

Dake (J. P.)

INTRODUCTORY

TO THE

REPORT

OF THE

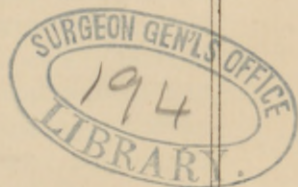
Bureau of Materia Medica,

WITH

Synopses of the papers presented at the
36th Annual Session of the
American Institute of Homœopathy.

✓
BY J. P. DAKE, A.M., M.D., CHAIRMAN,
NASHVILLE, TENN.

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INTRODUCTORY.

By J. P. DAKE, M.D., Chairman, Nashville, Tenn.



In presenting the report of this bureau I feel that no explanation, much less an apology, is due for the subject selected for presentation and discussion at this time. If the need of a work on materia medica, less voluminous than some and more reliable than any now before the profession, has not been realized throughout the homœopathic world, there is little to be learned by study and by observation of the signs of the times. But, inasmuch as some members of the bureau seem to have misapprehended the objects in view, when the circular announcing our special subject was prepared, I deem it proper to say a few words explanatory.

It was intended, first of all, to draw out the views of leading thinkers and workers on materia medica, as to the feasibility of abbreviating or condensing our display of drug effects.

As to the necessity of the full, original text, so far as known to be reliable and useful, there has been no difference of opinion among the members of the bureau, notwithstanding some of the papers coming into my hands would seem to indicate otherwise. For reference, for the shelf in the book-case, let us have the complete work; and for hourly use, for a manual, an abbreviated edition of the same. So far as any member may be satisfied with the old note books and records, and, therefore, opposed to any sifting or curtailment, any condensation and regional arrangement of drug effects in less voluminous form, I am pleased to have his views plainly expressed. All shades of opinion on the subject are called for.

In the next place it was intended to draw out illustrations of different methods of culling from our vast displays of drug

symptoms the characteristic and most important; and hence the proposition to bring the pathogenesis of each drug, on an average, down to five pages in the making of one convenient volume.

The possibility of such a reduction was hardly considered a question, although its accomplishment might be attended with many difficulties in the present state of our pathogenetic records.

And, lastly, it was intended, by the abbreviated displays of *Nux vomica* and *Kali bichromicum*, to arrive at the most desirable method of condensing and arranging useful material for a manual of materia medica.

With such intentions, I had the following circular printed for the guidance of members of the bureau, and for the information of the profession generally :

BUREAU OF MATERIA MEDICA AND PROVINGS,
AMERICAN INSTITUTE OF HOMŒOPATHY.

Our special subject for presentation at Niagara Falls, June, 1883, is

"A MODEL FOR MATERIA MEDICA."

Each member of the bureau is expected to prepare such an exhibit of the two drugs named below, as in his judgment, the present provings and clinical records will allow, and in such form as may best suit the purpose of the homœopathic student and practitioner (the exhibit of each drug not making more than five pages *octavo, brevier type, leaded*).

It is the purpose of the bureau to arrive at the best method of abbreviating, or condensing into one volume, say, a manual of eight hundred pages, the useful knowledge we have of the leading articles of materia medica.

Each member is to report his work to the chairman, Dr. Dake, at Nashville, Tenn., before April, 1883.

The reports may be written in English, French, German or Italian.

Drugs to be Considered :

NUX VOMICA AND KALI BICHROMICUM.

I now proceed to submit a brief of each paper sent to me, so far as it relates to methods and plans for the work proposed. The papers in full, together with displays of the two drugs named in our circular, will be duly published.

I. JOHN W. HAYWARD, M.D., *Liverpool, England.*

Dr. Hayward advocates two different displays of drug effects—one for the student and the other for the practitioner—the former to contain the original reports of “all known provings, experiments and poisonings with each drug,” and the latter having the same material “tabulated under the organs in which they have appeared, with all their natural connections and their conditions and concomitants.” He would, also, have references from each symptom to the line in the original proving or record where it is mentioned. And, further, he would have an “index” added, under each organ, and a “commentary;” the latter in two parts, one *pathogenetic*, explaining the special action of the drug on that organ, and the other *therapeutic*, explaining the therapeutic indication of the different symptoms; and this latter he would have supplemented by clinical cases confirmatory. And to all this he would add a “general commentary,” also in two parts, *pathogenetic* and *clinical*. These two works Dr. Hayward considers essential, and believes that no materia medica with less “should be considered suitable for the physician practicing homœopathically and symptomatically.”

In general, he would have the natural history and composition and pharmacal treatment of the drugs given in a separate work.

He asserts that “no mere epitome, abridgement or condensation can possibly serve the purpose or meet the necessities of either student or practitioner,” and, therefore, considers it the duty of the bureau to refrain from the production of any such work. He argues strenuously against the possibility of any *abridgement* of symptomatic display, and asks what symptoms are to be thrown away, concluding with the remark that such a materia medica as that proposed in our bureau circular, would be as useless as an outline map of the United States to a student of geography.

As the position assumed by Dr. Hayward is directly in opposition to the present aim and effort of our bureau, I must pause to vindicate briefly the purpose of the circular.

In the first place, as I have already intimated in my introduction, not a member of the bureau, so far as I am informed, has any lower estimate of the value of the original and full records of drug effects than has Dr. Hayward himself. He wants the complete day-books, and so do we. He wants the cases of poisoning, and so do we. He wants drug symptoms in the order of their occurrence, and so do we. But when he claims it to be the duty of this bureau to condemn every condensation, abridgement and epitome of materia medica, we must decline to follow his lead; and I will briefly indicate our reasons for it. Having the original records, and then the full, systematic arrangement of symptoms, under organs and regions, for reference whenever in doubt, or called on to trace nice distinctions in the choice of a remedy, we consider it not only possible but convenient to have an abbreviated edition, in the form of a manual. A careful sifting out of chaff and study of characteristics, in ways illustrated in this country as well as in England, will bring us a condensed materia medica more useful to the practitioner than the cumbersome works now claiming to be complete.

1. In the first place, as I took pains to show in my paper for the World's Homœopathic Convention, at Philadelphia, in 1876, a large number of drugs have been presented in our works on materia medica which have had no proper proving, or have shown little or no influence on the human organism, certainly not such as to give them rank as useful remedies.

2. Many symptoms have been recorded by provers whose conditions or circumstances were such as to make it very doubtful if they were, at all, drug effects.

3. Many symptoms have been noted, as drug effects, when doses were taken in which there could not possibly be any drug influence.

4. Many symptoms have been attributed to medicines that were, really, due to the lively imagination or undue ambition of self-appointed provers.

5. A large number of symptoms stand in the materia medica which have occurred in but one prover and in that prover but once.

6. Identical symptoms have, sometimes, been variously located or described by provers, thus causing them to appear as so many different symptoms.

7. Many symptoms in the sick, appearing for the first time after the administration of a certain remedy, have been recorded as drug effects.

8. Symptoms noted in cases of poisoning have been attributed to the poisonous drug taken, without due consideration of the influence exerted by antidotes and other causes at the same time operative.

When all worthless and unproved drugs, and all symptoms which are not drug effects, are omitted there will be a wonderful shrinkage in the dimensions of our materia medica.

But it is not alone such omissions that will afford us an abbreviation. Genuine drug symptoms are not all of equal value; and when, by much scrutiny and comparison, we are able to distinguish those of the *greatest value*, to arrive at the *characteristic* and *essential*, then may we hope for a condensed materia medica worthy of the name, and useful alike to the student and the practitioner.

Hahnemann, while he wrote much about the *totality* of the symptoms of a case of disease, on the one hand, and the totality of the symptoms or effects of the curative agent, on the other, sought continually for the *characteristic* symptoms, as the more striking and ready points of comparison. It is well known to every thoughtful student of materia medica, that each drug must primarily impress a certain tissue and disturb the functions of a certain organ, and that, when not prevented by some other morbid or pathogenic agency, the character of its impression must be the same in all cases. The inception and progress of the drug disease, undisturbed, must be essentially the same in all persons; and the symptoms indicating its point of attack, its line of march, and its results cannot differ widely in the members of the human family. *Upon this uniformity of drug effect depends the whole fabric of homœopathy.*

If the symptoms recorded in our materia medica do not apply to the generality of mankind, if they are to represent

personal peculiarities and not uniform drug effects, the practical application of *similia* becomes a task more difficult and less satisfactory than out and out empiricism. But the uniformity of drug effect stands, and all that is necessary to make *similia* universally applicable, in its own wide sphere, is to have drug diseases truthfully displayed in a work on materia medica.

I know the difficulties are many, in the making of such a display without the day-books of Hahnemann and the early provers, and with the material furnished by desultory and careless drug experimentation; but, whatever the value of existing material, it must be worth as much in the formation of a condensed materia medica as it possibly can be in its present unwieldy shape.

Taking the figure offered by Dr. Hayward, I would say, in conclusion on this question, that if a map of the United States does not allow an abbreviation, showing State lines and the larger lakes, rivers, mountains and cities correctly, and so that it shall be useful, without having the county and township lines and the private farm boundaries displayed, I would consider the map making business a decided failure, as to the United States.

II. E. A. FARRINGTON, M.D., *Philadelphia.*

Dr. Farrington opens with the observation that, "To deserve the title 'model,' a materia medica must be more than an abridgement." He then states three leading requirements in the arrangement of a model materia medica:

1. The officinal name of each drug, its place in natural history and its composition.
2. A concise statement of such characteristic features as are nearly or quite universal in its symptomatology.
3. A clear, compact, but complete arrangement of its symptoms, objective and subjective.

He would have these symptoms comprise not only the effects of provings, but, also, such developments of provings and such merely clinical symptoms as are indisputably characteristics;

and he would have great care exercised in the localization of all symptoms. Dilating upon the requirements noted above, Dr. Farrington speaks of the importance of showing the origin and composition of the several drugs, giving appropriate examples.

In the arrangement of symptoms he would not allow condensation at the sacrifice of valuable matter. He would avoid verbosity, unnecessary repetitions and vague and unimportant symptoms. He would embrace symptoms from all parts of the body influenced by the drug, especially such as are known to be most characteristic. He would, also, embrace some symptoms furnished by clinical experience, especially when found in accord with the genius of the drug and when furnished by well qualified and painstaking practitioners; but they should be rejected when found to disagree with the provings. In a schema he would, so far as possible, preserve the order of the symptoms, not allowing them to be violently severed. He would begin with generalities, or the symptoms always belonging to the drug, and go on, as already mentioned, with objective and subjective symptoms, physiological and pathological symptoms, rationally combined. He would have the schema made up by persons familiar with anatomy, physiology, and pathology, and able to make comparisons and note concomitants and conditions, as affecting the symptoms embraced. Dr. Farrington submits a very concise and clear display of *Nux vomica*, exceeding somewhat in length the limits allowed in our circular.

In regard to the use of the term "model," upon which he makes comment, I would remark that it was not intended to apply to a *materia medica* claiming to be complete, but to an abridged or condensed *materia medica*. There may be a model of the one as well as of the other.

III. LEWIS SHERMAN, M.D., *Milwaukee.*

Dr. Sherman would present each drug under four successive headings:

1. The natural history of the article, embracing name and botanical and chemical character and relations.

2. Its pharmacal peculiarities, embracing modes of selection and preparation and preservation.

3. Its pathogeny, embracing first, the effects of large doses, and second, the effects of small doses, each in a connected orderly manner.

Dr. Sherman speaks of the importance of correct information in regard to the source and genuineness of drugs and, also, in regard to the methods of preparing and keeping them for use, in order that we may be sure of their identity and uniformity of influence.

A case of poisoning with *Nux vomica* is given, which vividly pictures the inception, progress and fatal termination of the disease resulting from a large dose of that drug. The effects of smaller doses on healthy persons are displayed, as afforded chiefly by the experiments of Hahnemann and those under his immediate direction and scrutiny, and from notes collated from medical literature.

Many symptoms gathered by Hahnemann and others with less care, from the sick and other questionable sources, are omitted; and so, also, all symptoms reported as coming from the use of the "high potencies."

Dr. Sherman considers it important that every student of materia medica, in order to use an abbreviated edition successfully should carefully read the original record of symptoms as made by provers and competent observers of cases of poisoning.

IV. A. W. WOODWARD, M.D., *Chicago.*

Dr. Woodward opens his paper with a case, illustrating the need of a connected statement of effects in the display of each drug. He advocates a knowledge of what he terms the "natural evolution" of symptoms, and would have the law *similia* apply especially to the sufferings of the *first* organ or organs disturbed, and to all sufferings or symptoms in the *order of their development*.

He enunciates this principle to be observed in the notation and use of symptoms. "That the succession of organic dis-

turbances, obtained by provings made by a single dose, presents two similarities, viz: *That the first few organs disturbed by the drug are identical with the associated organs chiefly involved in acute diseases for which that drug is especially curative; and second, that the order in which these symptoms are developed, points to the conditions governing its successful use in chronic diseases—i. e., they must, in their history exhibit the same succession of organic ailments, seriatim.*"

Dr. Woodward had provings made by students, at the Chicago Homœopathic College, in order to mark the agreement of the early symptoms in different persons, and declares that, down to the heading "bowels" in the schema, four out of five provers of *Nux vomica* returned day-books in which the same organs were disturbed and in the same order; also, that three out of five provers of *Kali bichromicum* reported uniform results down to the heading "fever."

The provers were in sound condition, kept unaware of what drug they were proving, and the doses were considerably within toxic limits.

He gives the day-books of two provers only, one of *Nux vomica* and one of *Kali bichromicum*, merely to show the order of the symptom development, how the influence of the drug is felt by one organ of the body after another. He considers the order just as important, just as characteristic, as any other quality belonging to the symptoms, perhaps even more important than many of the key-notes now highly prized.

After speaking of the provings on the healthy, Dr. Woodward presents the therapeutics of *Nux vomica* and *Kali bichromicum*, showing how the curative range corresponds with the pathogenetic, how the best results are obtained in affections of the organs first disturbed by pathogenic doses of the drugs.

V. A. C. COWPERTHWAITÉ, M.D., *Iowa City.*

Dr. Cowperthwaite would have a *materia medica* arranged upon the following plan:

1. The order of remedies alphabetical.

2. Name of remedy, first as used by homœopathic writers, then the Latin name (modern nomenclature) followed by names in common use.

3. Mention of the alkaloids contained, or chemical formula, for each drug.

4. An outline of the general action of the drug upon the tissues, organs and systems of the body.

5. In the same connection he would display the characteristic symptoms of the drug, aside from those which might belong to a number of other drugs as well.

6. Then he would have a record of the drug symptoms in their anatomical order, beginning with those of the mind and ending with modalities, the objective before the subjective, and the general before the special, or simply local.

He would have the symptoms grouped according to value, and the groups distinguished by different face-type. In the first group he would place those symptoms which have appeared most frequently, or in the greatest number of provers, and which have been well verified clinically.

In the second group, those which have occurred less frequently in the provings, but which have been verified.

In the third the same symptoms, not so well verified; and in the fourth, symptoms seldom occurring in a healthy prover and not yet verified.

The first group Dr. Cowperthwaite would have printed in italics, the second and third in roman, while the fourth he would omit in a condensed materia medica.

Symptoms not observed in provings but often removed from the sick by a drug, he would rank with the third group, with the same mark of distinction, however.

7. The modalities he would have stated immediately after the symptom or symptoms they are calculated to qualify.

8. And finally, he would have the relationship of the drug to other drugs, including its antidotes, briefly given.

Dr. Cowperthwaite enters a protest against too much physiological speculation and pathological generalization, in noting the range of drug influence and effect. He would adhere to

a plain statement of well ascertained facts. He furnishes an exhibit of Kali bichromicum, made in accordance with the plan I have just epitomized.

VI. CONRAD WESSELHÆFT, M.D., *Boston.*

Dr. Wesselhæft begins his paper by saying: "The steps to be taken (to condense the *materia medica*) would be:—

1. To state, as nearly as may be, in narrative form the effects of each drug, in as exact an order of occurrence of each symptom as careful study and analysis can render it, in a condensed form of from one to five pages.

2. An arrangement, in anatomical order of parts, of all symptoms in a condensed form, also derived from all original sources and arranged so as to state, first, all generalities of sensations; secondly, the locality of the general region; thirdly, the time of the occurrence of each; and fourthly, the conditions under which they occur, embracing particularly conditions of aggravation and conditions of improvement."

Dr. Wesselhæft carefully portrays the labors of research, transcribing and collating, necessary to the narrative form, mentioned above, and remarks that they can be performed only by persons especially well qualified and in a lengthened period of time. He also speaks of the learning, experience and powers of discrimination required in those who would undertake properly to condense the vast accumulations of symptoms attributed to the numerous drugs now in use. He favors an arrangement of the selected matter in four columns, the first to have a general description of the morbid state or feeling; the second, mention of the locality affected; the third, the conditions under which the affection or symptom exists; and the fourth, the conditions under which aggravation or amelioration occur.

Dr. Wesselhæft proceeds to explain the advantages of this plan and to show that, when followed faithfully, it will lead to a successful condensation of our *materia medica*. He expresses the apprehension, however, that the care, and labor, and time

required may throw the consummation far into the future. He concludes with a good exemplification of his method in the pathogenesis of *Nux vomica*.

VII. TOMASSO CIGLIANO, M.D., *Naples, Italy.*

Dr. Cigliano, in the formation of a condensed materia medica, would have the matter disposed in the following order :

1. A clear statement of each symptom.
2. Mention of what went before—precursors.
3. Symptoms qualifying —qualitatives.
4. Symptoms comparative —similarities.
5. Personal peculiarities —modalities.
6. Things accompanying —concomitants.
7. Things causative —occasions.
8. Things aggravating —increments.
9. Things lessening —diminuents.
10. When occurring —times.
11. Symptoms following —successors.

Dr. Cigliano would have the drugs alphabetically arranged. He illustrates his plan by a display of two symptoms belonging to *Kali bichromicum*. I regret very much that Dr. Cigliano was unable to send a more full statement and practical illustration of his method.

VIII. WILLIAM OWENS, M.D., *Cincinnati.*

Dr. Owens, in his paper, aims at the philosophy of our materia medica. He would, first, have facts and then a logical treatment of them, so that the results or conclusions should be inevitable. He claims that, as yet, there has been no general agreement as to *what* it is that drugs act upon, and consequently no rational views as to how and why pathogenetic processes are developed. He believes that such processes, in the case of each drug, begin, progress and end in obedience to certain laws; and that, when such laws are observed our materia medica may not only be abbreviated, but very much condensed, so as to suit

the convenience of the busy practitioner. He quotes Hahnemann to the effect that disease consists in "abnormally modified vital force," or "some particular morbid derangement of the feelings and functions of the organism;" and goes on to say that, "all morbid processes except those of traumatic origin, arise from morbid impressions made upon a certain class of nerves which are essential to life, and upon the integrity of which all functional performance depends." He advocates the view that the human organism has two distinct yet united natures, the one common to all organic life, and the other peculiar to "men and animals having a brain, or brain and spinal cord," and that disease can only occur when morbid impressions are made on the former, and that it consists in or results from an increase or diminution of functional activity in some organ or tissue of the body. Dr. Owens urges that the true and constant basis of "morbific impressions" is found in this "nervous mechanism of organic life;" and, further, that its essential functions are six in number—"nutrition, circulation, reproduction, respiration, secretion and excretion;" and that in all cases of disease, from whatever cause, there must be an increase or diminution of one or more of these functions. He then proceeds to display the pathogenesis of *Nux vomica* in accordance with the views expressed.

IX. H. R. ARNDT, M.D., *Grand Rapids*.

Dr. Arndt considers that a work on materia medica, crowded into so small a space as that proposed in our bureau circular, must be for students and very young practitioners.

The information afforded in such a work, in his view, should cover nearly all points of interest connected with the drug presented, and one-fifth of the space should be devoted to an introduction, such as furnished by him in connection with the pathogenesis of *Nux vomica*. He would have the real study of the drug based on verified symptoms, taking first, the pathogenetic record and then the application of the symptoms in therapeutics. By studying these two arrangements, side by

side, he thinks the student would learn to apply intelligently the knowledge gained by provings, and likewise, to determine why certain remedies act curatively in certain pathological conditions. The subdivision of symptoms into groups, although open to some objections, he considers as necessary; but he declines to set forth a definite plan for such subdivision, farther than represented in the sketch of *Nux vomica* which he submits.

In his sketch, Dr. Arndt begins with a list of *authorities* consulted or drawn upon; and then arranges the matter in six columns, the first, containing *involuntary provings*; the second, *voluntary provings*; the third, *comments*; the fourth, *therapeutic application*; the fifth, *characteristic concomitants*; and the sixth, *clinical illustrations*.

Having now presented, in abstract, the views and plans of various members of the bureau, regarding the arrangement of our materia medica, I desire to add a brief notice of what is being elsewhere done in the same direction, especially in Great Britain.

Many years ago a move was made in England, for the revision of our materia medica. An excellent introduction was written by Dr. Drysdale, and also, a monograph on *Kali bichromicum*; and similar revisions of single drugs were made by others—of *Aconite* by Dr. Dudgeon, of *Arsenicum* by Dr. Black, and of *Belladonna* by Dr. Hughes. These were issued by the Hahnemann Publishing Society, in quarto form. But the work progressed so slowly, and critical inquiry was discovering so many sources of impurity for our drug pathogenesis, a desire was expressed in the British Homœopathic Society to go back and revise the text, before proceeding farther with schematic arrangement of symptoms.

On the 2d of March, 1882, that society, by unanimous vote, elected an able Committee, having Dr. Pope as its chairman and Dr. Hughes as its secretary, to take the matter of revision in hand. The work of the committee was declared to be to "*expunge all untrustworthy and irrelevant matter and to present*

what remains in the most accurate, concise and intelligible form—all repetitions being avoided, and all provings being given, where possible, in consecutive order as related by the experimenters."

The Committee, going promptly to work, drew up and submitted to the society, as a specimen, the pathogenesis of the drug Aloe; which met with decided disfavor on account of the dubious material embraced. Having carefully looked over the exhibit of Aloe, I am not surprised that it was promptly rejected, the sources of the symptoms attributed to that drug being plainly defective. The Committee then presented Aconitum, as published in the *British Journal*, for October last, but without satisfying the society. Something of a schema, a cutting up and arrangement of symptoms according to regions and organs, after the old plan, was generally desired; and the Committee was asked to submit a group of drugs by way of a better example.

The *acids*, used in our practice, were chosen and a display of their pathogeneses made, as published in the 'Annals of the Society,' for February last. Having carefully looked over that display, I must remark that the symptoms attributed to them, especially to Acetic, Benzoic, Carbolic, Fluoric, Muriatic and Oxalic acids, were not such as to render the work reliable. The sifting was altogether too timidly and inadequately performed.

In the April number of *The Monthly Homœopathic Review* is presented an abbreviation of the provings of Carbolic acid, prepared by a member of the special committee, referred to above. After looking it over carefully and comparing it with the full display in the 'Annals,' I must pronounce it an improvement, in one particular at least, that it furnishes much less of what strikes me as a miserable proving of a drug of very great power and promise. The omission of the *poisonings* I consider a serious defect. I must cite the displays made of Carbolic acid, both as in the 'Annals' and in the *Review*, as proof of the necessity of new and more thorough provings. They show even less carefulness and precision than exercised by Hahnemann and his little group of followers in the infancy

of the healthy vital test. When a Committee, having such a chairman as Dr. Pope, and such a secretary as Dr. Hughes, can find nothing more exact and reliable, as the effects of Carbohic acid, than given us in their reports, thus far made, we may be excused for calling loudly for a college of drug provers.

Before proceeding to my conclusion, I must notice briefly a late publication, a monograph by the Hughes Medical Club, of Massachusetts, presenting the pathogenesis of *Gelsemium sempervirens*. Coming into my hands at the moment of my present writing, too late to allow a careful examination and comparison, the little book must pass with the remark that its plan, copied after that of the Hahnemann Publishing Society, of England, arranged more especially after the method of Dr. Hughes, in the presentation of *Belladonna*, is very clear and convenient.

It opens with a *botanical description* and follows with *chemical constituents, pharmacy, experiments on animals, experiments on man, pathological appearances, bibliography and sources*, and then the *pathogenesis* and *commentary*; the symptoms being placed under thirteen general heads.

The omission of all provings made with doses, in which there might be no medicinal matter, was highly proper; but the idea that that precaution alone would keep out all "imaginary" symptoms, I cannot concede. Counter provings, after the method of Dr. Wesselhœft with *Carbo veg.*, would sift out a great quantity of that kind of symptoms left untouched by the method of the club.

Nor can I agree with the club in endorsing the sentiment of Dr. T. F. Allen, when he says: "An individual proving is not to be discredited because of its failure to present symptoms similar to those of another proving of the same drug." It cannot be *credited* and placed in *materia medica pura*. It must be discredited, insofar as it is not sustained by concurrent proof. As I have already mentioned, in the beginning of this report, we are not after the *exceptional*, the *rare* effects of a drug, but the *regular* and the *uniform*, such as we might reasonably expect to follow the impression of the drug upon the generality

of mankind. Our materia medica is, to-day, burdened and cursed with the fruits of the sentiment expressed by Dr. Allen, and followed by Dr. Hering and others, in gathering up symptoms for a materia medica.

I must, however, commend the industry and care exercised by the Hughes Medical Club, and express the hope that more of such clubs may be organized, and more of such work be done, in our great American field.

CONCLUSION.

In concluding our report I would remark that, as chairman, I am unable to present such a close comparison of views upon the best method for the condensation of our materia medica, as I had intended, because the members of the bureau, evidently, have not all been looking or aiming at the same points. Some have proposed measures, called for only in making a complete materia medica; some have embraced the re-proving of the drugs; and some have brought forward pharmacy as well as pathogenesis. Under the circumstances I shall submit the several papers for publication, as placed in my hands, satisfied that, when the time favorable for the desired condensation comes, there will be found no great diversity of views as to how it shall be effected. In view of what is being done in Great Britain toward the production of a revised text, a genuine and intelligible display of drug effects in the healthy human organism, and in view of the necessity of such a text before any abbreviation can be safely and profitably made, I would urge upon the Institute the immediate duty of co-operating with our able and earnest brethren across the sea.

For myself I must briefly explain, that I have been so dissatisfied with drug experimentation as conducted by most of the disciples of Hahnemann, I have had little heart to deal much with its fruits. Since, nearly thirty years ago, I was called as a teacher of materia medica, to stand before a class of earnest students in our old college at Philadelphia, I have

been painfully sensible of the faulty methods and spurious results characterizing our drug experimentation, and have earnestly advocated the re-proving of our medicines as affording the only chance for a *materia medica pura*. But, as I could not, by myself, organize and maintain a college of provers, and as the profession, blind to the advantages to be gained or careless of the evils to be shunned, would not second my effort, the years have come and gone with little or no improvement, till it now looks as if our traditional enemies may take up the healthy, vital test, and reap its true rewards, while we are striving to pick out grains of wheat from piles of chaff, growing yearly higher and higher. Since the work of re-proving, under proper safeguards and with necessary means, is not taken up, I am ready to urge the handling and sifting, as best we may, of what time and chance and misguided efforts have heaped up before us.

I would recommend the adoption of the following resolutions:

1. *Resolved*, That our Bureau of *Materia Medica* and Proving be instructed to co-operate with the Special Committee on *Materia Medica* Revision, in the British Homœopathic Medical Society, on the basis of resolution number five, adopted by that society, March 2d, 1882, reading as follows: "That the aim of the committee shall be to expunge all untrustworthy and irrelevant matter, and to present what remains in the most accurate, concise and intelligible form—all repetitions being avoided, and all provings being given, where possible, in consecutive order, as related by the experimenter."

2. *Resolved*, That in pursuance of this purpose, we would urge the following preliminary steps:

a. Agreement as to the remedies to be embraced in the revised work.

b. Agreement as to the sources of pathogenesis to be drawn upon for symptoms.

c. Agreement as to the order or manner for the display of drug effects.

d. Agreement as to the manner and ways and means of publication and sale.

3. *Resolved*, That the officers of our bureau be instructed to open correspondence, at once with the officers of the Committee of the British Homœopathic Society; and that all our efforts toward a condensed *materia medica* be deferred, till we have the fruits of the proposed revision and purification.