

and presented a section of trachea, showing the incision of the windpipe and the exudation of the false membrane, resulting disastrously. He also presented a tape-worm forty feet long, expelled from the stomach of a boy four years old. The remedy used in this instance was pumpkin seed tea.

Dr. BEEBE also related an interesting case of tracheotomy, resulting in full recovery.

Dr. ROGERS presented a foetus, supposed to be five months old, without brain or spine; and also a foetus of full age, to the back of which was attached a sack filled with gelatinous substance. Both specimens were presented to the museum of the college.

A discussion followed upon the use of Lachesis, in which Drs. Beebe, Hale and Boyce participated.

Dr. BURT asked if in croup the false membrane extended to the cavities of the heart.

Dr. LUDLAM said he had never observed anything of the kind.

Dr. BELDING said he had a knowledge of spotted fever fifty-one years ago. He had seen many a person apparently well and hearty in the morning, a corpse before evening. He once had the fever himself. Out of one hundred and forty cases forty died. The usual condition was cold and chilliness, pain and distress, and mind wandering. After a few hours they would be covered with red spots, which became purple before death. The epidemic lasted about six weeks. Every day was cloudy, and every night clear and brilliant. When the weather changed, and the sun came out, the disease abated. Since that time, and until this last winter he had seen no instance of this disease. He related several cases which had recently come under his observation. The remedies he used were Aconite, Belladonna, Bichromate of Potash and Eupatorium.

The discussion was further continued by Drs. Ober, Small, Frazer, Hale, Beebe, Ludlam, Cheever and others.

The chairman announced the following gentlemen to act as chiefs of but reaus:

Surgery, Dr. Beebe; Theory and Practice, Dr. Cooke; Obstetrics, Dr. R. Ludlam; Materia Medica, Dr. Hale; Anatomy, Dr. Colton; Chemistry, Dr. Welch; Physiology and Pathology, Dr. Reed.

After a vote of thanks to the president, the convention adjourned without date.

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## SCABIES.\*

BY A. R. MORGAN, M. D., SYRACUSE, N. Y.

Most modern authors attribute this disease solely to the ravages of an insect called the *Acarus scabii*, while other observers, equally sagacious and profound, in many instances have utterly failed in detecting the parasite, after the most critical inspection, and regard its presence rather as a morbid product than a cause.

On the part of the former it is remarkable that (with the single exception of Dr. Adams' testimony, which we will consider farther on) they have so signally failed, after cautiously transplanting the insect, in producing any results except the development of a few transient vesicles accompanied by cuniculi, all traces of which spontaneously disappeared at the end of a few days.

Erasmus Wilson, in his valuable work on Diseases of the Skin, page 246, relates five experiments reported by Albin Gras, a pupil at Saint Louis Hospital, where the acari were placed in favorable positions upon the skin, and carefully protected there. In none of these experiments did they succeed in establishing but slight local irritation; in every

\* From the manuscript of an unpublished work on Skin Diseases by Dr. Morgan.

instance but one, where the acari were artificially destroyed upon the seventeenth day, all evidence of both insect and disease disappearing in a few days, in spite of careful nursing.

All the direct evidence which has ever been produced by any author that we have seen, to prove that general or universal scabies has followed transplanting the acarus, is from the work of Dr. Adams on "Morbid Poisons," published in England in 1807, and the testimony in that case is decidedly doubtful, as may be seen by reviewing it. His observations upon the subject were made at the island of Madeira, where he encountered a parasitical disease called by the natives *ouçoes*.

After describing minutely the severe constitutional symptoms which accompany this disease, he goes on to give several positive reasons why it cannot be mistaken for common itch or scabies, and says: "The natives of this country are much offended if suspected of having the itch (*sarna*), but think little of *ouçoes*." "The nurses and mothers who are sufficiently at leisure to attend to cleanliness, search the skins of their children for *ouçoes*, as regularly as the hair for lice, and by extracting them early prevent the spreading of the disease."

He also relates the following case: "My friend Mr. Banger was so well acquainted with it, that during his voyage to Lisbon he was sensible, by his feelings, that he had an *ouçao* somewhere under his skin, and when he had leisure after his landing to search, he readily extracted it and cured himself." You will observe that Dr. A. uses the word *ouçao* in the singular number; also bear in mind that Mr. Banger must have been several days in making the sea voyage, and he cured himself by extracting a single *ouçao*. Would this be likely to be the case if the insect was a genuine acarus?

Dr. Adams, in describing the experiment upon himself, which has been so generally referred to by authors to prove the inoculability (if I may be permitted to coin a word) of scabies by transferring the insect, made early in June, 1800, says: "For more than three weeks after the *ouçoes* were

planted between my fingers, little or no inconvenience was felt; from that time began frequent itchings in different parts of the body and arms, but no eruption could be discovered. In less than a fortnight afterwards (five weeks from commencement of experiment) my arms and belly were covered with a general efflorescence, but few vesicles appeared. At this time two *ouçoes* were extracted from my arm, but not from the vesicles." In August he states that his whole body, arms and thighs, were covered with an efflorescence; at the same time "but few vesicles appeared." In genuine scabies this efflorescence is not a legitimate concomitant, while the characteristic vesicles are about the only positive indication of the disease.

Compare this with the experiments of Albin Gras upon himself and others, and we find a vast difference in the phenomena presented. With the latter, severe pruritis and the development of numerous vesicles appeared within a few hours after the transfer.

Dr. Adams describes his constitutional symptoms thus: "In the meanwhile my health suffered exceedingly, not only from the inconvenience produced by the itching, but about noon a quotidian fever began, with slight shivering, and was succeeded by a headache, dry heat, thirst, loss of appetite, and considerable exacerbation of the itching," for which, he tells us, he was obliged to resort to "bark." In another place he says: "the appearance of this eruption is constantly attended with symptoms of fever."

He describes the insects as being of considerable size, easily detected and extracted, their removal entirely arresting the disease. This is unlike scabies, the eruption of which often continues long after the acari are destroyed. He also speaks of seeing them "crawling on his nail," and distinctly remarks this peculiarity, "there is a power of leaping with a force not less than a flea—such was the case with one while I was examining it under a convex lens. Whilst we were expressing our surprise, the old woman, our tutoress, appeared unconcerned, and assured us that the event we had witnessed

was by no means uncommon." And as if to corroborate his own observations upon this point, he continues: "I have collected the same account from several other people."

Singular as it may appear after the above relation, we have, accompanying Dr. Adams' work, what purport to be two drawings of the ongoes, which in fact are two very excellent illustrations of the *acarus scabei*—these illustrations showing the insect to be deficient in the anatomical organization necessary to such an effort as jumping.

Dr. Wilson, very summarily and evidently to his own entire satisfaction, disposes of Dr. Adams' statement in reference to the saltatory power of the insect by the simple sweeping assertion, "in this he is entirely mistaken."

Whence does this confusion arise? Is the carefully-detailed history of the disease, and the minute description of the insect, given by Dr. Adams, to be cast aside as entirely erroneous, or have these drawings of the acarus, by some strange *locus pocus* managed to creep into a false position? He gives his positive and distinct testimony to the fact of the existence of both scabies or itch and ongoes at Madeira, as separate maladies.

Dr. E. Wilson, Dr. Rutherford Russell and other writers, quote him as their authority to prove that scabies is produced by transplanting the acarus. Dr. Adams says no. Now, to whom are we to give credence, the acute observer upon the spot or those magnanimous gentlemen who, thousands of miles away, take the liberty of manipulating questionable evidence to prove a favorite theory? We are profoundly impressed with the necessity of dealing in unmistakable facts, especially in such investigations, and cannot avoid feeling as though the testimony of Dr. Adams is involved in too much uncertainty to be regarded as conclusive. If the champions of the acarus doctrine were able, with any kind of uniformity, to produce scabies by transplanting, they would unquestionably do so, and substantiate, beyond cavil, their position.

Attempts have also been made to convey scabies by inocu-

lation of the fluid from the itch vesicle (see Dr. Freytag on Scabies, *North American Journal of Homœopathy*, Vol. XI., p. 197, and Dudgeon's Lectures, page 274); this plan has also utterly failed. Then how is this disease communicated? Everybody can testify to its exceedingly contagious character.

If it can neither be conveyed by transplanting the acarus nor by inoculation of the fluid from the vesicle, we have no other alternative to fall back upon, than the hypothesis of an itch miasm on the one hand and the existence of a peculiar morbid susceptibility upon the other. Where this susceptibility does exist I see no good reason why the disease might not be conveyed during the process of transplanting, not owing to the procreating power of the insect, but to the concurrence of these two conditions, viz.: miasm and susceptibility.

This brings us to the consideration of the much-misunderstood and oftentimes vilely derided psoric theory of Hahnemann. From his first recognition of the great law, *Similia similibus curantur*, up to the fuller developments of its universal application to the cure of disease, he was exceedingly puzzled to account for the obstinacy of chronic diseases, and he devoted, with unflagging energy, all the powers of his remarkable mind to its investigation.

He observed that many non-venereal chronic patients had suffered from a previously-existing cutaneous disease, and that they dated their sufferings from the original appearance of that eruption. He and others had noticed the fact that many serious maladies succeeded the sudden and violent suppression of those eruptions, and also that severe internal complaints were often speedily relieved by the development of an eruption upon the skin, and at length came to regard those cutaneous manifestations as the "mildest form" of that "internal enemy" which he designated by the general term *psora*, and says "it may exist either with or without an eruption upon the skin" (see his *Chron. Diseases*, p. 21).

The word *psora*, which he selected to represent the almost

universally prevalent morbid base of chronic diseases, is from the original Hebrew—*tsorat*—signifying venom or malignity; this term the Greeks, in their translations from Hebrew writings, rendered into *psora*, the original meaning of which, during the lapse of time, degenerated first into cutaneous diseases generally, then into itch. This error, creeping down through translators who did not clearly interpret or comprehend the true idea which Hahnemann intended to convey, has unjustly become a libel and reproach upon the accuracy and intelligence of the founder of Homœopathy.

It makes but little difference what name we bestow upon this something—this morbid tendency—whether the devil, king's evil, scrofula or psora; it is a terrible and inevitable penal compensation for violated law; it is no respecter of organ or tissue; it attacks all, creating and complicating cutaneous diseases, depositing tubercle, forming tumors, bursting out in abscess and ulcer, producing caries and necrosis, gangrene and death, modifying every known form of disease, developing new features, and transmitting its baneful influence to the child unborn.

His grand argument—that chronic diseases arise, and derive their obstinacy, from some inherent abnormal taint or tendency, and that this may exist in a latent form, constituting a state of peculiar susceptibility or *receptivity*, as Hempel styles it—is eminently rational and sound; but that suppressed scabies is the cause of this condition, as some physicians have falsely or ignorantly urged, is an idea too palpably absurd to have emanated from the clear and logical brain of our illustrious author.

In 1792, some thirty-six years previous to the publication of his famous psoric theory, in an article printed in a German medical journal (see *British Journal of Homœopathy*, Vol. XXI, p. 670), Hahnemann accurately describes the “itch-mite,” thereby setting at rest the fact of his knowledge of that insect.

In his citation of cases where repelled eruptions were succeeded by serious results (see his work on Chronic Diseases),

he enumerates, besides the general term *itch*, “pustules or herpes,” “tinea,” “tinea capitis,” “moist tinea,” “herpes,” “moist herpes,” “itch upon the face and pudenda” (localities which true scabies never invades), “porrigo,” etc., etc. Now, is it not reasonable to suppose that if he had intended to convey simply the idea that scabies, *sui generis*, was the terrible hydra which he had discovered, he would have employed either the Latin term Scabies, the German Kratze, or the French Gale, all of which were perfectly familiar to him. Instead of using either of these terms, he employs the word *psora*, evidently with its ancient Hebrew signification of venom or malignity.

Itch vesicles ordinarily make their first appearance between the fingers and in the palms of the hands, and are accompanied by a violent stinging and itching, which is increased at night. Dr. Freytag says: “At night the parasites are in full activity; they seek each other for impregnation, and cause insufferable torture to the poor patient.” *Mirabile dictu!*

This seems very much like the work of a fertile imagination, when we remember that the anatomical construction of the acarus renders it exceedingly doubtful whether it is capable of performing locomotion in any direction except *en avant*, that it is almost universally solitary, and snugly ensconced at the termination of a minute burrow, and that the itching so characteristic of the disease frequently extends all over the body, and in localities far remote from any signs of the acarus; also from the fact that the itching is frequently fugitive, abating under the finger nails in one spot and instantaneously springing up in another, leading the nimble fingers rapidly from clavicle to last terminal phalanx. We would rather attribute the evening exacerbation to the changes of temperature to which the little pest is subjected during the process of undressing and exposure of the skin to the air, as well as getting warm again in bed. This stimulates the acarus to unusual activity.

The vesicles are prominent, and where the skin is thin, as

between the fingers and upon the inside of the arms and thighs, are cone-like in shape, quite firm to the touch, and filled with a transparent fluid which often becomes milky or puriform.

As the disease progresses, the skin becomes rough and scaly, with numerous scattered vesicles, and is often complicated with other vesicular pustulous or papulous diseases; indeed it is not unusual, after the characteristic appearances of scabies have disappeared, to find other forms of cutaneous maladies established in their stead.

Frank, Biett, Cazenave, Grisolle and others admit but one species of scabies, with its specific vesicle; they regard the appearances of papules, pustules or other vesicles, as *accidents* complicating the original malady.

To the suppression of these eruptions are attributable most of the evil results heretofore charged upon scabies. The acarus is never found in the vesicle, neither does it bear any numerical relation to the number of vesicles. The insect is sometimes found upon the hands, and no where else, while the patient is suffering from itching vesicles distributed over the body.

Wilson describes the location of the acarus, at a small dark point at the end of a whitish line, called the cuniculus, about a quarter of an inch in length, and leading from one of the early vesicles; this point is usually somewhat elevated above the skin, and upon inserting a needle therein, the parasites may be withdrawn clinging to the instrument.

Nearly all writers unite in the opinion that scabies will not cease spontaneously, although its violence may be partially suspended during severe attacks of other diseases; the acarus, under such circumstances, seems to become torpid.

*Differential Diagnosis.*—Scabies has isolated acuminate vesicles occurring upon parts where the skin is thinnest. Lichen and prurigo are papular, and occur upon the outside of the limbs, back and shoulders, where the skin is thickest. Eczema and herpes present their vesicles in clusters, more or less flattened or globular in shape, and upon an

inflamed base. In scabies pustulosa, the fluid in the vesicle turns into sero-purulent matter; it is not pustulous at the beginning.

*Treatment.*—Much discredit has attached itself to Homœopathy for its apparent inefficiency in the treatment of the itch; this has resulted from fastidiously adhering to an exclusively internal treatment. There are individuals suffering from mental ankylosis so complete that they deem it rank treason to Homœopathy, to employ any curative means which do not come under the immediate scope of the law, *similia similibus curentur*. This is a great error. *Similia similibus* is a universal law, but not an *exclusive* means of cure. We cite merely one instance as a brief illustration of this truth:

Suppose a case of poisoning by Arsenic; the sesqui-oxide of iron will antidote the poison, and save the patient's life; yet the provings of iron will not produce a pathogenesis similar to Arsenic. The condition remaining after the poison is antidoted, is a legitimate subject for homœopathic treatment.

In reference to the treatment of scabies, using the language of a highly-distinguished colleague (from private correspondence), "I do not hold myself bound by Halmemann's general doctrines about psora, to abstain from directly killing vermin of any and every kind. I order lice to be combed out of the hair, and then crushed *secundem artem*, and I order acari to be smeared to death.

"Inasmuch as I am well persuaded that there is something (a taint or what you please) which causes the hair of some persons, and the skins of others to be a specially favorable *nidus* for the development of the ova of lice and of the acari, respectively, whereas in other persons they find an un congenial soil. I regard this taint as the legitimate subject for an internal treatment, and give, accordingly, in the case of lice, psorine, and in the case of itch, whatever anti-psoric may be indicated.

"For a case of itch, as soon as I discover the presence of

acari, I order inunction for three days with lard, which *Hebra* has found quite as efficacious as any medicated (Sulphur or Mercurial) ointment—after the third day a warm bath—for ten days or two weeks repeat this process, at the same time prescribe according to the indications.

“*I do not know that itch is cured by any other means.* I saw *Wurmb* try, with internal medication, to cure a case of true itch, for four months, with no relief at all to the local affection; one course of inunction with lard cured the patient in the space of seven days.”

Dr. Freytag (see *North Am. Journal of Homœopathy*, Vol. X, p. 193), in an able paper on “Scabies, its nature and treatment,” read before the Homœopathic Society of Leipsic, relates his experience in the following language: “I commenced by a purely internal treatment, I had occasion to use all the more important remedies recommended in our literature, and believe that I was careful to choose each remedy according to indications. Sulph. I used for months at a time, commencing with the lower dilutions, omitting them for a time; went over to the higher and the highest, and again discontinued them; but *in no single case was a cure effected.* All other internal remedies were used with the same result. It was always necessary to fall back upon some external application, though it might be only *Sapo nigra* or *tinctura Sulph.*,” which promptly relieved his patients; but “for the sake of experiment I am still retaining exclusive internal treatment in two patients, one having been sick ten months and the other eight.”

In Jahr’s “Clinical Guide or Pocket Repertory,” under the head of itch we find the following: “This acarus itch admits of a more external treatment with the Sulphur ointment, without exposing the patient to the danger of contracting secondary diseases. Of course I do not wish to be understood as if I would sanction the treatment by external applications, of the various itch-like eruptions where the acarus is not present. These are the eruptions to which Hahnemann’s psora doctrine should be applied, and the suppression of

which, by washes and salves, will induce the various secondary eruptions enumerated by Hahnemann and Autemeith.

It would be useless to multiply the testimony upon this subject; even the faithful Hartmann was obliged to resort to the use of nearly crude Sulphur internally, and the external use of Sulph. tinct. before he could cure the itch (see his *Chronic Diseases*, pp. 16, 17, 18).

We have heard intelligent physicians declare that they could and did cure scabies with Sulphur thirtieth and upward. With all due respect for the integrity of their opinions, we are compelled, through much vexatious experience, to doubt the correctness of their conclusions. They may have erred in diagnosis; they may have been deceived by their patients, who clandestinely resorted to other means, and secretly laughed in their sleeves at the mistaken exultation of the physician, or they may have been called upon to treat the secondary eruption which sometimes appears after the parasites have been destroyed; this form easily yields to treatment.

Let the question be as it may in the private judgment of each individual, whether the acarus is the sole cause of the itch or merely a morbid product—whether we are able to detect its presence in all cases or not—let us abandon this false squeamishness in reference to the use of proper external means, and henceforth do justice to our patients, common sense, ourselves and Homœopathy, by curing scabies.

Dr. Freytag got excellent effects from ablution with the suds of strong alkaline soap.

Dr. Bourquignon recommends as thoroughly and speedily fatal to the acari, and as otherwise beneficial, an ointment made of three parts of powdered *Staphysagria* (stavesacre) to five parts of lard, applied four or six times per day. He says this will frequently cure the disease in from four to five days.

The pathogenesis of *Staph.* presents a pretty fair picture of the itch.

Prof. Requin speaks highly of the use of equal parts of Oleum terebinthæ and sweet oil, as a local application.

Common lard, in most cases, will destroy the parasites; it is doubtless the chief agent in all the various ointments, and kills the acari by sealing up the pores of the skin, and depriving them of air.

After the acarus has been destroyed, attenuated remedies, if well chosen, will speedily complete the cure, and among them Sulph. stands preeminent; this remedy has been much abused by both schools—by the old, in its universal extravagant and detrimental administration when not called for, and by an opposite extreme in the new.

Some of us have imbibed strong, bitter and groundless prejudice against its use in low potencies, and oppose its employment in the crude form, *under any circumstances whatever.*

I should apprehend no absolute danger from its careful use in the form of an ointment, in cases of recent itch, uncomplicated with other eruptions, although inunctions with simple lard, if equally efficacious, are preferable, thereby avoiding factious dispute.

Cases of long standing can rarely be conducted to a favorable termination without the internal use of Sulphur; the higher attenuations, thirtieth and two hundredth, as is also the case with the other remedies, have proved most satisfactory to me. The question of attenuation to be employed is one which belongs to the private judgment of each practitioner; and as long as human knowledge and capacity are limited, and human judgment fallible, just so long will men honestly differ in this matter.

The principle of Homœopathy consists in an adherence to the central law, *similia similibus curentur*; and not in an exclusive and bigoted devotion to any particular potency or dose. The horizon of each varies according to the altitude of his standpoint! a man should not be censured because his best telescope has an inferior range.

The other remedies most frequently applicable are Calc. c.,

Caust., Carbo. veg., Clem. erect., Graph., Hepar, Lachesis, Ledum, Merc., Mez., Nitric acid, Puls., Rhus, Sepia, Staph. and Sulph. acid.

It will only be necessary to caution the tyro against carelessness and haste in the selection of the internal remedy; it will only be after the most careful analysis, searching inquiry and critical comparison, that he will be able to select the proper agent from almost the entire list of our materia medica.

#### RETROSPECT.

(Concluded from page 7.)

As regards the remedy, the reaction to which we allude is not yet so decidedly manifested among Homœopaths. The disposition early shown to expurgate the Materia Medica, as it was called, and to exclude from it most of the subjective symptoms, reducing each proving to a collection of objective phenomena, led to the re-provings of drugs by the Austrian Society. This labor was unquestionably undertaken for the purpose of showing that Hahnemann had been very loose and unguarded in compiling his Materia Medica, and that many symptoms therein contained were untrustworthy. By the admission of the Austrian provers themselves, the result was a complete vindication of Hahnemann. The effect on the school at large was an increased respect for Hahnemann, and a greater confidence in his teachings and provings.

The studies of Materia Medica by Dr. Roth, which are now appearing in the *Vierteljahrsschrift*, have a similar object; they are monuments of industry, and will certainly do much good; chiefly, however, in a direction the very opposite of that in which their author intends them to operate. Dr. Hering has already exposed the inaccuracy of many of Roth's criticisms on Hahnemann's provings; but the very barrenness of the state to which he would reduce the Materia Me-

dica, making it a mere collection of objective symptoms of results of pathological actions, deprived of all the characteristic individuality which subjective symptoms give, shows to the intelligent student, that such a *Materia Medica* can never meet the needs of the prescriber. A similar result attended the labors of the compilers of the so-called "*American Materia Medica*," which appeared in the *North American Journal*, but came to an end, we believe, at the time of the secession of its chief fabricator, Dr. Peters. The revulsion from these attempts to eviscerate Hahnemann's *Materia Medica* has been a powerful agent in the reaction we speak of.

But the impulse towards such a reaction has been, most of all, the result of a reaction, in opinion and practice, respecting the third topic of which we have spoken, viz.: the *dose*. In the matter of the dose, Homœopaths had widely diverged from Hahnemann, a large majority holding, as some even now affirm, that the dose is a matter of no importance, provided the remedy be well selected. A marked difference was observed between the success of Hahnemannians, and of what were called Rational Homœopaths, the difference being all in favor of the former. The most obvious and superficial difference in the respective practices of the two parties being, of course, the *dose*, attempts to imitate the successful practice of the Hahnemannian would naturally begin with the adoption of his doses.

But so intimately connected and mutually dependent are the Hahnemannian doctrines of *dose*, *remedy* and *indication*, that it is impossible to succeed with Hahnemann's *doses*, unless we study our *remedy* and fix upon our *indication*, in the way which he employed.

Experiments with small doses, then, have led and will always lead honest-minded and capable men, to return to the strict practice of Hahnemann and his pupils. The reaction in the matter of the dose may be said then to have led, in some measure, the reaction in other matters.

In 1850 the long-continued success of von Benninghausen had already created a profound impression among Homœo-

pathicians. Dr. Meyer, of Leipsic, was an earnest student, at that time, of the whole subject we are discussing. Dr. Wurmb, at the same period, was successfully treating acute diseases in his hospital at Vienna, with the thirtieth decimal potency. He had determined to make his hospital the gathering place for facts which should aid in determining the vexed question of the dose. He *hoped* that subsequent trials might show the superiority of lower dilutions; his hope was not realized. The records of the hospital show a clear superiority of the high over the low potencies, in the treatment of acute affections. Dr. Wurmb's frank publication of this result, which overthrows his own speculations regarding the dose, has exerted a marked influence throughout our school.

On every side, in every country, there are eager inquiries concerning the high potencies and the proper method of using them. Countless experiments are instituted, and in the main with favorable results.

It might prevent disappointment, however, if experimentors would bear in mind that the high potencies will not succeed unless the remedy has been selected, not upon the basis of a pathological theory, but on a similarity of its symptoms with the totality of the patients' symptoms, and that, in collecting the patients' symptoms, the first rank must be accorded to those symptoms which are peculiar to the individual, and which are, therefore, characteristic of the case.

We have seen that in three fundamental doctrines the majority of Homœopaths set themselves in opposition to Hahnemann, influenced thereto by the clamor of the Allopaths. We have seen that thereby the practical success of the homœopathic school was made materially less than that of Hahnemann and his strict adherents; we have seen that, constrained by this practical result, many Homœopaths are seeking to regain the path which Hahnemann indicated, but from which they had strayed. But for this wandering and the failures which followed it, how much more firmly might Homœopathy have been, at this time, established in the world. And how great a weakness was it thus to wander!