

M(G) & CAMPBELL
WITH COMPLIMENTS OF THE AUTHORS.

HAHNEMANNIAN

HOMŒOPATHY!

BEING PAPERS READ BEFORE

The Canadian Institute of Homœopathy,

—BY—

GEO. LOGAN, M.D., Ottawa, Ont.

EX-PRESIDENT OF THE MEDICAL COUNCIL OF ONTARIO,

—AND—

CL. T. CAMPBELL, M.D., London, Ont.,

PRESIDENT OF THE INSTITUTE.

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Who is a Hahnemannian ?

BY CL. T. CAMPBELL, M.D., LONDON, ONT.

IN the polemics of modern Homoeopathy, the word "Hahnemannian" occupies a very prominent place. Applied especially as the personal description of a practitioner of a certain class, it seems to me that as yet no clear and satisfactory definition of the term has been given ; and as a contribution to the study of the condition it is supposed to illustrate, or the character it is supposed to define, I have thought that I might attempt an answer to the question "What manner of man is he who should be termed a Hahnemannian?"

Let me preface my definition of a Hahnemannian by saying that he is not necessarily a physician who attempts to follow all the little details of Hahnemann's medical practice. "Attempts," I say, because that is something one can only attempt, but which no one can succeed in doing ; and that for the simple reason that Hahnemann was continually varying the details of his practice, while he remained firm in general principles. Sometimes he prescribed mother tincture ; sometimes the third dilution ; then again the thirtieth or the one-hundredth. At one time he favored alternation of remedies, then he advocated the single remedy ; and at another time he approved of the combination of remedies—as in his letter to Lutze on that subject. At one time he objected to a second dose of medicine being administered so long as there was the slightest improvement from the first ; and then we find him recommending that the medicine should be repeated at intervals as frequent as every five minutes. The fact was, he recognized fully that these details of practice depended largely on individual experience of individual cases. No one can follow him strictly in all these minor points. Indeed no one attempts to do so. Even those who call themselves Hahnemannians *par excellence* have ignored the Master's method of preparing dilutions ; and have adopted processes of which he never heard, and have ascended heights of attenuation of which he never dreamed. We must look elsewhere for a true Hahnemannian.

Accepting this law of cure as the basis of his treatment, the Hahnemannian follows the methods of Hahnemann in investigating disease. He looks for the cause and inquires into the mental and physical condition of his patient. "Never mind the cause," say some, "if you only see the symptoms clearly." Not so said Hahnemann. "The physician must avail himself of all the particulars he can learn, both respecting the probable origin of the acute malady and the most significant point in the history of the chronic disease to aid him in the discovery of their fundamental cause." (*Organon*, sec. 5.) "The first duty of the physician who appreciates the dignity of his character and the value of human life is to inquire into the whole condition of the patient, the cause of the disease," etc. (*Chronic Diseases*, Hempel's Edition, 1845, vol. 1, page 52.)

Having thoroughly investigated the history of the case, the Hahnemannian begins his therapeutic measures at the fountain and origin of the disease. "It is taken for granted," says Hahnemann, "that every intelligent physician will commence by removing the *causa occasionalis* (*Organon*, Sec. 7.) To find the remedy with which to cure his patient, he notes all the symptoms. Some are satisfied with the subjective symptoms; Hahnemann was not, though he gave them a significance in therapeutics they never had before. "The totality of the symptoms" was demanded as a pre-requisite to scientific prescription. There are symptoms objective as well as subjective—internal as well as external. The physician must have all of these if he would arrive at "the totality of the symptoms." He must be a thorough pathologist, to discern what is inside as well as what is outside. The symptoms visible to the eye of the physician or cognizable by the senses of the patient are not enough. Some physicians profess to be satisfied with these, but such are not Hahnemannians. They are not usually very consistent, however. They will pay particular attention to the skin of the patient, noticing its character, its color, its temperature, the form of eruption—all its pathological condition in face; and yet profess indifference to the pathological conditions of the skin that lines the interior of the lungs, alimentary canal and viscera.

Having ascertained the cause of the disease, inquired into the conditions of the patient, and inspected the totality of the symptoms, the Hahnemannian selects as nearly as possible the remedy which by experience has been found to produce similar symptoms. As *nearly as possible*, I said, for he is not omniscient. His power to select the appropriate remedy is limited by his knowledge. What will he do if he cannot find a

perfectly Homœopathic remedy? He will try the one most nearly homœopathic. How if that fails? Will he spend day after day running up and down the scale of alternations from 3x to Cm? He will use a reasonable discretion, and change his dose, or his remedy. But, if he is a Hahnemannian he will realize that his duty is to relieve his patient as promptly as possible, and not imperil his safety by making him the subject of experiments. If he cannot find a strictly Homœopathic medicine, he will use whatever remedial measures his judgment may suggest as advisable. "But," say a few of our school, "there is no excuse for a Homœopathic physician not finding the Homœopathic remedy it is owing to wilful ignorance; let him study the *materia medica*, he will find the remedy if he looks for it." This assertion is based on error. It is based not simply on the idea that for every diseased condition there is a Homœopathic remedy to cure it—which may be true; but also on the idea that the Homœopathic remedy for every diseased condition has been discovered—which is not true. It is based on the assumption that the Homœopathic *materia medica* is complete. Allen's Encyclopædia embraces something less than 1,000 remedies; not one-third of them have been thoroughly proven. There are not 250 perfectly proven remedies known. There are thousands of medicinal substances in nature—each one Homœopathic to some diseased state, but not one of which is yet known to us. Must we allow our patient to die, or even suffer pain, because the remedy, Homœopathic to this case, lies hidden in the *terra incognita* of unexplored pathogenetic material? Certainly not, if we are Hahnemannians.

This opens up another question often discussed—how far can a Homœopathist go in the use of non-Homœopathic measures? It is said by some that we must on no account, and on no occasion, use anything but the Homœopathic remedy under peril of being a "Mongrel"—to be reviled by all true Homœopathists and despised by all sincere Allopaths. The Hahnemannian does not concern himself as to what he may be called. He is not seriously disturbed by the censures of his nominal brethren, or the sneers of his avowed enemies. He is not frightened by the bug bear of superficial consistency; he tries only to be consistent with his sole aim in life—"To heal the sick."

The general practitioner has a large sphere in which to operate. Every form of divergence from health demands his attention. If he be a Hahnemannian, he follows the advice of the great teacher—seeks the *causa occasionalis*, and regulates his treatment thereby.

He finds diseases from improper habits or unhealthy surroundings ; and for these his main dependence is on hygiene. He finds diseases from injuries—solutions of continuity in tissue ; and for these his remedies are chiefly mechanical. He finds diseases from poisonous substances introduced into the system ; and for these he calls in the aid of chemistry. In all these there is nothing Homœopathic ; and he is none the less a Hahnemannian because he finds no need for Homœopathy in these departments of his work.

It is where disease arises from functional disorder—abnormal action of the ultimate cell structure—that Homœopathic therapeutics finds its sphere ; and it is here the Homœopathic physician must apply his remedy in accordance with Hahnemann's law of cure. And yet, when we remember how complex the causes of diseases often are, we can see how even in this department the Homœopathic physician may often need the assistance of hygiene, chemistry, physiology and surgery, to make his Homœopathic therapeutics effectual. And thus, as a true Hahnemannian, inspired by the great Teacher's spirit, following his methods and accepting his law of cure, he will avail himself of every remedial measure that will enable him to fulfil the sole duty of the physician—which is to heal the sick.



Hahnemann's Methods and Other Methods.

BY GEO. LOGAN, M. D., OTTAWA, ONT.

DURING the last decade we hear much about divisions in our ranks. We frequently hear epithets used such as mongrels, eclectics and non-Hahnemannians, by some who claim to be pure Hahnemannians in the highest degree. On the other side we hear such euphonious terms as high dilution cranks, transcendentalists, spiritualists and non-scientists.

While differences of opinion must exist on questions involving uncertainties, yet it appears to me rather painful to find some of our men discussing their differences in language unbecoming men of culture or refinement. Further, parties quote from the writings of the Master in support of their special views—thus Hahnemann is made to do duty for both sides of all questions in dispute. It has occurred to me that in this year, when we have just passed our centennial year of Homœopathy, it would be desirable, if possible, to ascertain if there is any reasonable ground for serious differences of opinion among Homœopathic physicians who have Hahnemann's method for their guide in the practice of medicine. In order that we may have some definite evidence as to who are pure Hahnemannians and who are not, I have carefully gone over his works and propose to give you a fair *résumé* of all his principal or essential methods as found in the *Organon*, *Chronic Diseases*, and *Lesser Writings*. The *Materia Medica*, containing only provings, affords but little controversial matter. These are the only writings of Hahnemann at the present time in the hands of the profession.

I may state, however, that I have reason to believe that Hahnemann, before his death, left a manuscript of the *Organon* of a more recent date than the one we now possess. (Ed. of 1883.)

In the early part of last summer, I wrote to Dr. Leon Semon, of Paris, for information on this subject, and in answer he very kindly informed me that he believed a later edition of the *Organon*, in manuscript, was in the possession of Hahnemann's heirs, and that some American professor had purchased it for \$10,000, referring me to Professor Allen, of N. Y., and some others. I wrote to Dr. Allen who kindly informed me that Prof. Guernsey, of Philadelphia, could give me further particulars. Dr. Guernsey was good enough to inform me that his father, the late Prof. H. N. Guernsey, went to Paris to procure a manuscript of a later edition of the *Organon*, and also some other writings of Hahnemann's, but the price asked for these was so high that he did not secure them. After returning home, he endeavored to raise money among his medical friends, but failed, and the manuscripts remain in possession of Hahnemann's heirs to this day. Possibly, some day, these writings may be given to the profession. In the meantime, his published writings must be our sole guide as to what his peculiar methods were.

Our special interest in Hahnemann's methods can only begin in the year 1790, on that memorable occasion which gave birth to the law *Similia*, the translation of chinchona with other drugs in Cullen's *Materia Medica*. From this time, Hahnemann's mind was much engaged in developing his new theory, and in 1806 he published his masterly exposition of the then state of medicine in his "*Æsculapius in the Balance*," followed by his first sketch of a pure *Materia Medica*. This was succeeded by a still more wonderful production "*The Medicine of Experience*," which was published in Hufeland's *Journal*, 1806. The method of cure, in accordance with the law which he had discovered, was here very fully set forth. Four years of further experience and then he published his immortal *Organon*, 1810. We shall now endeavor to answer the question "What were his methods?" from that time until his death.

The corner stone of his unique structure is undoubtedly the law of nature indicated by the sentence—*Similia, Similibus, Curantur*.

2nd. That all medicines must be proved on healthy persons and their effects correctly ascertained before being administered to the sick.

3rd. The minimum dose. That the dose must be smaller than when given to persons in health. This tripod with its numerous concomitants may be taken to represent his methods of procedure. As these are, or should be known to all followers of Hahnemann, we shall consider only those which have given rise to differences of opinion. First, the law

Similia. This reason upon which our structure is based, is not a subject involving any difference of opinion among the Homœopathic profession and may therefore be passed over. The proving of medicines may also be considered as beyond contention.

THE QUESTION OF DOSE

is perhaps the most prominent; we will therefore consider it first. During the earlier years of Hahnemannian's Homœopathic experience, that is from 1790 to 1797, and probably during his stay in Leipzig, he used crude drugs in small doses—as in the case of colicodinia, which he cured with 16 grs. of verat alb. In his first edition of the *Organon*, no mention is made of the doses he used, but in 1818 and 1814, in an article published for the first time, we find him recommending bryonia and rhus in the 12th dilution, in a serious epidemic of typhoid fever.

He used hyos in some cases of this fever in the 8th or 10th dil; also spirits of nitre, one drop to an ounce of water, given in teaspoonfuls, so as to be taken in twenty-four hours. In the year 1815, 5 years after the first edition of the *Organon* was published, he gave to some doubting inquirers a specimen of his method of prescribing and selecting his remedy. His method as detailed here will remain to the end of time as a model for all his faithful followers.

He gave to this washerwoman one drop of bry tincture, and to the other case mentioned, puls 12. It is proper to mention here that he did not wish his disciples to imitate him in giving the bry in mother tincture, as the 30th would probably do equally as well.

In 1819, in an article on the treatment of suicidal mania (10 years after the first edition of the *Organon* was published) he recommends gold in the 6th dilution or trituration, and in the first edition of the *Materia Medica*, 4th volume, published about this time, he directs the use of gold in similar doses in the first and second trituration. In 1825 he advises the 12th dilution to be given.

In the 2nd edition of the 3rd, 4th, 5th and 6th volumes of his *Pure Materia Medica*, he mentions the doses in which he recommends the use of each medicine as follows:—Digitalis, 15th or 30th, ledum in 15th, cham, china, verat, hyos, aurum in the 12th, stram. in the 9th, ipec in the 3rd, hepar in the 3rd, sulph. and argentum in the 2nd, squilla in the 1st dilution. Sarsaparilla in mother tincture, camphor in one-eighth of a grain at short intervals. In the 4th volume, published in 1826, he says that thuja, spigelia and staphisagria are to be used in the 30th dilution. In

the 6th volume, published in 1827, manganese, cicuta and drosera are to be given in the 30th, colo, asarum, capsicum and angustura in 24th, 30th, 12th, 15th, 9th and 6th. Several other remedies in like dilutions or triturations. Up to this period, 1827, after the 3rd edition of the *Organon* was published, the above posology was undoubtedly what Hahnemann used in his practice.

You will notice here that he made rather frequent changes in the use of dilutions. In 1814 he gave Bryonia in the 15th dil. for typhoid fever, and in the same year we find him using the same remedy in pure tincture for gastrodina, already referred to. Again he advised aurum in the 6th dil. for suicidal mania in 1819, the following year he recommends the 1st trituration for the same disease. Also in 1827 we find him advising stannum in the 3rd trituration which he had previously directed to be given in the 6th. During his stay in Liepzig, from 1810 to 1821, he appears to have used the lower preparations mostly, and as he was not allowed to dispense his own medicines, he resorted to higher in order, it is said, to avoid being fined through the jealousy of the apothecaries, through whose increasing persecution, together with the contemptible conduct of his *confrères*, he was compelled to leave Liepzig. By invitation of Duke Frederick Ferdinand of Anholt, he went to Cöthen as physician-in-ordinary to the Duke. It was while he resided here that he developed more fully his theory of chronic diseases:—That seven-eighths of all chronic diseases are caused by suppression of psora, and the remaining eighth originates in syphilis or sycosis, which can only be cured by a dynamic, or spiritual, or spirit-like action of drugs. From this date, 1827, he fixed upon the 30th as the proper dilution for all remedies, and in all diseases, ostensibly, for the purpose of uniformity among all Homœopathic physicians. He thought that there must be an end to higher dilutions somewhere; they cannot go on to infinity; and therefore recommended all his followers to confine themselves to the 30th and under. Notwithstanding this, he subsequently advised camphor in tincture, two drop doses in cases of cholera; and informs us that though he had cured itch with one small dose of sulphur, he once had to give half a grain of the 3rd trit. of carbo veg in a family of seven persons, and three times a similar preparation of sepia.

In the last edition of the *Organon*, 1833, he is still more decided about the efficacy of the 30th dilution, and yet he speaks favourably of the 6th, 150th, and 300th, but has not, as far as I know, given us any instances where he used these dilutions in disease, (perhaps referred to their

use by his *confreres*.) Still later, 1837, in chronic diseases, we should descend, he says, from the 30th to the 24th, and so on. Then shortly before his death, (*vide* Lesser writings) he gave sulphur and mercurius in the 2nd dilution. Again in 1841 (two years before his death) he sent to his apothecary, Dr. Lechmann of Cöthen, from whom he obtained all his medicines, an order for several remedies in powder in the 3rd trit., which were to be given to his daughter Amelia, who was to bring them to her father in Paris. In his preface to the 5th vol. of chronic diseases, 1838, he speaks of the 50th potency as being exceedingly powerful; "for I repeat that in those high potencies, almost all the inmost powers of the medicinal substances are fully developed and set free." These constitute Hahnemann's *dicta* on the question of a dose.

REPETITION OF THE DOSE.

In his first years of the practice of Homœopathy, 1790, he gave his remedies (see Lesser Writings) once or twice a day in chronic diseases. But even here he was conscious of the cumulative action of medicines, and advised caution in their repetition. He gave Belladonna in scarlet fever every three hours. In his "Medicine of Experience" he states, that the repetition of the dose must be regulated by the duration of the action of each medicine. The good effects of the medicine may be prevented by its too frequent repetition. In 1810, in the first edition of the *Organon*, he alters the rule given 5 years before; he now directs that the medicine should not be repeated as long as the improvement goes on, even though it be but slight, every new dose spoils the work of cure. In the fourth edition of the *Organon* he insists on the necessity of not giving a fresh dose or a new medicine, until the action of the first has expired. In the 5th edition of the *Organon*, published in 1833, the last edition, we find him changing his method again. After stating that the medicine will accomplish all the good it is capable of performing in 40, 50, or 100 days, he adds that the beneficial action of it may be accelerated by repeating the medicine at suitable intervals, and the cure abridged thereby to one half, one quarter, or even less time. (See Sec. xlvii.) He gives us the following directions, which completely contradict his former rules about repeating the dose. The dose, he says, may be repeated with the best, often with incredibly good results, at intervals of fourteen, twelve, ten, eight, seven days, and when rapidity of action is requisite; in chronic diseases resembling acute diseases, at still shorter intervals; but in acute diseases at very much briefer periods—every twenty-four, twelve, eight, four, hours; in the most acute, every hour, up to as often as every five minutes. In every case in pro-

portion to the more or less rapid course of the disease or action of the medicine employed. He retracts his former directions about letting the one exhaust its action before giving another, and says this method is only applicable to slight diseases, especially to young children and very delicate and excitable adults. Repetition depends on the rapidity of the course of the disease. Slow, lingering diseases, according to this plan, will require the medicine repeated at longer ; rapid, acute diseases at short intervals.

In his first edition of *Chronic Diseases* his advice is: When the action of the medicine stands still, repeat the medicine ; if the 30th dilution has been first used, it should be repeated in the 18th dilution, and if this repetition was advantageous and more doses are required, we should give the 24th, then the 12th or the 6th if the chronic disease has assumed the acute form.

Hahnemann's frequent change of method did not end here. In 1837 (See *Chronic Diseases* 3rd vol. of the 2nd Edition) he says, in direct opposition to the advice about repeating the same dose of the remedy which he had formerly (1833) given: "Our vital principle does not now admit of the same unaltered dose of medicine being given to the patient, even twice, still less several times in succession, for in that case the good effects of the former dose will be partly done away with as their new symptoms and suffering is dependant on the medicine, and which obstruct the cure." Yet he asserts it is indispensable to give the same medicine repeatedly in many diseases, both acute and chronic. In acute every 6, four, two hours and sometimes every hour or every half hour, and in chronic diseases not seldomer than every two days, but generally every day. A second dose of the same remedy may be given immediately after the first when the remedy has been chosen with strict regard to its Homœopathic character, and has produced a good effect, but has not acted long enough to cure the disease. To secure the second dose a stronger action upon the disease it would be expedient to exhibit the same remedy in a lower potency, (*Chronic Diseases*, Vol. 1) or it may be dissolved in about four ounces of water by stirring it. One-third of this solution is taken immediately, the second third in the morning on rising, and the last third the next day. The solution may be stirred at each swallow, by which means the inherent power of the drug becomes more developed.

ALTERNATION.

Did Hahnemann use remedies in alternation? I will give you his own language, and then you can determine this question for yourselves.

In the first edition of the *Organon*, Hahnemann has the following on the alternation of remedies, he says:—"It is not only in some cases of ancient chronic diseases which are liable to no remarkable alternations, which have certain fixed and permanent fundamental symptoms, that two almost equally appropriate homœopathic remedies may be successfully employed in alternation. His reason then given for alternation was that the provings at that time did not supply sufficient number of remedies to cover the totality of all cases.

In a peculiar kind of typhoid fever he advised the alternation of bryonia and rhus; in an epidemic of purpura miliaris he advised the alternation of aconite and coffea; in croup he advised the alternate or sequential use of aconite spongia and hep-sulph. In the last edition of the *Organon*, when in other important chronic diseases, eight, nine or ten doses of tincture sul., 30th, may be considered necessary, instead of administering them all in immediate succession, it is preferable, after each dose, or after every two or three doses, to interpose another suitable remedy, which, after sulphur, is particularly homœopathic to the case, (mostly hep. sulph., cal C) and to permit this to operate for eight, nine, twelve or fourteen days before a repetition of the three doses of sulphur. Then if nature should rebel against the sulphur by showing symptoms of the drug, a small dose of nux vomica, 30th, is to be administered in order to induce nature to permit the sulphur to act. In fitting cases, puls. 30.h, is to be preferred. Also mercury in similar conditions, only to smell of a globule the size of a mustard seed. This is allowed to act about nine days, and then to smell of a similar dose of sulphur.

For the prophylaxis of cholera he advises the alternation of cuprum and veratrum. In the chronic diseases he mentions that he had cured some cases of intermittant fever, or some epidemics of that disease, with aconite in alternation with ipec. cina alternated with capsicum, arnica alternated with ipec, etc., and he further states that some kinds of marsh ague can only be cured by China, alternated with antipsoric medicines.

In 1831 (Lesser Writings, p. 783) he writes that in some cases of cholera—when the patient falls into a sort of typhoid state, with delirium, bry and rhus alternately proves of eminent service. In 1828 in 1st vol. of *Chronic Diseases*, in speaking of the treatment of syphilis, may be easily cured by the smallest dose of the best mercurial preparation, and sycosis by a few doses of thuja employed in alternation with nitric acid.

I might mention here that as late as 1833, just before the last edition of the *Organon* was published, Hahnemann approved of Dr. Lutze's combination of remedies, that is, some remedies, sulphur and china, nux and sulphur, mercurius and sulphur. In answer to Dr. Lutze's letter, (Lutze, p. 3,) he said:— I believe that two remedies may be given in combination in the form of hep. sulph; or sulphur and mercurius when cinnaberis is administered. Permit me to communicate your discovery to the world in the 5th edition of the *Organon*, which is soon to appear.

This never appeared, however, in consequence of the determined opposition of his colleagues.

ADJURANTS.

Hahnemann's local use of remedies was as follows:—In asphyxia, suspended animation from lightning, suffocation, freezing, drowning, etc., he would employ slight electric shocks, clysters of strong coffee, powerful perfumes, gradual application of heat, and in cases of poisoning the chemical antidote should be used. In the second edition of the *Organon* he retracts the use of the shocks. In certain cases he made use of animal magnetism or mesmerism to which he attaches considerable value, as also to the use of cold water to paralyzed parts. He also used Dr. Junod's hemospastic apparatus, a kind of dry capping. In the 3rd volume of his *Chronic Diseases*—in speaking of giving remedies in solution—he says the effect of the remedy may be greatly increased by applying it not only to the nerves of the mouth and the œsophagus, but by rubbing with it those parts of the body which are the most free from pain, for instance, the arms, thighs, legs, provided the skin is healthy and the parts are not affected by pain, spasms, etc. He recommends also the use of cold water injections in constipation of the bowels when evacuation is difficult. At one time he used a Burgundy pitch plaster to bring an eruption to the skin, but afterwards abandoned that practice. Olfaction was also a favorite method of his for administering his drugs, in some cases preferring it to any other mode.

In tedious cases of condylomata he advises the local application of the strong tincture of thuja, rhus and arnica he recommends in sprains, ars and alcohol in burns.

In the first edition of the *Organon* he allows the itch to be treated with external use of hep. sulph.

PHARMACEUTICS.

Previous to 1810 Hahnemann, no doubt, used the low preparations of drugs. For instance, in his small work on scarlet fever, published in 1801, he proposes belladonna in the proportion of one of the drug to 200, 300 and 400 of alcohol, diluted and prepared by diligent shaking for a minute at a time. Even in the first edition of the *Organon*, we do not find definite instructions as to the dilutions he used, but would infer that he was leaning in the direction of higher preparations. In the last edition of the *Organon*, and in his *Chronic Diseases*, vol. 1, we find his method of preparing his dilutions and triturations as follows: After urging the necessity of great care in the preparation of crude drugs, he says: Of these pulverized substances you take one grain—mercury may be used, in the liquid state; of petroleum you take one drop, instead of one grain. Pour this grain into a non-glazed porcelain mortar (having before covered the bottom of it with some slightly moistened and triturated). Then you take 33 grains of sugar of milk and mix them with the drug by triturating the mass with some force for about six minutes by means of a porcelain pestle. Before you triturate stir the mass for a little while with a spatula, and repeat this process until the 99 grains of sugar of milk are all added, and the time, one hour, has expired. This constitutes the first trit of 1-99. All subsequent trit are prepared in the same way up to the 80th. Dilutions are prepared in like manner, save that one drop of the tincture is added to 99 drops of alcohol; then shake the vial twice. (It should be mentioned here that Hahnemann changed his method more than once, from ten shak-s to twenty, fifty or more). The metals must first undergo trituration before dilutions are made from them.

DYNAMIC THEORY.

Hahnemann's explanation of his dynamic theory, is, to ordinary mortals, incomprehensible, since we are asked to believe in opposite views of his exposition of it. For instance—that medicines by the processes of trituration and succession become divested of their material substance and their powers thereby liberated, they become spiritual immaterial forces without a substratum of matter. The opposite view is also plainly stated in § 287 of the last edition of the *Organon*:—Speaking of dilutions; that the smallest fraction of the liquid may still retain a proportion of the medicine equal to that which exists in all the others. This theory or theories must be relegated to the crucible of personal experience.

PATHOLOGY.

Hahnemann in a general way denounced pathological prescribing, yet we find him adopting a pathological basis for the treatment of diseases. In first and second edition of the *Organon* he says it is allowable to think that "every disease must depend on an alteration in the interior of the organism, but this can only be surmised by the reason from what the external phenomina reveal concerning it; but it is not in itself cognizable in any way whatever.

The invisible morbid alteration in the interior, and the observable alteration of the health in the exterior, (symptoms complex) together constitute what is called disease; both make up the disease. In §204 of the *Org.* read:—"If we accept all chronic maladies which depend upon a mode of living habitually unhealthy, as well as those innumerable factitious diseases which arise through allopathic treatment, then all the remainder, without exception, are caused by these three chronic miasms, viz: syphilis, sycosis, and psora." If the case is one of psora the patient is to be treated with anti-psoric remedies; and so on in the other two miasms: thus indicating a pathological basis in contradiction to his previous statement that the cause could not be known.

OTHER METHODS.

In speaking of other methods, I wish to refer to homœopathic physicians who do not confine themselves strictly to the methods of Hahnemann. This want of allegiance to the master was manifested by his early followers, who frequently incurred his utmost displeasure. We owe to him, perhaps, the first use of the word "mongrel," and as we frequently hear this word used at the present day, it may prove instructive to learn Hahnemann's definition of this term as applied to medical men of his day. See *Organon*, page 172, Note, in speaking of the laborious nature of searching out the proper homœopathic remedy. But how will this careful and laborious process, by which the best cure of diseases can be effected, please the gentlemen of the new mongrel sect, who, while pluming themselves with the honorable title of homœopathists, for appearance sake, administer a medicine in the form of homœopathic, that they have hastily snatched up. If it does not immediately relieve, they will not impart the failure to their own unpardonable indolence and levity in turning over one of the most important and critical of human concerns, but to homœopathy. They reprove its imperfections because it does not, of itself, without any trouble on their part, provide the suitable homœopathic remedy, and, as it were, serve it up as food already cooked and prepared to their

hands. They know how to console their failure by dexterously calling in requisition the more pliable resources of allœopathy; hence a few dozen of leeches are applied, or a small or harmless venesection of eight or ten ounces is prescribed in due form, and if, after all, the patient should recover, they extol the leeches and venesection, as if he would not have recovered without them. Who would honor such a light-minded and pernicious sect, by calling them after the difficult yet beneficent art, homeopathic physicians. This definition of the word mongrel cannot be applicable to any homeopathic physicians of the present day, as both venesection and leeches are never used by them, as far as I am aware. It cannot be denied, however, that some, at times, at least, do resort to a routine practice by frequent alternation of remedies, and perhaps resort to allœopathic methods, giving a small dose of morphine or opium when they fail to select the proper homeopathic remedy.

Such physicians, however successful they may be considered by the public, have failed to master Hahnemann's methods as already described.

Others again have introduced new methods in preparing our drugs in place of the Hahnemannian scale. They have adopted methods which are not clearly understood by the profession at large, nor, as far as I understand, have they adopted any scale by which they can clearly demonstrate the exact preparations of the drugs and vehicle used in making dilutions, such as c m, m, m, 3 m m. And still worse, the medium used by some who prepare these dilutions is not pure alcohol, but ordinary drinking water, which generally contains numerous impurities, and is therefore unfit as a vehicle in the preparation of pure homeopathic medicines. This is not all. There are some so-called pure Hahnemannians who make use of contact potencies, grafts, &c., first introduced by Count Von Konsakoff, but never approved of by Hahnemann. This method is simply to take a vial containing a few pellets, or only one, dry medicated, and fill up the vial with dry non-medicated pellets which thus is supposed to become thoroughly medicated by contact. Then again, I find some who appear to think the acme of practice is to take some isolated symptom, it may be so called kee note, for their guide in the selection of the remedy. Hahnemann's kee note consisted in taking the totality of the symptoms, which must include the *characteristic symptoms*—the latter he attached the most importance to—but not to any one symptom of a drug. All these methods that I have just referred to, other than those used by Hahnemann, were never used by him, but on the other hand denounced by him. What shall we say now? Hahnemann himself furnishes the answer. He was known

to have made use of the following dicta: "He who does not walk on exactly the same lines with me, who diverges, if it be but the breadth of a straw, to the right hand or to the left, is an apostate and a traitor, and with him I will have nothing to do." Then again, "If physicians do not carefully practice what I teach, let them not boast of being my followers, and, above all, let them not expect to be successful in their treatment."

INFERENCES.

While I believe there are thousands of pure Homœopathic physicians in the world, I am induced to believe that a pure Hahnemannian is an "*Ignis Fatuus*." I question if any one can be found, who in all the details, concomitant of his great law of cure, follow perfectly all the rules he has laid down. All do not use the 30 dilutions and under; all do not use magnetism; all do not use smelling or olfaction of the remedies; all in some particular differ from the master in non essentials; while all agree in the truth of the law, *Similia, Similibus, Curentur*, the single remedy, the minimum dose. *None* can claim to be pure Hahnemannians. If the modern innovations are superior to the master's, (and I am not comparing the merits of these two methods—the old and the new;—I merely wish to show that whatever merits they may possess, they are not Hahnemann's methods,) in all fairness their inventors should be entitled to the credit, if any, which may justly belong to them. As a sequence, therefore, of my argument—we have Eclectics, Finkites, Swanites, and so on. Why should these different methods give rise to such active antagonism as to result in a separation of the Homœopathic body of medical men, engendering strife and unseemly language.

Personal idiosyncrasy must in the nature of things, prevent perfect uniformity in matters non-essential, and the range of Hahnemann's methods are sufficiently broad to include and permit a difference of opinion. Let those who have superior knowledge instruct in a proper way those who are less gifted.

Are Hahnemann's *dicta* then the *ultima thule* of all medical knowledge? By no means. "Try my methods," he says, "and if you find them successful use them."

We are not bound by the *verba majestri*, only in so far as they may lead us in the paths of truth, made known to us by our experience, or that of others.

By all means let us end those irate epithets, unworthy of all true medical men, and in the language of olden times, "*in certus, unitas, in dubius libertas, in omnis caritas*."

