools that cannot always be distinguished from those of Baptisia, but the thirst, so seldom in the latter, the extreme prostration and restlessness, will enable one to select the appropriate remedy.

Arsenicum has the tendency to gangrene, but not the tumid, semi-transparent condition with the blueness. It has the bluish, or dusky aspect of the skin, but it is attended with a pinched condition of the countenance.

Baptisia has a bluish, bloated condition of the face that is not so oedematous as that of Arsenicum. It is the result of venous stasis, not transudative, like that of the latter. Baptisia has not the heat of Arsenicum; both have involuntary stools, but Arsenicum has involuntary stools and urine; both have burning pain in the stomach, but Arsenicum has marked nausea, not found in Baptisia.

Baptisia causes vomiting but without much nausea or effort. Baptisia seldom has much thirst, but when it is present, it is for a large quantity of cold water. It is not the important factor of the Arsenicum thirst.

The Arsenicum delirium is a busy one; the Baptisia is passive. He will sometimes lie all day without moving if not disturbed; in the former, he is moving and is always in a hurry; the latter will do as advised, if he can; the former is irritable and wants his own way, and he is full of strange imaginations of vermin and burglars, and he has many fears.

Hyoscyamus corresponds to the most continued type in an advanced state; the tongue is dark or black, dry and stiff; he is unable to put it out, the lips are dry and bleeding, the urine is passed in bed unconsciously, and there is much delirium.

The patient answers questions correctly and lapses into stupor (Arn. has the same; Baptisia goes into stupor in the midst of his attempted answer) Hyoscyamus has cured cases when the patient has passed into the state where it was impossible to arouse him.

The profound stupor, pinched countenance, involuntary urine and stool sliding down in the bed, picking at the bed-covers, picking the finger, mark the case as a Hyoscyamus state when taken in connection with his having gone through the first symptoms mentioned.

Muriatic acid

is one of the neglected remedies, yet one of the most valuable.

The clinical symptoms : Clean, dry, red tongue, sometimes bluish, is an important guiding symptom (not the slick, and shining tongue of Lach, and Kali bich.).

There may be unconsciousness, moaning, and restlessness; thirst for adds and wine are also important; stool dark and mushy; urine passed involuntary; loud moaning, lower jaw dropped, tongue shrunken and dry like leather; haemorrhage from the bowels.

This remedy stands between Rhus. and Bryonia. The patient is not made better from motion, like Rhus, and not worse from motion, like Bryonia. It controls the septic process and blood changes as well as Bry. or Rhus.

### Gelsemium

The heaviness of the limbs and thirstlessness; the bright eyes and contracted pupils; the active delirium; the extreme sinking feeling, paralytic weakness and fear of death; loquacity, talking in sleep.

On the other hand the face is pale and sallow and the pupils are dilated, yet the heaviness is always present.

The mind symptoms and nervous prostration are most marked; the septic symptoms are not marked as in Ars., Bap., Arn., and Phos.

The tongue trembles and is coated yellow. The many symptoms pointing to cerebral hyperaemia, point to Gels. and seldom to Bell. in these fevers.

The sleeplessness is as prominent as any feature of these fevers, and Gels. is most generally its remedy. He is wide awake all night.

"Not one wink of sleep last night" is the common answer (Op., Coff.).

There is often pain running up and back, with contraction of dorsal muscles and stiffness, as if there were some meningeal complication; pain from spine to head and shoulders.

### Lycopus Virginicus

This remedy has been of great service to me. It is the remedy when the patient is stupid, will not answer questions, is waxy, cold and has a pulse

very low, yet full and large, soft and compressible; haemorrhage brown bowels, heavily loaded, tawny, expressionless face; if he has a fever it is not high, and he chokes and swallows; his eyes are expressionless; the veins are full and the face is bloated; the eyes seem to project from their sockets.

### Rhus toxicodendron

is one of the most important remedies. The restlessness, better from motion, great thirst, dry tongue, sordes; reddish, watery, frothy stools in the morning, have been the symptoms calling for Rhus. The chilliness, like being dashed with cold water, and like cold water coursing through the veins, fever continues without sweat, and the restless aching, are often met.

The patient, often moves for relief; he finds a new place, and because he is completely exhausted he thinks he can rest; but soon the horrible aching and restlessness come on and he is compelled to move and find a new place, and this is continued night and day, and there is no rest and no sleep; there is a dry cough.

### Bryonia

is the remedy to be contrasted with Rhus. The pains may be severe, yet they are made worse by the slightest motion; he wants cold water in large quantity, but only occasionally; there is the dry, brown tongue, and the bowels are generally constipated; the stool is dry and hard as if burnt; the bowels are tympanitic and there is a foul, bitter taste in the mouth; bleeding from the nose is common; there is often a dry cough and the right lung is often involved; there is delirium; he is busy and wants to be taken home; the fever and delirium are worse from nine o'clock till midnight. In Rhus the fever and delirium have been worse during the whole night and often continues all day.

I see, by comparing my notebook, that several of my cases cured by Rhus had aggravation of mental and febrile symptoms at 5 a. m. and p. m.

Bry. seldom has the twitching of muscles so common to Rhus, and of the two, urticaria, commonly in the beginning of some fevers, can only be found under the latter. The general aggravation from cold is characteristic of Rhus, but Bry. is oftener ameliorated by cold.

The long-lasting severe pain in the head is found, in my Bryonia cases, in the temples and eyes; improved by cold; eyes were turgescd and the face was bloated and blue.

### Colchicum

was given in one case where the patient had an extreme disgust at the sight or smell of food, with marked benefit.

### Natrum sulphuricum

is a very important remedy. The patient says he has not been well for a long time; his sleep has not rested him, and his mouth, has for a long time had a bad taste and his tongue is covered with a thick, yellow, pasty fur and tastes bitter.

He now vomits bile and slime and has pain in the back of his load and his bones ache; the chill comes on and he runs into a quasi-continued fever, with chills occasionally; he has no appetite, his skin is yellow, and he has a yellow diarrhoea mixed with green slime.

### Ipecac

The aching in the back, thirstlessness, constant nausea, vomiting of green slime, red and pointed tongue, bitter taste; the case abused by quinine, Ipecac, is the remedy.

In the third and fourth week, some cases become very low; the tongue is sometimes red and slick, the papillae all absorbed, and a smooth, slick glossy surface on the tongue, and there is much vomiting of viscid, stringy mucus and bile. The patient is listless and delirious alternately.

### Eupatorium perfoliatum

has improved cases when there was a bitter taste in the mouth, aching in the bones as if they would break, yellow skin, violent headache, day and night, worse during the scanty sweat, if there should be such a moisture; in many cases there is no perspiration, but great dryness of the skin and vomiting of bile.



When searching for remedies that correspond most faithfully to the fevers with absent sweating stage; Ars., Bapt., Bell., Bry., Cham., Colch., Eup.-perf., Gels., Hyos., Ign., Ipec., Kali-bi., Lach., Lyc., Merc., Nit-ac., Nux-v., Opium., Phos., Phos-ac., Rhus, and Sulph. may be consulted.

It will be found mostly that we are curing our patient from this list of remedies.

When the exhaustion is the most marked feature, Arn., Ars., Bapt., China, Gels., Hyos., Lach., Lycopus, Phos., Phos-acid., and Rhus have been most useful.

When the congested symptoms have been prominent, Arn. has been the remedy.

It will be observed that I have not mentioned many of our so-called sheet anchors, as I have not found them of much service.

Acon., Bell., and China have not been indicated in any of my cases.

I have made use of bathing and inunction of lard in some protracted cases with great benefit, but never cathartics, stimulants, or quinine.

The single remedy is my reliance.

I give the selected remedy every four hours in these fevers, night and day, until improvement begins, and then I repeat cautiously.

### 37- Management Of Displacements Without Mechanical Support

It should be stated in other than the Hahnemannian Association that the displacements of the uterus could be cured, or palliated even, without mechanical support, the advocate would find few believers, either in his statement or in his plan of action.

But it is expected that the law of cure is universal; therefore it is almost needless to assert that our materia medica. is ripe enough (which *we* all know) to manage these conditions without mechanical support.

Any physician in active practice among women must find a large percentage of his cases belonging to this category.

The various classification resorted to in text books for pathological study have very little value in the matter of cure; the wilderness of symptomatology furnishes us the only hope of taking these cases to a successful termination, which is a permanent and radical cure.

The Hahnemannian finds no place in his practice for mechanical support; he relies always upon the indicated remedy.

There can be no proof like actual cures. This method is successful or it is attended with failure; living witnesses must testify to its usefulness. The report of a few cases would seem quite useful as an explanation of what must be done and how the work must be carried out to avoid the use of mechanical support in displacements.

Whenever a patient presents herself to a Hahnemannian physician for relief for the complexity of symptoms belonging to displacements, not only the symptoms of the displacement but all the symptoms of the case, from childhood to the present time, must be accurately written down as it is possible to obtain them, after the method directed by the *Organon*.

The fullest detail of general symptoms must be taken, as it is quite probable that the symptom image will be made up or strengthened by what would be considered as concomitant symptoms.

An examination such as is generally given is of the smallest importance in the case, and reveals none of the peculiar characteristics upon which the physician must rely for his symptom image.

Many of these cases appear wearing the mechanical support of the last physician in attendance. Under these circumstances, the symptoms of most value do not appear. With the support, she is relieved and permitted to walk, stand and perform her family duties with out much suffering.

The mechanical support must be removed at once by the physician or the patient, if she be so instructed. She must be immediately placed upon Sac. lac., and at least a week permitted to pass before a full symptom image will be found; it sometimes requires a month before the symptoms appear that were present before she was tampered with by mechanical support.

The patient will usually remark to the physician, "I cannot walk if my supporter be removed."

Now this is what becomes necessary, and is usually what I want to hear her say. I immediately ask the question, "Why can you not walk, if this supporter be removed?"

The answer brings the symptoms that I write down, and with the others the image becomes complete after she has rested a sufficient time to permit the symptoms, that have been removed by the pessary to return, so that finally the fullest expression of the symptom image is made out.

Sometimes she may be able to relate with greatest fullness all the symptoms that were there before the pessary was used, and even the symptoms that will come back after the removal of the support, because she has become so familiar with them that she can relate them in full.

Others have given little attention to the real symptoms of the case, having worn their pessary so long, and been subjected to such extensive local treatment.

It matters not how soon the symptoms are gathered, only so they are gathered in completeness as the honest expression of nature, and not the misrepresentations, such as must come in many cases where the mechanical support has completely changed the surrounding parts.

If these details are not carried out in fullness, no physician need undertake to make a homoeopathic prescription. The symptoms that have been removed - no matter how removed are the outward expressions of the inner nature of the disease to be cured.

If they are not present, they must be permitted to return in order to appeal to the intelligent physician, as all diseases do, by signs and symptoms, and so long as they do not appeal to him by signs and symptoms they are incurable.

When all support has been sufficiently removed, the rule is that these diseases do appeal to the intelligent physician by natural signs and symptoms.

It has been said that mechanical support is necessary in aged women. This is seldom true, if ever, as the indicated remedy will remove the displacements in feeble and broken-down women. For an example, let us look at the following case :

A woman sixty-five years of age consulted me for procidentia. She was compelled to wear a bandage when ever she walked; lying down gave her some relief; bloody, watery leucorrhoea which was offensive. She was greatly emaciated, waxy, bloodless, scrawny. Skin very dry and shrivelled. Toes becoming dark with gangrenous patches.

Occasional attacks of bloody diarrhoea. Great weakness. Believed herself near the end. Had suffered from this extensive displacement for more than twenty years.

Had on numerous occasions attempted to wear mechanical supports, always failing because of the soreness of the parts. Secale cured in a very short time, and the woman has gained flesh, strength and color, and is in excellent spirits.

In such instances, if cure can be performed where mechanical support can not be tolerated, why not in cases most suitable to mechanical contrivances ?

This remedy would be seldom thought of by routinists for displacement, but it corresponded to the peculiarities of the patient.

Another case wherein a remedy was administered that would seldom be thought of, if aimed at prolapsus, was as follows :

A tall woman suffered many years from extreme prolapsus. Great bearing down in the pelvis. When at stool, numerous hemorrhoidal tumors protruded, which seemed full of sticking pains; much burning, and often attended with hemorrhage. Extreme pain, aching, bruised, through sacrum and hips when walking; pain extending down the thigh.

The only comfortable position was lying in bed; Aesculus cured that patient promptly. When she appeared for treatment she wore a horseshoe pessary, which was removed in the usual manner by the patient, and the symptoms of the prolapsus permitted to appear.

Another important application of a remedy :

A middle aged woman, mother of several grown daughters, appeared with what seemed to be a most important, peculiar mental symptom, which was explained by her husband. She only desired to be relieved of her mental

anxiety at first, saying nothing about any displacement from which she had long suffered.

The anxiety was of the nature of fear in the absence of her husband, fear that he would never return to her, fear that he would die, fear that he would be run over by the cars. It had grown so much upon her that she would weep during his entire absence; even attended him at his place of business to be with him. She had no desire to mention that fact that she was then suffering from a displacement, and was then wearing a pessary, not thinking that her displacement had any relation to her mental anxiety. But in the search for symptoms, it was ascertained that she had been treated extensively for a displacement, and was then wearing a pessary.

She knew so little about Homoeopathy that she supposed it possible to continue with her specialist for the displacement and had simply consulted me because she had heard of some case in the management of mental cases. The removal of the pessary was insisted upon which was carried out.

She then informed me why it had been necessary, and the nature of the displacement, which had been carefully diagnosed by her attending physician.

The other symptoms of the case, as they developed, were copious menstrual flow, which was black and clotted; extreme sensitiveness of the genital organs, which prevented wearing the usual napkin during her monthly indisposition. These completed the symptom image which was so like Platina, that a beginner should not make a mistake. This remedy was quite sufficient to remove not only the mental symptoms, but the necessity for the continuation of any mechanical support.

It is not necessary to continue the further report of cases.

Remedies having a reputation, when indicated, for curing such conditions are Bell., Lil-t., Murx., Nux-v., Pod., Puls., Sepia.

The indication for these medicines should certainly be very simple; they are in all the text books; they are open to the study of any physician who desires to follow the law. It is no secret method that the Hahnemannian physician employs in the management of these cases. "He who runs may read."

If the patient presents the vascular fullness, the bearing down pains in the pelvis, as if the uterus would escape through the vagina; the extreme sensitiveness to the jar of a wagon or a street car; the marked heat of the menstrual flow, which is generally copious, clotted, black, mixed with bright red blood; the instinctive demand to press the external genitalia with the hand or with a napkin to prevent the protrusion of inner parts. With symptoms, who could help thinking of Belladonna ?

With the same dragging down and the same desire for external pressure over the parts, we should add the awful sense of hunger in the stomach, even after eating, which has an emptiness, a goneness, a sinking; lingering constipation with a sexual instinct that drives her frantic. Who could help but think of Murex ?

Then slightly deflect the picture with an overpowering sleepiness, so that during the entire day she can scarcely keep awake-who would not think of Nux moschata ?

Then consider the extreme snappishness of temper with intestinal pains, with much pain and urging to stool, which is not successful; continued urging to urinate; who would not think of Nux vomica ?

With all these bearing-down pains at every stool; with prolapsus of the rectum; alternating of diarrhoea and constipation; after the diarrhoea, which completely empties out the colon with gushing stool, the awful emptiness of the abdominal cavity which amounts to a deathly goneness, as if she must sink-who could help but think of Podophyllum ?

It may next be asked how rapidly are these cases cured. To a great extent this depends upon how much the symptoms have been disturbed by previous inappropriate treatment, and how much the constitution of the patient has been broken down by overwork, and the tenacity of the primitive miasm against which remedies must be directed.

For instance, when Belladonna has been the medicine that has given the immediate relief, it will naturally be followed by its chronic. No case should be abandoned after the mere removal of the symptoms of displacement.

Deep acting medicines become indicated as the final remedies in the case when the first remedy has only laid the foundation for cure.

In my experience two remedies have usually been sufficient to cure, and the time required has been from six months to a year. In extremely broken-down constitutions the time is much extended. The percentage of failures should be very small.

Indeed, no more manageable class of condition, come under the observation of a careful prescriber.

No more could I say to emphasize this than that thus far I have met with no failures; all that have appeared have never desired, nor felt the necessity for mechanical support.

### 38- Murex - Sepia

*Editor Medical Advance :*

Please ask Dr. Kent where he got the symptoms of *Murex*. p. 478 of *Advance*,

"pains in *Murex* aggravated while lying down."

If he is right I must rectify *Murex* in my *Therapeutics*. p. 972, where it reads,

"ameliorated by eating and lying down."

According to Dunham, *Hom. Review Iv.*, p. 405--the mental symptoms are greater when sitting than when walking; when walking they cease and reappear again when sitting down.

Page 406, Hering's patient was obliged to go to bed and lie there. The excessive fatigue and debility in the lumbar region lead more to relief from lying down, and still there is that mental symptom.

Perhaps Dr. Kent will kindly clear up the point as it seems he copied that symptom from Minton, p. 227.

"all pains come while lying down."

and which can only be taken from Hering's second case, where she felt no comfort in any position.

Another question is whether Sepia has relief from lying down. Minton gives under *Sepia*, amelioration *on or after* rising from bed or from a seat, which may lead to aggravation during sitting and lying.

In the study of symptoms we cannot be too critical.

S. Lilienthal.

The "empty, all-gone" feeling in the stomach is relieved by lying down, but that is not in harmony with the general conditions of Murex. In Sep. this symptom is relieved by moving about, and aggravated by the smell of food.

The flushes of heat in Sep. are brought on by motion (Hering). In most remedies we have opposite conditions.

In Sep. some complaints disappear during violent exercise, and others are better by rest. (Allen Encyclop. p. 649.)

"She felt best when at rest, and while lying."

In Murex the flushes come on in bed, as well as when moving. The headache of Sep. is made better in the open air if it is pleasant, and by *violent* motion.

Murex :

"A sensation as of the creeping of a snake over the entire region of the short ribs, upon the left side; Great depression of spirits; it seemed to her that she was hopelessly ill. *She was obliged to go to bed and lie there*" Dunham, *Science Therapts.*, page 384.

These are not the *uterine pains* so fully brought out and cured by Murex, but a myalgia unlike the cutting pains in the uterus that come on when in bed, and are relieved by sitting and walking, until fatigue comes on when she must lie down for relief, and the cutting pains in the uterus come on again, going through and up diagonally, compelling her to get up and walk. I have seen Murex 200, produce this state and when I find it in practice, I am sure that Murex and Murex only is the remedy.

With the pains there is not the restlessness of Rhus. It is the pain not the restlessness that compels motion by walking. In one of my provers;



"The cutting pains in my lower belly waken me in the night and compel me to get up and walk. When walking the bearing down comes on which makes me want to hold myself with my hand."

This prover would lie down to get relief from the sensation that her uterus would issue from the vagina, and after lying awhile her pains would begin to come on. This, I have many times verified in practice.

But I never saw it expressed until I examined *Minton*, page 227.

In *Allen*, Vol. VI, Murex. General Symptoms;

*"pains worse when sitting than when walking; and those which I cease to feel while stirring about return almost immediately on sitting still.*

" Under *Inferior Extremities*.-

*"Pains in hips and loins - but that of hips still continues even when not lying down."*

I interpret that to read, worse when lying down and better from walking although not entirely relieved by walking. The aches and pains of Sep.- the headache is worse from shaking the head, but better from violent exercise.

So with many of the pains of the body, but the distressing bearing down pains are better from lying in bed. The dragging down of Sep. which is so much like Murex that I am unable to distinguish between them, is relieved lying down; comes on while standing; is relieved by sitting and crossing the limbs and goes off while lying down.

Again Sepia has apparently the opposite-page 624, *Allen's Encyclop.* near the bottom of page.

*"At 8 a. m. the dragging and pressing sensation in the abdomen returned; pressure as though the contents would issue through the genital organs.*

The pelvic distress was noticeable the whole night at waking intervals, and relief only momentary by lying on either side with the legs flexed on the thighs and the thighs on the abdomen. I waked this morning without the distress, but it returned on stirring." . . .

I cannot but conclude that generally Sep. is better by lying down.

Except some of the rheumatic, aching pains which are first made worse by slow motion but finally made better by violent walking. Clinically, whenever I have been able to observe, Sep. cures the prolapsus that has the horrible bearing down as if parts would come out if it is accompanied by the "all-gone" sensation in the stomach, a lump in the rectum with constipation, the patient wants to hold the vulva with a napkin and the dragging down is relieved by crossing the limbs, sitting and lying.

These are the symptoms as they are found, and Sep. cures not once in awhile, but always, if not given too low.

*See Dunham's Science Therapeutics, page 365,*

"Whereas on the other hand, the Sep. pains are worse from 9 a. m. to noon, and are relieved by repose, being aggravated by motion and repose."

This refers to the prolapsus pains in his (Dunham's) contrasting it with Lilt., which grows worse during repose like Murex, page 319.

"The *pains* are dull; pain like paralysis is predominant, amelioration from *warmth and violent* motion. Aggravation by repose and at night."

This shows that Dunham fully comprehended the two kinds of pain or distress produced and cured by Sep.

Dunham says that the majority of pains produced by Sep. are aggravated by repose, but plainly states that the uterine suffering is ameliorated by repose.

### 39- Observations Regarding The Selection Of The Potency

I must apologize to the association for not having written a paper, but I have been too tired and too ill to prepare one; I made the mistake of putting its preparation off too long, until when College closed I had a little break-down and since I have not been able to write a paper, I will, however, make a verbal report.

The question of what is the best potency for a given case and the question of what is the potency that is best for habitual use is a broad subject.

When I was a boy, I played with chickens' feet when they were being prepared for the family dinner and it was my first study in anatomy.

I found that by pulling certain tendons or strings as I called them, that the corresponding toes would double up. Every one of the toes could be made to contract by pulling certain strings but it was a very clumsy motion compared with the natural orderly movements of the toes when they were on the chicken.

This leads me to jump a long way, to say that I have been in the office of many homoeopathic physicians who have in their armamentarium nothing but tinctures, and I think that that is clumsier than pulling the strings to make the chicken's toes move.

I have been in other physicians' offices where nothing could be found but CM's.

In my opinion, that too was a somewhat arbitrary selection; it showed a partiality for a certain potency that was too arbitrary and not sufficiently based upon judgment. There is a wonderful latitude between the tinctures and the CMs and in my judgment the selection of the best potency is a matter of experience and observation and not as yet a matter of law.

There is an almost endless field here for speculation and observation, ranging from the tinctures to the highest potencies, with the possibility of bringing out some useful rules for the guidance of others.

The various potencies are all more or less related to individuals and it is the individual that we should study. We might well begin with Hahnemann's statement that the 30 is low enough or strong enough to begin with.

For many years I have found it strong enough to begin with. Individualization, in regard to potencies as in other branches of homoeopathic work, furnishes us with an additional element of accuracy and success, enabling us to reach certain cases that we otherwise could not reach.

Some patients are very sensitive to the highest potencies and are cured mildly and permanently by the use of the 200th or 1000th. There are other individuals who are torn to pieces by the use of the highest potencies.

The indiscriminate use of any one potency is very likely to bring reproach upon our art.

They all, from the 30th to the millionth, have their place, but no single potency is equal to the demands made upon it by the diseases of different individuals.

Then the nature of the disease makes a difference; patients who have heart disease, or who are suffering from phthisis are apt to have their sufferings increased and the end hastened by the highest potencies; they do better under the 30th or 200th.

Some times very sensitive patients will do well on a high potency if they have been prepared for it by the use of a lower one. I have frequently seen patients recover from their symptoms for a while under the 1000th and then the remedy would cease to act.

A repetition of it would be followed by no effect. The 10,000 th would then produce a very beneficial effect and make the cure permanent. Give the necessary doses at long intervals until the repetition brings no effect; then if you are sure that it is the similitum give it in a higher potency until that ceases to act and finally the highest.

In this way we can put a patient upon a series of potencies and keep up a prolonged curative action lasting for several years.

The prolonged action is sometimes necessary in very chronic deep seated diseases. A few months would exhaust the action of a drug if only one potency was used.

Any potency, no matter what it is, high or low, will cease to act after a time. That shows at once the usefulness of knowing about more than one single potency of a medicine.

Hahnemann gave us an axiom in this respect; it was

"when the remedy ceases to act, give it single dose of sulphur to awaken the susceptibility."

This would not be so often necessary if the potency was properly varied. It was also more necessary with the earlier practitioners of homoeopathy because they had a limited number of medicines to handle compared to us.

I have not used sulphur as an intercurrent for a long time because the indicated remedy will not so often cease to have a curative effect if the potency is properly varied.

I have been told by many homoeopathic physicians that they have used the 3rd, 6th or 12th, and obtained a fair result and then it ceased to act at all.

Such prescribers have no range of potency and they fail to make a complete cure.

Several times I have seen patients on repeated doses of the right remedy in a low potency make no improvement, simply because their susceptibility to that potency - not to that remedy by any means - had been exhausted.

I have taken such patients and without changing the remedy but simply the potency got a curative result.

When a patient returns and upon examination you find the old symptoms still there although the patient says that he or she feels much better, that is not the time for repeating the dose.

It is only a question of time when a cure will result. When a patient returns and says that he is losing ground, then it is the remedy that has ceased to act, not the potency.

Now you need to hunt up another remedy and - not a change of potency.

Remember that these things are not as yet matters of law but simply the results of some observation.

I have always been interested in experiments and observations upon this question, and there is a great deal of work for all of us to do in this field.

Of course it is only the men who knew how close to the line that can furnish observations of value.

I am always willing and glad to listen to such a man's experience with the greatest interest.

One of the important uses of a society like this is to bring out the experience and observation of trained men such as make up the bulk of its members.

#### 40- Potencies Discussion

Question : What is the explanation of antidoting high potencies by using low ones ?

In tuberculosis, for instance, Sulphur is occasionally too deep-acting, and a less similar remedy may work up to a stronger totality so that better results may be possible.

Kent : The correspondence doctrine of series and degrees comes near to mastering the question of using potentization.

The crude drug and the potentized remedy are opposite in action.

In proving a remedy of one of the elements that exists in the body (Sulphur, for instance, helps make up the body), the prover takes crude Sulphur until it produces a proving. He is unable then to appropriate it from the food to build up the body, being cloyed with it.

The symptoms of the Sulphur patient indicate that she needs it, but she is not able to appropriate it from the food. Each resembles the other.

Give the patient with symptoms of Sulphur the potency; if you give it cruder than it is in the natural body, etc., it only makes her worse.

The higher potency of Sulphur restores order and she appropriates it from the food, not being fed enough to poison her.

There are distinct degrees from the potency to the crude form; according to the excitability of the patient, she reacts to the 200, 500, 1000, and so on, these being only illustrative.

If a given remedy will make an individual react and appropriate that which is needed and help to appropriate from the blood that which is taken, the reaction may be to 5m, and though not eaten it is in the blood.

Degrees are in sevens, as in octaves of music. If you strike too high she is not sensitive, it is not sufficient.

Keep to the mild potency so long as it works. It is not well to jump too many degrees. From the crude to 10m there is a range of degrees in the ordinary person.

You do not go from the first to the last, in music, it does not preserve the chord, you take the thirds and fifths. You can repeat the series, beginning with the lower potencies, and do good work.

The patient will recognize these series. Too high a potency gives an unnecessary aggravation, and then will not perform the best curative action.

The best action is the slight aggravation, as in the first few hours in the acute disorders.

The ideal is the one that gives no aggravation but amelioration. We do not seek to produce an aggravation, that is not the best, not the longest curative effect.

No law is established for aggravations and ameliorations. Only by study of records in practical experience, can we see the best action in patients.

Question : Can you give too deep-acting potency to be curative; would a less similar give safer results ?

Kent : The cruder approaches the opposite and antidotes; the low potencies approach in degrees to the higher potencies. In the Sulph. patient who needed Sulphur ten or twenty years ago, and today it would kill her; Nux, Pulsatilla, Senega, palliate but cure.

I have seen Sulph. and Phos. act so strongly that I have regretted it. In lung cases, consider whether she has lung space enough to make recovery probable. If she can bear it, give it in a low potency, but do not give it if there is not lung space enough to warrant it.

Question : I have a mentally deficient child, whose mind becomes clearer every time I advance in the plane.

She has had Barium Sulph. It is an unusual case. Would you go to the bottom, and recommend the series or higher to mm ?

Kent : There you may be going into trouble and confusion. One patient may run up safely, but ninety-nine cases would not have any action in those high potencies.

The object is to keep the patient under the influence of the remedy the longest time possible; to follow up with just enough difference to react, to reach the best-acting plane.

From experience, I am led to use of a series from 1m to Dm (5cm) including 10m, somewhere near 50m, and cm.

Other potencies are given, to observe what action is forthcoming. You encourage the patient to become oversensitive by using the highest potencies, instead of going low to begin again.

As a rule, two doses (sometimes three) in the same plane give the best results. It has become almost routine, as the records indicate that the third dose in the same potency gives no effect.

It is a mistake to mix degrees and the different makes.

If Allen, Ehrhart, or Kents has been started, stick to the same series and the same scale.

#### 41- Pure Homoeopathy defended

"What can be more astonishing than that professed homoeopathic physicians should deny the efficacy of their own remedies ?"

"What greater evidence can the public ask of ignorance of the system they profess to make use of to cure the sick ?"

It has been known to many witnesses that I have not needed anything but homoeopathic remedies in incurables.



I have been giving unusual attention to incurables, in private and hospital practice, where cancer and phthisis pains have been present, where morphine had, in other hands, entirely failed, and in all cases has the homoeopathic remedy, when properly selected, been all that was needed.

Argument will fail to convince some physicians, for the reason that they cannot cure and they cannot be made to believe that any one else can.

They do not know how to palliate and they do not believe that any one else knows.

If they cannot cure, how then can they be expected to palliate or *vice versa*. You may freely say that for years I have offered to show that the severest sufferings from phthisis and cancer, can be subdued with potentized homoeopathic remedies.

You may say that my students all do it, and say openly that we do not need anodynes.

Let any man select cases of cancer or phthisis and bring them to the Woman's Homoeopathic Hospital, and bring his own judges, and we will teach him to palliate the most painful cases with the indicated remedy.

We challenge the world to this very test. I might report cases and they would not be accepted, but there is the hospital that treats these cases and here is the place to see it done We have now many cases of phthisis and some of cancer.

A patient under my care who is being cured of a fibroid of the uterus, a tumor as large as her head, and she (the patient) is returning to health.

It is astonishing that physicians will not listen to men who know how to cure.

I offer the wards of our hospital to show the work, and our work will sustain the position of the physicians in Rochester that have resigned.

The post-graduate pupils under my tutelage have been trained in the art of healing, and I will guarantee that each one of them can do this work.

If this be true, what a pity it is for the professed Homoeopaths of your city to claim anodynes as needed means of relief.

Be sure to make this point emphatic, that I make, viz : I do not select my remedy any differently in curable and incurable cases.

I am firmly convinced that a doctor who cannot select medicine closely enough to cure curable cases, should be trusted in no class of cases.

The homoeopathic physician does not know that his cases are incurable, and he selects the remedy, and that remedy palliates the sufferings of the patient in incurable cases and cures the patient in curable ones.

The physician is a Homoeopath or he is not.

#### 42- Reply to Dr. Hughes

MESSRS. EDITORS: The foot-note on Page 400 of your November (1887) issue, leads me to make the following remarks :

While treating a rheumatic subject for slight pains, I was hastily called to her bedside.

It was about ten p. m. That morning I had given her Bryonia 1m.

She greeted me with the following words :

"Doctor, the first dose of your medicine gave me pain in the side of my head and temple; every dose increased the pain, until now I cannot stand it.

Every time I turn on the right side the pain goes to that side; If I turn on the other side the pain is there."

Thus far Puls. and Phos-acid were the only remedies known to me for *pain in the head going to the side lain on.*

Is this Bry. or is there a new feature coming up ?

The Bry. was stopped and the pains soon stopped. In the morning I satisfied my curiosity by calling at the house, and found her well.

She has had no more rheumatism and never had such a headache before or since.

Several times have I given Bry. when nearer the general symptoms than Puls. or Phos-ac., for pain going to the side lain on, and have thereby verified these symptoms as belonging to the pathogenesis of Bryonia.

It would be unwise for me to report this symptom to Dr. Hughes as a pathogenetic symptom. Why ?

It would be rejected as coming from the 1m potency, "*not reliable.*"

Also must I refuse to report thousands of other symptoms procured in like manner and standing the test of verification in the hands of hundreds of able and faithful men.

This "empirical" practice is not based upon the "Cyclopedia," (?) and why is a Cyclopedia thus entitled to a name that omits the best symptoms to practice on ?

Time will show forth the merit of the great opus. It must stand or fall for itself, and so will the methods based upon one corner of the philosophy of Homoeopathy and rejecting the means whereby the law can be made universal.

I mean plainly and simply attenuations above the 12th I have but the highest regard for Dr. Hughes as a professional gentleman, but must openly protest against the rules for compiling pathogenetic symptoms - for the Encyclopaedia of drug Pathogenesis - only the crudest image of the drug being observed.

If this one-sided drug image can furnish a basis for correct prescribing it remains to be observed in the distant future, while the evidence of the past stands out in bold condemnation.

The supporters of the crude system have never exhibited anything but a desire to create a very poor materia medica, poor enough to fit the slovenly methods of their practice. The crudest medicines and the crudest methods have marched by the side of grumbling materia medica men.

Does it not seem rather singular that these sticklers for crude drugs, are mostly alternationists, Quinine palationists, cathartic givers, local applicationists and so on ? They acknowledge their own inability to use the *materia medica* to cure the sick, and do not believe that any one else can use it for that purpose. Will they do better after the *Cyclopoedia* is handed them? If not, of what good is this great work ?

It is to be hoped that they will greatly improve, become more scientific (!) and that the dear people will be the ones benefited. As to my "published lectures," I have but a few words to say.

They must be quite imperfect, as they are off-hand, class-room talks, and mostly go to the press with scarcely a glance at the reporter's notes; at best they are only journal reading, but with all of these shortcomings they go into the race for the clinical test, to be measured by the first paragraph of the *Organon* of Samuel Hahnemann.

"The sole duty of the physician is to restore health to the sick."

The objects of the *Cyclopoedia* seem not to sustain this paragraph, but to make complication of bobtailed drug-effects over thronged into a chaotic jumble. Individualization would be quite impossible if compelled to rely upon pathogenetic symptoms as found in this work, but it is named a "*Cyclopoedia*," and therefore presumed to contain the complete knowledge of the provings on the healthy man.

But it is not a *Cyclopoedia*. Then what is it ?

It is a garbled toxicology, made to show the strength of the majority and the remedy most certainly will be administered by the hand of time when the dusty unworn pages are found upon the unfrequented shelves in the library of lazy doctors and in the dingy corners of second-hand bookstands.

As a toxicology it would be of service but as a pathogenesy it is a travesty.

#### 43- Series In Degrees

This opens up the consideration of Series of Degrees, which is to become one of the most important subjects in the treatment of chronic diseases.

It will lead to the development of a distinct class of prescribers in our school, if it has not already done so.

Its recognition is a distinctive feature in the practice of my pupils, many of whom have expressed their wonder that this doctrine of Hahnemann is so meagrely understood and so rarely used in the treatment of chronic diseases.

It has often been forced upon my attention, when observing the work of even careful prescribers, that they stop after making a most careful selection, and fail to do more than to start the cure in the right direction.

The patient improves so long as the one potency will act curatively, and then the cure stops; yet the same remedy is indicated, known from the fact that the symptoms have returned and are the same as when the remedy was first given.

I have noticed many times, in patients coming to me from physicians who always give a low potency, that some curative action was observed, and then the remedy was changed, and again other changes were made.

When the correct remedy was given again, in a higher potency, the cure began again.

It is the same when the physician has given a high potency, and it has done all it can do, and will no longer act; another remedy has been selected which failed because it was not indicated.

The one that was indicated has failed only because it has done all it can do in that one potency.

The physician must learn that he cannot practice Homoeopathy on one potency of each drug.

Many men always give a low potency; others always use the 30th, others the 200<sup>th</sup>; others always use some one of the very high potencies.

It is to show a better way that this paper has been prepared.

Whatever potency a physician uses, that one potency is not sufficient for chronic diseases. It will generally do for acute sickness.

Many chronic sicknesses are cured by keeping the patient under the influence of the one indicated remedy for two or more years.

But this cannot be done, with continuous curative action, unless the doctrine of series in degrees is fully understood and used.

As there are "octaves" of musical tones, so there are octaves in the simple substance, through which, severally, it is possible to correspond with the various planes of the interior organism of the animal cells.

If I take Nat-c. in crude form until I am sick, and have all or many of the symptoms that belong to it and are found in its pathogenesis - I there rest.

Now, if Mr. Jones comes to me with symptoms precisely resembling those in the pathogenesis of Nat-c., and I give him Nat-c. in the same crude form that made me sick, it will make him worse.

It will not cure him quickly and gently, but will aggravate his disorder and suffering.

However, if I have learned that all drugs have precisely an opposite action when much diluted from that they have when used in crude form, I will give him Nat-c. in a diluted form to secure the very opposite of curative action, against the toxic action of the crude drug.

This is but the crudest illustration of the changes denoting the first, the lowest or outermost, degrees.

Now I affirm that there are more striking effects of degrees as we go higher in the scale of potencies.

I have observed many thousand times that all potencies act when the remedy is indicated; that any potency will act two or more doses at long intervals; that then it change must be made; and my experience has led me, to go upward in the scale, instead of downward.

Many times my patients have been able to specify the powder that had their medicine in it.

After a given potency has acted curatively the usual time, and then no longer helps, and the symptoms return calling for the same remedy, I go higher;

then my patient tells me that that was the "same" remedy I had given in the first place.

What better test can we have that a remedy is acting ?

I always know my remedy is curing when my patient returns and tells me she is feeling so much better, herself.

I have often had physicians tell me that it was due to suggestion that my medicines acted so well; but my answer to this is, that I suggest just as strongly with the wrong remedy as with the right one, and my patients improve only when they have received the similar or correct remedy.

After thirty years of active practice as a homoeopath, I find that I require all deep-acting remedies in the 30th, 200th, 1000th, 10m, 50m and 100m, and often need the dm and mm.

I am able to discover a vast difference in the action of these various potencies.

I once used potencies that ranged nearer to each other, but repeatedly found that the degrees must be far enough apart to represent an octave, or failure followed.

I observed that after the good action of a 200th, after waiting until it was no longer active, although I gave the 300, 500 and 800, the 1m acted much more strongly; and the 300 or 500 generally failed.

After much experience I settled upon the degrees that I have mentioned.

About twenty years ago I found myself in possession of nearly a full set of Fincke potencies, including the 45m and cm, many between these numbers.

Frequently I gave the 45m with excellent results; but after it had done all it would, I would give an 80m, or a 73m, or a 60m, with failure - but nearly always the cm would work as the 45m had done, and my patients often said that the cm worked as did the 45m, of course not knowing the remedy nor the potency.

The remark expressed the patient's measure of the action.

Many times I used to give first a cm, but found that when then going lower the action was seldom so strong as when climbing upward.

Again, I often observed sharp aggravation when beginning the cm, but seldom observed aggravation when beginning low in relation to the sensitiveness of my patient's nature.

Of late years, I always begin lower and gradually go higher, and thereby avoid shocking even the very sensitive women and children.

An extremely sensitive woman will receive in the beginning, for a chronic condition, the 30th or 200th, then followed by higher potencies, while those not so sensitive receive the 10m to begin, and then the higher, as the ease progresses toward recovery.

After long observation in the range of potencies, going up and going down, I have settled upon the octaves in the series of degrees as 30th, 200th, 1m, 10m, 50m, cm, Dm, and mm. Many of my patients' records indicate that the patient has steadily improved after each potency, to the highest, with symptoms becoming fainter, and he himself growing stronger, mentally and physically.

It is not an uncommon recital in the record that the patient continues to improve on each potency for three or four months.

Any physician who learns the use of these degrees in chronic diseases possesses untold advantages over the physician with his one potency.

#### 44- Sycosis

In the further study of the miasms we now take up sycosis, which is named from one of its symptoms, a disposition to throw out figwarts.

You may wonder why you have heard so little about sycosis.

The fact is that little is generally known about this miasm.

Hahnemann and Boenninghausen started the subject; its further discussion must go on, and the subject will finally be developed.



You will now and then see or hear a remark that indicates that some modern physician has seen a shadow, but the real object has seldom been observed.

With one exception, as far as I know, in old school medicine, there exists a complete darkness.

This exception is Dr. Noeggerath, who thinks that latent gonorrhoea may be communicated to a woman by her husband, who has been cured (?) of this disease, which, in his opinion, is never eradicated from the system.

It is the source of continual malaise, frequently the cause of early death, and often produces sterility.

Diseases consequent on this are acute and chronic perimetritis, metritis, oophoritis, etc.

If impregnation occurs, abortion follows, or only one child is born to that woman; exceptionally, two or three.

Of eighty-one women, thirty-one became pregnant and only twenty-three went to full time.

Without knowing it he has corroborated the doctrine of Hahnemann and his followers. Boenninghausen laid the foundation.

You naturally ask, how have we found out anything about sycosis, and how we know that there is such a miasm ?

Out of a large volume of cases that I have gathered together, I can give but a few because of our limited time. I will mention from memory.

Years ago a man came to me with a sickly, greenish grey countenance - a countenance even more appalling than found in chlorosis.

He had enlarged glands in the groin, he had lost much in weight, he was stiff in the joints, and the soles of his feet were very sore. Years before he had had the gonorrhoea, which had been treated with injections, and the discharge had disappeared. Since then he had been taking tonics, but with no effect.

This was my first really recognized case of gonorrhoeal rheumatism.

I commenced to read upon the subject, but my reading was very unsatisfactory. I could find but little information.

It is not necessary to say that I did not succeed in that case. That man stood before me as he stands today. I saw, him again on crutches.

His face, which stamped the picture of the miasm indelibly on my memory, still haunts me.

Sickly in extreme, I see him now as he walked in and out of my office with my vague advice and prescriptions.

His sallow skin and stooping frame, his hollow, wandering eyes, pleading for help, and of me, who professed to be a physician.

To be sure, he had sinned, and hence the contagion, but what of his sin in comparison to that of the ignorant man who suppressed his discharge, and of the profession that fosters such ignorance, bigotry, and unbelief, in all of which we see elements that retard investigation and honest thinking ?

The next investigation that stands up before me is that of a young baker.

He had been obliged to give up his business and go to the hospital. When he was sick eighteen months, unable to work, his former employer came and asked me to do something for the poor, forsaken young man.

I found him walking on his knees. The soles of his feet were so sore that he could not stand on them.

His hip-joints were stiff, he, was full of rheumatic symptoms, and broken down completely.

These symptoms had all come on after the suppression of a gonorrhoea. I cured that young man. Some time after he was put under homoeopathic treatment his gonorrhoea came back; and when the gonorrhoea was cured he had no further trouble.

A man with a most troublesome nasal catarrh, that had existed with increasing violence for eleven years, received Calcarea very high, and was converted to Homoeopathy by the rapid cure of the catarrhal discharge, but it

was not more than a month later that he reported that he had a discharge from the urethra, declaring that he had not been exposed to infection.

He admitted that twelve years ago he had suffered from a gonorrhoea, but supposed that it was cured, as very strong injections has been used.

Dr. Wesselhoeft reports an exceedingly interesting case of a man who had been troubled with vertigo for six years. Dr. Wesselhoeft prescribed for him, and the vertigo disappeared, but behold! a gonorrhoea which had been suppressed for many years reappeared on the patient.

These and similar cases which I could relate give us some understanding of the beginning of that gigantic miasm which we call sycosis.

Let us start out by saying that sycosis is a constitutional and contagious disease, which sometimes, though not always, is manifested in the beginning by gonorrhoea.

There are two especial kinds of urethritic discharges.

One is sycosis and the other is not. They seem alike, but you may abuse the one and not produce sycosis, while just so sure as you stop the other without curing, you have the constitutional miasm.

It seems that the only relief that nature has is from the discharge, and just as soon as the discharge is stopped trouble begins.

Rheumatism is only the first shadow of the miasm, which is often observed as soon as the discharge is suppressed, but sometimes not for months after.

One of my cases, where suppressed discharge was instantly followed by pains in the back and sciatics, was a great sufferer.

This man writhed with double sciatics and neuralgic pains, rending in character, all over him.

Constant motion relieved his pains; quiet was impossible. For many days he suffered before I found his remedy.

This kind of rheumatic neuralgia is seldom attended with much swelling, the pain seems to be drawing and rending, and seems to belong largely to the nerve sheaths and tendons.

Figwarts and bleeding excrescences are particularly characteristic of its later expressions. I have cured gonorrhoeal rheumatism and have seen no figwarts, but in other conditions further advanced I have seen figwarts.

A man came to me, with asthma. I gave him remedies which seemed to help him for a time, but I could not cure him.

For a whole year I worked on that case. I knew that he had had gonorrhoea, but saw no relation between the gonorrhoea and the asthma. I did not understand the nature of the disease at that time.

Finally I prescribed Natrum sulph. because it seemed suited to his symptoms. It wiped out the asthma completely, but in a short time figwarts began to appear about the genitals.

Experience has shown that whenever these figwarts are burned off, deep-seated constitutional diseases invariably follow. I did not burn them. I gave him Thuja, which is complementary to Natrum sulph., and suited to the case. The figwarts disappeared and his old gonorrhoea discharge came back, which was, as these cases usually are, most difficult to cure.

The returning discharge is often unmanageable, and may resist treatment for years, because the miasm has become deep seated, and the discharge should exist until this miasm has been cured.

Treating the discharge as a gleet is a most dangerous and unhomeopathic management.

Can you see anything in these facts in the light of what I have taught you, and do you see the relation of all these facts to each other.

Had I stopped that discharge by suppression, his old asthma would have come back. I would not have known why, and no one would have blamed me.

Many such things have I seen. I practiced that way before I knew better, and I know whereof I speak. I have related to you some points that show you

how I first saw a glimmering of the truth, but the great field is yet to be explored by you.

The manifestations of sycosis are often much like those of syphilis and psora, when each is in its latency or suppressed. You have aches and pains in the beginning of all three of the miasms, that resemble each other very much. Later, after the results of the disease have become evident through tissue changes, each miasm stands out in bold relief.

In syphilis, when its surface eruptions are driven back, it finally attacks the nerve centers, bone cells and periosteum.

Psora is more general in its nature. It attacks the skin and all parts of the body.

Today I believe that sycosis is as deep a miasm as syphilis, with just as destructive a blood disorganization; therefore the anaemic aspect, waxy, greasy skin, red, smooth warts on mucous margins of anus and genitals, loose teeth, extreme nervous tension, phthisical condition, catarrhs wherever there are mucous membranes, epithelioma, and emaciation.

Some one says that if sycosis is so deep a miasm, would it not be a good thing to take the gonorrhoeal virus and prove its effect upon the human system, in order to bring out the disease where we can study it? This has been done.

Medorrhinum is such a substance, and students who have access to my office know that I have quite a volume of provings of Medorrhinum through the favor of Dr. Swan.

It would seem that provers had nearly sacrificed their lives to bring out the action of this miasm.

This proving of Medorrhinum brings out the rheumatic states, the soreness in the bottoms of the feet, headaches in day-time, periodical headaches, restlessness, pains from sunrise to sunset which are so characteristic of sycosis (syphilis has pains at night, from sunset to sunrise), and many deeper symptoms which are found in sycotic diseases.

This proving confirms everything that I have told you about sycosis - all that we learn from the study of the disease itself.

Many severe cases of asthma, the result of suppressed gonorrhoea, are speedily cured by Medorrhinum and the symptoms of sycosis are brought out.

Medorrhinum develops the suppressed miasm, so that its symptoms are harmonious and consistent. It does not cure the miasm. It does not cure gonorrhoea. It acts as a developing remedy, as does Psorinum and Syphilinum in the other miasms.

Deep rheumatic attacks are often due to gonorrhoea, though this is not always recognized.

Children may be born sycotic, where one or both parents are afflicted with gonorrhoea.

Such children are likely to have cholera infantum, marasmus-pining children.

I have watched these cases and have often found Medorrhinum the only medicine which will save the lives of these little ones.

As Psorinum has many times brought about a vital reaction after a typhoid fever when all energies were suspended, and when psora was at the bottom of the trouble, so will Syphilinum cause the same vital reaction if it be syphilis that is the cause of the suspended energy when convalescence is prevented; and so also will Medorrhinum cause a reaction when the sycotic miasm is the cause of slow convalescence.

A careful study of the provings and ample clinical experience lead me to state these things with assurance.

Psorinum does not cure psora, and Syphilinum does not cure syphilis, nor does Medorrhinum cure sycosis.

I have traced epithelioma, red phthisis, cauliflower excrescences, sterility, and erosions to a sycotic origin. Pernicious anemia often has gonorrhoea as its base.

This led me to the discovery of Picric acid as a sycotic medicine through its relations to pernicious anemia. It even cures figwarts and gonorrhoea, of course, when indicated.

Iritis is supposed to belong almost exclusively to syphilis; syphilis when not suppressed may produce iritis. Gonorrhoea produces it only when suppressed.

One, two, or all three miasms may exist in the system at the same time. They may complicate each other.

Let a patient start out with psora, then let syphilis ravage his system, finally the gonorrhoeal miasm is added, while all the time he is being filled and overpowered with drugs. Just think what a complication we have to deal with.

Hahnemann recognizes the alteration of one miasm with another. He gives Mercurius for syphilis, perhaps then psora comes uppermost and he finds Sulph. indicated, then sycosis comes and alternates with one or the other, and so on.

Make note of what you see in the backward course of disease (i e., when it is getting well), and you will see more and more the relation of these things.

Do not make haste to prescribe for old symptoms that come back.

Be sure that the symptom is going to stay, for you will have flitting images. Old symptoms come and go and need no further repetition of the medicine.

If you give a new remedy when not needed, you spoil your case.

Never prescribe for a moving image, wait till it rests. 'Tis your duty to understand your business before you attempt to do anything.

Miasms are the foundation of all chronic diseases.

He who sees in Bright's disease nothing but Bright's disease, not the deep miasm back of it, sees not the whole disease but only the finishing of a long course of symptoms which have been developing for many years.

If you go at it like a common tinker you may cure acute sickness, but on your life, do not tamper with these chronic diseases.

With your best endeavor you will make mistakes, but make them as few as you can.

Do you see the necessity of going to the foundation of these things ?

#### 45- Syphilis as a miasm

Notes from an Extemporaneous Lecture

It is difficult to know where to begin and where to end the discussion of syphilis - how much to say, or what to leave unsaid.

Volumes have been written about syphilis. Some are worth reading, others are not.

It doesn't help you to cure your patient or to understand the nature of the disease to go back and try to discover the first case of syphilis.

You will gain nothing by supposing that it originated among the North American Indians, that it was a product of the French Revolution, or that it has been transmitted through many generations to ours from the remotest ages.

It is sufficient to know that the disease exists. It is not in my department to give you its history or its diagnostic relations, but only to consider it as a miasm.

One important drawback to the study of syphilis is the fact that the disease as it comes to us through the books is always under allopathic treatment.

Fox has given us some good points. Bumstead was no doubt a great syphilographer.

These writers have described the beginning, the course, and what they consider as the end of syphilis; but a large number of their cases were under allopathic treatment, and the result is that they have reported what they call relapses which are studied as relapses, i e., returns of the old disease.

The study of cases *without treatment is what we need.*

But of such we have very few. Allopathy modifies the disease in that it suppresses its manifestations. Study Bumstead, and you will find pictured there its worst forms and complications, but you will not find the correct form.



The view is biased. There is no work in allopathy or Homoeopathy to-day that gives a correct view !

In allopathy, as soon as the chancre appears, it is cauterized, then the glands are affected, and buboes follow; maculae appear; ulcers appear in the throat, and these are immediately cauterized, after which the hair falls out.

What would be the result if the chancre were let alone ? Then we could see the true nature of the disease.

We could see whether it tends to run a certain course and recover, and to what extent this lifelong miasm is due to suppression; whether it is altogether the result of suppression. Syphilis must run a certain course.

It often begins with chills and bone pains. After the fifteenth day the chancre appears. This is the first effort of nature to cure. This eruption is suppressed by allopathic treatment just as the psoric eruption is suppressed, and miasm is the result.

Thus syphilis, being a constitutional disease, is made, I may say, ten times more constitutional by suppression.

The disease is thrown back on the nervous system, the nerve force is perverted, and a vicarious expenditure takes place.

Often with the chancre comes the buboes.

These are treated with Iodine and various ointments. Does this tend to throw out the disease ? No ! It aggravates it tenfold.

Next come eruptions on the skin. Local applications are immediately resorted to suppress them.

Are they treated scientifically ? I say No ! *Hahnemann* says No !

Then come ulcers in the throat. Are they treated with an idea of their cause ? Are they allowed to evolve themselves ? No !

They are immediately driven back. At every place the disease is refused its own expressions !

When the hair falls out, lotions are applied to the head to stimulate the hair follicles to hold their sprouts.

This is the course of treatment we find laid out in allopathic literature.

Under homoeopathic treatment the course is very different.

A patient comes to you with a chancre. Instead of cauterizing it let it alone.

But the patient says, "It must be cauterized-it is the old way." Do not do it.

What if it increases and remains for two or three months ? All right, that is what you expect. You are afraid the young man will go off and leave you ? That has not been my experience.

The sore is painless. Tell him that if you cauterize it you will only make his condition worse. If you do not cauterize it, in the course of a few months you can restore him to health; he will be cured and will transmit no taint to his children. If some leave you others will not, and you will have enough remain to be cured.

Study the totality of symptoms and select your remedy.

Under the action of this proper remedy the sore becomes soft and commences to discharge enormously, instead of getting harder.

The standard authorities state that the bubo has little tendency to suppurate; but under homoeopathic treatment it often suppurates, as this is the easiest way for nature to rid the system of this disease.

Thus Homoeopathy changes the entire aspect of the disease from its beginning.

Now the eruptions come to the skin, and you will probably have to change your remedy. Then, by the right prescription, you cure the disease from within.

The eruption is less though the stage goes on. You overcome the cause. You use no local applications, no washes or unguents. The sore which first appears is the last to heal.

By this (which is in accordance with the law that, "diseases get well in reverse order of their coming") you know that the patient is getting well.

Now watch; the sore throat will appear. If you don't see the remedy the first day, have him call again in a few days. Watch his condition, the course the ulcer is taking, its color and direction.

For a remedy to conform to all these things you must go to the *Materia Medica*. Again in the throat, the first patch that comes is the last to heal. The day you give the right remedy that day the ulcer ceases to enlarge, molecular death stops. When the last ulcer is gone it will return no more as long as he lives.

The next stage is the falling of the hair. Notice where it commences, and get the entire list of remedies that have falling of the hair, also a list of syphilitic remedies, and compare; but most of all the entire range of proved remedies. Use no Fowler's solution, no cantharis, no colognes.

Now, what do we see ?

It is a strange fact that the sooner one stage is cured, the sooner the next one comes on. In six months you may carry the patient through all the stages and cure him.

The shadow of all the stages will present the guiding images for you to select your remedies from. Destroy no symptoms.

Hahnemann made the mistake, and many homoeopaths have done likewise, of not distinguishing between chancroid and chancre, which fact accounts for some of his reports of cases cured very speedily with Merc. 30.

The distinction between chancroid and chancre had not been made in Hahnemann's day.

The cures with a dose of Mercury are not cures of the syphilitic miasm.

If you take syphilis, as abused by allopathic treatment, and attempt to adjust homoeopathic therapeutics to it, you will fail.

Hence the bugbear that syphilis has been to homoeopaths. This should not be so.

There is a peculiar fact about the contagion of syphilis (it is true of sycosis also) that you will not find in accepted literature. 'Tis that the person infected takes the disease in the stage which it is in at the time of infection. He does not go back and have the disease from the beginning, but finishes it from the stage which was present in the person who spread the infection.

A young girl was betrothed to a young man who was suffering from a relapse. He had ulcers in his mouth, secondary form of syphilis. One day she happened to eat out of the same spoon which this young man had been using.

The result was that she took the disease, and came out with ulcers in mouth and throat.

Her lover, very much alarmed, came and told me the circumstances. I watched that case, and saw her pass through the symptoms of secondary syphilis with ulcers in the throat and finally lose her hair.

But she never had a chancre or a bubo or eruption on the skin. I have seen several similar cases which proved to me this principle of contagion.

The general course of syphilis is:

- I. Primary Stage. 1<sup>st</sup>. Chancre. 2<sup>nd</sup>. Buboës.
- II. Secondary Stage. 3<sup>rd</sup>. Skin affections, maculae and others eruptions. 4<sup>th</sup>. Ulcers in the throat. 5<sup>th</sup>. Loss of hair.
- III. Tertiary Stage. Nerve and bone affections.

The disease may be suppressed in the first stage and remain latent for some time.

A Young man came to me who had been sickly for eighteen months. His symptoms called for Kali-iod. I put him on Kali-iod., and in a short time he broke out with a syphilitic eruption.

I knew there was nothing in *Kali-iod.* which would produce such an eruption as that, and on closer investigation of the case, I found that he had had a chancre which had been suppressed by large doses of Merc., and the resulting syphilitic miasm was what had been making him sick. The Iodide of Potassium had antidoted the Mercury and the miasm had come out.

Any miasm may be suppressed and held latent and not show itself as such; but *when the miasm does not appear in symptoms* the person is sickly.

In such cases it is often difficult to get the symptoms to prescribe on. The lazy doctor will not be able, to find any; but by *close investigation* you can generally find some symptoms. If he really has no symptoms his case is generally incurable, since curable disease express themselves by signs and symptoms.

If he is really incurable, the symptoms of the disease have been driven back so deep that he has only an undefined sense of feeling badly.

In the last stages, when the patient has "been the rounds" of allopathic suppression, he returns from the Hot Springs and comes to you, perhaps too late.

He suffers from the category of nerve syphilis. He has bi-parietal pains, exostosis, thickening of the periosteum. We do not know that we would have such forms if it were not for suppression.

Under homoeopathic treatment, although the patient taken in the primary stage does not get well without a shadowing at last of the secondary stage, yet of the tertiary forms the shadow, is so slight that we cannot really say that they exist at all.

When syphilis attacks the nerve centres, we have softening of the brain, brain tumors, and death. How much of the nerve disease is due to suppression we cannot now determine. These tertiary forms never get well unless you can bring them back into the secondary stages.

A patient who had been under allopathic care for many years, who had taken Iodine, Bromide, Corrosive sublimate, Iodide of Potassium, etc., in large quantities, came to me in the last stages of syphilis with agonizing head pains.

I prescribed for him, he became weak minded, but the pains all left him.

In the further treatment of the case what condition did I find next ?

What could we expect to find according to the law of direction ? Loss of hair and then ulcers in the throat - sure enough, such was the case.

The loss of hair and the ulcers worried him so much, that he went away and left me.

The case is none the less valuable, however, since it serves to illustrate the manner in which the disease may get well even when in the last stages.

You can see now the nature of the disease.

Under homoeopathic treatment, though I have had many cases, I have *never seen a relapse*; while allopaths report relapses in a large percent of their cases.

You ask me to outline the treatment, which would necessitate my going into the numerous forms and groups of skin symptoms and nerve manifestations of this miasm.

Volumes might be written on this subject and in the end you could be directed to study well the *Materia Medica*, and treasure up no names to arrange medicine for.

Take the case as though you had never heard of such a set of symptoms in a sick man, but were perfectly acquainted with such symptoms in provings, remembering that the pathognomonic symptoms are not the ones you shall need the likeness of, but uncommon ones.

Destroy no symptoms that nature has sent out to guide you to your remedies.

Some patients will leave you, but if you are acquainted with the art of healing, you will have all you can attend to among the faithful and intelligent members of your cities and villages.

#### 46- Taking of the case in discussion of a paper.

This is one of the greatest tasks with which a physician has to deal.

One of the most common causes of failure and of the making of mongrels, is just like this taking of the case.

We should examine a case in exactly the same way as we would examine a prover for the image expressed in the provings.

When we have the full symptom picture of the case, we shall be able to see the patient in all his peculiarities, and shall also see how far he has deviated from his normal self.

The greatest mistake a young man can make in the beginning of his practice is carelessness, and even Dr. Dever's Colocynth case should have been recorded, and for this reason, not because he would not have known a Colocynthis case of colic again when he saw it, but if we have a record of all conditions and sicknesses that a patient has been subjected to in the course of his life, and in years after he comes to us again, our memory of the peculiarities of his constitution, forms a picture in our mind, of the action of disease in this case.

These are true sick images, which we never get in any other way, and which the study of books can never teach.

I have thousands of records with opinions and prognostications, which, even if they fail, will teach me something.

It is important, that only the general questions may be so put that they can be answered by yes or no, as, have you distress in the head, stomach, etc., but even that may be avoided by suggesting that they have neglected this or that organ, or that function.

If a man says he has headache, there is nothing to prescribe upon, you do not care for that, but when he says with this or that modality then you have a symptom to record.

Questions must be so framed as to bring out explanations.

Many patients will return to us with the question. "Doctor what did you expect after that medicine?"

It is an easy matter to ask what they have observed, and when you have learned, of course you expected it.

Many patients ask for a diagnosis, for your opinion as to what is the matter with them.

The answer, of course, will be, "you have told me all your deviations from health, all the disturbances of which you are aware?"

"Yes."

"Well, this record is what is the matter with you."

The structural changes of course will be noted, and told them if advisable, but they are always a result of sickness, and not the true image of disease.

In phthisis, granular disease of the kidneys, etc., you see such results but not the image of the sickness; therefore not the symptoms for prescription.

Hahnemann never discouraged the study of pathology, anatomy, or the sciences, but constantly holds up to us the images of the sickness that leads to these results, and advises us not to make the mistake of prescribing upon other than symptoms.

No man can ever become great who has not the ability to see this nature of disease in the sickness around him.

I consider myself the center around which my patients move in their orbits, the inner circle of which are very near to me indeed.

These are the most intelligent, the most appreciative, the most teachable of our great truths, and the dearest of all with whom I have to deal.

I am their trusted friend; they love me, and I love them. We enjoy each other. Outside of this is another circle, still a little farther removed, a little less intelligent, for whom I can do a little less.

Back still farther is another, and another and still another; until the outer circle, that of ignorance, is reached, for whom I can do less than for all the rest; but even now, more than the old school, better than any other method.

It is never among these that we make our brilliant cures, that we do the work of the master.

It is in the inner circle nearest to our own intelligence in which these great things are done.

I tell you gentlemen with the practice of Homoeopathy such as we are aiming at, we have the power to change the whole moral nature of the man,



to relieve and give control of passions, to prevent the development of evil in the young, and to restore the diseased nature of comparative health.

One more point and I have done. You can readily see how when one is continually running off after new remedies, remedies that have but few symptoms proven and recorded, and neglect the many remedies of which we have more exact knowledge through our own records and provings, that one would become more and more dissatisfied with his work every day, and necessarily resort to doubtful methods and finally mongrelism; so beg your young men to take their cases carefully, and record their progress conscientiously and in time they will become what all are striving to be master prescribers.

Dr. D. : I would not go on record as opposing Hahnemann, but only instance cases in which such particularity did not seem necessary.

Dr. Kent : If in one prescription you had given Colocynthis and in another for the same patient Cuprum, and still another something else, we begin to see the relation of remedies.

How did the older homoeopaths preserve the facts of one remedy following another well, or of their being inimical to one another, except by the most careful records and prescriptions.

#### 47- Temperaments

We see many absurd statements in our homoeopathic literature.

Many of these statements are the ex-cathedra statements of our ablest men.

These are quoted and handed down as accepted and demonstrated wisdom. Our clinical reports are full of these traditional whims.

The clinician reports a case that is clear and strong in the reasons for the use of the remedy that cured, but he ends his reasoning by saying that in addition to the symptoms, he favoured the remedy because her hair was auburn, or blond, or dark, according to the remedy selected, which is fully approved by the guiding symptoms.

A man who is given to asking questions will naturally desire to know if Pulsatilla ever produced light-colored hair, or has ever changed dark hair to blond.

If the former, then it is pathogenetically related to the case; if the latter, it is clinically related to the case. If neither, then why give such reasons for selecting the remedy.

If Pulsatilla has cured fifty consecutive cases in blondes, when the symptoms were such as were produced in healthy people, is that an iota of proof that it will not cure just as speedily in brunettes ? And if it is not a reason that it will not cure in brunettes when the symptoms call for it, does it appear a fallacy to give Pulsatilla to a woman because she is a blonde ?

If hair is not a symptom of disease, how can any physician use it as even one symptom in any given prescription ?

If it is a natural condition, why think of it as one of the elements to be considered in making a prescription If the hair must be red to be a distinguishing symptom in any given case, how red must it be to make the remedy clearly indicated; or if only slightly red what other remedies would shade in because of this slight difference in the color of the hair ?

*The true basis of a homoeopathic remedy is the collection of signs and symptoms, and these must be morbid*, has been the teaching of Hahnemann and his ablest followers.

And such teaching is the only teaching that conforms to law.

What benefit is it to pursue the study of biology to discover the difference in the natural constitutions of human beings, when it must be the sick (*morbid*) condition in the constitutions of human beings that must be fully and extensively evolved to guide the physician in healing sick people ?

The color of the hair and eyes, the form or shape, the tall or short, are not generally considered morbid, nor do they take any part whatever in the sick image of any given totality of symptoms.

The bilious temperament is too vague and too variable, even when morbid, to guide to a remedy; for he may be better or worse from motion, cold air,

warm air, changes of weather, exertion, and so on to the end of our modalities.

No two observers mean the same thing when they speak of a bilious condition or temperament.

If the mental predominates, it would mean half the remedies in our *Materia Medica*, even if he is morbid in the mental make-up.

The motive temperament is found in a large number of our most active and steady workers in both mental and physical employment.

The sanguine temperament is found in many who are sound in body and mind, and the words do not recall a single proving.

Temperaments are not caused by provings, and are not changed in any manner by our remedies, however well indicated by symptoms found in persons of marked temperamental make-up.

To twist these temperaments into our pathogenesis, symptomatology, or pathology is but a misunderstanding of our homoeopathic principles.

One who knows how to find a homoeopathic remedy for sick people does not pause long to take the measure of the normal constitution of his patient, who has changed from the normal to the abnormal constitution.

This morbid condition of body or mind, or both, is composed of signs and symptoms not belonging to the health of the patient, no matter how, recent or long-standing they may be.

The study of general and particular symptoms so clearly defines and outlines this morbid constitution that the study, from first to last, becomes a positive and scientific problem.

It is not something fanciful, but can be demonstrated at the bedside as a positive and certain procedure from beginning to ending, and it is entirely based upon facts, omitting all opinions and theories.

Perhaps all homoeopaths will remember the very valuable paper published by Dr. Dunham, in his treatise on the science of Homoeopathy, entitled, "The Primary and Secondary Symptoms of Drugs as Guides in Determining the Dose."

Perhaps all will remember a similar treatise by Dr. Hale upon his imaginary law for selecting the potency.

Also, that since these papers have been before the public, the homoeopathic mind has been frequently directed toward the paragraphs in which this doctrine is treated of in Hahnemann's Organon, namely §§ 63 and 64, coupled with § 115, which is as important in its bearing on the subject as the two sections named.

The sixty-fifth section should be studied, because it furnishes examples of action and reaction illustrating the doctrine taught in these sections.

As Dr. Dunham's main idea was to refute the doctrine of Dr. Hale, that the primary and secondary symptoms furnish a sufficient guide for the dose, and as that is not particularly the aim of this paper, we may advance to a different view of these sections and the doctrine therein taught, believing that Dr. Dunham has left, a sufficient argument against the folly aimed at.

#### § 62

On the one hand, the pernicious results of the palliative or antipathic treatment; and on the other hand, on the contrary, the happy effects which the homoeopathic method produces, can be explained by the following considerations, which have been deduced from numerous facts, which nobody had discovered before myself, although they had been, so to speak, within grasp, so that they might have been perfectly evident and of infinite benefit to medicine.

#### § 63

Every medicine and every power which acts upon life deranges more or less the vital force, and produces in the individual a certain change, which may last for a longer or shorter time.

This change is called the *primitive effect*.

Although produced by the medicinal force and the vital force at the same time, it belongs chiefly to the power whose action is exerted upon us.

But our vital force always tends to unfold its energies against this influence; the effects which are the result of this action, and which are inherent in our vital power for preservation, and which depend upon its automatic activity, bear the name of *secondary effect*, or *reaction*.

#### § 64

As long as the primitive effect of the artificial morbid (medicinal) power lasts upon the healthy body, the vital force appears to play a purely passive part, as if it were obliged to submit to the influence of the power acting on it from without and to allow itself to be modified by it.

But after a while it seems in some way to become aroused.

Then, if there can exist a state directly contrary to the primitive effect or impression which it had received, it manifests a tendency to produce it (secondary action, reaction) which is proportioned both to its own individual energy and to the degree of the influence exercised by the artificial morbid, or medicinal power; but, if there can not exist in nature a condition opposite to this primitive effect, then it seeks to establish its preponderance by effacing the change which had been worked upon it by the force from without (that of the medicine), and by substituting for it its own individual normal state (*secondary action*, curative action.)

#### § 115

Among the primitive effects of certain medicines are found many symptoms which, in part, or under certain accessory conditions, at least, are the reverse of some other symptoms that appeared either earlier or later.

Properly speaking, however, this circumstance is not sufficient to make us consider them as consecutive effects, or as the actual result of the reaction of the vital force.

They constitute an alternating action of the different paroxysms of the primitive action only; and are called *alternating effects*.

After due consideration of these sections, I have come to the conclusion that there is but one action of drugs, which is always to make sick.

That which has been considered the secondary action is the action of the vital force, which always tends to cure.

If we limit, as Dunham did, the basis of a prescription to the primitive effects, so stated, it becomes necessary to qualify our knowledge by an understanding of what is known or considered the primitive effects.

This involves a study of symptoms that occur after the prescription has been made and the remedy has acted.

It also involves a study of symptoms that appear a long time after a proving has been made upon the healthy subject.

These reactive symptoms often indicate what is going on, and indicate whether the patient is curable or not; often indicate when the action of the remedy is inimical to the cure.

From the old teaching the so-called, secondary symptoms never call for a prescription.

This is true in fact, but to understand the full application of this statement, an extensive study of action and reaction must be had.

The symptom picture to be prescribed for must be made out of the sick feelings that endanger life or health, and reaction the evidence of repair of the vital force; hence the importance of knowing the full power of these curative energies.

In some instances, large doses of potent drugs produce violent effects, making deeper and longer lasting actions, such as are observed more particularly with potentized drugs.

What are often mistaken for secondary symptoms are simply such symptoms as would come from highly potentized drugs as primitive effects or direct effects of the drugs in use.

The more dynamical effects last longer and appear to be secondary to the more toxicological effects, but it is only an appearance.

For example, one who has long been using Arsenic takes on the continuous appearance of the poison, in which we see the true drug action.

So long as the drug is continued, the stimulating action of the crude Arsenic appears to keep up the nervous force of the subject; but as soon as the drug is withheld, the awful crisis comes.

This is where reaction, if there be any reaction, must show itself, but often the vital force has been completely subdued by the toxic habituated influence of the Arsenic. Nothing but more Arsenic will save life.

In like manner we see the toxic habituating influence of Opium and other drugs.

After the continued use of Opium, such a depression of the vital force comes that the discontinuance of the drug is followed by a fatal diarrhea, which necessitates more Opium being given.

In such instances it would seem that the drug dynamis actually usurps the place of the vital force.

Under the action of small doses, we see the order of symptoms reversed.

Some provers of Opium become constipated; others have loose stools, so that what would appear to be primary in one, would seem to be secondary in another case.

One family under my observation always has a diarrhea-every member-after taking a small dose of opium; while it is common for most subjects in proving opium to have a constipation as what appears to be the primitive action of the drug.

The vital force attempts to oppose the primitive disturbance produced by outward forces, hence the reactive manifestations seem to be opposite in many instances.

Hence, if opium begins the attack by a diarrhea, it will end by constipation.

This must furnish us, in some cases at least, a wonderful example upon which to reason.

Now, if we attempt to measure the reactive energies in the state of health by our observation, we will see that the reactive energy is always greater than the primitive shock, as will be observed by reading the 65th section.

§ 65. Examples of (a) (primitive effect) are before the eyes of everyone.

A hand that has been bathed in hot water has, at first, a much greater share of heat than the other that has not undergone the immersion (primitive effect); but shortly after it is withdrawn from the water, and well dried, it becomes cold again, and in the end much colder than that on the opposite side (secondary effect).

The great degree of heat that accrues from violent exercise (primitive effect) is followed by shivering and cold (secondary effect).

A man who has overheated himself by drinking copiously of wine (primitive effect) finds, on the next day, even the slightest current of air too cold for him (secondary effect).

An arm that has been immersed for any length of time in freezing water is at first much paler and colder than the other (primitive effect) ; but let it be withdrawn from the water and carefully dried, it will not only become warmer than the other, but even burning hot, red, inflamed (secondary effect).

Strong coffee in the first instance stimulates the faculties (primitive effect), but it leaves behind a sensation of heaviness and drowsiness (secondary effect), which continues for a long time if we do not again have recourse to the same liquid (palliative).

After exciting somnolence, or rather a deep stupor, by the aid of Opium (primitive effect) it is much more difficult to fall asleep on the succeeding night (secondary effect).

Constipation excited by Opium, (primitive effect) is followed by diarrhea (secondary effect) and evacuations produced by purgatives (primitive effect) are succeeded by costiveness which lasts several days (secondary effect).

It is thus that the vital power, in its reaction, opposes to the primitive effects of strong doses of medicine which operate powerfully on the healthy state of the body, a condition that is directly opposite, whenever it is able to do so."



We must observe from these examples furnished us by the master - and it is always well to cling to his examples as closely as possible - that the reactive energy is always greater than the primitive shock.

Were it not for this increase of the expressions of nature in the reaction, a cure might be quite impossible, and it may well be said that woe is man when the vital force does not react against the extraneous noxious influences.

Not so much of value, will be observed when strong doses of crude drugs have been made use of.

In proportion to the grossness of lack of detail in the primitive effect will there be lack of detail in the reactive effect of the vital force.

This lack of detail will often be due to the grossness of the dose administered; a crude dose of drug will be followed by catharsis without specific detail, and when the reaction comes, the constipation will lack the finer sensations which are swallowed up in the intestinal paresis, and nondescript actions and reactions are almost meaningless.

This should point out the lesson to provers, and place a limit on the value of such crude provings.

This should teach the advocates of such effects that the individualizing indices are not to be found here.

If we follow out the sentiment of the text, we observe the reactive effect in a given case is generally the opposite of the primitive effect, or as though intended to oppose the primitive shock, whether from a burn, or from freezing, or from a drug, or the fixed disease, as will be observed by carefully re-reading the 65th section.

The symptoms or appearance of the reaction are generally found in the pathogenesis of the drug causing the primitive shock.

The reaction seems to work within the limit of the cause of the primitive shock.

The reaction, in other words, is limited to the sphere of the drug causing the primitive effect.

In one prover Opium has produced constipation (primitive effect) and in the reaction we observe a diarrhea.

In another prover the primitive effect will be a diarrhea, and the reaction will be constipation. - See §65, Organon.

The reaction in healthy people will always be greater than the primitive shock.

To state it in another way, the symptoms that appear in one person as primitive effects, appear in another as the reactive influence of the vital force; because the vital force in its efforts to resist the force from without must establish directly opposite actions, and all such reactions are within the line of actions found in the drug or disease cause which the vital force is acting or reacting against.

Whatever symptoms or expressions are found in a given reaction will be found in the pathogenetic symptoms of the entity that the given reaction is opposing.

There can be no reaction outside of the action of a given entity, whether it be a sick cause or drug.

It must not be supposed that this can furnish a doctrine whereby we can claim or suppose, symptoms that have not been actually produced.

I am well aware that this doctrine may be criticised before it is accepted, but the study of the provings, thus far, has led me to fully believe in it as a fact.

To understand the action of drugs in the primitive effects, one must not attempt to study it upon the sick, but healthy persons should be chosen, which will give much that is useful by observing what is felt and seen.

Again, to understand reaction one must compare what he sees in healthy persons with what appears in various degrees of sickness in unhealthy people.

If we commence the study of the primitive effect through a proving of a drug upon a healthy subject, we will naturally avoid the effect of gross medicines if we would learn much.

As has been said, the finer details have been swallowed up in the grossness of effects; but we observe that the few symptoms however seem, to repeat themselves with an exactness that is surprising, some appearing on the 1st, 3rd, 5th, 7th and 9th days for many weeks with an exactitude of repetition that is surprising.

Especially is this the case if the dose that Hahnemann mentioned, which was the 30th potency, should be the lowest resorted to for proving.

In comparison with the gross effects which soon pass off, the effect of potencies upon healthy provers is most wonderful in the variety of the symptoms and in the length of time after the potency was administered.

Even many weeks after the proving, we find symptoms coming or occurring in intervals of 7, 14 and 21 days.

Particularly did I observe this upon a healthy woman in the proving of Cenchris, who had menstrual symptoms four months after the proving, recurring at each menstrual period with perfect regularity; a symptom that is now a confirmed symptom and valuable.

If this could then appear as what we term a reactive effect it would puzzle a philosopher to know why the effect from ten-thousandth potency had not long before disappeared.

So that it must be reasonable to conclude that all the symptoms that appear after the taking of the drug that was administered, are the genuine symptoms of the drug, are the primitive and specific effects of that drug, whether occurring in the first day or many months afterwards.

Habits and customs have been established by provings that have lasted the provers for years.

These, considered as symptoms, have been cured by the same drug under similar conditions, and should be considered a fundamental primitive effect of the drug's use; they are really the sickness of the drug.

If we now, undertake to consider the action of the drug when no apparent reaction comes against it to oppose it, we then see still more wonderful effects.

If we administer to a patient in the last stages of consumption a drug in suitable form that would have cured this patient when he was yet curable, we now observe wonderful and striking things.

We notice that after the administration of this drug that he is made worse, the course of his disease is more rapid, and he may be, by the careless use of such drug, hastened to a premature grave.

In this instance we notice the lack of reaction.

We notice the continued primitive shock, which united with his disease, instead of curing it, hastens him on towards the grave.

We observe then that which we had not observed in healthy reaction, a continued downward course in the primitive action of the drug united with the disease; hence, it may well be said that woe is man when reaction does not come.

We observe this state of things in incurable cases of Bright's disease, consumption, cancer, so that the remedy that was deep enough to cure him, is now poison.

We further observe that the remedies that help the severe sufferings in these incurable cases are such as are similar only to the few symptoms in his sufferings.

These furnish examples of the primitive action of a drug when not opposed by vital reaction.

The primitive expressions become changed by the vital force in healthy reaction, and some have mistaken these for the secondary action of the drug administered; especially this is the case in provings.

Then it is that we must consider the primitive, when reaction does not oppose it, that we can know very much of its interior.

Observe again the periodicity that comes in symptoms. The periodicity that follows the action of drug, and what may be studied in a drug may also be studied in disease cause.

What is true of the action of a drug is also true of the action of a disease.

The most suitable way of studying diseases in their actions is also true of studying drugs in their actions, their conduct.

Take for instance an intermittent fever. The paroxysm composed of chill, fever and sweat.

The primitive action of that fever cause is attended throughout by the paroxysmal expressions that follow in which the reaction of the vital force has been, either aided or unaided, sufficient to oppose the sick cause.

It might be well to consider the erratic nature of some symptoms belonging to drugs, such as Ignatia having extremes and opposites and alternations of symptoms.

Symptoms that change about in a most erratic manner, yet they are all the sick expressions of the one drug.

I am aware that I have scarcely touched upon the important part of the truth that is yet to come out of reflecting upon the actions of nature.

To be conversant with the signs of drug action is an important road to truth, and the knowledge thus gained must be useful, as a new drug, or the repetition of one chosen will often turn upon what is known about the meaning of actions observed.

It is now well known that reaction is going on favorably when mental symptoms are improving and general feelings express a general bodily improvement, even though the symptoms are more painful.

The successful healer is one who knows much about the signs of reaction and what is intended by nature.

It is well known that chronic symptoms engrafted upon the economy either by drugs or chronic miasms are due wholly to deficient reaction of the vital force.

Incurable results of disease are incurable for two reasons :

First, destruction of the tissues of the organism.

Second, deficient reaction of the vital force.

The latter may be again divided into congenital weakness and acquired debility.

But as these divisions of inner complexities belong to other subjects, I will dismiss, the subject entered upon in this paper, hoping that sufficient consideration will be given it to expose its weak points, that the strongest light may shine upon the real truth.

#### 49- The administration of the remedy

It may be supposed by some that there is little to be said about the administration of the homoeopathic remedy; by others that there is little to be learned beyond what can be found in the writings of Hahnemann.

It should not be expected that Hahnemann could lay down fast lines for the use of the higher and highest potencies when he never used them.

What he said about the use of remedies applies largely to the lower and 30th potencies. What he says about these is very useful about the administration of remedies in all potencies, but he gave general rules and nothing more could have been given at that time.

An extensive experience with all kinds of potencies and constitutions, varying degrees of sensitivity, will lead a good observer to make no fast lines to be followed by himself or others.

The difference in the activities of a given remedy in the 30th and 10m upon the same constitution is most wonderful, and the difference in the 10m and cm. is still more wonderful in some instances.

In some constitutions the 1m is not repeated with advantage and in others stoical, several doses are necessary.

The very high potencies seldom require repetition, if clearly indicated, to produce a long curative action in chronic cases, but in severe acute sickness in robust constitutions several doses in quick succession are most useful.

In a typhoid with a high fever the best work is done by repeating the remedy until the fever begins to yield, which is at times several days.

In a remittent fever the remedy may be repeated until the fever shows signs of falling.

While the fever is rising in robust constitutions the remedy may be repeated with advantage, and in some cases it is positively necessary.

It never matters whether the remedy is given in water in spoonful doses or given in a few pellets dry on the tongue-the result is the same.

It has been supposed by some that by giving one or two small pellets that a milder effect would be secured, but this is a deception.

The action or power of one pellet, if it acts at all, is as great as ten.

If a few pellets be dissolved in water, and the water is given by the tea spoon full, each teaspoonful will act as powerfully as the whole of the powder if given at once, and the whole quantity of water if drank at once will have no greater curative or exaggerative power than one teaspoonful.

When medicine is given at intervals the curative power is increased and may be safe if it is discontinued with judgment.

When a positive effect has been obtained the medicine should always be discontinued and the greatest mischief may come from continuing to give it.

Therefore, it is not always that the technical single dose is the best practice, but the single collective effect is always to be sought.

The correct observer will soon learn whether this is to be secured by a single dose or a series of doses.

But after this has been secured there is never an exception to the rule - wait on the remedy.

In acute sufferings and in emergencies the above plan is best suited.

In chronic diseases for the first prescription the single dose dry on the tongue will be found ever the best.

After several doses have acted well, and when given at long intervals, the action is growing feebler and feebler, and the symptoms still call for the

same remedy, a series of doses will show a stronger and deeper action, and this is even true if the potency is given much higher.

Furthermore, it becomes safe to do this after several doses of a given medicine have been given singly and at long intervals, when it would not have been good practice with the first doses.

When the 30th and 200th potencies are used it is much oftener necessary to give the medicine in water than when using higher potencies.

These potencies have much milder curative action than the higher and highest potencies, and therefore, they are far more suitable to the very nervous and excitable women and children and to some men.

To suit all degrees of sensitivity in chronic diseases the physician must have at his command his deep acting medicines in the 30th, 200, 1000, 10m, 15m., cm. and mm. potencies.

With many chronic patients, if the remedy fits the symptoms or is the similimum, any potency will do all the curing it can in two or three doses at long intervals and a higher potency must be selected.

It is better to begin low and go higher and higher. Each change of the potency brings new and deeper curative action.

It has been said by some, go very high at once and accomplish it at once, but it is not true that the cure is accomplished. In many chronic diseases the patient must be kept under the remedy a long time, and the remedy must be managed so that the curative power will not be thwarted.

This continued action is best secured by the conservative method.

In this way the cure is always mild, gentle and permanent.

Again, to give the very high potency to the feeble and extremely sensitive, we bring back old complaints and symptoms too violently and too hurriedly, and fail to sustain the curative action long enough to eradicate the underlying miasm.

To avoid the shock or aggravation some give at night, others in the morning, but there is no difference.



A deep acting chronic remedy should seldom be given in the midst of a paroxysm or exacerbation, but at the close.

This is an old settled rule that nearly all follow.

To give a deep-acting remedy in the midst of great suffering would be to court aggravation and increase the suffering and use up the curative power of the remedy uselessly.

The dose would be worn out, and when repeated would often fail to act.

It is necessary to nurse the case on to a fortuitous moment and then give the medicine.

That moment is after the excitement has past - when there is a calm.

If it be a menstrual suffering, after menstruation, if it be chronic sick headache, after the headache, if it be intermittent fever, after the paroxysm, will be found the best time to give the dose of medicine.

The management of incurables differs widely.

No two are alike, and it is soon observed that medicines ever so carefully selected aggravate and palliate, and the force of the remedy is soon used up and a new one must be found.

It is seldom that the remedy works in more than one potency, and it is not uncommon that the remedy acts but a few hours.

The rapid change in symptoms and states compels the patient to be ever near the physician.

The following axiom should always be held in mind :

- *When the symptoms change the remedy must be discontinued, as it ceases to be homoeopathic; therefore, whatever action it may exert cannot be curative and may be detrimental.*
- *The single dose in all sensitive people anticipates this change of symptoms and must be the safest for general practice.*
- *The repetition of the dose to intensify the action of the remedy must not be considered as the rule, but the exception.*

- *It is unsafe for the beginner to indulge the desire to repeat too much, it should always be restrained.*
- *The physician who prescribes in water universally will cause suffering in many of his sensitive patients, and it will appear to him that the disease is growing worse and he will change his remedy when he should cease to give medicine.*
- *The higher the potency the greater the aggravation caused by this kind of repetition.*
- *Physicians who practice only in the country among people who are strong and live out-door lives do not see the sharp aggravations that are seen in the city.*
- *The country people will stand more abuse from repetition as well as from crude drugs.*

50- The basis of future observations in the materia medica or How to study the materia medica

Homoeopathy is an art and a science of life because it is a study of living objects.

The law is revealed by phenomena evolved in living people, not in dead substances.

Observations on dead substances are so far removed from living things, and from life itself, that they may properly be considered entirely outside of a science of living beings.

They form a purely external science, an abstract science, and should be considered removed and apart from the object to which the Law relates.

In the laboratory has been discovered no remedy for living people, and its investigations have not benefited the dead.

The laboratory conducts study not of life, nor of disease, but of results of disease.

That causes are sometimes continued into effects is true, but knowledge of the endings of causes is useless except in relation to knowledge of their beginnings and the course by which they develop.

The beginnings of perverted life are not found in pathology nor in the laboratory, not even by use of the microscope.

*Symptoms of sickness, are the only discoverable manifestations of the perverted vital economy.*

In the symptoms we can see clearly the likeness of every disease and the likeness of the curative remedy for each.

Symptoms are the only manifestation by which disease can make itself known to an intelligent physician.

It is not the fault of nature's God that man is not wise enough to read these symptoms.

Men who are the victims of self-intelligence think that they can work out of dead matter the cause, the progress, and the curative agents of sickness.

This never has been done; in time this idea will be looked upon as the whim of antiquity.

The law of cure known as the Law of Similars is a law of God; it was always so acknowledged by Hahnemann.

It has always dealt with manifestations, not with results of vital changes, dead substances; so must it ever be.

When man knows the Law and the significance of the phenomena he will perceive the relation of sick images in sick people and in our pathogeneses.

When he knows the science of Homoeopathy he will perceive beginnings of disease in childhood, its progress through life, and its ultimates after death.

When these are considered collectively they make one grand whole; when they are considered separately there is always something lacking.

When the ultimates, only, are known, there is a dead science worked out on the dead, useless to the living.

An eminent pathologist once said to me :

"We shall know how to cure this patient when we know the pathology."

I then asked him :

"When shall we know the pathology ?"

He replied :

"When we have made a postmortem. '

Nothing has been discovered on the dead separated from the living subject to which it was related, that has ever lead to a remedy for sickness.

Only dangerous palliatives and makeshifts, that kill as often as they cure, and harm more than they benefit, have ever been discovered.

Any that can be mentioned will be found to be of small value in comparison to remedies that conform to real remedial action whereby all living manifestations have been called into use through intelligent application.

When the laboratory can tell us what man loves and what he hates; when it can give us a complete image of his rational mind with all its deviations from the normal; when it can tell which are sensitive to cold, to heat, to dry weather, and to storms; then may we look to this dead science for help outside of symptomatology.

The sooner we learn to see the true classification and individualization by life-signs during sickness, the sooner shall we cure sick people so satisfactorily that we shall not hunt for remedies in results of disease.

Contemplate the millions of dollars squandered in laboratory research without yet yielding knowledge of the cause of bacteria :

Has it ever shed any light upon the soil or the precise condition of our vital fluids, to furnish us knowledge of the lack of resistance and of susceptibility ?

Has it told us of the real condition of inherited tendency; what is that weakly condition which ends in tuberculosis, cancer, and wasting disease ?

Yet these conditions that tend toward tuberculosis and cancer are so well known to the wise followers of Hahnemann, by signs and symptoms, that at this day all can be cured, *yes, cured*, of their inheritances.

They can be tested and cured : tested not by laboratory discovery, but by methods familiar to the modern followers of the immortal Hahnemann.

These things must be discovered by studying the things of the will, the understanding, and the physical signs and symptoms, as they exist in the similarity of drug-provings.

Study of the living must aid us to cure the idiotic and weak-minded children; laboratories cannot do it.

A physician is one who knows how to heal the sick.

To be a pathologist and not to have a careful knowledge of materia medica and of how to use it, is not being a physician.

I have known some good prescribers who did excellent curing of sick people and had a limited knowledge of pathology.

The thoroughly-rounded physician is one who adds to his knowledge of the art of selecting remedies according to the Law of Similars a knowledge of diagnosis and pathology.

There are times when he must give advice to patients that are incurable; he must know pathology and diagnosis.

There are kinds of pathology most useful to the intelligent prescriber, but this knowledge never is useful in the mind of the man ignorant of the art of prescribing.

The pathologist considers the disease instead of the patient; the physician considers the patient, and perceives the sick patient in the symptoms that represent the personality of the sick man.

Diseases and results are much the same in all beings, both man and lower animals, and no individualizing is possible by studying a disease or its pathology.

All people produce the same pathology when affected with the same disease.

*What is common will never lead the physician to perceive what is peculiar in any individual.*

## 51- The healing principle

The vital principle that pervades all simple and complex organisms and substances manifests itself through various media and under varying circumstances.

The grain of musk that was exposed for seventeen years in an open atmosphere, constantly revealing itself to all who entered its aura, was not perceptibly reduced in weight or power to impress the olfactories.

The protoplasm reveals its life to vision by the aid of the microscope, in motion, which is an actual observation.

The class of inert substances, of which silica is a prominent member, demonstrates its life force when acted upon by the elements of the animal and vegetable kingdoms, by the change produced in the elements of these kingdoms.

This class, therefore, negatively demonstrates that there is life in so-called inert substances.

There is no substance known to man that does not possess life, lower or higher in proportion to the complexity of its organization, growing higher and higher in order and manifestation until the image of the Creator of all things has been reached.

Shall it stop with man ?

No; the higher type is yet to be seen in God, the author of life and its every medium.

We observe that the animal body loses its identity or individuality vital energy, and the elements instantly manifest their own individual vital forces, each to its kind, like busy bees, until the shapeless mass has been transformed to its original dust.

The acting and acted upon the lively and the inert bodies and substances are observed throughout nature.

To make use of the lesson of life is the demand of the day, through which the healing principle or life can be measured and its nature as a force perverted, an idiosyncrasy is to be corrected, or, if you prefer, cured.

The blending of these forces are the complexities of living and healing.

We see the blending of life and death into each other, until the one disappears within the other.

If it be life perfected and pure, it is the complete absence of visible death.

Midway between life and death we see perfect equilibrium.

This condition becomes the necessity of all reproduction or nutrition, through which we observe life living and acting upon its media.

The slightest defect in the vital operations creates friction, and the machinery wears out rapidly, becomes heated; death increases and this that was a slight defect, becomes a threatening monster; yet, great only through results, as we know that the very gentle force, properly applied, corrects the original defect, and the grand old machinery soon returns to normal action.

The defect may or may not be an idiosyncrasy.

Reduced resistance against common things is an idiosyncrasy.

In olden times we said, "this patient cannot take Calomel" because she is so susceptible to its action that the smallest dose has been known to salivate and do great injury.

People are often susceptible to a substance that will do them, great good if the positive and negative of life are duly considered and applied.

Cure is often contagion as well as disease.

When the vital energy of the disease cause be taken in too great incept, disease is the result, but if the sphere of vital plane of the same cause be elevated to the quality that becomes corrective, the contagion becomes cure.

Cure must seek the same via as cause; in entering the economy, it must rap at the same portals.

The aura of a given substance causes sickness.

This has been observed by long distance inhalations of the Rhus vine.

The rose causes sickness in some people.

This has been observed in the painter who takes colic from the aura, of his brush, even when painting in the open air, or the same colic may come from sleeping in a newly painted room.

If so small a quantity can make him sick why would it not be a wise experiment to attempt to reach a quality so subtle that it would make him well enough to resist this aura on other occasions.

If the vital wrong can be corrected he is well, and his resistance has returned, which is his protection.

If a chemical antidote should be suggested it would surely be reasonable to enquire, what we expect to antidote, as the substance known as the sick producing cause was too small to be observed by the aid of the microscope, and was an insoluble, and yet it was so powerful-that it made the individual sick.

Not all are so affected.

Quite likely the healthy man is not so affected; therefore the contagion, for such it was, could not be due to nothing but lack of health, or sickness.

Then this, which is a recognized idiosyncrasy, is sickness.

Was he sick before he took the colic ? Was he sick before he was sick ?  
What is sickness ?

The curative remedy is sometimes pointed out to the intelligent physician by accident through symptoms.

The animal organism can generally resist the crude substances when the lower attenuations may make him sick, and this is especially true of substances inert and insoluble.



It has been observed that the negative state may be intensified by large incepts of a given poison.

A subject is rendered more sensitive to Rhus after once having been poisoned by it.

The causes must be very similar when the effects known by symptoms are so nearly identical, hence it is that persons susceptible to the poison of Rhus are also equally susceptible to the curative or correcting principle.

Rhus apparently cures Rhus poisoning in some cases, but actually cures the patient because he needed Rhus or a similar dynamis as badly before as after he was poisoned.

The incept that caused him to become sick was too large to cure and it made him sick.

The highly potentiated Rhus cured him of the sickness he had before he was poisoned and the disease that he *has* instantly ceases, as its cause is overcome by the normal vital reaction, he, not having taken enough of the poison to make a well man sick, but only enough to make a sick man sick or worse, recovers his normal state in a few days.

Then Rhus has not cured Rhus poisoning, but the patient of his susceptibility to Rhus poisoning.

How different is this state from the state of large dose poisoning, by Morphine or any other crude drug, which must have its own antidote.

In one case the patient is poisoned because he was sick, and in the other he is sick because he is poisoned and was not susceptible to the drug that made him sick, and cannot be impressed by that drug only in toxic quantities.

This again brings out the positive and negative state of the human system, in which the individual may be as unable to protect himself against cure as cause, as unable to resist cure as cause.

Cure and cause are different planes in the same sphere.

What is contagion, as understood, and what is cure, but the irresistible appropriation of some unknowable energy applied by accident or intelligence.

We have seen that Rhus cures the patient of his sensitiveness to Rhus as well long after as before he was poisoned by it.

This is not Isopathy, as it was not Rhus that was cured, but the patient, and is was simply pointed out to the intelligent physician by the accidental poisoning wherein Rhus was pointed to as one of the medicines that he is sensitive to; it being fully understood that the patient is always highly sensitive to his needed medicine.

This, therefore, is but a centering of a complex of symptoms in a homoeopathic problem.

The negative state of the body as observed is utilized by the electrologist or magnetic controller, demonstrates many facts.

The mesmerist, by his peculiar movements so acts upon the negative subject that the latter is deprived of sensation; his tongue can be punctured and a needle passed through; he can be managed like an automaton, without sensation; but the positive subject cannot so easily surrender himself that he is negative enough to be influenced in the slightest degree.

Some can by slight resistance oppose the mesmerist, others are at once controlled and made unconscious.

In this state the forces of the body are done disturbed, the tissues are unchanged.

Can disease be more than this primitively ?

It need not be more. It is not more, while all tissue changes are the results of disease.

With this thought in mind, it must seem strange that men study morbid anatomy to be able to find means to correct a wrong that is wholly vital.

It must seem strange that a learned professor will still hunt with the microscope for the germ that causes the cholera, yellow fever, and zymotic sicknesses; searching among the results of disease to destroy its cause.

As well examine a grain of wheat under the microscope to ascertain how tall a stalk it will grow, or to ascertain whether it will grow anything; as the lens has never discovered the vital spark in that grain of wheat, it will not likely become a safe guide to the nature of a vital energy in disease cause or curative force.

The pathological anatomy is the intermediate state, while the external image, made up of sensations, is a perfect likeness of the primitive state; the true disease and these only correspond with each other, and in these only do we see fathomable harmony.

The study of morbid anatomy can never reveal the remedy to correct the ills of man, no more than the study of the bark of the poison oak will reveal the cause of its life force being such a disease producer or poison.

As well to study the root of aconite under the lens to see what it will produce upon the animal force, as to study pathology to ascertain what entity will subdue it and drive it from the human body.

The curative principle is not found in that way.

Two negatives make an affirmation.

Take it for granted that there is a minus state that we call susceptibility.

If we apply the drug power we shall see, that much of the drug makes sick, a small amount of the drug still makes sick; so small an amount that people ordinarily are not disturbed, yet this sensitive one is made sick; extreme reduction of the quantity still makes sick until a plane is reached similar in quality to that of the dynamis of the sick-making cause, then it is, that the two minus states or conditions are fulfilled and sickness does not follow and the susceptibility has been unconsciously removed.

This has been observed in seeking cure by change of atmosphere, and cures have been known to be cures when consumptives have fattened in malarial swamps.

When the curative power of the corrective agent is observed, it may be said that two negatives have met and a positive is the result, or health or cure.

Similar have sustained the great law.

The sensitive state has been produced by a peculiar atmosphere and cholera is the result, or small-pox is the result.

If it be the latter disease that is prevailing all people not protected become susceptible, and the poison or noxious influence takes life in the negative condition of the medium.

If the poison or cause be attenuated to such a plane that the most sensitive person is only slightly disturbed by proving it, the terrible disease can be prevented.

It would seem better to protect from small-pox in this way than to vaccinate.

Either by vaccination or neutral contagion there is a monster poison in the economy.

Who dare talk of filth and ignore the fact that the natural contagion is more than the charge ?

If the small-pox virus is so subtle that even when diluted with millions of volumes of atmospheric air is yet a poison, who can say what attenuation may not produce the disease until faithfully tried on sensitive persons.

The trial in a season when small-pox does not prevail would not satisfy the enquiry, as the sensitive ones are not manufactured so frequently.

The trial then of a single person could not better the matter.

The proving of all attenuations of variolinum would be a great gain to our philosophy, as the provings of the morbid products have helped the study of our chronic miasms.

Dr. Fincke has made a good beginning toward finding out what the variolinum will do.

The wise ones who stand off and sneer often come in after the truth has been discovered at great sacrifice, and say, "I told you so."

These people are often useful, as they create opposition enough to stimulate thorough search after facts.

They have a place in the world but they do not know it; and often cover up the regret that they have been born by sneers at decent people.

## 52- The language of the repertory

Introductory Note : To many who have not been thoroughly trained in repertory study, the practical value of such work remains uncomprehended.

The following article has been prepared to shed light on some of the difficulties that confront those who have not learned to appreciate the immense value of such an index as is afforded, in the modern Repertory, and how familiarity with it unlocks the store-house of our materia medica.

The physician must study the homoeopathic principles until he learns what it is in sickness that *guides to the curative remedy*.

He must study the materia medica until he learns what is needed to meet these demands.

He must then study the repertory until he learns how to use it so that he can find what he wants when he needs it.

It must be admitted that many do mechanical work and fail to realize that any other kind is possible.

The physician must read over and over the rubrics in the repertory in order to learn what is in it and how symptoms are expressed.

Often he will see a rubric or a symptom that he would not have thought of seeking in that place; he should then settle in his own mind where he would have looked for it; then he should make one or several cross-references to guide him in the future to that rubric or symptom.

Many fail to use the repertory because they think of symptoms in pathological language or because they look for expressions in the language of tradition.

It must be remembered that symptoms come to us from lay provers; that sick people are lay people.

Both of these express sickness in the language of the layman and the repertory must be the index of the materia medica.

Every effort to convert either the materia medica or the repertory into the language of traditional medicine must result in total failure.

Technical language condenses the thought of a given sickness.

That is all that is needed to convey all there is knowable from one physician to another until the question of the remedies comes up : What is the remedy ?

The answer comes by asking another question : What are the symptoms ?

The symptoms are the speech of the laity and of nature : uneducated nature - simple nature appealing to an educated physician.

The symptoms of a patient have no meaning whatever to an untrained physician - to a physician untrained in the significance *of symptoms of the patient*, of the prover-hence the repertory is meaningless to him.

This explains why so many try to use the repertory and fail : they have had no teaching in our so-called homoeopathic colleges.

All who know how to use a repertory succeed, and not one has ever discarded it.

It appears strange that all do not try to find some one to teach them to use it when there are so many willing to do it; it appears strange that they do not desire to know how to use the repertory; it appears strange that they have not learned to note the precise language of the patient, the language of the materia medica, and the language of the repertory.

Physicians who are ignorant in these methods see no difference when the same symptom appears in three different patients in the same family, though one has this symptom at 10 A. m., another at 1 A. M., and another at 4 P. m.; one is better from heat, another from cold, and the third not affected by either, and I have known them to ask very promptly : "What has that to do with it ?"

Three patients suffer from a similar headache; one is better in the open air, one is better from applied cold, and the third, from applied heat; and again comes the question : "What has that to do with it ?" Yet these are only the first and simplest differences to be mentioned.

The inexperienced physician in our art trains his mind to lump and condense and concentrate and this leads in the opposite direction to what is required.

We have large groups or rubrics but these are next split up into conditions, circumstances and modalities until every least difference in time, place, degree and manner is brought before the mind so that distinction and individualization may appear. "What has that to do with it ?"

I will mention the word "weakness" and even our own students may say : "What a common general symptom to mention," but if he is weak :

- after eating, must lie down for awhile,
- in hot weather,
- after stool,
- after mental and physical exertion, after sleep,

who would not wonder if Selenium would not cure such a case ?

When such a group of circumstances is associated in catarrh of nose, throat and larynx, or carcinoma, and there are :

- desire for open air,
- lack of vital heat,
- emaciation in advanced years,
- extreme sensitiveness to drafts, even warm drafts,

there is nothing left for the homeopathist but to give Selenium.

How can the inexperienced physician work this out without a repertory, properly used ?

The proper use of the repertory will lead to correct offhand prescribing in simple cases, in from ten to twenty years.

The mechanical use of the repertory never leads to artistic prescribing - nor to remarkable results.

Certain mental characteristics go hand in hand; some characteristics of mind are necessary to good, artistic repertory - work others are equally prohibitory.

Some minds cannot comprehend that potentization of any given drug is possible in proportion to the homoeopathicity of that drug to a given group of symptoms, and that when the drug is not similar, only attenuation is present.

When attenuation becomes potentization is a question that the healing-artist alone can comprehend otherwise than theoretically.

The physician who can clearly comprehend this can learn to comprehend the value of symptoms and therefore learn, by the aid of a repertory, to compare the symptoms of his patient; otherwise repertory-work is purely mechanical.

Perhaps a clinical case will best illustrate the subject.

Mrs. S., aged 47, a very excitable-almost hysterical woman, for many years has suffered

Violent occipital headaches.

Compelled to take strong medicines, for years.

Occur every few days; never passes a week without one.

Continue three days.

Heat and pressure give most relief.

Bowels constipated; for a week has no desire; then takes cathartics.



Says : "I have taken everything."

Stool hard and small, resembling sheep-dung.

Craves open air; cool air.

Heat flushes.

Menstruation absent lately.

Urine scanty and strong.

Eyes have sensation that they do not belong to her.

Cold knees and below knees.

Very tired and excitable.

Over-sensitive; extremely sensitive to touch over entire body.

What are the *strange, rare and peculiar symptoms* in this patient ?

The remedies that have *stool in round, hard balls resembling sheep dung* that also have *strong craving for open air* are :

*Alum., bar-c., carb-an., carb-s., caust., graph., KALI-S., mag-m., nat-m., nat-s., op., sulph.*

*No desire for stool for many days* : ALUM., *carb-an., CARB-S., caust., GRAPH., kali-s., mag-m., NAT-M., OP., sulph.,* and many others not related to the case.

*Occipital headache* : Alum., *carb-an., CARB-S., mag-m., nat-m., op., SEP., sulph.*

-- *jarring aggr.* : *Carb-s., mag-m., nat-m., sulph.*

-- *pressure amel.* : *MAG-M., NAT-M., sulph.*

-- *heat amel.* : *Mag-m.*

March 4th. :

MAG-M. 10M.

April 9th.

MAG-M. 10M.

May 20th.

MAG-M. 50m.

There has been no headache since and she has been in good health.

In this case the headache is a common one, but it was what she came to have cured.

The peculiar symptom is the one difficult to explain, viz. : *stool in hard balls resembling "sheep dung."*

It is certainly uncommon; it is not a diagnostic symptom of any disease.

One might wonder what kind of commotion in the intestine could break up a hard stool into lumps so small and tumble these around until they were flat, oval and round and small as sheeps dung; the normal stool and the common stool are quite different. Then it must be "strange, rare and peculiar."

Now as she longs f or the open air it will be best to eliminate with the above rubric from remedies that have *craving for open air*; this gives the start.

Then taking the next most important rubric, viz. : *inactivity or no desire for a week* what remains can be in the anamnesis above.

So proceed to the end, taking the symptoms in the order of their importance.

The result is a cure.

### 53- The making of a man

Truth is a two edged sword.

Information that may be used for the good of mankind may be used also for selfish ends.

In the former, it elevates the user; in the latter, it destroys him.

We see the evidence of this in every profession, in every business; in the artist, the doctor, the lawyer, the merchant, and the politician. We have only to study faces to be convinced.

The face of the homoeopathic physician who has used the great homoeopathic truth for the good of man has a benign expression, while he who has first counted on what it will bring in cash has a crafty face which the children shun.

In either case, he smiles if successful; but if he fails, we shall see accentuated the two casts of expression.

One reveals patience; and the other deep lines of disappointment and hatred.

It is important to know how it is that truth can become a power to change the faces of men.

Truth is so powerful that it will elevate him who uses it for the good of man, and degrade him who uses it against his fellow.

It carries with it a penalty for falsifying it, or using it for improper purposes.

When one listens to a great truth, he says to himself that truth *should be known to the world*, or that it can be used to increase wealth.

Truth first enters the memory, and may go no farther and soon may be lost; or it may be admitted into the understanding, and flow through it into the voluntary and then into life.

This is the course intended by Divine Providence whenever he gives truth to man.

It is that he shall use it for the common good, and not for himself.

Whenever man perverts this, he destroys himself; but when he carries out the purpose of the truth, he becomes wise.

The highest aim of man is to become wise, and the only way to attain wisdom is to do for the good of others.

Truth first enters the mind by the way of the memory.

There it is inspected by the understanding, and it is settled upon whether it is true or false, or detrimental.

If it is approved, the understanding admits it to the middle chamber, where it is treasured for use.

When Homoeopathic truth is thus admitted, the healing artist waits for an opportunity to confirm it.

Finally the patient comes, and the truth is called forth; the law and doctrines there treasured are called upon, used, and confirmed to be true.

The patient recovers and is grateful to his doctor.

The doctor is delighted and smiles.

He shows forth upon the face his inmost feelings; a tear comes to his eye and he says, "Blessed be Hahnemann, Blessed be the Lord."

Then it is that truth passes through the understanding into the voluntary - into the affections - and is revealed upon the countenance.

Now, truth is made, alive, and can be maintained alive so long as the doctor continues to use it.

It now fills his life. He loves it, knows it and remembers it. If he does not love it and use it, he does not grow in wisdom.

But by loving it he loves to use it, and thereby learns more of it.

The more he loves it, the better he knows it.

If there is one who is wise in the law, it is because he loves it and obeys it.

If he is wiser than others, it is because he loves it more than others - but for the sake of the good it will do for man.

To love it for the good it will bring to oneself is another form of hatred of men; and hatred of men, or love of self, closes and pinches and contracts and distorts the understanding, and the face becomes crafty.

Any violation of the law carries with it its own penalty.

Woe unto him who uses the truth to glorify himself or enrich his pocketbook.

Truth will make man miserable or happy.

Man is never happy except when working for others. Man is most miserable when doing : most for himself, and the misery is shown on his face.

Behold the successful miser. He who has most is most miserable. The wise man is always happy. He has grown wise while loving, and is loved while acquiring knowledge.

Peace, happiness and contentment are upon the face of all who live for the good of the human race.

When man appears to know what he does not make use of his understanding will soon force it out into the memory, and finally the memory holds it no longer.

In the understanding is treasured only so much as is loved and used.

*The love of truth for the sake of truth, in the voluntary, conjoins with an equivalent of truth in the understanding; and this is the measure of wisdom in any man.*

The crafty man memorizes facts, to use for a given occasion in order to acquire remuneration or fame, and should be known as smart in proportion to the success of his undertaking.

This is not wisdom. Wisdom cannot be removed from the love of uses.

*Love, wisdom and use make one, and inasmuch as they are one in the life of man they make him a man; and wherein he lacks these, he falls short of being a man.*

These in man are the wherein he exists in the image of God, and when he has thus made truth alive in him he has become "free indeed."

I have tried many methods for opening the mind to receive explanatory terms, in the effort to study simple substance; to lead the material mind to the realm of immaterial mind.

There is a strong tendency to depend on what is gleaned by the senses, but the realm of immaterial or simple substance must be recognized by the reason.

Material substances, in the form of ordinary food, are best suited to nourish the cells of the body, to repair the waste of material cells, resulting from their normal activities.

To educate the mind (inclined to receive only that which can be received through the avenues of the senses, only those reports at the sight, hearing, smell, taste and touch), so as to cause it to think interiorly, requires considerable care and study.

It is necessary to transfer the mind from the concrete to the figurative to perceive something of the character of immaterial substance.

Material substance is fed and treated from the plane of nutrition, but the immaterial substances are affected from the plane of disorder and cure.

Some think there is as much curative substance in crude drugs as in potencies.

Holloway, in his address at Kansas City last year, took his ground from Hahnemann's position, that curative powers in drugs cannot change the affections and intellect without working in the realm of potencies.

Let us consider the light of day, the light of the Sun.

We, living on the earth's globe, rotate with it.

When the side on which we live is toward the Sun we enjoy its light, but when that side is turned away from the Sun we are in darkness.

People are not in the habit of thinking of the light as anything, but if it were not something it could not disappear.

The Sun, from which this light emanates, is approximately ninety million miles from us, yet we receive its light.

A man who weighs 140 pounds on the Earth would weigh two tons at the Sun's margin owing to the attraction of the Sun, which is twenty eight times as much as on the Earth.

As soon as material substance comes to the Sun it is hurled into the Sun; the nearer it approaches the sun, the stronger is the velocity and attraction.

Light, however, is something proceeding from the Sun, radiating in every direction.

When it reaches the Earth it is attenuated through ninety million miles, the distance between Sun and Earth.

How much it is attenuated we can scarcely conceive, yet we can see things from, in, and because of light, but cannot see light itself.

It is so attenuated that we cannot see it, but there is enough of it that we can see to read by it.

The light of the Sun must be diametrically opposed to material substance.

Material substance is drawn into the Sun, light is thrown out from the Sun.

It, then, must operate by opposite laws to those that affect material substance.

The Sun ceased to be material substance when transformed into light and hurled outward to the planets.

If light is thus attenuated through ninety million miles, it is so great an attenuation that we can scarcely think of any greater, yet it was a simple substance at the beginning.

Nutritive substances are material; curative substances are immaterial, simple substance.

There is always a tendency to influx where simple substance is active.

When there is a disturbance in the inner planes of man's economy there is an influx, from the atmosphere, of some deleterious simple substance.

If there were a curative immaterial substance, it would be drawn in by influx and act as an antidote.

If remedies are given on the plane of disturbance they will cure.

Man is affected in the internals and in every cell.

Every cell has all the planes. Every cell is what man is as a 'Whole. This elevates the thought to the curative principles. Hahnemann says it is strange that medicine in the old times could not go in the opposite way from that which it took and perceive these things.

Crude drugs produce the opposite effects from the attenuated dose.

Crude whiskey, when taken into the system, produces a drunken condition; an attenuated dose makes a man who appears drunk, feel better.

The primary action of a drug represents the effect of the crude drug.

The effect of the attenuated dose is similar to what would be experienced long after taking the crude form.

In attenuated form, primary and secondary effects, opposite effects, are found.

The attraction of matter and repulsion of light account for these effects.

It may be that one of a material cast of mind may perceive that these things are true and thus the mind can be elevated to think higher than the fingers and toes.

A class of men, at present, think they discover the cause of disorder in bacteria, hence they search for pathological bacteria to be grandparents, and establish a family.

Here is a material idea which indicates the trend of the Old School and all the theories they manufacture, and the trend of Homoeopathic doctors who are not Homoeopaths, believing in the bacterial etiology.



If bacteria cause disease, we have many things to think about.

Let us reverse the problem, and bring out things to think about in a different way.

When out in the frontier country, I found the earth covered with a bed of lava from fifty to seventy-five feet in depth.

The outer surface was decomposed from the influence of light, rain and heat (oxidized), forming a soil in which trees, grass and shrubs grew in abundance.

Fire swept over the land and cleared it completely, destroying everything.

The next season there was a vast growth of fireweed (*Erechthites*).

Immediately I said, looking at it : Did this fireweed cause the fire that spread over the woods ?

What a wonderful thought, brilliant idea. I was then anxious for a body of men to tell it to. No one ever sowed the seed over that vast area where thousands of acres are spread over by the fireweed.

Then I said : No, the fireweed did not cause the fire. The fireweed came from the fact that the land, burnt from the fire gave a soil, prepared by the heat, rain and air, in which these things worked a spontaneous development to cause the fireweed.

What, spontaneous development ? Why that idea was given up long ago. Yes, by whom ? Given up long ago by Science.

Another time I was hunting in a place where the lumberers had their camps. They had cut off the woods, used the lumber, and moved off, leaving the shanties and stables and pens where their pigs were kept to rot away.

Where the pigs were kept there was a copious growth of pigweed, (*Cycloloma Piatyphyllum*), where the cattle were kept smartweed (*Polygonum Punctatum*) grew in abundance, where man had deposited his fecal waste was a copious growth of nettle (*Urticaceae*).

We do not say that the pig-weed was the cause of the pigs, that the smartweed made the cattle grow, etc. I had elevated my mind above that, and came to the conclusion that these forms of growth were the result and not the cause of the men and the cattle and the pigs.

In my own garden, on the north side of the house, in the shadow, where the ground is copiously watered, the moss has crowded out the grass.

So the preparation of the soil preceded the development of any growth. Changes in the blood, when health is disturbed, make a preparation of soil in the blood for the spontaneous development in the body of various forms to correspond to every change in bodily disorders. To assume that these spontaneous growths cause the sickness- is absurd.

Fluids that contain bacteria and evolve them will act as agents of infection. You can kill the bacteria with alcohol, and inject the fluid, remaining, into the body and cause a condition in the blood similar to that in the body from which the fluid was taken.

The cause of the disorder is on the plane of simple substance. When it floats forth into the ultimates it evolves spontaneously into bacteria. This is direct evolution from cause to effect.

You cannot become normal in soul, affections, and uses, so long as you reason from effect to cause. This trend of thought is essential to our school, to check our expenditure of millions in laboratory analysis.

Blood analysis is of no use to help me to help a patient. Everyone who is seen to go deeply into bacterial study loses all love for it because it has no use. Causes are continued into effects.

Germs are caused from the fluids. These fluids are infectious but the germs as living beings are not infectious.

Sepsis comes first, then the germs appear. There is spontaneous development of sepsis in the blood. If the germs are left long enough they will kill off the poison.

This is illustrated in the case of a cadaver. The scalpel that pricks the hand in the course of a post-mortem examination is more poisonous than the scalpel

that pricks the hand after using it on the cadaver that has lain for six weeks and is mortified and green.

### 55- The second prescription

Editorial Note : What perplexing problems we often meet in practice ! How we crave, at times, the advice of a master mind !

We are so often the victims of prejudice, over-confidence or ignorance, and our patients suffer in consequence of this.

Could we but understand the intricate laws governing the inner man, disease, and remedies, how much more wisely might we adjust ourselves to the far-reaching problems which endanger the life of a father, a mother, a noble son or an affectionate daughter.

We would not then, as is so often done, impede or pervert the action of a carefully selected remedy by our impatience to get results, or by our impetuosity in hastening certain conditions which will not be hastened, or by our ignorance in so quickly changing remedies before one of them has had time for definite action.

*To help us in this noble work we reproduce below a masterly paper by Dr. J. T. Kent, read before the International Hahnemannian Association at Niagara Falls in 1888.- G. E. D.*

What is more beautiful to look upon than the bud during its hourly changes to the rose in its bloom.

This evolution has so often come to my mind when patiently awaiting the return of symptoms after the first prescription has exhausted its curative power.

The return symptom-image unfolds the knowledge by which we know whether the first prescription was the specific or the palliative, i.e., we may know whether the remedy was deep enough to cure all the deranged vital wrong or simply a superficially acting remedy, capable of only a temporary effect.

The many things learned by the action of the first remedy determine the kind of demand made upon the physician for the second prescription.

Many problems come up to be solved that must be solved, or failure may follow.

1. How long shall I watch and wait ?
2. Is a question frequently asked but seldom answered.
3. Is the remedy still acting ?
4. Is the vital reaction still affected by the impulse of the remedy ?
5. If the symptoms are returning, how long shall they be watched before it is necessary to act or give medicine ?
6. Is the disease acute or chronic ?
7. Why is the second prescription so much more difficult than the first ?
8. Why is it that so many patients are benefited when first going to the physician and thereafter derive no benefit ?

I presume that most good prescribers will say :

"We have often acted too soon, but never waited too long."

Many physicians fail because of not waiting, and yet the waiting must be governed by knowledge.

Knowledge must be had, but where can it be obtained ?

To know that this waiting is right is quite different from waiting without a fixed purpose.

This knowledge cannot be found where its existence is denied; it is not found with unbelievers and agnostics.

When the first prescription has been made and the remedy has been similar enough to change the existing image, we have but to wait for results.

The manner of change taking place in the totality of symptoms signifies everything, yet the manner of the return of the image, provided it has disappeared, signifies more.

First, if aggravation of symptoms follow; second, if amelioration of symptoms follow;

1. If aggravation of the symptoms is attended with decline of the patient the cure is doubtful, and the case must be handled with extreme care, as it is seldom that such patients recover perfectly.

2. If amelioration follow the prescription, to what does the amelioration apply ?

It may apply to the general state or but to the few symptoms.

If the patient does not feel the elasticity of life returning, the improved symptoms are the facts upon which to doubt recovery.

The knowledge that the disease is incurable often is obtained only in this way.

In such cases every remedy may palliate his sufferings, but cure does not come.

The symptoms that are the expressions of the debility are there, and hence the totality of the symptoms is not removed.

After the curative impulse has entirely subsided, the symptoms will appear one by one, falling into place to arrange an image of the disease before the intelligent physician for the purpose of cure.

If the first prescription has been continuously given, there has been but little if any chance of a pure returning image of the disease, therefore this image must be very unreliable.

When the remedy has been fully exhausted, then, and only then, can we trust the symptoms constituting the picture.

If the first prescription was the similimum, the symptoms will return (and when they return) asking for the same remedy.

Too often the remedy has been only similar enough to the superficial symptoms to change the totality and the image comes back altered, therefore resembling another remedy, which must always be regarded as a misfortune, by which the case is sometimes spoiled, and the hand of the master may fail to correct the wrong done.

Whenever the symptoms return the same image, calling for the same remedy, then it is that we have demonstrated, that (*for a time, if the disease be chronic*) we can but recommend the range of dynamics to cure this case.

This rule is almost free from exceptions if the remedy is an antipsoric.

What must the physician do who has not the knowledge of dynamic medicines ?

He must sometimes see sick images come back without change of symptoms, though I believe it is seldom.

The symptoms may call for Phosphorus as strongly as when he began, and Phosphorus 6 X has served and no longer cures.

What can he do but change his remedy ?

Can it be possible that man can be so ignorant of how to cure as to give a drug that is not indicated because the one that is indicated does not cure ?

These ignorant mortals condemn the system of Homoeopathy and feel that they have performed their duty to the sick, forgetting that ignorance was the culprit.

I have observed in cases where a low potency had been administered in frequently repeated doses, that some time must elapse before a perfect action will follow the higher potency; but where the dose had not been repeated after its action was first observed, the new and higher potency will act promptly.

When the symptoms come back (*after prudent waiting*) unchanged, the selection was correct, and if the same potency fail to act a higher one will generally do so quite promptly, as did the lower one first.

When the picture comes back unaltered except by the absence of some one or more symptoms, the remedy should never be changed until a still higher potency has been fully tested, as no harm can come to the case from giving a single dose of a medicine that has exhausted its curative powers.

It is even negligence not to do such a thing.

## *I. Proper time to change*

When the demonstration is clear that the present remedy has done all it is capable of doing (*and this demonstration can not be made until much higher potencies than usually made have been tried*) then the time is present for the next prescription.

To change to the next remedy becomes a ponderous problem, and what shall it be ?

The last appearing symptom shall be the guide to the next remedy.

This is so whenever the image has been permitted to settle by watching and waiting for the shaping of the returning symptom-picture.

Long have I waited after exhausting the power of a remedy, while observing a few of the old symptoms returning; finally a new symptom appears.

This latest symptom will appear in the anamnesis as best related to some medicine having it as a characteristic which most likely have all the rest of the symptoms.

It is not supposed that this later appearing symptom is an old symptom on its way to final departure, *for so long as old symptoms reappear and disappear it is granted that no medicine is to be thought of.*

It is an error to think of a medicine when a symptom-image is changing.

The physician must wait for permanency or firmness in the relations of the image before making a prescription.

Some say :

"I must give the patient medicine or he will go and see someone else."

I have only to say that it were better had all sick folks gone somewhere else, for these doctors seldom cure but often complicate the sickness.

The acute expressions of a chronic disease have a different management from the acute disease, e.g., a child suffers from bronchitis in every change of weather.

It may grow worse if treated with the remedy for the acute symptoms.

The miasm that predisposes the child to recurrent attacks must be considered.

One recently under my care had received Antimonium tartaricum, Calcareo carbonica, Sulphur, Lycopodium clavatum, etc., in such indiscriminate confusion that the child was not cured.

The waiting on Saccharum lactis, through several attacks permitted the drug-effects to pass off, and the true image of the sickness was permitted to express itself through several of the exacerbations taken as a whole.

When western ague is complicated with a miasm, a single paroxysm does not fully express the totality, but several must be grouped and the true image will be discovered.

If the acute disease be complicated with a miasm the indicated remedy will wipe it out :

"cito, tuto et jucunde."

## *II. Avoid haste*

All things oppose haste in prescribing.

In very grave diseases haste is a common error, more frequently with the second prescription than the first.

Many doctors suppose that a diphtheria demands a medicine immediately because :

"Something must be done."

This is an error; many a life has been saved by waiting and waiting.

For example:

A little girl was suffering from a severe attack of diphtheria and the mother had treated it four days with Mercurius solubilis 3x, and Kalium bichromicum 3x, in alternation.



She was poor, and therefore I did not refuse to take the case which was then in a very bad state : nose, mouth and larynx full of exudates.

After a long study the child received *Lycopodium clavatum* cm., one dose, dry, which cleared out the exudate from nose and fauces, but did not touch the larynx.

I dare not tell you how long I watched that child before I saw an indication for the second remedy which it would have needed had the *Lycopodium clavatum* been given when the child first took sick.

I waited until the poor child was threatening dissolution when I saw a little tough yellow mucus in the mouth :

*Kalium bichromicum*, cm., one dose, cleared the larynx in one day and there was no further medication necessary.

The first prescription is made with the entire image of the sickness formed.

(People usually send for the doctor after there can be no doubt of the sickness to be treated.)

The doctor watches the improvement of the patient and the corresponding disappearance of the symptoms under the first prescription, and when the case comes to a standstill he is uneasy, and with increasing fidgetiness he awaits the coming indication for the next dose of medicine.

The fidgetiness which comes from a lack of knowledge unfits the physician as an observer and judge of symptoms; hence we see the doctor usually failing to cure his own children.

He cannot wait and reason clearly over the returning symptoms.

While watching the prescriptions of beginners, I have observed very often the proper results of the first prescription.

The patient has improved for a time, then ceased to respond to any remedy.

Close investigation generally reveals that this patient improved after the first dose of medicine, that the symptoms changed slightly without new

symptoms, and the new "photo" seemed to call for some other remedy, when, of course, the remedy was changed and trouble began.

Constant changing of remedies followed until all the antipsorics in *the Chronic Diseases* had been given on flitting symptom-images, and the patient is yet sick.

This is the common experience of young Hahnemannians trying to find the right way.

Some of experience make lesser blunders and some make few, but how many have made none ?

All of these blunders I have made, as I had no teacher, until I blundered upon the works of the great Master.

### *III Wait and observe*

The first prescription may not have been well chosen medicine, and then it becomes necessary to make a second effort.

As time brings about the re-examination of the patient, new facts are brought out in relation to the image of the sickness, indicating that the first medicine had not been suitable; perhaps several weeks have passed and the reexamination finds no change in the symptoms.

Shall I compare all the facts in the case to reassure myself of the correctness of the first prescription, or shall I wait longer ?

Yes, to the former, of course, and if the remedy is still the most similar to all the symptoms, wait, and watch, and study the patient for a new light on his feelings to which he has become so accustomed he has not observed.

Commonly the new study of the case will reveal the reason why the first prescription has not cured: it was not appropriate.

If it still appears to be the most similar remedy the question arises :

"How long shall I wait ?"

At this point it should be duly appreciated that the length of time is not so important as being on the safe side, and "wait" is the only safe thing to do.

It may have been many days, but that matters not, wait longer.

The finest curative action I ever observed was begun sixty days after the administration of a single dose.

The curative action may begin as late as a long-acting drug can produce symptoms on a healthy body.

This guide has never been thought of by our writers, but it is well to be considered.

Why not ?

It is the practice for some to go lower if a high potency has failed.

This method has but few recorded successes but should not be ignored.

The question next to be considered is the giving of a dose of medicine in water and divided doses.

This has at times seemed to have favor over the single dry dose.

This is open for discussion, requiring the testimony of the many, not of few, to give weight.

The best reports are made from both methods, and both are in harmony with correct practice.

#### *IV. Improper action*

The next important step to be considered is when the first prescription has acted improperly, or without curative results.

Then it becomes necessary to consider a second prescription.

The first prescription sometimes changes the symptoms that are harmless and painless into symptoms that are dangerous and painful.

If a rheumatism of the knee goes to the heart under a remedy prescribed for the one symptom, the remedy has done harm.

It is an unfortunate prescription and must be antidoted. In incurable diseases when a remedy has set up destructive symptoms, an antidote must be considered.

If the remedy changes the general symptom-image, and the general state of the patient is growing worse, the question then comes up, was the prescription only similar to a part of the image, or is the disease incurable ?

*Knowledge of disease* may settle this question.

If the disease is incurable, the action of the remedy was not expected to do more than to change the sufferings into peaceful symptoms, and the second prescription is to be considered only when new sufferings demand a remedy.

But suppose such a change of suffering comes after the first prescription and the disease is undoubtedly curable, then the conclusion must be that the first prescription was not the true specific, and that the true image has not been seen.

Wait until the old image has fully returned is all there is to do.

It is hazardous practice to follow up rapidly all the changing symptoms in any sickness, with remedies that simply for the moment seem similar to the symptoms present.

The observing physician will *know by the symptoms and their directions, whether the patient is growing better or worse*, even though he appear to the contrary to himself and his friends.

The complaints of patient or friends constitute no ground for a second prescription.

The greatest sufferings may intervene in the change of symptoms during progress of permanent recovery, and if such symptoms are disturbed by a new prescription or palliated by inappropriate medicine, the patient may never be cured.

The object of the first prescription is to arrange the vital current or motion in a direction favorable to equilibrium, and when this is attained it must not be disturbed by a new interference. Ignorance in this sphere has cost millions of lives.

When will the medical world be willing to learn these principles so well that they can cure speedily, gently and permanently ?

There can be no fixed time for making the second prescription; it may be many months.

The second prescription must be one that has a friendly relation to the last one or the preceding.

No intelligent prescription can be made without knowing the last remedy.

Concordances in Boenninghausen must not be ignored.

The new remedy should sustain a complementary to the former.

#### *V. Remedies suitable to follow*

In managing a chronic sickness the remedy that conforms to an acute experience of the illness is worth knowing, as very often its chronic may be just the one that conforms to its symptoms.

Calcarea is the natural chronic of Belladonna and Rhus toxicodendron; Natrum muriaticum sustains the same relation to Apis mellifica and Ignatia amara; Silicea to Pulsatilla; Sulphur to Aconite.

When Pulsatilla has been of great service in a given case and finally cures no more, while the symptoms now point to Silicea, the latter will be given with confidence as its complementary relation has long been established.

On the other hand Causticum and Phosphorus do not like to work after each other, nor will Apis do well after Rhus.

How physicians can make the second prescription without regard to the experience of nearly a century, is more than man can know.

These things are not written to instruct men of experience in the right way, but for the young men who have asked so often for the above notes of our present practice.

I am told almost daily that this kind of practice is splitting hairs, but I am convinced of the *necessity of obeying every injunction*.

## *VI. Careful records*

You should have no confidence in the experience of men who do not write out faithfully all the symptoms of the patient treated, and note carefully the remedy, and how given.

Especially is this necessary in patients likely to need a second prescription.

The physician who has in his case-book the notes of every illness of his patients has wonderful hold of any community.

He has the old symptoms and the remedies noted that cured, and he can make indirect inquiry after all the old symptoms long ago removed.

The pleasure is not small found in consulting such a case-book.

Experience soon leads the close prescriber to note all the peculiar symptoms and to omit the nondescript wanderings indulged in by sick people; however, it is important to be correct in judgment.

Many physicians make a correct first prescription and the patient does well and cheers up for a while, but finally the test is made for the second and then all is lost.

Homoeopathy is nothing if not true and, if true, the greatest accuracy of detail and method should be followed.

It is fortunate that the physicians who repeat while the remedy is acting are such poor prescribers or their death-list would be enormous.

## 56- The similimum

I had supposed that this question had been settled, but it seems I am not informed, as many are saying the only thing necessary is to find the name of

an agent capable of causing similar symptoms on the healthy and the similimum is that agent, I cannot accept that as the teaching of the master.

These perverters of truth claim that the self-same agent will cure in any dose or any potency.

My statement is that similimum, the curative power or force, is not essentially the curative drug. The similimum may be found in Aconite 200th where Aconite 3x has failed. Then Aconite is the curative agent but not the similimum, but Aconite 200 is the similimum. When Aconite tincture cures, and cures permanently, I believe it does so because it is the similimum.

I have recently seen Arsenicum 200 fail in a case so clearly indicating Arsenicum, that a tyro could not fail to see it and the same 200 is known to be genuine and had for years served well; the 10m cured promptly. The remedy was Arsenicum, but the similimum was Arsenicum 10m. I have seen this same Ars. 10m cure when the 3x, 6x, 30, 60, and 200 had failed.

Then the stimulation must be the curative power and not the name of any given drug. I may conclude that Ars. is the remedy and the case is not cured.

I must next choose a suitable potency and as suitably refrain from its repetition. The smallest part of the conclusion has been wrought when the name of the curative agent has been decided.

I admit it is seldom necessary to be so exclusive in finding the curative power, but that it does sometimes occur I am more than convinced. A friendly doctor said to me a few days ago in my office that he was curing a case of psoriasis with Ars. 3x.

He stated that the patient had been taking it off and on for a year, and that when he stopped the medicine the disease seemed to come back.

Nothing can be learned about such a case, as there was no clear statement of the facts in the case. But it is much more satisfactory to use a very high attenuation of any drug believed to represent the curative powers in a single dose.

It is the safest and surest way to avoid a mistake. If the remedy acts, it is so permanent and almost sure to be similimum. If it does not act, there is no harm done and a lower potency may be selected.

If a lower potency is selected and repeated, as often has to be, the over action spoils the case and sometimes precludes the possibility of a cure.

If the remedy is homoeopathic to a given totality, a single dose very high may cure the whole case; if, however, it seems necessary to repeat, and the disease only disappears while the remedy is being repeated the selection is a bad one and had better be changed.

This knowledge we gain while using a high potency if a given case leads us slowly but surely in the way of success.

It is a grand mistake to fly to a low power because a high has failed to act, yet it may be tried as a manner of convincing man of his own weakness.

The similimum is the curative power that every true healer is in search of, and I take it for granted that every physician in his heart is searching for truth. Then it must appear to ill unprejudiced minds that the name of a drug is no more the curative power than the name of a disease is the disease to be cured.

As any given disease has an individuality in causes of varied intensity so will its cure be in antagonism of varied intensity. One drop of Aconite root may cure the Aconite mental picture in one person and fail signally in many, and the 200 cure the case in a few hours. I would not say may, unless I had seen the work.

I had once under my care a patient whose symptoms were like those of Sulphur. As I had not advanced in knowledge beyond the 6x, I gave that remedy in the potency - named with what seemed to me astonishing relief. Finally, Sulph. 6x failed to give the continued relief, although the agent (for it was not a remedy) was continuously repeated. I compared Sulph. with the patient, and Sulph. seemed still indicated, but it would not cure, I must change.

I changed and changed, and finally the patient changed, I spoiled my case, and felt like "cussing" somebody for it.

Nobody to blame but myself. Some three years later this patient finding nobody that could do any better than I had done, bad as it was, came back to me, and by the way I had changed I had opened my eyes, this patient had taken my crude drugs, but I then knew how to develop a case and cure it.



He took Nux 2m for a few weeks with improvement, but the same old burning on top of head and soles, the same 11 a. m. hungry stomach; the same itching, and the same "not very well myself" all there.

These symptoms had never met similimum.

The famous Sulph. 55m one single dose and S. L. made astounding changes that lasted for nearly two months, when the returning symptoms were the signal for another dose.

Three doses cured the case permanently. Sulph. 55m was the similimum. Sulph. 6x was therefore not the similimum. Sulph. was his remedy but the attenuation was next to be chosen. Why is this not true of any agent in the materia medica ?

There is nothing new in these facts, but it seems so strange that there can be found a man with brains too small to comprehend it or too dishonest to own it or too skeptical to believe it.

The microcephalic panderers to the loud-mouthed ignoramuses are seeming to rule the world by their mighty majority, but pure Homoeopathy has continued to grow and will continue to grow, and the educated, thinking people of the world will support it just as rapidly as they are made acquainted with it.

No man shall tie me down to the limits of a microscope or to his own narrow sphere of observation or accepted truth. The man that remains in the lower strata of potential similimums and demands that everybody worship with him is too narrow to be called a healer or a benefactor of man.

The similimum may be found in the lowest attenuations, but is positively found for all curable diseases in the high and highest genuine potencies.

57- The study of our Materia Medica

The artist studies his model until he feels the lines and shadows, and in his mind sees the image on canvas or carved in stone. He builds a model and carves in granite the similar.

The student of our *Materia Medica* must study a proving until he feels the image of the totality of sick feelings of all the provers as if he had proved this remedy and felt all the morbid feelings of the provers.

The doctor that prescribes for symptoms as they look on paper fails to feel the weight of responsibility of the true healer.

The physician that first places all the morbid feelings of his patient on paper and then ponders over that complexity of symptoms until he feels and sees what that patient suffers, and next searches the *Materia Medica* till he finds the same image, will be able to cure the sick as Hahnemann did.

This gives him the sphere of sicknesses either produced by disease or by drugs. This sphere is an important feature of the study of cure and sick-making causes.

Through this study we discover the sphere of action of Aconite as it differs from Sulph., of Belladonna as it differs from Calcarea, of the natural successors, complements and inimicals.

We may study pathology until the dawn of the twentieth century, and it may not reveal what we need in the art of healing the sick, but the careful study of each picture of sensations may reveal to the student and artist the sphere of medicinal powers and curative possibilities.

Some may study much longer than others to reach this mastery of a drug image, but study will bring out the picture in time.

There are drugs that are largely proved, yet so badly proved that the true image has never been brought out.

This is generally the case when man has meddled with the statements of the simple-minded lay provers. The language of nature cannot be interfered with if the proving is expected to be a guide to the cure of our fellow-man.

Modern provings are commonly a farce and will not lead to the elevation that Hahnemann's remedies sustain. The old masters knew how to do it, they were governed by the principles of the Master, they were governed by the philosophy, and their provings will stand and forever be safe guides to the cure of all animals and man.

The wrangle between the material and the immaterial philosophers may end in some good; both sides have truth, but to some extent perverted. Both sides evade the facts that oppose their own methods of reasoning, and their own conclusions.

Some will not accept a cure as a fact, because it was made with an infinitesimal medicine. Some will not accept a proving because it has been made with infinitesimal doses.

The actions of such men do not change the facts that exist, but they do retard the study of our *Materia Medica*. A proving that was made under my own eye, under the proper rules for proving, demonstrated most clearly that real symptoms were produced by the 10 millionth potency of Lachesis.

I had heretofore not believed it possible to procure symptoms from this potency.

The prover did not know what the dose was that she took. She brought out one symptom as perfectly new; and it might be doubted as a genuine Lachesis symptom, but the fact that I had discovered the symptom several years before clinically, and confirmed it and verified it.

Such a symptom the prover did bring out; and such a symptom known to belong to the drug, and that in the very high numbers, removed all doubt in my mind of the possibility of procuring symptoms in such high numbers.

This prover was not in perfect health, I am willing to say in answer to the proper question.

She was a very nervous person, extremely sensitive, and a subject of many nervous symptoms. This must of course greatly impair the value of the proving in the eyes of many.

A singular fact that I want fully stated here, is, the symptoms of the prover were entirely new and ran their course as an acute miasm should have done, completely subduing all the symptoms peculiar to the prover (with exceptions mentioned), and when the proving or drug symptoms departed, all her old symptoms came back.

This shows that she was not proving a similar, that it was not a Homoeopathic aggravation, but that it was a genuine proving.

The proving of Lachesis was so dear that Dr. B. Fincke and Dr. P. P. Wells have made remarks on it to the effect that there can be no doubt about the genuineness of the proving.

That the proving suspended the old symptoms of the prover is the proper thing, and what is constantly observed when scarlet fever or measles or small pox run their course; and as all know the symptoms come back after the acute disease has run its course.

It may be gleaned that a proving may suppress a given sickness. That is just what happened in this most wonderful proving, and is just what happens in some of our best provings.

If this be true, it must refute the idea that no value can attach to provings on persons not perfectly healthy.

No one denies that healthy men and women are the proper provers, neither is it true that provings on sick persons may not have a high value.

Another grand lesson is found in the proving, viz.; that highly dynamized medicines are capable of suppressing the symptoms of natural diseases, and implanting themselves instead.

Another warning to the beginner, that he may not be, too hasty in giving medicine to sensitive, nervous patients.

In presenting this proving, as it comes from the pen of the prover, it is my purpose only to say for it, it must stand or fall on its own worth as a proving made to throw light on the great pathogenesis of Lachesis.

Lachesis

Mrs. H. W. A.-Proving of Lachesis 10m.

Beginning February 14, 1887.

A very nervous little woman who has never been very sick, but always very sensitive to surrounding atmosphere, so that she proves every thing she breathes.

February 14th-

Took a few pellets dry on tongue, 1 : 30 p. m.

Head felt better in a little while. Soon felt a severe, heavy, ache in both thighs as though they would come off or break. Slight amelioration by morning. Felt warm blood circulating in legs and feet; from knees down, are usually cold.

Felt happy and jolly, in spite of severe aching. Could not stand as usual during shopping. Upper arms began to ache, 3 p. m., left worst.

Pain in legs diminished, as pain in arms increased; could not carry a small parcel. Left arm *aggravated* by hanging. Left arm *ameliorated* by resting in coat. Aching moved upward to the shoulder, as though arm would drop out. Aching extending under scapula. Subsided into an *uneasy* ache after 5 p. m. Weight diminished.

Was told I look *pale*. During evening had to rest the *left* leg on chair, and take off the shoe. Elevation relieved the leg, but *left* arm began to ache.

Aching pain again went under scapula and *posterior left lung*. Could not lie on right side because of drawing sensation around the heart.

Lying on left side *aggr.* pain in arm, shoulder, lung and heart. Wondered if I would have heart disease, as my mother died of atrophy of the heart. Restless and suffocated all night.

February 16th-

Could not study or give due attention. Heart ached and would stop breath as though it would palpitate, but it did not. Went to sleep that night listening to the beating in head and ears synchronous with heart beat.

February 17th-

Aching of entire left side from crest of illium to first rib. Aching under both scapulae, *left* the worst. Upper arm so heavy could hardly raise it. Sensation in arm as if it were pulled. Intense aching between heart and scapulae, and was afraid to stir or breathe, and would raise and lower the shoulder to get relief. Slight palpitation and pain in apex.

February 18th-

Pain in apex followed by palpitation. Afraid some one would see and speak of the anxiety. Could hardly hold anything, would slip out of my hands. Feared the increasing palpitation which aroused me frequently in the night. Dreamed of riding in a. strong wind which took my breath.

Dreamed of riding on horseback. Going swiftly through the air gave me a sinking feeling in the stomach and left thorax. Waked holding my breath. Desire to unfasten dress *from* sternum to waist line.

Could not study in evening, hated everything, books, paper, pencil, lectures; and medicine. Felt like squirming; has often come on since I began taking the drug.

Afraid to go to sleep after retiring; put band on heart to watch its beating. Could rest comfortably upon *left* side, with hand upon heart; so slept.

February 19<sup>th</sup>

During shopping, at noon, felt weak and sinking, from heart to stomach. Palpitation during lecture, 2 p. m. Kept moving about in chair.

Sore under left scapula. Pressure of chair back caused palpitation, followed by cough. Could breathe better in open air, so took a long walk. Heart seemed to stop beating, then made extra exertion. Attacks of palpitation until 11 p. m. causing hacking cough each time.

February 20<sup>th</sup>-

Slept well all night.

*Dreams toward* morning dreamed I was almost dead with heart disease, but did not wish my friends to know of it. Was in a crowd; was suffocated and feet so cold, like walking on ice. Wished to get in the air, but trying to get through the crowd caused palpitation. Thought my body had become mottled like a snake skin; thought it would be soon on my face, so that I could not go in company any more.

Did not know why this was, but it was a punishment which I would understand in another world. Desired time to die to come quickly, for my heart ached so that I could not be happy; neither make my friends happy.

Slight palpitation on rising. Increased so that I could not walk after 11 a. m. Tried heating by grate, no relief. Palpitation every few minutes so that I coughed, could not talk or laugh, must have dress unbuttoned.

Aching all through left thorax, a dragging sensation. Frequent pain in second intercostal, seemed to pull inwards and down. A creamy leucorrhoea on rising in morning, after sitting.

Pain boring inwards in right occiput; old symptoms. Leucorrhoea, light green. Red sand in urine, adheres to sides of vessel, menses closed with pus-like discharge.

February 20th- Sixth Day.-

Burning in right ear and last upper molar. Tooth sore; felt as though it set in an ulcer. Must dry and warm the feet every hour or so. Palpitation in stomach after eating.

February 21st -Seventh day-

Violent palpitation while dressing; voice trembled so I could not talk.

Great weakness of lower extremities. Then of upper arms. Was asked if I had mental anxiety because the face showed so much anguish. Was unusually happy *unless* talking, which caused palpitation. 10 a. m.; violent throbbing of arteries supplying abdominal viscera, left side, extending into the rectum.

Quick rapid beating, causing change of position. Nerve of the left leg seems to be twitching, throbbing.

Wake with coldness, which causes me to crawl down in bed to warm and sleep. 5 a. m.; Sleep, dreams of pure white calf and cow.

Waked in slight perspiration. Coldness continues until 11 a. m. and the cough comes on. (An old symptom now worse, K.).

Must warm the feet. Stool irregular for a week, requires great effort, though small. Anus protrudes like cushion before pieces are passed. Try several times to appease the unfinished sensation. Must push tissues back, smarting long time after stool.

Cough pains in left side abdomen and from perineum upwards. Copious leucorrhoea at stool or during any exertion.

Backache relieved by passing hot creamy slightly stringy discharge-faint acrid odor.

This flow often relieves knot-like feeling of left ovary; old symptoms.

No appetite for breakfast or lunch because of throbbing in heart and left side. Eat well at 6 p. m. Burning in stomach. Cold water nauseates. Can feel cold water all through the abdomen.

Hands burn. Veins in hands so distended must hold them up to get relief. Cold in morning. First day that have felt like study this winter.

This dose did not produce left sided sore throat. Ulcerated odor from stomach. 4 :30 a. m.; for week have awakened cold and sensation of squirming. Coldness over heart, stomach, back. Flesh is cold. Amel. by moving about. Awake at 6 a. m. in slight perspiration. Sweat again p. m.

Odor slightly of garlic. Frequently must arise at 5 a. m. to relieve backache by urinating. Old symptoms more prominent since taking the dose. Scarcely noticed before, (Kent).

*February 28th-Fourteenth Day-*

Frequent quivering aching. Extensor proprius pollicis lame, nearly let me fall when standing on tip-toe. Aching in hypogastrium and inguinal region. Pain in uterus, going upward, while leaning forward.

Burning in different spots of the body. Can spell correctly but not form letters rapidly, mix words. Feel quite happy. Smell of turpentine caused distress in lumbar region, extending downward and forward into ovarian and hypogastric region, like dysmenorrhoea.

*March 1st-*

Cold feet, a. m. Felt lame and sweat while heating them offensive (subjective). Left upper arm cold, as if ice were upon it. Very sleepy, heavy eyelids. Waked early, with terrible distress in bowels and stomach. Followed



by much flatus. Diarrhea at 7 a. m.; watery, leaving burning and tenesmus in rectum for several hours. Left arm cold. Hands very hot and swollen.

Burning in stomach after breakfast. Throbbing in left thorax and abdomen. Leucorrhoea better, catarrh worse. Pain in right fibula.

March 3rd-Twentieth Day-

Slept better waked unrefreshed. Dreamed of birds and animals. Dreamed I was dying of dropsy from kidney disease. That water was collecting about the heart. Headache. Pain in back of head. Golden flashes above the eyes on closing them. Discouraged. That those despised who knew me best and had lost confidence in me.

Felt that none understood my motive, which is good. Have lost the power to exert any influence.

Am so tired that I fail in all undertakings. The physical and spiritual will not harmonize. Longing to break the tie that binds the spiritual to the physical.

The influence of evil is uppermost. Morbid tendency to decide that wrong is right. Realize this only after it is committed, then feel crushed. Cannot rise above it. When alone the mortification of such mistakes nearly drives me wild.

Cry for help and receive mockery. Lost all consolation so long derived from the unnumbered words of my mother. These griefs agg. by mental efforts to rise above them causing me to despise myself.

Remorse, followed by tears. No strength of will to do desperate deeds. In moments of self-forgetfulness duties are performed with surprising ease and success. Self-consciousness that cannot be overcome.

Grief at committing actions which at the time seem proper, but afterward seem improper. Grief crowds all else out of mind.

March 4th-Twenty-first Day-

Chilly a. m. and p. m. Went to bed to get warm. Hot spot on vertex and over eyes. Can't think, forehead too tight. Heat from vertex into throat and back of neck.

March 5th-

Awoke 2 a. m. troubled dream, crowding thoughts. Tried to study, but old impressions crowded the subject out. After lengthened effort broke into tears and dropped asleep.

Awoke at 4 a. m., cold, aching back, relieved by micturition. Slept, waked later tired and discouraged. Distress in lower abdomen from running to take street car at 10 a. m. Nearly fainted over the simple operation of reducing a hernia (reducible). First time in four years. Slept p. m.

Waking, arms felt like limbs of trees, numb. Stomach, over which arms are crossed, greatly distressed. Distress going downward to the uterus. Arms folded across stomach causes distress. Taste of blood, because of bloody mucus from posterior nares. Offensive perspiration. Several nights when going to sleep, have felt the bed was floating, as it seemed in childhood.

March 21st-

Deep yellow, mucous stool sinking into the bottom of vessel; watery, with floating white particles upon the top, like rice. 3 p. m. Great bearing down in the rectum, as though it would protrude. Stool at 8 p. m. So hungry and thirsty, ate soft part of raw oysters, which seemed to satisfy. Relief from the throbbing of heart, which has endured for a week.

March 22nd-

Slept well; *dreams natural*. *Dreamed* that on preparing for lectures, could not hurry. There was such soreness and gone feeling in the stomach.

Back of head ached. No motion of bowels. First evacuation of urine, thick, deep orange color; unsatisfied feeling, causing burning and smarting of parts. Cold from knees down, ankle, aches. But little of the burning and smarting, sensation (scalded) of mouth and stomach, present yesterday. A. M.; bloody mucus from left lung.

Weak in attempting to walk. Yesterday, while standing for the first time at foot of bed, felt very tall and bed looked small. Felt three feet taller than usual. Toast raw oysters and "cambric tea" seem to suit.

Crave sour things, which for two years have agg. my bowels, so also salt. Blisters in mouth, on lips, under nose, disappearing. As eager as a thirsty child for a glass of water. Small moulded stool covered with mucus; feel better.

March 26th-

Mournful, dreamy state of mind, as though something very sad were transpiring, took Lach., 9 m.

March 29th-

Cold, sweaty feet when not near a grate, a. m. Walked a long distance in p. m. 4 p. m.; pain in or over right kidney caused by desire to urinate. Followed by distressing sickened feeling in stomach.

Pain went from stomach to left heel, then up the leg, ending in dull ache. Numbness in great and second toes, *left*, as though something pressed from the end. Same symptom occurs in bed. Wake in night with urgent desire to urinate, pain in *right* kidney. Feet warm and feel swollen.

Inclination to sweat after returning to the bed, especially when surfaces come in contact.

Tossing until day-break, then slept. Most comfortable lying upon the stomach. Tired when called to get up. Fall asleep on the pillow, but if waked will slip the head off and roll on the stomach. Burning sensation from vertex to last dorsal vertebra. Perspiration just before sleep turn on back to make it warm. Perspiration musty and old, as at one time during the ague; when I would wake in night with profuse sweat, making me sick at stomach.

March 30th—

Left toes numb. While packing, cramping in hypogastrium. Occasional pains from left of cervical vertebra to right, to left elbow. Heat in forehead. Eyes sensitive to heat. Left heel feels as though ice were pressing upon it. Uneasiness and fullness in kidneys before urinating. Urine profuse and colorless.

Bowels feel insecure as from impending diarrhea. Weight in rectum from long standing. Frequent pains in back opposite lower end of sternum. Itching

over whole body after sitting a long time. An eruption size of small pea sometimes festered always sore and itching. Feel if I could break constriction in the forehead, could reason clearer and think more deeply.

April 6th-

Itching in roof of mouth and base of tongue; must rub it. At times burning and pricking on the edge of tongue, agg. by smell of tobacco or turpentine. All gone feeling in stomach amel, by eating. Slow urination, especially after waiting. Sweat middle of night, or after first sleep.

Throat feels full. Mouth feels sore. Agg. of the burning in mouth and stomach by salt. Dyspnoea agg. by slightest exertion. Constriction of the throat, as if something tight were about it. Coughing at night caused by itching in left side of throat, extending to ear. Amel, by warmth of hand. Hands puffy and often very warm. Sweat followed by chill (caused by dampness of clothes) ; then heat, then sleep. Fourth toe joint sore upon under side.

Moved to first toe and thought it would be a bunion. So sleepy at 8 p. m. am obliged to retire. Right foot and leg feels large, warm and heavy. Left foot and leg feels small, numb and cold.

Quivering in both ears when lying down at night, at times relieved by change of position. Aching back of both ears. Aching a little above the apex of heart. (Soreness about the edge of mammary gland before menstruation, Old Symptom.) Throbbing in left side. Slight pain in left ovarian region, sometimes both sides, and then in hypogastrium. During past two weeks swelling induration and smarting of the ducts of sublingual glands. Relieved.

Feeling of prolapsed rectum, only relieved by lying on the stomach. Top of head sore and hot. Throat burns and feels raw. Lungs dry and tight. No expectoration after long coughing. Burning smarting with itching.

April 7th-

Constipation; feces hard, bleeding from rectum. Feels like cut after stool. Bearing down in rectum, long time after evacuation. Gray spots drop in front of left eye while reading. Caused blur and nervousness. Agg. by looking to the left. *Amel.* by continuing to read. Mouth sore; herpes, lower lip, right side.

April 8th-

Numbness extending from lumbar region to lower extremities after long walk. Menses p. m. Bloating in epigastrium. Sensation of an opening in abdomen from umbilicus down; i. e., upon either side of bladder. Bladder distended, cold, before menses. Also aching in left arm, thoracic and abdominal cavities. Crawling sensation for several nights, in anus after retiring. Severe aching in left leg, first four hours of catamenia.

April 9th-

Waked from sound sleep by severe colic, followed by loose stool, dark almost green. During stool cold and prostrated. *Amel*, by stool. Weak before menses, had gushing, hot milky-white leucorrhoea. (At cessation of menses, continuous itching above the coccyx; worse at night. Has been customary for several months, Old Symptom.)

April 10th-Twitching in first finger (left) extending through tendons to wrist. Back of neck so weak that must have a high back chair. Catarrh in head better. Two attacks of coughing; 4 p. m. Repeated 2d day.

Can't cough deep enough. Smarting and itching either side of trachea into ears. Cannot recall unfamiliar easy subjects. So sleepy by 7 p. m. am obliged to retire but am wakeful for some time after lying down.

Before and during menses, sweat at least exertion. From thighs upward warm, sweaty and suffocating. From above the knees downward, cold necessitates a warm iron. Cramping in left great toe before the menses. Worse in bed at night. Worse in turning from back to right side. Crawling sensation under seat of cold sore. In various places when tired. Same sensation would appear as a spot before eyes, during the blind headaches of my childhood, 16-20 years.

April 12th-

Extreme pleasure causes trembling and twitching for hours, more than would severe fright or sudden surprise. That and mental exertion caused wakefulness until midnight. Waked very early. Annoyed by sudden loss of subject of sentence, in attempts to speak. Effort to hold an idea until it can be expressed. Expression or the real effort, drives subject matter quite out of

mind. Aching in occiput, extending to cervical vertebrae. Same pain extending down the arm when walking or upon receiving a jar.

April 18th-

Constant desire to lie down, can think better. An hour's study and strength gives way. Pain in occiput neck and eyes feel cold, head hot. *Ameliorated* by warming feet. *Ameliorated* by lying down, finally. *Ameliorated* by open air. Such an anxious feeling to be strong and think quickly.

Became quickly exhausted. Long for physical strength. Sleep until 4 :30 a. m. Awaked refreshed, but work of the day before engrosses me to that extent, that when I rise, am already tired.

Desire to lie down again after breakfast. Tired feeling from forehead downward and backward through cervical region. Many times obliged to give up writing and throw myself on the bed.

58- The study of provings

It is nearly useless to cram students with the language of provings. If they cannot be made to see the clinical image to be met they fail to make good prescribers. The student needs to know something of what we do, and what can be done with provings. Dry study of provings without application to clinical images, will not do for the neophyte.

Rarely do we find a student with sufficient acumen to formulate these images for himself; so, after puzzling over them for a time, he falls to grumbling over the imperfections of the *Materia Medica*, sometimes even, making fruitless efforts to correct the imperfections. Imperfections do exist, and some of them are fully recognized by good men, but how they are to be corrected is not so well known, even by the best men of today.

Dr. Hughes has demonstrated that he thought he knew how to correct those imperfections, but he has failed to demonstrate satisfactorily to the profession, that he knew even one remedy.

There is no short road to a fair knowledge of therapeutics.

The physician who masters the use of the repertory, usually makes the most rapid prescriber.

The symptoms that are in the way, are the ones we do not understand. Suppose each egotist were to throw out all symptoms he does not understand, what portion of the Materia Medica should we have left ?

Hahnemann made most wonderful use of the Materia Medica that he left us; we ought to do as well as he, with the many added provings, but if we tear down, we should be quite positive that the building would not result in improvement.

The best symptoms of the Materia Medica have come, and must come, from the provings of potentized drugs.

Throw away all such symptoms and we shall be compelled to practice medicine upon the thrown away Materia Medica, for the portion left and accepted, will not sustain the law for universal application.

This is demonstrated by the fact that those crying for crude provings, constantly confess their inability to cure the sick.

The very cry for a revised Materia Medica is an ample confession. The use of quinine, whiskey, and compounds, testify loudly in the same direction.

The grumblers never recognize the possibility of the difficulty being a personal one, nor think of their confession as the guilty pleading of their own lack of knowledge of the Materia Medica and how to use it.

A confession of the inability to use the Materia Medica as it stands is not a qualification necessary to the erudition of a compiler of a new Materia Medica. They have confessed, we have not accused.

The confessions extend so far, there is little left for them to learn pertaining to cures. The most startling confession recently made, the assertion that the 30th and 200th potencies do not make symptoms (!) but has a negative result; either the doctor did not select sensitive persons, or he refused to recognize symptoms.

Not all provers bring out symptoms from potencies, but the sensitive ones furnish symptoms of inestimable value.

If the physician makes a careful study of his willing provers, he will be able to select for them, such remedies as they can get symptoms from, i. e., by studying the natural traits of their life, he can see their weaknesses and make use of them.

A lady expressed a wish to prove drug, she was carefully observed, and thought to be sensitive to Phosphorus. She proved the drug in a high potency, confirming many old symptoms of Phosphorus about which she knew nothing, neither did she know the name of the drug she was proving.

These facts stand, nor do they become less than facts when other doctors fail to obtain symptoms the same way.

It is grievous to demonstrate one's inability to find a remedy fitting to subjects, for the purpose of proving, after making numerous trials.

It means something. It means failure. Not of the law, not of the potentized drug, not of the patient or prover, but of the physician. He knew not how to select provers or remedies for provers, therefore he is become an agnostic.

The chemist says to a friendly physician :

"I hear you have become a Homoeopath ?"

Physician :

"Yes, that is true."

Chemist :

"Well, you do not mean to say you believe in the 30th potency, do you."

Physician :

"I understand you are a chemist, that you make a living by your knowledge of chemistry, and that your science is based upon the hypothesis of molecules and atoms, etc."

Chemist :

"Yes, I am a chemist by profession."



Physician :

"Well, now my friend, have you ever seen a molecule or atom ?"

Chemist :

"Let's go; we'll have a bottle of wine."

The chemist knows the molecule is not very well determined, that it is entirely hypothetical, but he does not care so that he produces the results that previous experiments enable him to expect.

The results are not changed, even though the molecule be argued out and not believed in. Facts stand in spite of unbelief.

59- The symptoms and aspects of such cases as present an unfavorable view and cause an unfavorable prognosis

The difference between a symptom complex and a symptom image is partly a question of knowing from training and partly from experience.

To one who knows the totality as written out it may mean a clear symptom image and a sure index to a remedy the patient needs, which generally goes with a prediction of speedy recovery.

To one who lacks training and experience the totality as written out is a complex of symptoms that means chaos.

As one gains knowledge by training, reading, and experience, the symptom complex is less common until he is capable almost at a glance of saying of some cases ever so carefully taken that the whole case has the stamp of complexity.

Yet some of these after much study will reveal the image in the totality, and it can be seen what is the remedy, but it must be known of any case that so long as it is chaos, just so long a favorable prognosis is to be withheld.

In this great question there is ample room for artistic perception and judgment to manifest themselves, but there are scientific rules to be followed which constitute the foundation of art and experience.

The beginner who has been properly taught may soon be able to judge of the relative magnitude of a given record of symptoms and know to which class it belongs.

There is more to be learned about diagnosis and prognosis by studying the complex of symptoms than by any form of physical examination, but both and all methods of investigation should be used, as they confirm each other, and often where one is defective the other is strong and helpful.

To know symptoms in cause, beginning, purport, direction, and ending is only that acquaintance with sickness so often urged by Hahnemann.

To distinguish the symptoms that are natural or common to fixed morbid states should be the earliest acquirement of the physician in order that he may learn to discover what is queer and unaccountable.

To distinguish an incongruous symptom complex can scarcely be expected until one is able to say what is required in any symptom totality to constitute it harmonious.

Experienced homoeopathic observers know very well that the burning, stinging, enlarged glands, infiltration, hardness of the part, weakness, loss of flesh, in a scirrhus of a mamma will not lead to a remedy that will act curatively; also that oedema of extremities, weakness, albumen in urine and heart symptoms, dyspnoea and anxiety furnish no basis for a remedy for the patient.

All know that remedies given on such symptoms are only expected to comfort, and will not restrain the progress of disease nor very much prolong life.

All know that the above manifestations are the representatives of the sickness that ultimated upon the patient, but do not signify or show forth the signs and symptoms of the patient.

The particulars of the disease are there, which are the common symptoms, but the generals and particulars of the patient are left out.

Now it matters not whether these generals and particulars are masked, suppressed by previous drugging or never existed, except in the ancestry of the patient.

They must be discovered in any case or a favorable prognosis cannot be declared.

It simply sums up by distinguishing from well settled evidence what is order from what is disorder.

It is not to be doubted that sickness may appear in order or disorder. Many or most sicknesses will appear in an orderly form if permitted to do so.

The acute sicknesses all have order so that we are able to declare their course and termination.

Many chronic sicknesses present a form of order which is well known to observers. The order so far as knowable is a guide to distinguish that which represents the disease from that which represents the patient.

The hysterical patient presents an incongruous symptom complex that always deceives the neophyte. It seems natural to gather all those queer, incongruous fluctuations, imaginations and sensations and prescribe for them.

Who has not done just this thing ? Who has not had his lingering cases over which he has toiled for months, while the patient improved in no manner, and the friends wondered if the doctor was ever to be of any use ?

When one has learned the nature of the hysteria he sees that he has been trying to fit the remedy to the hysteria and not to the patient.

The writer has been asked to prescribe for such cases many times when the symptomatology was beautifully presented, where the hysteria was there in all of its richest neurological exaggeration, but not an idea could be drawn from it to portray the, state of the patient.

Such a case remains incurable until the symptoms that stand for the patient are also known. These generally are found, if they are discovered to be changes of desires and aversions, loves and hates.

These are most difficult to secure, as every hysterical patient conceals her real loves and hates, and relates such as are not true of her; hence it requires the skill and power of an experienced strong mind, which cannot be deceived, to question her when she has lost her guard.

This case is incurable until the case can be taken in a manner to present what is true of the patient. It is always true that what is predicted of the disease is easy to secure, but what is predicted of the patient comes out under difficulties by cross-examination or by accident and prolonged observation.

Let it not be supposed that the symptoms that are predicted of the disease are to be ignored or considered valueless in selecting the remedy, but they are to be considered subsequently to the symptoms that are predicted of the patient; and it has often occurred that a remedy has made brilliant cures when it suited the patient, even though it was not known to possess a strong likeness of the disease; but let the likeness be first to the patient and last to the disease.

The patient is first and the disease is last. It is like initiation, direction and termination.

In the prospective physical patient we see a patient with few symptoms of the patient himself, but weakness, loss of flesh, anaemia, coldness, tired from all exertion, bad reaction, easily disturbed by eating, drinking, exposure, loss of sleep and weather changes.

These states are common to so many remedies that it will at once be seen that the patient is not represented and no promise can be made, though there is no sign of tubercles.

A favorable prognosis must be withheld until a series of carefully selected remedies has been used and the symptoms that represent the patient begin to appear, such as mental symptoms and other generals too well known to need description.

There is enough to be told about this subject to convince any one who thinks with his head that a knowledge of diagnosis and prognosis is not limited to the traditional doctor, as is claimed.

Indeed the most of these quasi-learned class investigate with their heels, like the mule, instead of with their heads; i. e., they go about things to kick them into pieces and not to know them.

They do not love truth for the sake of truth.

There are three conclusions to be put into axioms :

First.

When there are tissue changes with no symptoms to represent the state of disorder in the economy.

Second.

When there is a complex confusion of particulars and no generals.

Third.

It does not follow that the patient must die because the symptoms are such as to persuade the physician to withhold a favorable prognosis. It may only mean a lingering sickness.

60- The trend of thought necessary for the comprehension and retention of homoeopathy

It is important to avoid thought destructive to the fundamental principles of Homoeopathy.

I desire to have my friends shun some things leading away from Hahnemann thoughts.

True Homoeopathy is the object of this association; to maintain the thought and trend of Hahnemann's reasoning.

As long as I have practiced there has been no inducement to depart from his doctrines.

He used the 30th potency and said certain classes of cases were incurable, those that had been drugged and disorders thereby suppressed.

However, the experience of past years, added to thirty years of personal experience in prescribing and study, has revealed that these cases can be cured by use of higher potencies, without departing from the trend of Hahnemann's instructions.

The tendency to depart from Hahnemann's methods is the largest danger of pupils today.

For illustration, suppose a case appears with hip-joint disease or tending toward it.

Following the plan of Boenninghausen of studying the case to find a remedy by consideration, 1st, of the part affected; 2nd, the symptoms of the part; 3rd, the modalities of those symptoms; and 4th, the concomitants; where will it lead ?

This patient with hip joint trouble thinks of that as the affection to be eradicated, and the doctor thinks from that in search for a remedy.

You will perceive that this is the opposite of considering the patient. That is not following Hahnemann who says that the sole duty of the physician is to heal the patient, and taught how to do this by sketching the image of the patient in the totality of characteristic symptoms.

He never recommended concomitants of a part affected. Concomitants cannot come into consideration except as in connection with an objective condition.

Study the patient and everything of the patient. If you do not grasp this you do not receive Hahnemann's idea of training the patient. I would urge you to shun concomitants as it leads away from the idea emphasized by Hahnemann.

The hip-joint patient has pain in the knee, perhaps some trouble in the uterus, or headache which is said to be due to constipation. To what is the constipation due ?

Perhaps they had not thought of that. Which are the concomitants ?

By thus centralizing on a part of the body you fail to grasp Hahnemann's thought which is essential to the existence of Homoeopathy.

With the thoughts centered on a thing in one part of the body, then on the concomitants and then the modalities, as recommended in the preface of Boenninghausen, you are led far away from the trend of Hahnemann, and Homoeopathy is destroyed by such methods.

If that method were successful, I would not oppose it; but it is not in line with Hahnemann's methods, it does not lead to the characteristic symptoms of the case.

What you want is to be led easily, simply, to that which characterizes the patient.

If you do not work with this aim you stray from the idea of going from center to circumference and go to the other idea. It must be from center to circumference always, from first to last, from things prior to things ultimate. I have thought along this line for twenty-five years, and must make it most forcible in maintaining the idea of Homoeopathy.

1. The center of man is his loves. When the loves go wrong he is sick in his will, the very center. This we find in dealing with those who threaten to destroy their own life or the life of another. A faithful, noble wife has no fault to find with her husband in her natural life, but finds herself with an aversion to him, does not want him to touch her.

This is a symptom of the innermost of man, it is not on a par with the skin and the toe-nails. According to the other plan, this is only a concomitant. Love of things is not always all in the brain.

Cravings for things for acids, for sweets, etc., are expressions of the patient's loves, but must be expressed through the stomach. In the loves which are affected and are different from the normal, you have a description of his sick self.

Temperaments which are natural demand no consideration. Hering introduced temperaments into the *Materia Medica*, but temperaments are not in the provings.

Morbid changes of the mind are the basis of the prescription. Proceeding toward the circumference, work on those remedies related to the disordered affections first. Any remedy not in this group cannot cure.

2. The second point of consideration in the study of the patient is the intellectual functions, the reasoning faculties.

As many remedies suited to disturbances of the affections are found also to have intellectual disturbances, you proceed next to consult those related to the intellectual disturbances and may thus eliminate a few more remedies.

Among symptoms related to the affections, also those related to the intellect, some are common, less important than those more rare. Consult the most important, those most strange, first.

3. Memory disturbances come next in order in the mind but in study are less important.

The lists of remedies are so long that you will seldom eliminate many remedies from those of the preceding lists.

Memory disturbances are the most common of mind symptoms.

4. Next to the mental symptoms in importance are the physical generals. The physical generals cannot be cured with remedies that do not have the mental conditions.

The physical generals are those things which can be predicted of the bodily condition in its entirety. First of these to be considered is the patient's relation to heat and cold. He may be very warm, desiring cool things, cool air, cool applications, cool food and light clothing; or he may want heat, cannot be too warm.

He may be so cold that there is lack of vital heat. Now what has this to do with the hip-joint, the kidneys, the liver, the stomach or the uterus ?

Nothing, yet these things relate to the man as a unit. They are general in their application to his entire bodily condition.

His desire for motion or rest is the next important physical general. Perhaps he cannot keep quiet, never comfortable unless he is walking. At the same time his shoulder may be more painful on motion of that part; working the arm from the shoulder, and all that relates to that part, may be worse from motion.

The patient is better when walking, but the shoulder is worse from motion. It would be foolish to start with the part to, try to see the patient himself.



Many remedies have the modalities of the part differing from those of the patient. Take first the things first; the patient is first before his parts.

Again you may have the patient himself worse from motions, and all his aches and pains worse from motion. How he is affected by the air is another physical general.

He may be better or worse in the open air. If the patient is a woman, her menstruation must be considered. This is not particular, menstruation is a function of the body, and she will say that she is worse or better during menstruation, or worse just before or just after menstruation.

The patient as a unit may be worse or better after eating; himself all over may be better or worse after the rectal evacuation, better after stool; these are important generals of the body. Two things run through the conditions, and must be distinguished, the bodily conditions which are aggravated from various modalities, and the particular aggravations from them.

Among the conditions relating to the bodily condition are weakness, pallor, and, frequently, the color of discharges when the color is due to a condition which represents the loves. As the blood is, so is the love.

The color of the discharge expresses the condition of the blood when there is a deterioration which renders them greenish. The greenish color to discharges from the vagina, as in cancer, represents the condition of the blood. A laudable condition of the discharge is common.

When a symptom is common to all or to many remedies it is not important. Hahnemann's emphasis is upon the symptoms strange, rare, and peculiar. These are most important.

The common symptoms in each group are left until the last in the symptoms of the affections, of the intellect, of the memory and of the physical generals. These are all generals.

We go first to the generals and then to the particulars, proceeding from center to circumference. You may have a long list of symptoms that would baffle a strong mentality in a man, without an idea of order.

In a case without symptoms of the affections, no intellectual symptoms, no physical generals, with only a long list of particulars, what can you do ?

When a patient is properly examined and all is reduced to writing, then, as Hahnemann says, the greater part of the work is accomplished.

When a case is properly taken, with all these symptoms brought out, it is easy to work it out to a small list of remedies. It is not a short cut, there is no such thing as a short cut. It is the proper way, working from center to circumference of the man himself.

'When you come to the physical generals perhaps only one in the list of mental symptoms is worse from heat. Then what need you care about the particulars ? You have the man himself, and the particulars will take care of themselves.

As the affections are, so is the man, extending from center to circumference. When you know his affections you know what trend is taken.

5. Then we come to the particulars, the thing for which the patient comes to be treated. Referring again to the hip-joint case, perhaps none of these remedies now are found in the hip-joint list, which was the point from which you would start by the other plan.

Most cases of hip-joint disorder cured by me in the past twenty-five years were cured by remedies not in the hip-joint list. This list contains those remedies that have been observed to cure hip-joint cases, but this remedy with which I cure a patient Who has hip-joint trouble may not cure another hip-joint case; hence it is not in the list, nor is it included as a clinical symptom.

A man with a rectal ulcer was advised to be operated on to relieve the copious hemorrhages from the rectum. He was urged to consult me before having an operation. I found a persistent mental symptom was the need of intense restraint to prevent himself from destroying his own life.

Natrum Sul. had this symptom, but has no rectal ulcer recorded. A few other symptoms present, together with this strong mental symptom, led to the use of Nat. Sul. and he had no more hemorrhages.

When you come to investigate the particulars, if you have a half dozen remedies left over, proceed on through all the particulars.

In this hip-joint case, you may have also liver affection, and all circumstances belonging to these symptoms must be considered, though they are classed as concomitants by the other method.

Starting with these particulars, which is the concomitant ? Working out the case on that plan, you may work out to an entirely different list of remedies for the different particulars, but they are in the same patient.

By beginning the investigation in relation to the patient, you may find none of the particulars in the remedy selected, but the remedy cures the patient, and the particulars disappear.

A doctor brought a patient to me for consultation one cold Winter day, saying he had tried for a long time and failed to benefit him.

The most troublesome symptom was a dry, hacking cough for which he had prescribed Arsenicum. He said the young man had been steadily emaciating, and he thought I might help him. I looked at the young man and noticed he had no overcoat on though it was very cold weather.

Asking him why he wore no overcoat, I found that he was never chilly, but wanted the cold air, felt better in the open air, wanted to walk and work rapidly, had been emaciating for some time, and had this dry, hacking cough.

I asked the doctor why he did not give him Lycopodium as that fitted the patient and the patent was clearly of the opposite type to Arsenicum. Lycopodium stopped his cough and he increased in weight and was cured.

I started out to follow the Boenninghausen plan but it did not cure the patients. You can give different remedies in succession without holding to any one, and after years, the patient is no better, they are not curing the patient.

Very sensitive patients should not be given too high a potency. For oversensitives it is best to begin not higher than 1m. This can be repeated two, or sometimes three times, and then a higher potency used.

Each potency can be used two or three times with benefit. Sometimes he will need to begin again at the lowest potency and go through the series. Thus you will perhaps cure the patient without change of remedy.

Failure of best success with the Boenninghausen plan led me to study Hahnemann's teachings more closely. This dawned on me twenty-five years ago and I have been practicing it all these years. Starting with the patient, as above outlined, we find in each group many remedies to be eliminated because they are not related to the patient.

This is especially true in the particulars. Remedies will seldom be found in the lists of all the particulars; you must omit some, but be certain to omit the particulars and not the generals.

The least important are to be omitted. Start with the most important, proceed to the less and less important, on to the least important. If you do not follow this plan, you work in a helter-skelter way and are led to confusion.

A patient comes with something to be cured. That is usually not the thing to begin with, for you must get at the thing that is at the bottom. Each one must use his own method of eliciting the symptoms.

There is a tendency among those working in modern scientific falsities to have remedies for pathological tissue changes to cover the results of disorder. Although it may not be known to fit the pathology, if it is the patient, the remedy will cure the patient.

By becoming expert in this method you can do wonderful things. You must recognize that the loves and thoughts extend through the body; they are not only in the brain. Man thinks with the fingers, the eyes and the skin. The volitional system extends throughout the body. You will find the patient himself has a lack of vital heat yet the suffering part is aggravated by heat; the patient is cold but the part is aggravated by heat.

The things of his affections are represented in his physical loves, and he says he does not like this or that. These things are close to the patient, close to his vital loves; they express the patient.

By the Boenninghausen method, there is no opportunity to distinguish between the patient and the particulars. This method has retarded the development of Homoeopathy. It has obscured Hahnemann's Homoeopathy, based on the idea of the patient first and the focusing the observation on things strange, rare and peculiar.

These do not relate to the particulars (the part affected).

You will cure inflammation of any part when guided by the symptoms of the patient, whether the remedy thus selected has produced that sort of inflammation or not.

There prevails a tendency to say that one is sick because the liver or the stomach or the uterus is disordered. One patient will visit a gynecologist, to be told that all her troubles are due to the disorder of the uterus, and a course of local treatment will make this in order and then she will be well.

The local treatment does not improve the patient, and she consults a spinal specialist who tells her the troubles are due to the spine, and treatment to cure that will restore her to health. Then the eyes are examined. Yes says the oculist all the troubles are due to errors of refraction; a change of glasses will improve her condition. Next the heart specialist is consulted, with the assurance that correction of the heart trouble will make her well.

None of them had directed any attention to the patient, but the condition of the patient was said to be due to her organs. The man himself is prior to his organs, more interior than his organs.

The condition of the organs is the result of disorder more interiorly. It is necessary to proceed from first to last, from things beginning to things ending, to grasp the idea of Homoeopathy. I have seen results of treatment in my cases that few have seen, and this is the reason.

Long experience results in expert facility in perceiving symptoms and surmising what has preceded them, in leading the patient to reveal what is there without asking leading questions.

You can turn the patient aside and lead him to reveal the very center of the case. You become expert in the use of the repertory, increasing from year to year, as long as you live. It is a lifework, a beautiful work, worth living to perform.

In the woman the menstrual symptoms, of all particulars, are nearest to the generals; they are close to the life of the woman.

Sexual symptoms, especially desires and aversions, are analogous to loves and aversions. Discrimination of the value of particulars is important. It is a question for meditation to determine how closely the symptoms of a part pertain to the generals.

Symptoms occurring in many parts are more general than those of only one part as illustrated by discharges of similar character from several parts. The condition of the blood is analogous to the loves. Few remedies have recorded the condition of the blood, that it will not coagulate, but it is a high grade symptom. It is common for blood to clot, and rare for it, not to clot.

There have been many criticisms for this use of the term generals, but it is the best word that meets the needs. The idea is that of systematic dominating from center to circumference.

It is Hahnemann's system ultimated to a more scientific basis. The discoverer and founder comprehended without much thought and study. There are many difficulties to be explained. For their explanation it is necessary to study Homoeopathy, and then study man. Holding these things in the memory, we meditate upon it all, then decide that it is good, and employ it in use.

The result delights you, and you love it. Thus it extends more interiorly and cannot be forgotten. You love Homoeopathy, as you apply it, and, as the love is, so is the life. It is in you and part of you if you love it; you are a vessel of the truth.

It grows and expands a million fold, extending out from the interior. We proceed from center to circumference, perceive how men are sick harmoniously from center to extremities.

If this philosophy is not in the life, and only in the memory, it is not a part of you - it is only with you. If something comes up to delight you more, it can be laid off. Nothing can come to delight you more than Homoeopathy if it is in you and part of you.

There was once a poor man crippled and sick, an artist, whom several of us thought should have an opportunity. I gave him some medicine, and told him if he was better when that was used he need not return.

We united, several of us, and paid out much money to keep this man at Paris for several years. Long afterward he returned with a gift that he had made, chiseled from marble, a beautiful piece of work.

I said to him that his work differed from mine, it was very beautiful but returned no response, while the poor crippled disheveled man whom I was able to restore, returned in gratitude and warmth of vigorous life.

His cold marble, crude and rough in the beginning, was only a cold, unresponsive object after all his work was expended upon it.

61- The trend of thought necessary to the application of the homoeopathic materia medica or a rational use of curative agents

It is not of the material stone, earth, ore quartz and mineral salts; nor is it the colors of plants, leaves, buds and flowers; nor of stems and stalks; nor of the chemical and physical properties of animal substances used, and the natural eye to behold, *that one should think*.

It is not the density of the platinum, or the whiteness of the aluminum, or the yellowness of gold, or the toxic nature of arsenic that one must turn his thoughts.

Think of the nutritive wheat, corn and barley used for foods, and then of the deadly aconite, belladonna and foxglove; and while thinking of one group as nutritive, and one of the other as poisonous, we make no progress.

But when we observe that they all grow and thrive in the same atmosphere and in the same soil and by reflection remember that one builds up and the other destroys man, i. e., one builds up the physical body and the other disorders and destroys the vital force of man, can we but conclude that there is some primitive substance, too subtle to see with the external eye, that becomes the medium of power ? This is the field of action and causes.

These substances of the three kingdoms must be examined, i e., they must be looked into by the internal eye, and the quality of each must be ascertained.

This does not mean that the internal surfaces of crystal forms must be examined with lenses.

Neither the interior of man, nor living plants, nor the so-called dead, earth elements have ever approximated the visual realm of external man.

But the vital test brings a response from the lowest and most inanimate elements as speedily as from the most poisonous plant or most venomous

serpent virus, when *circumstances* have turned disordered life into the delicate degrees of susceptibility necessary to the homoeopathic conjunction and affinity.

To behold the interior of nature with the interior eye, the understanding must have long training and the purpose must be for the use of man; when an apparent *sacrifice* is a work of love one may see, when men and women devote life and property to science simply to benefit the human race.

This may be disputed, but only by the unenlightened, who know not the dreadful sacrifices made by the provers of septic poisons, serpent viruses, specific substances and poisonous drugs.

The abstract vital force is, to the untrained understanding, unthinkable, and as all internal examinations are upon this plane, then it must follow that a preparatory training *must* precede the actual examination of the internal qualities of the three kingdoms.

It is not generally known that the three kingdoms exist, as to their interior, in the image of man.

Neither is it generally understood what it is to exist in the image of man. It is not even known what man is, nor what the plant kingdom is, and much less what the mineral kingdom is.

If all these statements related to geology, botany and anatomy, they could be presumptuous, as these sciences are highly cultivated, but they treat of the kingdoms only as to their exterior or material relation.

The internal qualities have been left for the homeopathist, and such an exploration is within the province of homoeopathics.

To discover that man, as to his will and understanding, is capable of extremes, requires only that one shall examine our statesmen, our professional men, our scientists, and then the lowest types in civilized countries and cities.

To examine original tribes would not reveal the growth possible to the human race, nor the degradation reached by fallen man. The human race at its highest plane of development is only man.



No matter what attainments, what expansion, we see but the possibilities, the capabilities and nobility of man. He is but man and as such is but the image of his Creator.

Rise as lie may, he does so only within himself, and at his highest he is but himself, and even that is borrowed. So much as he has fallen below this highest point of the human race, and of any man, has he failed to reach his own individual possibilities, or fallen into degradation, so much is he but an image of himself, of man.

When he is but the image of himself he profanes himself, and likewise man, and how much more so must he profane God. Look at the animal faces in the degraded streets of our great cities.

We see but the degraded forms of man. Disobedience, sin and sorrow have brought depravity, and the souls within revel in hatred and crime as much as they will in the land beyond.

This is not the real man whom we see. It is but an image of what each one might be, but it is the real of such beings. A misspent life can here be contrasted with the life of usefulness, and the life of hatred with the life of orderly love.

In one *all* to hate, and in the other *all* to love.

In the one despised, in the other beloved.

The one, then, is man with his love for the degrees of uses; the other but an image with his hatred of uses.

In man is heaven; in his image is hell.

The fullness of man is but his capacity for growth as a receptacle for love, wisdom and use.

The image of man is hatred, ignorance, and to be cared for by local protectors and penitentiaries.

Independence contrasted with dependence.

Freedom contrasted with bondage.

Inconceivable gradations exist between these extremes.

These varying shades of changes in man come by inheritance, vocation, opportunity, disease and drugs.

There are no changes possible in man that cannot be produced, caused and aggravated by drugs.

Man's diseases, have their likenesses in the substances that make up the three kingdoms. Man himself is a microcosm of the elements of the earth.

The earthy elements strive to rise, and do rise through the vegetable kingdom into man, and they strive to equal man; but, as they are not permitted to do so, they appear to degrade man they may approximate him.

Every element and creature below man in the created universe seeks to degrade man, which, how is only an appearance, by exercising such an influence, as will elevate itself at man's expense, as if through jealousy.

We see this emerald quality on all sides. Man's every inferior seeks to belittle him, and in every gradation down through to the lump of aluminous clay we see the tendency to lift up itself by depressing the interior of man in order to make him a brute.

So we see that man, with his depressing load, may rise within and become a glory or sink and become a brute. Even his external form in time resembles the face of an animal but not until long after his internals have assumed the disposition of that brute which he in face most resembles.

He grows Godlike in proportion to his struggle against his inherent evils, i. e., his loves mould his face and figure into the image of his real life.

The study of man as to his nature, as to his life, as to his affections, underlies the true study of Homoeopathics.

Whether we study him in the cradle of innocence, in the hieroglyphics of Egyptian sandstone, in the cuniefoms of Assyrian clay, in the sculptor's marble, on ancient and modern canvas, in Grecian architecture, in the vocations and trades of modern and recent progress, in the electrical telegraph, in the ships at sea or the mighty system of railroads that span the

landed universe, we are but viewing the growth, action and qualities of this one, sole object of our attention, viz., man.

When we have reached the highest that is of man, and know him in all that he is and can be, then may we begin to study all the gradations down to the lowest image.

Man may be a physician to his equals and inferiors, but he cannot know his superiors in a manner to fully grasp the expanse of that great and glowing vital furnace that melts the metal to fill the moulds of human exigencies.

Then the physician must rise to the pinnacle of man's growth; perceive his changes, even to the lowest degradation.

The physician must rise above bigotry, prejudice and intolerance that he may see that in man which will furnish the basis of comparison.

A rational doctrine of therapeutics begins with the study of the changes wrought in man. We may never ascertain causes, but we may observe changes.

A physician highly trained in the art of observation becomes classical in arranging what he observes. It will be hardly disputed that the changes in man's nature, without an ideal natural man, would not be thinkable.

Whether we observe the changes wrought in man through his own will, through disease, or through drug provings upon the registration page, we have but one record to translate, viz., that of changes wherein man has in all cases been the figure operated upon.

The record of changes in the abstract is nothing. But when we see in that record the speech of nature, we then see the image or effigy of a human being.

Hahnemann emphasized the symptoms of the mind, hence we see how clearly the master comprehended the importance of the direction of symptoms; the more interior first, the mind, the exterior last, the physical or bodily symptoms.

*Summarize.*

Man.		
Disease	in	general.
Disease	in	particular.
Remedies	in	general.
Remedies in particular.		

The only possible way to conform to the above trend of thought and thereby establish a system of therapeutics, is by proving drugs as Hahnemann taught.

We may now see clearly what is to be understood by proving drugs, and we may define it as that conjunction of the given drug force with the vital force of man, whereby a given drug has wrought its impression upon man in a manner to make changes in his vital order, so that his sensations, mental operations and functions of organs are disturbed.

When a large enough number of provers have registered sensations, mental changes and disturbed functions so that it may be said of a drug that it has affected changes in *every organ and part of man* and his *mental faculties*, then may it be said that it has been proved; not that all of its symptoms must be brought out, but it has been proved sufficiently for us. In other words, its image has been established.

It is then known what there is in man that through its conjunction has been brought out.

When this particular perfect image of man has been observed fully by a rational physician, the nature of the sickness that this drug is capable of curing may be fully perceived.

The danger of using drugs whose properties are known only as related to a single organ must now appear, as drug is curative, or is a remedy, only because it is capable of producing symptoms on the entire man similar to such symptoms as the man is capable of having.

The remedy finds its place in man and develops its own nature; but if it has not in it that which can rise up and so impress man, it could not be capable of developing these symptoms.

Man's image is therefore in all elements of plant and earth, and when that susceptibility exists in man then the proving may be wrought; but if that

corresponding image is not in man at the time, then man is proof against the drug, except in increasing and larger doses.

Such provings exclusively are not desired, as they only impress a single organ with gross symptoms which are so unlike natural disease that a rational physician sees not therein the image of man, and stumbles into the grosser observation of artificial sickness, and is led to the ultimates, viz., pathological anatomy, rather than a rational study of the *Materia Medica*.

Many of our provings are wonderfully defective for the above reason. Hahnemann's remedies will stand forever, as they are well-rounded provings from many degrees of strength in drugs and susceptibility.

The examination of an epidemic is in all nothing but the consideration of a similar number of provers. The steps from the whole group to individuals are in all cases the same.

The case is as follows : When a given epidemic, or endemic, comes upon the land, as many cases, most carefully written out, as can be gathered, are to be arranged in the Hahnemannian scheme, all symptoms under regional headings, so that prevailing disease may *be viewed collectively*, as a *unit*, or, *as the image of a man*, or as though one man had suffered from all the symptoms observed.

The same course applied to a large group of provers will bring the totality of the symptoms before the view as though one man had felt and recorded all the symptoms obtained, and the image of man may be then seen in the totality of the symptoms of the scheme.

The particular or individual study in the epidemic cannot be properly made until the symptoms are studied collectively, and in this kind of study is the same as after a proving has been arranged in schematic form in order to ascertain what other remedies and diseases are like it - diseases as to their symptom image, and not morbid anatomy - the same as to remedies as to their symptom image.

In this there can be no theory nor theorizing. The record of symptoms is to be considered either in natural disease or in the proving of a drug to ascertain so far as possible all the remedies that are, in general, similar throughout, in their fullness, to this one now under study.

Books have been so arranged. *Belladonna* on *Diarrhea* is but an anamnesis of all there is of that prevailing disease, and so must every single case, either in mind or on paper, be presented.

Here we see the series to work out our cases by. Every epidemic and every man sick must be so wrought out; first the general and the particular; remember that the particulars are always within the generals.

Great mistakes may come *from going too deeply into particulars before the generals are settled.*

An army of soldiers without the line of officers could not be but a mob; such a mob of confusion is our materia medica to the man who has not the command.

Hahnemann was not able to manage psora until he had completed his long and arduous labors which ended in the anamnesis of psora.

After he had gathered from a large number of psoric patients all the symptoms in order to bring before his mind the image of psoric man, he was able to perceive that its likeness was in sulphur, *et al.*

Boenninghausen arranged the anamnesis of sycosis which has been perfected by recent observers.

The anamnesis of syphilis must be arranged in this same way by every physician before he can treat it successfully. By this means we may settle in a measure the miasmatic groups.

The vast labor that Hahnemann put upon psora, before he discovered that this was the only way, shows how difficult it is to bring before the mind the full image of a prevailing disease. It is many times more difficult to solve the problem and find the similar remedy in isolated diseases and uncommon acute diseases.

Boenninghausen's *Repertory of Chronic Diseases* (never translated), is arranged on this plan with symptoms and remedies graded.

An experienced eye glances over the repertory and arranges in his mind the anamnesis by singling out the remedies that are suitable to the general image of the disease that he has fully mastered.

The expert prescriber has fixed in his mind the image of the sick man before he takes up a book or thinks of a remedy.

He masters the sickness before he asks himself what is its likeness.

We must avoid the confusion of mind that often comes from thinking in the old way, not knowing what to call disease, and what to consider as only results of disease.

When advocating the above principle, I was once asked how to go about an anamnesis for epilepsy, for Bright's disease, diabetes and other so-called diseases that have been arranged by old nosology.

It must be first understood that these so-called diseases are not disease as the homoeopathist thinks, but the results of diseases known as miasms.

Psora, syphilis and sycosis are the chronic miasms to be arranged in schematic form, and the arrangement in such form includes all the symptoms of each of the three.

Thus we have a foundation to build upon, and all curable cases, if properly studied, will be cured before they become structural. An attempt to arrange a schema for disease results could only fail, as the group worked at is but fragmentary.

A practical illustration comes to us at once when we think of Hahnemann's prevision, inasmuch as he was able to say that Cholera resembles *Cuprum*, *Camphora* and *Veratrum*.

This he saw in the general view. When La Grippe comes the natural course to pursue by him who follows Hahnemann will be to write out carefully, as in one schema, the symptoms of twenty cases, more or less, the more the better, and then, after careful consideration by *the aid of repertories*, make a full anamnesis of all remedies, and the ones showing a strong relation throughout will be the group that will be found to draw from in curing the epidemic.

Only occasionally will the physician need to step outside of this group. But no man can predict which one of this group will be required for any single case.

But, in time of such hurry, when a large number of sick people must be visited in a day, the physician knowing the constitution of his patrons, much time may be gained in selecting for each sick person, from this group, the remedy he needs.

In a large proportion of the cases, the remedy will be found in this group. One will suffer with strange symptoms corresponding to the characteristics of one of the remedies in this group, and another will show forth the demand in like manner for another.

As there are no two sick people alike, thus no two persons will give forth an identical display of peculiar symptoms. Though several persons may need the same remedy, each one of the several persons must call for the remedy by virtue of the symptoms peculiar to himself.

When all of these features are properly understood, it will be clear to the mind how it is that every prover contributes his portion to the grand image that makes the disease likeness into the image of man.

Now, as like causes produce like effects, and as the causes of natural sicknesses have never been discovered, we can only reason from the effects of natural causes as we reason from artificial causes.

The teaching of Hahnemann, in the Sixteenth Section of the *Organon*, is to the effect that the vital principle cannot be assailed by other than dynamic agencies, or spirit like agencies. This must be accepted as true.

To prove that it is not true would require us to prove that scarlet fever, measles, small-pox, and in fact all acute infections and contagious diseases do assail the economy by other than spirit-like means.

With all the instruments of the *scientific* school of medicine, with every effort and ambition, no progress has been made by them to establish their material hypothesis. Therefore Hahnemann's statement must stand as true.

The more dynamic, the greater resemblance to the life force and vice versa. The septic virus is dynamic because it has been vitalized or dynamized in nature's laboratory.



It is a product of life operating upon matter, and the most dynamical toxics are animal ferments and ptomaines; no matter how concentrated they exist in a highly dynamic form.

The fluids and substances, ferments, ptomaines, etc., are the viruses, are the dynamic causes of fixed diseases; they are the causes of bacteria in all forms. It is not argued that the microscopical bacterium may not convey the fluid dynamic substances upon its body as perfectly to the detriment and hardship of men as a fly, a dog, or an elephant may.

Fluids containing bacteria of well-known disease producing character may be diluted until the bacteria is no longer found, and that fluid is just as active in its power to reproduce its own kind of sickness as when it was surcharged with microscopical animalculae.

Of course there is a difference - the susceptibility must be present in diluted virus, while any person may become ill from the concentrated ferment applied to any abrasion or injected hypodermically.

This condition once understood, the Materia Medica prover is prepared to consider the difference between the proving of drugs in full strength and in potentized form.

But as there are no bacteria in drugs, and as they are as potent sick-makers as ferments, when properly selected, it will be seen at once that it is not due to the bacteria in the concentrated virus, but to the virus itself.

It is the life force of aconite, of silica, of virus of septic fluid, and not bacteria that makes man sick.

The susceptible prover catches the disease that flows into him when he proves Cuprum the same as the person who catches cholera when he becomes infected by the dynamis of cholera.

He cannot protect himself - or the vital force cannot resist the deranging influence of cholera any better than it can resist Cuprum - If he is susceptible. If he is not susceptible to cholera, he cannot take cholera; if he is not susceptible to Cuprum, he cannot prove Cuprum.

But, by increasing the quantity or by changing the quality into quantity, of either, he may, without susceptibility, become sick, but it is not then in the same manner or course as that of natural contagion.

Natural contagion and infection are only possible through the susceptibility of man to the noxious cause.

The doctrine seems to be essential to the perfect understanding of the image of man in drugs and diseases.

When man has lost his equilibrium, so that he is not protected against deleterious influences, he is but an image of man, as man, in the order of his existence, cannot be assailed by any of the spirit substances that pervade the atmosphere in which he lives.

Even if influenced by concentrated artificial sick-making causes, he does not suffer from the fully developed image of the disease, as when susceptible, unless he is kept under the influence a long time, as is the case in alcoholic, opium, arsenic and hashish subjects. When momentarily affected he soon reacts and becomes himself.

Reflect upon the mental state of the man who has used alcoholic stimulants in great excess for many years. His manhood is gone, he is a constitutional liar, and will deceive in any manner in order to obtain whiskey.

It may truly be said he is but an image of his former self, and much more an image of what he might have been. This is no exception.

Indeed, every drug is capable of rising in its own peculiar way and making such changes in man as will identify itself in the image of man. There is no disease that has not its correspondence in the three kingdoms.

It is the physician's duty to know that every proved drug contains the image of man, and the likeness of the disease and diseases it can cure.

To be able to see a drug in its totality, to see its symptoms collectively as it assumes the human form-not the body, but the character of the man, or his image must be the end in view in order to use the *Materia Medica* for the healing of the nations.

62- To all Homoeopaths

"If you give quinine, go on with it; if you give an opiate, go on with it; do not go back into Homoeopathy.

The man who does these things is a homoeopathic failure.

Some men are incapable of grasping the homoeopathic doctrines, and fall back into mongrelism which is a cross between Homoeopathy. and allopathy.

I would prefer an allopath to one who professes to be a homoeopath but does not know enough Homoeopathy to practice it. . . .

If a doctor has not the grit to withstand the cries of the family, the criticisms of the friends, the threatening of his pocketbook and of his bread and butter, he will not practice Homoeopathy very long. An honest man does not fear these things.

There is but one thing for him to consider : "What is the right thing to do in this case ?" . . .

The attitude of the public must never furnish the physician with indications as to what he shall do. .

But the doctor who will flinch and tremble at every threatening is one who will violate his conscience; is one that can be bought; can be hired to do anything; . . . becomes a coward and a sneak; is ready to do almost anything that is vicious and cowardly, and will abandon his colors in time of emergency. . . . The doctor who violates the law also violates his conscience, and his death is worse than the death of the patient."

### 63- The view for successful prescribing

The success of prescribing depends upon the view taken of the totality of the symptoms. The view of any given totality affords the indifferent or the marked success of any given prescription.

The grasp of the symptoms, in part or as a whole, is firm or lax in accordance with the view taken of the parts and the whole collection of symptoms.

What else can be understood by the image of any case expressed in symptoms ?

To be able to view the totality of symptoms so that the most similar remedy will appear to the mind is the aim of all healing artists. As the view varies, so varies the success.

The examination of the patient is always made in accordance with the view of the totality the physician is in the habit of taking.

Some can never learn to examine a patient so that the symptoms, when written out, will have the form required for a review.

Any successful prescriber would know by the reading the totality what is lacking to make up an image.

But let us now suppose that the case has been properly taken, and that it is a full, well rounded case, with all the various symptoms that belong to perfect case-taking.

One will view such a case from its pathology, or from its probable pathology.

Another will view it from the temperature, color of hair and eyes, or what star he was born under.

Another will view it from the keynotes he can find in it.

Another takes the usually set phrases of the patient with the opinions and wordings of tradition, or the opinions of some previous physician.

In such a manner, a distorted view of the whole case is formed.

Again, it is observed that the totality contains an alternating image, or one set of symptoms one time and a different set another time.

The prescriber's view may be formed from one group today, and from another after the change has come, which leads to change of remedy with every shift; but at the end of the year the patient has grown steadily worse.

Yet he has cured ( ?) each group of symptoms to his and his patient's satisfaction.

Such work is a failure from the imperfect view had of the whole case. He fails to view the patient from the totality of the symptoms : from all the symptoms.

*Removing symptoms may not restore health to the patient. Curing the patient will remove the symptoms and restore his health (Organon § 8).*

We have assumed that the symptoms have been well taken, and therefore the view of the case is possible, which must be, of the symptoms which represent the patient as a whole; the symptoms that represent all the organs and parts; all the symptoms and conditions and circumstances of the organs and parts; all the pathology of the organs and parts; age, sex, habits and business.

Suppose the symptoms to be viewed come directly from the patient, what can be seen, heard from the patient and companions, all are presented without interruption.

One reader will ignore all but the pathology; another will notice only the keynotes; another will notice only the diagnostic symptoms.

In each instance, something is ignored or neglected; or, at least, the view of the case is absent.

Hahnemann's teaching has never been improved upon. We must be guided by the symptoms that are strange, rare, and peculiar. How shall we do this ?

By first fixing in mind what symptoms are *common*, then it will be easy to discover what symptoms are *uncommon*, or, in other words, strange, rare, and peculiar.

Common symptoms are such as are pathognomonic of diseases and of pathology, and such as are common to many remedies and are found in large rubrics in our repertories; e. g., constipation; nausea; irritability; delirium,; weeping; weakness; trembling; chill; fever; sweat.

When such symptoms have taken their places in any given case, it will be seen at once that what remains must be uncommon, therefore peculiar and,

as such, are always predicated of the patient as a whole, and of his parts in particular.

However, some of these common symptoms may become peculiar where their circumstances are peculiar; e. g., trembling at any time or at all times all over the body and the limbs is a strong and most troublesome symptom, but it is not peculiar nor uncommon.

But trembling *before a storm, or during stool, or before menses, or during urination*, is rare and strange.

Weakness is also common if constant, but it comes only *before menses, or before stool, or during a storm*, it is at once quite uncommon, and changes the view of the case.

Chilliness, if constant, is common to many people, and is a strong common general as it is predicted of the whole patient but if it comes only *before or during menses, before or during stool, or while urinating, or only when in bed in the night, or only while eating*, then it is strange and peculiar, or uncommon.

All of these are common to no disease known to medicine, hence they become striking and help to form a view of any given totality.

It must now be seen that the physician who has in mind only the pathology as a basis for his prescription has only what is most common, and therefore has no view of the totality, and therefore violates the first principles of prescribing.

He prescribes for results, for endings, and not for things first, not for causes.

It must be known that the symptoms that exist in childhood, and such as were present before any pathology existed, are the corresponding symptoms of causes, as all causes are continuous into effects.

They are not causes, but they represent causes, and often are all that can be known of causes, and they furnish a view of the case from causes to endings; from causes to ultimates : to pathology.

It is important to discover early these symptoms in any chronic sickness. The symptoms through childhood down to the present describe the progress of

the sickness. These give an experienced physician a good view of the case, with its probable endings or pathology.

It is well to have all such results in view, but these ultimate symptoms are of the least value, and without the fullest representation in symptoms they are of no value as showing forth the view of the case by which to find the remedy.

But a physician must have a good and full knowledge of all these, as well as of anatomy and physiology, or he will not have the basis for good judgment, and hence will form a distorted view of the totality.

The symptoms that represent the patient as a whole are of great, and often of the greatest value, especially such as are expressed in the patient's own speech.

The mental symptoms, composed of his reasoning powers, loves and hates, and memory.

And then his general bodily symptoms and their circumstances, such as worse from cold, from warmth of every kind, from weather, wet and dry, from motion or rest, time of day, etc. These are of highest importance when they apply to the whole body.

Two sets of aggravations and ameliorations must come into view, viz : those that apply to the whole being and those that apply to his parts.

These are often the opposite in parts or organs from what they are in general bodily states of the patient, and must-be looked up in the repertory in sections that relate to the part mentioned.

A woman consulted me for a violent rheumatic pain in the shoulder. She came into my office with her arm bound to her side to prevent moving the arm, as the motion of the arm increased the pain in the shoulder, yet the patient walked the floor constantly to ameliorate the pain in that painful shoulder.

The pain in the shoulder was worse before a storm. Dulcamara cured at once. This shows how a part may have an opposite modality from the whole body.

Nothing has harmed our cause more than books that generalize modalities, viz : by making a certain aggravation or amelioration fit all parts as well as the general bodily states. Cold air may aggravate the patient but ameliorate the headache. Stooping seldom aggravates headache, backache, cough and vertigo in the same degree, yet Boenninghausen compels you to look in one place for all of them, and they are marked with the same gradings.

The patient is often better by motion, but his parts, If inflamed, are worse from motion.

Lying aggravates backache, headache, and respiration in different degrees, and the patient in still another manner. If each symptom is not inspected, and considered with a view to its own circumstance, the result will be widely different.

Parts are better by heat when the patient is better from cold, and vice versa. The headache is better from cold, and the body is better by heat.

If we do not consider these circumstances, we do injustice to the patient and his parts. Therefore the circumstances that relate to the general bodily states and the circumstances that relate to the parts and organs must be vastly changed.

Ever so perfect an understanding of the pathology and pathological symptoms in a given case gives no view of the case for homoeopathic prescribing. The common symptoms, without the peculiar symptoms, may give a good understanding of a given case except for prescribing.

Common symptoms alone will lead to failure of the prescription. We might as well attempt to prescribe for nervous dyspepsia, gastritis, jaundice, gall-stone colic, enteritis, constipation, or a bilious temperament. The beginner often fails because he has secured only the common symptoms.

The symptoms of the organs and parts taken by themselves give an imperfect or one-sided view of the case. They fail to give the symptoms of the patient in such a form as to present a perfect view. There is something lacking. Many cases coming for advice express the particulars, and fail to give the symptoms that characterize the patient. This must be one of the most frequent causes of failure with the young physician.

This can be illustrated by the study of discharges.



Discharges are common to inflamed mucous membranes of ear, nose, throat, trachea, vagina, etc., and as such each is only a particular, but the part or the inflammation does not cause it to be green, bloody or viscid.

Therefore this must be due to some change in the whole economy which makes it general, and increases the value of the symptom from common to peculiar, and therefore changes the view of the case. Laudable discharges are natural and common. Therefore, let me repeat that if the part is inflamed there will be discharge, but that does not cause the color.

So it is with blood when it is fluid and fails to clot; it is peculiar.

The symptoms that characterize the whole mental and bodily states sometimes present such a view that the remedy may be seen at once; again, all the foregoing classes of symptoms are necessary to furnish a *view* of the past and present. When such a complete view presents itself, the prescription becomes easy.

If prescribing is to be made easy, it is to be done by securing such a perfect view of the *whole case* as would be expressed by saying that "The sole basis of the homoeopathic prescription is the totality of morbid signs and symptoms," as Hahnemann taught so many years ago.

It will be seen, therefore, that carelessness in taking the symptoms, as well as in *viewing* the symptoms after they are noted, must lead to indifferent results.

Remember that it is not the totality of the symptoms taken by a careless or ignorant physician that constitutes the basis of a homoeopathic prescription, but the totality of all the symptoms the patient has.

With menses too late or suppressed or scanty, the patient weeping, with aversion to fats, nausea, vomiting, weight after eating, the young man will say Pulsatilla at once; but wait a moment.

The patient is very chilly, likes the house, never needs the open window, is worse from motion, wants to keep very quiet; now you change your mind and give her Cyclamen. Or, if she is better in motion and in open air, and craves it, and is too warm, then Pulsatilla.

The physician cannot be careless, and cure as Hahnemann did.

#### 64- What is homoeopathy

This is a very broad one, and hence its answer cannot be limited or contracted.

To say that Homoeopathy is based upon the law of *similars is* but the bounding of a cone by describing its base and leaving its apex undiscovered and projecting into space; to say the least, the answer is unsatisfactory.

When similars are mentioned, the novice immediately wonders what similars are referred to, and how are given similars related to each other.

It is simple to affirm that similars nullify each other, and it is easy to demonstrate the fact, but other questions arise of greater importance and much harder to answer - how are these similars recognized, and how are they utilized to cure disease ?

After hearing the statement that similars nullify each other, and having accepted the law expressed by the formula *Similia similibus curantur*, what Homoeopathy really is, is yet to be learned.

The knowledge comes after due conversance with disease and drugs. One must acquire knowledge of disease in all its relations to the human body.

One cannot afford to neglect any resource whereby he can gain information relative to disease.

Causes, morbid anatomy, duration, and course of every disease in particular must be thoroughly studied.

The habits of each and every fixed disease must be observed to acquire a knowledge of its true nature.

One must be able to predict from the present what will likely take place in the immediate future; he must also know the sick-making substances and the sicknesses they produce, their course and duration, beginning and termination.

From these the homoeopathist arranges his similars.

These are his *media* through which he develops a knowledge of the art of curing homoeopathically. Without a careful and thoughtful study of the two, he can never answer the question which has been selected as the subject for this paper.

If he neglects a part he is ever crippled and in darkness as to the whole or totality.

If he neglects to study disease in any of its many sides, he gropes in darkness during his lazy, half-useful life.

If he reads morbid anatomy, and attempts to apply remedies by such knowledge, he must live and die with a life filled with numerous failures.

The man who reads his symptomatology, as found in drug pathogenesies may do fine work, but he has neglected the half that he should have learned.

The human body, the house of both health and sickness, must be searched until familiarity breeds contempt.

Homoeopathy is the science of healing based upon the law of similars as a law of selection.

To select under this law, one must be acquainted with parts and counterparts, positives and negatives similars - that his *conclusions* may be made by *exclusion*, that he may demonstrate to himself as well that remedies are not indicated, as that the one similar only can conform to the disease in hand; appropriate, because it of all the known medicines is most like unto the disease to be cured.

It is well known that many want to be called homoeopathic physicians : some desire the appellation who in practice have not this information mentioned above.

They are not even acquainted with sick pictures. They only recognize disease in parts, not seeing the whole.

These men alternate, or practice, by using a part of the picture of one drug and a part of the picture of another drug to cover the two portions of a supposed disease which they see only in a fragmentary state; not being

acquainted with disease in totality, they cannot shape a picture in a single drug to fit any but the fragmentary disease.

Only a few days ago one of these men said to me : "I have just prescribed Arsenicum and Sulphur on the pathology of the case."

Being anxious to learn the pathology that furnishes such an infallible guide to these remedies, I made a pressing inquiry, but that which I learned was so vague I am unable to comprehend it.

The study of true pathology should be encouraged, and is essential to the science of Homoeopathy, and no Homoeopathician has ever discouraged it.

Pathology is any discourse upon disease; it is broad and all-embracing.

The study of disease as manifested through subjective and objective symptoms a study of lesions or results of diseases as made known by physical inspection, etc., etc., down to morbid anatomy, all should be known by the Homoeopathician, with a full appreciation of the true value of all.

The disease in its course, history, and every known manifestation should be considered that the individuality may appear in one grand picture.

Not until this picture, this totality, this individuality, is clear in mind, is grasped completely, can the physician deal with it intelligently; he will then see, in some pathogenesis, a picture with a similar totality and individuality standing out with the same bold relief.

Now if he is acquainted with both, and acquainted with the grand law of selection expressed in *Similia similibus curantur*, he will administer the medicine possessing in its pathogenesis this likeness to the experienced Homoeopathician.

These are the primary and essential tenets of Homoeopathy.

The rest of the science is made up of degrees that perfect as they advance, and are qualitative in character and quantitative in appearance.

Under these degrees we learn to play upon the strings of a vital harp with a tactus eruditus.

The next advancement deals with dynamization. Many are satisfied with the primary tenets of Homoeopathy and want no more.

They do not wish further instruction. They do not wish to be made conversant with the fact that all non-surgical diseases are dynamic in character (cause), and must be cured, even are cured only, by dynamic effects.

They lose confidence in the potency of Aurum when it becomes too attenuated to guarantee visible gold, and yet they know that visible gold cannot be appropriated by a living stomach.

Dynamic power begins to evolve very low in the scale of potentization, and may be evolved from the crude substance of some drugs. Experience, not philosophy, can satisfy the hungry mind as to the truth of this grandest achievement of the immortal Hahnemann.

When fully convinced that the dynamic power cures, another advancement awaits the student.

He is then presented to the mysteries of dealing with automatic forces of living body when influenced by disease. He observes the effect of a dose of potentized medicine selected by the law of similars.

It is indeed a small part of his observation to see the patient recover with no medicine but that contained in the dynamized drug. For greater things remain to be seen and studied.

The aggravations and ameliorations found in peculiar diseased states are not so simple. The disease that may arise from a single dose of Sulphur in the last stage of phthisis is most astonishing; and the beginner cannot convince himself that the potentized drug was the cause of it.

When I say to my class, you must not give Sulph. to the patient in the last stage of consumption, they all look at me in surprise. It is often observed that Phosphorus does great harm to low forms of organic disease.

I have several times known a chronic invalid to go on with little suffering for a long time, and with a hope to stay the progress of her disease, administered a single dose of a very high potency of an antipsoric medicine, only to distress her, put her to bed, and from which time her downward course was

rapid, while I am convinced that had I avoided antipsorics she would have lived and suffered much longer.

If a carefully selected antipsoric aggravates a low form of disease sharply, and the aggravation is protracted and no amelioration of the general condition follow, no more antipsorics should be thought of for that patient; the hope of cure must be abandoned, and short-acting medicines resorted to palliate.

In gout, cancer, phthisis, and organic diseases of this kind generally, the rule holds good. Any physician who has followed the use of high potencies for a considerable time must feel it.

Then who can say there is no power developed ? Only he who has not found this method of treating the sick.

The physician that sees not these aggravations only demonstrates that he has made few or no homoeopathic prescriptions.

The closer the homoeopathic relation between the remedy and disease, providing the disease is of low origin and well advanced, providing the disease incurable, the sharper and more distressing will be the aggravation.

Once a fleshy, robust-looking lady, came into my office for professional aid; she looked so well that I suspected only a slight illness.

Finally, a close study of her symptoms revealed the history of rheumatism, endocarditis, suffocation, amenorrhoea of eight months' duration, and great bodily suffering, indeed, I was surprised that she manifested so little of her suffering.

I compared her symptoms closely, and found that no remedy but Pulsatilla could correspond to her symptoms. This remedy was administered dry, one small dose, and Sac. Lac.

She went home and felt very badly. Pelvic symptoms became marked, and she sent for me. She believed her flow would resume, and I hoped from her report that I had made a homoeopathic prescription.

But she struggled on and no flow appeared; her pelvic symptoms were such as should accompany her menstrual *nisus*, but greatly intensified.

I dare not repeat; success depended upon permitting the remedy to have its own way. She was made comfortable as possible, and I waited on the remedy during this struggle for one or two weeks.

The endocarditis then began to show itself with all its terrors, dark blood began to well up from the lungs, which grew worse from day to day, pulmonary oedema became marked, and blood-spitting increased from day to day. I felt that I must interfere and make an effort to save her life.

The only result of the remedies selected was simply palliative. She passed quietly.

I have treated several cases of gouty rheumatism in which I could plainly see that every dose of medicine advanced the original malady.

Many times I have been forced to feel that the dose of dynamized drug added new force to the old disease, and it progressed even more rapidly.

I never saw such striking results from low attenuations. Not long ago I was called to the bedside of a patient in the last stage of phthisis. She had a diarrhea, and passed large quantities of colorless urine; other symptoms accorded, and she took a dose of Acetic acid, which controlled the diarrhea and polyurea, but immediately her chest symptoms came on with greater force than I was able to control, and she sank rapidly, I am sure she would have lived much longer had I permitted the less harmful conditions to go on.

These things look strangely to the inexperienced physician, but they are facts; and, above all, show the great power of our potentized remedies. The truly appropriate remedy commonly develops the evidence of extreme sensitiveness in all kinds of sickness, and the extreme danger of repeating remedies is here illustrated.

If there is anything I dread it is an incurable disease. My experience in this line has been greater than I could ask. While these things have shown the danger of repeating medicines, they have also taught me another thing; viz. I am generally able to predict the gravity of the disease : I have seen troublesome aggravations, a pleasant increase of the existing symptoms or even new symptoms appearing as presumptive evidence of a good selection.

In the western country our diseases are so mixed with that unknown quantity, or something that we call malaria, it is necessary to repeat

medicines oftener in acute disease than in most countries. Malaria disease and states are so cumulative in character that the effect of a single dose is soon exhausted and another becomes necessary.

Therefore I find myself repeating frequently in many acute cases. I begin by repeating once in two hours in a fever that is continued, but as soon as I see signs of a remission I stop all medicine and wait on Sac. Lac. When a fever is going up I repeat, and the instant it has ceased rising, I cease medicine, in agues I generally administer one or two doses in the apyrexia and wait results.

I seldom administer medicine until the paroxysm has been completed. When the first dose is followed by a perceptible aggravation, a second dose should never be administered until the amelioration, which follows the aggravation, has ceased.

When a medicine aggravated it will generally influence the patient much longer than when no such aggravation has been observed.

An amelioration that begins forthwith also demands that all medicine be stopped, but such amelioration is seldom so striking as when the amelioration has been preceded by a slight aggravation.

Immediate *amelioration* often indicates the *absence* of deep-seated disease. Especially in this case with the use of long-acting medicines. These go so deeply into the life that they shake the very foundation of the automatic existence. When these powers are so clearly demonstrated, can any man desire Morphine to quiet a patient in any kind of agony ?

Can any man feel the need of greater force to combat disease ? Yes, there are men who do not know this force; it cannot be evolved at will by anybody who wills to evolve it.

This force is never observed, except by him who has learned the philosophy taught in the *Organon* of Samuel Hahnemann; and it is after, *not before*, looking upon the wonderful effect of a remedy conforming to the law of similars that one can appreciate the power he has with which to combat the ills of life, and with which to defend frail man against the assaults of his natural enemy.



Then to the question, What is Homoeopathy ? I must answer, *no man knows*, God only knows, the length and breadth of the intricate, unfathomable mystery, the knowable part of this science, if I may use the word, consists in observing the sick-making phenomena of drugs and the phenomena of sickness, gathering and grouping the similars, selecting with the likeness in view and waiting for results

While we are observing the folly of others we must learn to avoid extremes in our own midst.

We must not despise the original thirtieths of the master because we have found the Cm in so many cases useful. While reveling in the higher degrees of the true healing art, the younger and weaker must be fostered while tremblingly climbing the pathway up the hillside so familiar to most of us.

While the way is beset with thorns, it is nevertheless the way of truth, and no part of it is to be despised. With the young and old our faith must be pinned to the law of similars, the single remedy, the smallest dose, the dynamic *power*, and last, but not least, the *proved drug*. These coupled with our organic philosophy, we shall continue in doing good and living to do good.

65- "What shall we do when the law fails."

There is a large number of earnest believers in the *law of cure*, who desire to limit or restrict its application, not realizing that this limited acceptance makes it to themselves no law, but a rule of management of a few cases.

With them it is not a law that has any relation to their failures, but some other kind of medical practice must be called into use to fit the uncured cases which are, as a rule, the majority.

These expect to cure all cases of disease with medicines in crude state, and failing to do so, condemn the law as only applicable to "certain cases."

They say that certain diseases must be treated with strong medicines; that a congestive chill must have large doses of quinine.

They deny the dynamic activities of medicines and ask foolish questions and manifest wonderful ignorance of medical philosophy.

They do not admit what they cannot demonstrate, and their demonstrations have been very meager, therefore their useful medical knowledge is admitted to be very small.

They are not willing to learn the part that does not permit itself to be accounted for through the action of visible particles of matter.

The dynamis and identity are unexplained, and yet we see them. Call them by what name you please, they are present.

I am asked what I mean by the dynamis and identity. By a slight digression I will explain myself in a few words.

The power, each identity possesses to produce its kind is unquestionably a most singular force and may be latent or active.

The power to grow from and out of the acorn the mighty oak, is no less a force in the dry acorn than when surrounded by congenial environment, heat and moisture or the earthly implantation.

What this force is has not been revealed to man. It may be a vital force or a formative force. The acorn has never been known to grow a sycamore; nor has the button-ball ever grown an oak. What is this identity that is not transferable ?

This dynamis is found again in animal life producing its kind. In crystallography this formative force is apparent. In symptomatology we again see it, each drug producing its own and no other identity or individuality.

But it must be remembered that the peculiar environments must under each and every circumstances be suitable to the identity or the evolution will not occur.

The vital energy may be a complex force composed of heat and electricity, but as such our subject is not endangered, and at present there is no clear demonstration.

It has been stated that the vital dynamis cannot exist apart from electrical vibrations. Even this is hard to demonstrate in view of the fact that the vital spark in its latency exists in the acorn without electrical activities.

From these it is clear that life is not motion, although motion is one of the evidences of life, as it is of heat, of electricity and of light. It was recently said in one of our public meetings that without motion there is no force.

The statement needs no further refutation. Again it has been stated that the amoeboid vibrations are the only evidences of life in protoplasmic cells, but the analogy will readily lead one to conclude that the motion is not *the* dynamis.

The vibratory activities in protoplasm increase with types up to the highest cell life, but the vital dynamis, or formative energy becomes no more typical or perfect than in the lowest order of such activity.

Then to develop the activities of each and every sickmaking substance is the aim of the Homeopathist.

He must study the most favorable relations for the evolution of the manifestations of each identity, or he has not performed his whole duty as a physician. Hahnemann was acquainted with these necessities and potentized, or attenuated medicinal substances to place them in a favorable relation to sick making causes to conform to the law of similars.

They who are willing to learn of the master himself find the law universal in its application to the demands of the sickroom, because they do not attempt to limit the environments of a drug in its curative evolutions.

They are willing to use a drug from the lowest to the highest attenuation, only to find the most suitable relation to sickmaking cause and alteration of health as expressed in symptoms.

As to myself I have no longer a doubt, in fact I am more than convinced that I could not universally apply the law curatively with the exclusive use of lower potencies.

Then it should be expected that the law would fail in the hands of men who do not admit the essentials to its universal application.

Crude drugs cure disease promptly under certain conditions, and the lower potencies when carefully selected are generally potent enough to cure most diseases, but shall we permit prejudice to deprive the world of increased usefulness.

The dynamis and its identity are unexplained, yet they are facts. No method of reasoning can forecast such things and no method of reasoning can do away with these facts. Can it be said that the law has failed, when in a given case, the dose administered is yet too large to cure ?

The failure of the law to help us out comes at all times from its non use. We think we are the law, we try to use the law, but we don't use the law.

Homoeopathy is an applied science, and is no part of man's imagination or belief. It cures disease when the law is applied, and not when misapplied.

When man fails it is man's failure, and the law stands unimpeached.

Again the law seems to fail where the selection has been perfect, and the potency suitable by meddling with the action of the remedy.

This fault is a common one and depends upon ignorance of the philosophy of Homoeopathy. I have many times heard the law condemned for not curing an incurable sickness.

The physician who expects to cure the sick must know of disease what is curable, and he must know how to observe and how to interpret what he sees.

I remember a chronic rheumatism of all the joints in the body to have so changed in six months that the ankles and toes only were painful. The general state had greatly improved, and the patient was nearly well, but she said, "I cannot walk and I must be cured ;" so she went to a neighbor who bathed and rubbed vigorously, and the ankles and toes became better immediately, but the whole trouble came back, and I was never again able to relieve her.

There are many things that a physician must know to prescribe homoeopathically outside of what drugs may do. He may know the appropriate remedy and then not know how to use. The patient may say he is better, or he is worse, and the statement is of little value. If it relates to his general state he is competent, but if in the direction of his symptoms he is incompetent. Pain going from place to place must be observed for a purpose.

A deep seated trouble changing under the action of a remedy, coming to the surface, though the suffering be increased ten fold the remedy must not be disturbed or the cure may never be realized.

Though the patient say "I am so much worse, just see how I suffer," he must have Sac. lac.

The physician who does not know these things can never follow the law closely enough to make it universally successful.

The treatment of chronic complaints demands an investigation entirely different from self-limited diseases. A man may disorder his stomach by gluttony and establish morbid phenomena, which may continue as long as the cause is continuous, but will cease when the cause is removed.

Should such diseases be called chronic ? I think not. These are an intermediate class that need for remedial measures instructions for the patient and very little medication.

These diseases tend to recovery, which is unlike the disease properly called chronic. Any disease having no tendency to recovery may properly be called chronic. This must not be interpreted to mean a symptom.

A symptom may have a tendency to disappear, and soon be followed by another equally as dangerous. The ulcer may close and a diarrhea appear as intractable as the ulcer. This shows that the proper disease has no tendency to recover.

The question will then arise, as to what is understood by chronic disease and how it is defined. It must be understood first of all that all diseases when leaving the body -when cured or self cured do so under unvarying rules or laws.

The vital manoeuvres are not one way today and another way next week.

Nature operates under fixed principles. Now it must be known first of all that diseases recover from above downward from within out and in the reverse order of their coming.

When the phenomena of disease do not follow this circumscribed limit of directions the disease is growing worse or at least progressing.

When any given disease has existed a considerable time and its changes present phases in the reverse of the above formula though the supposed causes have been removed, it is of necessity a chronic disease, and will only change or reverse its order of direction by suitable homoeopathic agencies.

A knowledge of these principles *only* inform the physician *when*, and *when not*, to interfere in the treatment of the disease.

It is so common for a patient to return after a correct prescription saying, "I am much worse today." The physician must now look into the case.

If the new symptoms are such as were noticed in the early progress of the disease the cure is certain if properly conducted. If the new manifestation is felt on deep organs that have not heretofore been touched or given rise to symptoms, the disease may be known to be deep seated and most likely incurable.

Sharp aggravations after a prescription the direction being from within out is a sign of speedy recovery. Following a prescription for chronic rheumatism, if heart symptoms intervene the patient never will recover. If the acute symptoms following a careful prescription are prolonged, the recovery will be *Wow*.

The vital reaction to the remedy may be estimated by the intensity of the aggravation that follows the remedy. In, acquired disease, such as are the result of indiscretion in diet and debauch, are seldom followed by any reaction as they do not belong to any *specific* chronic miasm of a progressive character.

I have hinted at a few things that a physician should know, and there are thousands of the kind.

But it must be known at this time that the law will fail to be of service to him who knows not how to apply it. It helps him in proportion as he becomes acquainted with it.

Some days ago a physician who had graduated a few years ago and settled down in a malarial district, remarked that he could not cure the chills without quinine in large doses. I began to question him, to see if there was a good reason for the statement.

He never had listened to a lecture on medical philosophy, and seemed to have no conception of its meaning. He was well educated in everything but Homoeopathy.

He had a fair knowledge of the Materia Medica but he knew nothing of how to apply the law of cure. I am perfectly willing to say what I know to be the truth; that the professed Homoeopaths of this or any day claiming to need large doses of drugs to cure the sick are like this young man, ignorant of the philosophy of Homoeopathy and remain so during life.

The colleges have neglected this philosophy hence the law fails to help the physician who should have the most confidence in it. Confidence comes from acquaintance that is ample and of long standing.

Another doctor says, "I must do the best I can," when the law fails. "I must break that chill or he will go to some one else, and he would then get quinine; I might as well give it to him as for some one else to." You have then concluded to do your patient harm, because if you do not somebody else will. If I see a pocket-book on the street, I can as well say that I may as well steal that, if I do not somebody else will.

The patient may have a skin disease and want to recover. You know that it can be made to disappear by outward applications. Now will you consent to do that man harm because if you do not you will lose a fee, or he will go to the next doctor ? Will you not warn him of the danger ? Is he not better with that disease on the outside than within the body ?

But you say I have tried homoeopathic medicines and the law has failed. Then because of your ignorance of the law, you propose to be hired to drive that skin eruption back into the body. You might as well be hired to give the patient a dose of poison. "Then what shall I do ?"

When you do not know what to do, why do you do anything ? The great mistake rests in the ambition to do something. No man should consent to do a wrong as a substitute for an unknown right way.

These things are hard to see. I have many times convinced myself of my own ignorance after a long and hard struggle, but had I been called ignorant of these self-same things, I am satisfied I could have argued the point satisfactorily to myself. This is a man's stumbling block, and is in the way of progress.

Many of our best followers of the law are not so well acquainted with remedies as they would like to be, but they cure their cases, and the redeeming feature with them is that they know how to avoid *doing wrong*. "Be sure that you are right, then go ahead" will do in this place.

To avoid frequent failure under the law it is necessary to know something not taught in allopathic colleges.

"When we have to do with an art whose end is the saving of human life any neglect to make ourselves thoroughly masters of it, becomes a crime." (Hahnemann.)

#### 66- What the people should know

All who know and desire the benefits of the homoeopathic system of medicine, or art of healing, should acquaint themselves with the customs of the strict practitioners in order to avoid the deception of pretenders who are willing to imitate for diminutive fees, having no consideration for the patient nor the art of healing.

There are physicians who call themselves homoeopaths, but are so only in name, as they do not follow the methods worked out by Hahnemann.

They give two medicines in one glass or alternate in two glasses, or in some cases give medicine in three or four glasses.

They do not conform to Hahnemann's rules in taking the case and writing and preserving full records of the cases.

The people who are acquainted with these facts cannot protect themselves against such impositions.

The false and the true pervade all experiences and conditions of life, and the unenlightened and simple suffer by the deceptions of the false.

The time has come when the followers of Hahnemann should furnish information to the people in order that they may recognize the genuine if they desire the benefits of the homoeopathic art of healing.



It should be known, first of all, that true Homoeopaths write out the symptoms of each and every patient, and preserve records for the benefit of such patient and the art of healing.

A moment's thought must convince any person that human memory is too uncertain to be trusted with the long record of symptoms, even in a small practice; then how much more does the busy practitioner owe it to his patients to keep accurate records of their sicknesses ?

No physician is competent to, make a second prescription if the symptoms upon which the first prescription was made have not been recorded with fullness and accuracy.

Often in such a case the neglectful physician has forgotten the remedy given, even the one that has caused great improvement, but as there is no record of the case as to remedy or symptoms, and many of the latter have passed away, there is nothing to do but guess at a remedy, which generally spoils the case or so confuses it that the case seldom ends in a cure, and the sufferer always wonders why the doctor, who helped her so much at first, lost control of the case.

Many cases that should end in perfect cure result in failure from the above negligence.

Under such circumstances, when the physician has made a bad guess, he goes on spoiling his case by guessing and changing remedies to the disgust of the patient and injury to the art of healing.

Such failure leads to the experimentation and temporizing which lead to disgrace. The people should be able to know whether a physician is what he calls himself, or is of another sect. The temptation is very strong to be "all things to all men."

The people should not expect to obtain homoeopathic results from a physician whose methods are not in accordance with the homoeopathic art of healing.

If a person wants mongrelism, regularism, polypharmacy, etc., by knowing the methods of the homoeopathist, he will be able to discriminate and select the kind of his preference, and it is reasonable to suppose that if he does not want a homoeopathist he will be glad to know how to shun him.

Nothing is more humiliating to a Hahnemannian than to be called to the bedside and find that the people do not want him; but actually want one who gives medicine in two glasses because some old family doctor did so.

Therefore, this information is as useful to him who would avoid a homoeopathist as to him who desires one.

Homoeopathic patrons going abroad and those far removed from their own physician, often ask for the address of a good Hahnemannian. Such address cannot always be given, yet there are many reserved, quiet Hahnemannian physicians scattered over the world, but they are sometimes hard to find.

As far as possible, traveling homoeopathic patients should carry the address of Hahnemannians. In the absence of this a test may serve the purpose.

Go to the most likely man who professes to practice after the manner of Hahnemann and tell him you want to consult him; but unless he writes out all the symptoms of the case as directed by Hahnemann, and continues to keep a record for future use, you cannot trust your case with him, as you have learned to have no confidence in the memory of the man.

If he refuses to do this because of lack of time or ignorance, he should not be trusted, and it is best to bid him "good day" at once.

If he be what he professes to be, he will be delighted to find a patient that knows so much of his system of practice, and the patient and physician will become fast friends.

There is another matter that the people should know about; that the homoeopathic physician cannot prescribe on the name of a disease; also, that names are often the cover of human ignorance; also, that two sicknesses of the same name are seldom given the same remedy.

If a physician could prescribe on a name there would be no necessity to write out the many pages of symptoms that some long cases present.

The name of the disease does not reveal the symptoms in any case of sicknesses; the symptoms are the sole basis of the prescription; therefore it will appear that the name is not necessarily known, but the symptoms must be known to the physician in order that he may make a successful prescription.

It will now appear that if a physician has not time to devote to the patient in order to secure the symptoms, he is likely to be just as useless to the patient as though he were ignorant, as he will, in either case, fail to procure the symptoms which are the only basis of a homoeopathic prescription.

A little thought will enable a patient to ascertain whether this work is being done with care and intelligence or with ignorance, inexperience and laziness. It matters not from what excuse, if the physician fails to ascertain all the general and particular information in a case, he should not be trusted, as this labor, well performed, renders the rest of the work easy and a cure possible.

The people should also know that when such a record is on paper it is in such form that the patient may become the object of great study.

In no other form can a likeness of his sickness be presented to the understanding of the true physician.

Any physician who sneers at this plan shows how little he values human life and how much he falls short of a Hahnemannian.

The people should also know that the true physician may now compare such a record of facts with the symptoms of the *Materia Medica* until he has discovered that remedy most similar of all remedies to the written record.

And when the patient has become intelligent, he will say to his physician :

*"Take your time, Doctor. I can wait until you find what you think is the most similar of all remedies, as I do not want to take any medicine you are in doubt about."*

This statement makes a grateful doctor, as he now knows that he is trusted and known, and has a patient intelligent and considerate.

Under such circumstances the doctor can do his best and such patients obtain the best and uniform results.

People who are not thus instructed become troublesome to the physician, and even suspicious, when they need to inspire him with full confidence, and sometimes they even change physicians and do the one wrong thing that is against the best interest of the patient.

It is possible and desirable for the people to be so instructed that they may select the safest physician and know when he is working intelligently.

People who are instructed do not intrude upon the physician's sacred moments, but, on the contrary, aid him with trust and gratitude.

Only the ignorant suggest this and that in addition to what is being done, and the more ignorant the doctor the greater is the number of things resorted to make himself and others think he is doing something.

The intelligent physician does what law and principles demand and nothing more; but the ignorant one knows no law and serves only his wavering experience, and appears to be doing so *much* for the patient, in spite of which the patient dies.

The physician must often long for a patient so well instructed as to say :

*"Doctor, if you are in doubt about what to give me, don't give me anything."*

Such words could only come from one who knows that there is a law governing all our vital activities, and that law must be invoked or disorder must increase to the destruction of all order in the human economy.

If it were not true that the human race is ignorant of the highest principles of science, mongrelistic medication could not find support upon the earth.

It is true that if the people would study Hahnemann's Organon and thereby secure the safest medication for themselves and their families when sick, crude compounds and uncertain medication would not be the rule as it is at the present day.

In all trades a man must be somewhat skillful in order to gain entrance to an intelligent patronage; but in the profession of medicine, personal tact excuses such lack of training and ignorance of all science of healing.

People who know what homoeopathy really is, should seek to introduce the principles among the most intelligent people by reading, and not by urging upon them a favorite physician.