

capable of producing a similar, pathological lesion is the only true understanding of homœopathic application. Others, with equal firmness, maintain that the only possible indication for the use of a medicine lies in its signs and symptoms, aside from any pathological effect that it may be supposed to produce.

Long continued contemplation of one side of a shield to the exclusion of the other, led to a similar position of disputants in "ye olden time."

After the recognition of the sphere, capabilities and possibilities of a remedy, must come the consideration of its modalities, peculiarities and particularities.

"After," because it is most necessary to appreciate § 3 of the Organon. First, as to the facts relating to disease, both in its generalities (depth, breadth and activity) and its particularities (signs and symptoms); second, as to the facts relating to the curative agent, its sphere (depth, breadth and activity) and its modalities (peculiar characteristics or motions, denoted by signs and symptoms).

The "progressivists" (?) of our school recognizing that remedies have spheres of action, relegate each to a sphere frequently theoretical, and continue to prescribe from that standpoint. This without regard to the distinctive features that individualize remedies, the substantial reasons for their employment and the key to the situation.

The highest results in homœopathic prescription are obtained through the recognition of a single truth; namely, that the law of similars can be applied only to facts previously evolved. As all facts concerning disease must be known previously to the use of a remedy, so all facts concerning the curative agent must be recognized. Furthermore, unless we clearly estimate the value of both the sphere and the modalities of a remedy, we make no advance upon the methods of practice followed during the last two thousand years.

Physicians make mental notes concerning remedies: that they belong to conditions such as congestion, inflammation, anæmia, chlorosis, chronic miasmatic affections, etc., etc.; that they are indicated in fevers, pneumonias, dropsies and organic inflammations of various kinds. But if nothing further be taken into consideration, the guide is lost, and that which should be a positive therapeutic measure, becomes an insecure reliance.

As an illustration of this point, let us adduce a case cited in the annals of the Homœopathic Medical Society of New York State. A physician, early one morning, was called to a young woman suffering from violent pains in the left ovarian region. He prepared two tumblers, each half filled with water. Into one of the glasses he dropped fifteen minims of Aconite; into the other, fifteen minims of Belladonna; directing that the remedies be administered alternately at intervals of half an hour. He, also, left two suppositories of Belladonna; one to be administered *per rectum*, if the pain were not relieved within a specified time; the other to follow, two hours after the first, if the pains were still undiminished.

At nine o'clock P. M., he returned to find the patient insensible, and, at two o'clock the following morning, "in spite" of his most active measures, she died.

Aside from the fault of over-dosing, the case appears to have been treated from a purely pathological standpoint. Upon the assumption that the case was congestive, Belladonna was considered sufficiently homœopathic to restore healthful action. The distinctly differing modalities of Belladonna and Aconite do not seem to have been taken into account; nor yet the equally differing modalities, as between both remedies and the sickness to which they were applied. Why Aconite with its characteristic "restlessness" and "fear of death" should need Belladonna (which, in those conditions, would be "worse from the slightest jar") to



support it, is beyond comprehension. Again, why congestion of the left ovary should need either remedy is not altogether plain.

The same idea of relegating remedies to a limited sphere prevails, when Belladonna is administered for scarlet fever, Mercurius for dysentery and Pulsatilla for measles. In such prescriptions, homœopaths but imitate the "regulars," at whom they rail for similar actions. Pathologists consider disease, rather than the individual case.

Again, that branch of homœopaths known as "Hahnemannian" should be censured, when its members prescribe upon modalities, without regard to the sphere of the remedy. The depth and breadth of action are as important as the modalities: "rate of speed" etc.

In short-acting, superficial remedies, the modalities are marked; but although the superficial symptoms of a grave disorder point to a remedy of this class, if the sphere and the modalities do not agree, such remedy can never prove homœopathic to the case.

The prominent modalities of Aconite are "anxiety," "restlessness," "fear of death," "premonition of death," etc. When the symptoms are present in a case of pseudo-croup or of a sudden hæmorrhage from one of the orifices of the body,—in fact, in any condition that so superficial and congestive a remedy may produce,—Aconite acts like a charm, and the alarming symptoms disappear. But the case of pneumonia arrived at the stage of suppuration, with final development of such symptoms as "restlessness," "anxiety," "fear of death," "premonition of death," etc., demands a search among the deeper remedies. Aconite produces no such conditions in the animal kingdom, and it has no such sphere. Therefore, it cannot cure. Sulphur produces "anxiety," "restlessness," "hopelessness," "doubts of recovery" and "predicts death." It has, also, when carefully prescribed, sufficient depth, breadth and

activity to produce resolution. Again, if the Aconite characteristics above quoted were found in a case of puerperal fever (which is essentially septic), a prescription of that remedy would have no more effect than the same quantity of cold water. It does not enter into the sphere of such a sickness, as it is incapable of producing such conditions. Here, too, "anxiety," "restlessness," "hopelessness," and "doubt of recovery" give a clearer reading of the modalities, and Sulphur will be found equal to the septic conditions.

In a case of puerperal fever, with the symptoms of "vertigo", and "nausea upon raising the head", Bryonia would certainly prove insufficient. But the same symptoms would indicate that remedy if the case were of a bilious nature, or one approaching a typhoid state. A threatened septicæmia, with its chronic miasmatic base, calls for the study of remedies within that sphere. A study of Sulphur, in this relation, discloses the symptoms of "heaviness", "dizziness when lying", "when moving", "when raising the head" and "nausea". Therefore, this remedy corresponds more fully to such a case.

So, through the modalities of all remedies, the physician should avoid translating the symptoms of a sickness into the familiar words of *memorized characteristics*. For so he may fail in some grave case. He should "think into each sickness" and study remedies that are correspondingly broad and deep. Such remedies will prove more adequate to the required work. Such study will disarm criticism of the materia medica in its present form and will possibly prevent the appearance of hasty and incomplete editions of the same.

By taking into consideration possible disturbances of the underlying chronic miasm, by carefully noting symptoms corresponding to the deeper remedies, it is probable that all cases of seeming correspondence between the characteristic symptoms of grave sickness and those of a superficial remedy might be easily understood.



Not long since, an able physician declared before the International Society that if the symptoms above quoted as belonging to Aconite were to occur in the suppurative stage of pneumonia, *he had no doubt* but that Aconite would cure the case. The physician overlooked the possibility of having, by pre-conceived notions, formulated the characteristics. Yet someone says "pathological prescriber".

One of our ablest Hahnemannians was consulted in a long-standing case of hay-fever, in which, for the moment and to the tyro, none but Aconite symptoms seemed to be indicated. The experienced physician, on being asked if Aconite were there called for, replied that Aconite was, without doubt able to cure any case in which *it was indicated*, were that case acute or chronic. The physician was right in the sense that, in a chronic disease, Aconite is *never indicated* as a curative; still, his reply was misleading to a tyro in medicine, and is typical of the frequent misunderstandings arising from similar causes. Many excellent practitioners have yet to realize that a remedy has a certain sphere as well as certain characteristics.

It is easy, in either direction to fall into error. Of the two faults, the first is the worse, as it leads backward, and through the labyrinth of empiricism and theory, long since renounced by homœopathists for the more perfect guidance of proven fact.

Again and again the facts of our materia medica have been verified by men staunch and true! These facts have been placed before us in multiplicity of words, almost bewildering, and yet necessary to complete for us students a perfect likeness of each drug. And therefore we must be grateful for the careful prolixity of the Masters who have gone before.

After the administration of a remedy, a knowledge of both its sphere and its modalities makes possible a correct prognosis. Without this knowledge, uncertainty, change and final failure follow.

## RHYTHM.

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The farther he goes into the valley of experience in treating the sick, the faithful follower of Hahnemann's teachings becomes more and more convinced of the truths to be found in the law discovered by that wonderful man.

This is in marked contrast to the position of the allopathic fraternity, for they themselves acknowledge that the older they get the less faith they have in what can be done for healing the sick.

The follower of Hahnemann and the allopathic adherent are as far apart regarding the nature of disease as in respect of its cure.

The errors that have been, and continue to be propagated by the old school, regarding the cause and nature of disease, have led to most deplorable results.

Viewing disease as material, their remedies are of the same nature.

Knowing nothing of, and seeming to care less for the efforts of Nature, and paying no heed to her teachings, their treatment is responsible as the cause of all chronic disease in civilization.

No Hahnemannian, giving thought to this, will deny its being true.

For he, following law, and heeding Nature's efforts, and never attempting to thwart them, knows that disease is a "distunement of the vital force," a want of rhythm in the organism. Rhythm means health; health is rhythm. There is rhythm in disease, as in health. We stand for the purpose of not disturbing rhythm, either in health or disease. With this knowledge, derived from the teachings of Hahnemann and his faithful followers, the homœopathician, even though he be but a slight observer, is always ready to



answer the question, usually the first asked in any case of illness, "What is the cause?"

The cause is want of rhythm.

In infancy, if no drugs have been given, this want of rhythm is heredity.

In more advanced age heredity plus allopathy and mongrelism, are the foundations of the arrhythmical condition.

Heredity, as far as disease is concerned, is the product of allopathic treatment.

It is thus: our ancestors having ailments, resorted for help to the only healers known. These healers, being no more enlightened in respect of the nature of disease and its cure than their benighted followers, thwarted nature in her methods, by using vile drugs, both internally and externally. This is continued to the present day.

The result? Suppressed disease, to break out in some more serious form sooner or later; or to remain latent and be transmitted from one generation to another.

In other words, they disturbed the rhythm of the organism, and that rhythm has never been restored, except in those who have come under the blessings of genuine homœopathy. Thus we have psora, sycosis, syphilis. We owe more to Hahnemann for formulating the various affections which have arisen from the ignorant treatment which our forefathers received than to any other person.

For the result of his labor of years goes to prove the chronic miasms are want of rhythm. There is no malady, no matter what its character, but what is due to this same cause. The homœopathician, knowing this, never resorts to any procedure that will disturb rhythm, for he knows success in healing can only come from strict adherence to this principle.

Hence, when he is called upon to battle with heredity in infancy, he will see, by close observation, all that Hahnemann taught regarding heredity is true. He will find differ-

ent conditions—with the same underlying cause—following in regular sequence—if he do nothing to disturb rhythm.

He will find more than these. For there will appear, after he has given the properly chosen remedy, the simillimum, evidence to prove that rhythm is slowly returning, and by attention to Hahnemann's teachings he will be able to recognize a tendency toward a more desirable state or condition of the organism.

This is the approaching rhythm; this is the disappearance of heredity; this is restoring health to the sick.

No doubt regarding the repetition of the dose, will arise in the mind of him who gives close attention to what is enjoined by those who have with fidelity followed the teachings of the Master. For he, recognizing returning rhythm, will do nothing to confuse Nature.

The successful treatment of all ailments, both acute and chronic, depends upon faithfulness to rhythm.

This the homœopathician knows from a comparison of the results of treating any ailment. Comparing the effects of his treatment with the results of allopathy and mongrelism he has no reason to doubt. Not only in saving lives, but also in curing *cito, tuto et jucunde*.

More. He never sees so called sequels of disease. Sequels of disease are but a manifestation of disturbed rhythm; a forcing of Nature to attempt to restore the want of rhythm brought about by improper treatment suppressing the natural course of disease.

He never sees an affection, serious and malignant, taking the place of a benign malady. His knowledge enables him to know, when viewing morbid growths, that preceding these had been ailments which had been wrongly treated; that rhythm had been disturbed, and that outraged Nature is revenging herself.

(It is an unfortunate state of affairs that the poor patient, and not the cause of his sufferings, the druggist, must bear the pain).



The repetition of the dose is alluded to above. It is imperative, in the cause of rhythm, to give thought to this. For rhythm may be disturbed by even our potencies—though but temporarily—if we do not observe closely, and follow the teachings of Hahnemann and experience. No more fitting close may be given to this paper than to quote Hahnemann. Here is the application of rhythm:

“The repetition of the doses of a medicine is regulated by the duration of the action of each medicine. If the remedy acts in a positive (curative) manner, the amendment is still perceptible after the duration of its action has expired, and then another dose of the suitable remedy destroys the remainder of the disease. The good work will not be interrupted if the second dose be not given before the lapse of some hours after the cessation of the action of the remedy. The portion of the disease already annihilated cannot in the meantime be renewed; and even should we leave the patient several days without medicine, the amelioration resulting from the first dose of the curative medicine will always remain manifest.

“So far from the good effect being delayed by not repeating the dose until after the medicine has exhausted its action, the cure may on the contrary be frustrated by its too rapid repetition, for this reason, because a dose prescribed before the cessation of the term of action of the positive medicine is to be regarded as an augmentation of the first dose, which from ignorance of this circumstance may thereby be increased to an enormous degree, and then prove hurtful by reason of its excess.

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“After the expiring of the term of action of the first dose of the medicine employed in a curative manner, we judge whether it will be useful to give a second dose of the same remedy. If the disease have diminished in almost its whole extent, not merely in the first half-hour after taking the

medicine, but later, and during the whole duration of action of the first dose; and if this diminution have increased all the more, the nearer the period of the action of the remedy approached its termination—or even if, as happens in very chronic diseases, or in maladies the return of whose paroxysm could not have been expected during this time, no perceptible amelioration of the disease have indeed occurred, but yet no new symptom of importance, no hitherto unfelt suffering deserving of attention have appeared, then it is in the former case almost invariably certain, and in the latter highly probable, that the medicine was the curatively helpful, the positively appropriate one, and, if requisite, ought to be followed up by a second—and finally even, after the favorable termination of the action of the second, by a third dose if it be necessary and the disease be not in the meantime completely cured,—as it often is in the case of acute diseases, by the very first dose.” Thus Hahnemann in Lesser Writings. What a burden is laid upon us homœopaths! What a debt we owe to the memory of Hahnemann!

Knowing, from experience, what we possess in respect of curing disease—establishing rhythm; how much superior what we have is to anything yet discovered; how error is rampant regarding the nature of disease and its cure; how this error is being propagated, to the lasting harm of the health of the world; how not only this—alas! if it could only be confined to the present—but future generations are being rendered unfit for living; in a word, how the world is being misled by the erroneous teachings of allopathy; should we be not more quickened to preach, in season and out of season, our cause—the cause of health, through the restoration of rhythm, by Hahnemannian homœopathy?



## REPETITION OF THE DOSE.

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The object of Homœopathic prescription is *cure, certo, "cito, tuto, et jucunde."* And this is possible within the limitations of our broad yet extending domain of symptom-similar drugs. That something more than symptom-similarity is necessary, the true votary of Hahnemann's exposition of healing wisdom, discovers. He conceives that to prove remedial, in many cases, the agent must have attained a greater vibratile tension, and strike a more subtile chord of sympathy with the perturbed vital dynamis, than can be reached by ordinarily high potencies. He finds, when this dynamic symphony is attained, the greatest care must be taken in playing upon the human harp, lest the strings be broken, or "the sweet bells jangled" and distuned.

The necessity for repetition, and the period of intermission of doses, depends upon the activity of the individual medicine, and the duration of its action. Jahr states the duration of effect of many medicines, administered in the 12th to the 30th potency; of Aconite as 8, 16, 24, and 48 hours, Belladonna and Bryonia 4 to 5 days, Arsenic. a. 36 to 40 days, Calcareo and Graphites 50 days, etc; the longest action ascribed in general to the minerals.

Second. Repetition must be governed by the susceptibility of the patient which at present can only be determined by experiment.

The two hundredths have in my experience in sthenic forms of inflammation or fever, been efficient and well borne in doses repeated every two or three hours. But when the system is poisoned by a chronic dyscrasia manifested in chronic eruption from the skin or mucous membrane, chronic catarrh, or in malign forms of disease, phthisis, tabes mesenterica, foul ulcers, acute inflammations complicated with psora in old persons, carbuncle, nervous dis-

orders, malarial fevers, the higher potencies, generally under the hundred thousandth, acted so rapidly, and so promptly induced the restorative process, that with close observation I have always realized the wisdom of Hahnemann's precept, not to repeat the remedy during progress in improvement. In some acute cases of apparent psoric taint, I have only been obliged to repeat the forty-five thousandth for a few doses at intervals of three or four hours, and later have given a single dose of the hundred thousandth, generally the only one needed. In diphtheria I now give one dose, and if required by interruption of improvement to repeat, give a still higher dose.

Aggravation, or suspension of reaction, does, and would in my opinion often follow the repetition of the high potencies, but their curative action is so promptly observed, that to the attentive mind, there is no temptation to repeat them. In feeble circulation, and in nervous disease with hyperæsthesia of the heart, it seems prudent not to give the highest immediately, but to feel the way through somewhat lower potencies; and in grave forms of disease like diphtheria, it appears important to economize the *medicinal* force, for by so doing, we at the same time economize the *vital* force; and generally not at first to stake a higher potency than the forty-five thousandth, since it is easier in this case, to advance than to retreat. There are exceptions to all rules, though according to the late and honored Dr. P. P. Wells, a lower potency cannot advantageously follow a higher.

We have to feel our way toward that *essential harmony* of the medicinal with the physical dynamis, and we need all our finest senses, corporeal and psychical, for this tentative progress.

In malarial fever a single high potential dose will usually efface all the phenomena of the disease; an improvement follows, and the paroxysms abate in different cases with



varying celerity like the undulative recession of the sea: the great care not to repeat the dose and retard the cure, is in this disease distinctly evident. In disorders caused or complicated by one of the three *miasms* of Hahnemann, chronic diseases, the action of the single dose and the injury of repetition are manifest. In cases of diffused chronic eczema of several years duration, I found in one patient cured with Causticum, in another with Petroleum, much increased excitation and congestion of the skin when a second dose was given after the lapse of several weeks; the patient recovered, but the cure was retarded by the repetition. In a case of bronchial diphtheria, the patient's life was threatened by repetition of the dose, forty five thousandth, at 3 hours interval for 36 hours, though decided improvement had followed the earlier doses, and was saved by one dose of the millionth. I must ask pardon for the brevity of my paper on this subject; it only seemed necessary to state facts, with some illustrations. I have no theories.

*First Day—Evening Session.*

THE HOMŒOPATHIC LIBRARY.

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In bringing before the Association the subject, what books a homœopathic physician must possess in order to discharge his sacred duty of curing the sick, I speak more particularly to the younger members, so that they may not make mistakes which will cause themselves chagrin and cost their patients health and even life. It would take too much time to go over the fields of surgery, obstetrics, diagnosis and pathology, and I will therefore leave this to others better acquainted with these subjects.

I will only say that you should own at least one standard work on each of these subjects, which is fully up to date. As to these books a question arises on which there

may be a difference of opinion. But I boldly assert that if you cannot get a book written by a real homœopath, that you can get works containing better descriptions of disease and of the necessary operative processes required written by allopaths than by polypaths. I refer to such works as Arndt's, Wood's, Goodno's, Hale's, etc. As far as the treatment taught in the latter I would not risk the lives and health of those confided to my care to such as these writers advise. Just think of confining your selection of remedies in pneumonia to four, and they not the most frequently useful.

I will therefore proceed to those works which relate to the treatment of patients. The foundation on which all homœopathic therapeutics rests is the Organon. Study it frequently and thoroughly. The great Adolph Lippe made it a rule to read it once a year and he said that every time he discovered something he had not before observed. Those sections which describe the examination of patients should be more especially studied, for your repertories and materia medicas will avail you little if you do not examine your patients as he teaches.

Next you need works on materia medica. For the study of this indispensable subject Farrington's Clinical Materia Medica is invaluable, as it renders the subject more attractive and easily remembered. I have no sympathy with the views of those who maintain that you do not need any materia medica in your head. Get all you can there. True, you can only get a small part of it, but that, if well selected, will enable you to save lives when even with your repertories at hand you would not have time to find *the* remedy.

I recall a case of a young woman in collapse after malarial fever. I could at first only discover general symptoms, nothing individual until I learned that whenever she moved off the right side she vomited; Boenninghausen's