

THE HOMŒOPATHIC PUBLICATION SOCIETY.—In accordance with the call of the Executive Committee, this society met in Philadelphia on the evening of the 10th ult., at the Homœopathic Medical College, in Fifth Street.

The meeting being called to order by the Provisional Secretary for the East, Dr. Wells was called to the chair.

It was stated that the notice of the meeting had been so brief as not to afford time for a majority of the members of the society, who live at a distance from Philadelphia, to make arrangements to be present or to send their proxies for the proposed election of permanent officers. It was very desirable that the meeting at which permanent officers were to be elected should be as full a meeting as possible, and that ample notice of its time and place of assemblage should be given throughout the country.

In view of these considerations, it was moved and seconded that the election of permanent officers be postponed to a meeting to be held in June, 1865, at the call of the Executive Council. Carried. Meanwhile it was announced that according to the Constitution of the Society, the provisional officers possess all the power and can exercise the functions of permanent officers. The business of the society need not therefore tarry for a permanent organization.

Dr. Martin, for Dr. Gregg, of Buffalo, detained at his hotel by illness, stated that Dr. Gregg had a work which he desired to lay before the society. It was moved, seconded and carried that Dr. Gregg be invited to communicate concerning his manuscript with the members of the executive council resident in Philadelphia.

Dr. Hering reported progress respecting his work on the *Materia Medica*. The bulk of one volume is ready for the printer. It will appear in Royal octavo form, and will be put to press as soon as the cash subscription list shall warrant the undertaking.

Inasmuch as Dr. Hering is himself chairman of the executive council, he availed himself of the article of the constitution which provides for a special committee when the author shall desire it, and moved that a special committee be appointed to revise the translation, into English, of his *New Materia Medica*, and that said committee consist of Drs. Wells, Dunham and Fincke. Seconded and carried.

A number of gentlemen present added their name to the list of members, of whom they are now about 45.

On motion the society adjourned to meet in June, 1865, at the call of the executive council.

CARROLL DUNHAM, M.D.,
Provisional Secretary for the East.

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THE DOSE.

BY P. P. WELLS, M.D., BROOKLYN, N. Y.

CORRESPONDENCE.—“*Dear Sir*: Your articles in some back volumes of the REVIEW, upon diarrhœa, dysentery, rheumatism, pneumonia and typhoid fever, have claimed my careful and repeated study, and have given me a *great deal* of satisfaction. Will you do me the great favor of supplying what seems to me to be the only omission by informing me what potencies you have fixed upon as the best in each of these diseases? Every man must indeed decide this question for himself but it is a graver matter than any merely scientific question, for it has to do with human life, and what others have thought and done, is a great element in the decision. Every physician should settle the matter as soon as possible for himself, that he may feel that he is doing the best that can be done for his patient, particularly in those diseases, as typhoid fever, diphtheria, &c., where death must be met and conquered. By the way will you not do the profession the favor of adding to those articles soon, one upon diphtheria?”

“Respectfully yours,

“_____, Oct. 12, 1864.”

The "omission" was not an accident. In writing practically on the diseases named above, the object was to deal with general principles and their practical application to the treatment of the sick, rather than to exhibit the writer's method for imitation. The dose was left in silence, not because unimportant, nor from a want of opinion on the part of the writer, as to the principles involved. One reason for this omission was his conviction of the little value which can attach to the example of any man in this matter of the dose, both as to quantity (or potence) and repetition, aside from the principles which underlie and dominate the whole subject. Aside from these it was of little consequence what he had done. He did not forget that in all the public discussions of this subject which he had witnessed, the burden of them had been, that the speaker had in given circumstances done so or so, and that such had been the result, and that this had been repeated by the different speakers to the end, and nothing was nearer settled, as to principles, when they were through than when they began. The interest of the whole from the beginning to the end was in the knowledge that these gentlemen had done what they said they had, and for the doing of which they had given no reason founded on any principle in nature, and that the doing was followed by the declared result. It is possible that some master mind might from a sufficient number of such loosely observed and related facts, deduce some general principles by and by. It is certain they have very little practical value except as materials for such a generalization. The controversial writings on the subject have not a much better, or a very different, result to show. It can hardly be said of them that they have settled any one principle which all are ready to receive, and from which all may the better advance to the discovery and establishment of others, till the vexed question shall be decided. The statement of the practice and experience of the writer of these papers, as to the dose, would only add another example of this almost worthless testimony.

Another reason for the omission was the known fact of the

wide difference of opinion, on this matter of the dose, entertained by members of the profession, and each claiming to be earnest and honest in his own, each relying on his own experience to sustain the preference which he declares. And farther, that this difference is not unfrequently accompanied by so much prejudice in favor of such opinion, that other opinions can hardly be fairly examined or judged. That there is a peculiar sensitiveness with many on this matter of the dose, which will hardly tolerate good-naturedly even the mention of opinions, or listen complacently to the statements of experience, which differs from their own. There is certainly no reason why this should be the case, but so it is. The explanation of the singular fact is not difficult. It is sufficient to say, that a similar irritability is not found in relation to different opinions and experiences on other subjects, when these are founded on known facts and principles. In view of this state of things, it was thought as well to leave the dose to a future occasion, as to state facts to which prejudice would not listen, or to add to the sum of individual experiences, which have hitherto settled so little.

Another reason for this omission was the desire of the writer to gain, as far as possible, the attention of the profession to the principles he advanced, and to the practical application of them he recommended. He was unwilling to risk aught of success in this by mixing with them, in any degree, a matter on which he knew there existed far more of prejudice than knowledge, and on which he oftener met earnest effort to sustain or defend prejudice than to add to knowledge. This he felt to be, to too great an extent, true of all parties. For however much good men and true may regret the fact, it is true that parties do exist on this subject, and that there is met in its discussions, quite too often, more of the spirit of party than of true philosophy. It is not a little strange that this should be so. For what has party to do with a matter like this, which, if it have any foundation whatever, it must be of ascertained truth? This truth must exist, if at all, in the very nature of things, and not in the mere opinions

or prejudices of any individual or party. And, we may add, if we are in any degree desirous of its discovery, and willing to engage in honest efforts to this end, we shall have laid aside one of the greatest impediments to success when we have wholly discarded the spirit and feeling of party. It can never be a help, but only a hindrance, in the pursuit of any truth, and that which will ultimately be found to decide this whole matter of the dose is no exception. The reason of this is obvious. The very centre and soul of party spirit is prejudice, and the first effort of prejudice, in the investigation of any party question, is to extinguish both light and eyes, and failing in this, to admit light only through its own spectacles.

Another reason for the omission was a purpose of the writer to discuss this subject of the dose in a paper devoted exclusively to its consideration. The request contained in the communication at the head of this paper has decided him to enter on that duty now. And the first remark he has to make is, that the whole matter *must* be one of *law* and not at all of mere *opinion*, of law constituted of definite principles, fixed in their character and in no way subject to change, that they may meet the varying intelligence, opinions or prejudices of men. Like other laws of divine enactment, this will stand a fixed truth, whether it be brought to light and made an instrument of practical good, or left in darkness with the unknown; whether it be received or rejected. In this, as with other divine laws, rejection is no repeal. As with other divine laws, rejection may be followed by consequences the responsibility of which we may well dread. If this be true, then the whole duty of practical men is to ascertain the nature of this law and comply with its requirements. Criticism of the law of God in the place of obedience is no more becoming in the material than in the moral world.

We have said this matter of the dose, in the treatment of the sick, is one of law. It can hardly require argument to prove this. It follows almost of necessity from that law of cure which we all recognize. It can hardly be otherwise than plain that that power which established the curative relation-

ship between drug agencies and diseases, and regulated this by law, should at the same time, and in the same manner determine the quantities and methods of their administration. If this be so, then the idea of our correspondent, that this matter of the dose is one which "every man must decide for himself," is strictly negatived, if by this is meant more than that each must be his own interpreter of the law, which is certainly true. But before he can interpret the law he must acquaint himself with its principles and relations. To endeavor to elucidate some of these will be the object of the remainder of this paper.

In attempting a discovery of the principles which constitute the law under consideration, we are first to get a clear view of the elements of the problem. These are of two classes. Those which belong to the sick man, and those of the drug. In considering the first of these, the first important fact, which we meet at the threshold of inquiry, is that we are to deal with a state of things wholly, or in part, preternatural. The natural relationship between the organs of the body and their accustomed and appropriate stimuli is perverted. The susceptibility of these organs to impressions from these stimuli is exalted, depressed, or extinguished. It may be exalted in relation to some, even to the extent of intolerance, while depression as to others permits only the feeblest response to their impressions, others seem incapable of exciting any living perception of their presence. In addition to these there are new susceptibilities to impressions from their external agencies not found at all, or not existing to the same degree, in the healthy. The sum of these changes constitutes a class of facts the most important in our investigation, and also to a proper understanding of the condition of the sick. For our present purpose it will only be necessary to consider such of these changes as have reference to impressions from drug agents. In a given case of disease the patient is often found to be preternaturally sensitive to the smallest quantities of some drugs, while there is an equal insensibility even to large quantities of others. This is a com-

mon experience. Why is it so? If we are not mistaken, a satisfactory answer to this question will be little less than an exposition of the law of the dose. These changes of susceptibility then, constitute the first class of the general elements of our problem. Those of the second belong to the drug.

These consist, in general, of that power which belongs to drugs to produce disturbances in the actions of the living forces so that these no longer move in that harmony which preserves the comfort and safety of the individual. It is this power so to act that constitutes any substance a drug. And it is with this power so to affect living organs, in special conditions of susceptibility, that we have to do in determining the dose in a given case of disease, and also the law which dominates the dose in all cases. That is to say, after having settled the first question, in all cases of prescribing, what is the remedy? this degree of special susceptibility in the organs, in the given case, is just that which decides the next question, how much of this remedy is required to restore the lost balance of the vital forces in that case, which constitutes the whole problem of cure. How can the degree of this special susceptibility to the action of the selected drug be ascertained before its administration? Simply by an extension of the same process of inquiry that resulted in the discovery of the true remedy. The result of that inquiry answered the question, *what is like?* That is, what is the drug, the action of which on the healthy living organism is most like the phenomena of this lost balance, the disease. An extension of the inquiry, *how much is it like?* when answered, determines the quantity of the drug required, this being in the inverse ratio of the similarity. And this we unhesitatingly declare to be the law of the dose as to *quantity* or *potence*.

If this be admitted, as it may be for the sake of examination, the questions which naturally follow are, what is the definite meaning of degree of similarity in this connection, or of the question *how much is it like?* and how can this degree of similarity be determined? and these questions ought to be answered. In order to a clear understanding of the

proposition, we must go back of its announcement, and explain the meaning of its terms. *Like—Similarity.* What do we mean by these terms, when we refer to the remedy and the dose? Evidently that similarity which is the essence of the law of cure which we all recognize. And what is this? We have endeavored to point this out in a previous paper, very briefly. But, in order to a clear statement of the view we wish to present of the law of the dose, we shall be compelled to repeat a part of what was there stated, that we may show its connection with our present subject. In brief terms then, the like which cures is the resemblance of the characteristic symptoms of the drug to those of the disease. By characteristic symptoms of the drug and the disease is meant those symptoms which belong to each as individuals, and impart to them their individual character, not at all those which belong to these in common with the other members of their class. In the examination of a case of disease with the object of discovering its curative, we shall find presented a class of symptoms which we have met often before, and to the group they compose we have, for convenience, given a name, and this name we use whenever we meet the group, and by this the group is understood to be represented. These are the generic symptoms. A careful examination will discover other symptoms which are not met in all the members of the class; they make no part of the defining group, and perhaps, indeed very likely, some of them have been found only in the case under examination. These are the specific, or characteristic symptoms. In a case of dysentery, for example, the frequent, painful discharges of blood or of bloody slime, with tenesmus and fever, are symptoms common to the members of the class we call by that name, while pains extending to the back, pain and tenesmus ceasing, for the time, with the discharge, the pain in the back more particularly in the lower lumbar vertebræ, are symptoms which do not belong to the class but to individuals, and when met are characteristic of those individuals. So in examining the pathogenesis of drugs there are found symptoms

which are common to many, and some to most drugs. These of course cannot be characteristic of any individual. How many drugs will cause pain in the head, loss of appetite, thirst, diarrhœa, vomiting, &c. These, with drugs, are the equivalents of the generic symptoms of the disease. Of the many drugs which cause pain in the head, but one, so far as I know, causes a violent, throbbing pain, with sense of fullness and distension as if the head would burst, turgid redness of the face, and all aggravated intensely by the slightest motion. The loss of appetite is only in some cases accompanied by loathing, or by nausea, or it may disappear on tasting food, or it may be only in relation to particular kinds of food. The thirst may be for cold drink or warm; for large or small quantities at a time; for drink at long or short intervals; or it may be for only particular kinds of drink; or be limited to some particular hours of the day or night. The diarrhœa may be watery, slimy, feculent, or mixed; the discharges excited by various causes, and accompanied by very different phenomena, and occur most frequently at, or be limited to, certain hours in the twenty four. The vomitings may be of substances of very different character, accompanied by different phenomena; aggravated or relieved by different circumstances. These are the equivalents of the specific or characteristic symptoms of disease. These are the elements which characterize the action of different drugs, and so enable us to select that which is the most certain cure in a given case. It is the likeness of these specific symptoms of the drug to the specific symptoms of the disease which the law of cure demands, while resemblance in those symptoms which are common to the class is of very little worth as indicative of the specific remedy.

With this view of the law of cure, and this explaining of the term characteristic or specific (we use the terms interchangeably) we are prepared to answer, first, the question, *what is the like which cures?* The similarity of the characteristic symptoms of the drug to those of the disease, and not at all of those which are generic. And second, what we

mean by the question, *how much is it like?* How great is the *number* of the characteristic symptoms of the disease which find their counterpart in those of the drug selected as the curative, and how exact is the resemblance of those of the one to those of the other. By a comparison of the two classes, in these two particulars, we learn the degree of resemblance which is undoubtedly the exponent of the law of the dose, which we have declared to be, as to the quantity of the drug, or potence, inversely as the similarity of these two classes of characteristics. That is, the greater the number of the characteristic symptoms of the disease found represented by similars in those of the drug, the less quantity (higher potence) of that drug is required for the cure. The degree of the exactness of similarity of these symptoms of course, enters into the account in determining the question of compliance with the law of the dose as here declared.

The whole relationship of drugs, as curatives, to the diseases which afflict our race, exists in the one fact of susceptibility. If the drug be without power to affect the disturbed actions of the vital forces of the patient, it can have no power to cure. If in the patient there be wanting a susceptibility to its impressions this relationship, as to this drug, does not exist. On what then does this susceptibility depend? On this very similarity of those elements of the disease, which declare its specific nature, to those which are distinctive of the drug. And the degree of susceptibility must, it seems self-evident, be in the direct ratio of the degree of this similarity. In perfect health a man may swallow one or more grains of Ipecac. without danger, or discomfort, possibly. But if the same man be suffering from violent dyspnoea with sense of constriction of the throat; tickling which extends from the bifurcation of the bronchi to their extremities, exciting violent spasmodic cough, cold dampness of the skin, cold sweat on the forehead, and restlessness which compels to violent tossing from place to place, and finds rest or relief in none; he will realize such effects from a much smaller dose as will be quite conclusive of a difference of susceptibility to the ac-

tion of this drug, when he is, from other causes, experiencing sufferings so characteristic of its action. A quantity much smaller than might be swallowed with impunity in health, in these circumstances might be speedily fatal, certainly would leave in the patient slight disposition to repeat the experiment. The difference is merely one of susceptibility, and this is but the necessary result of the similarity we are discussing. In case of a patient presenting this group of symptoms, the merest tyro in prescribing could not hesitate as to the remedy. There is but one. And now, what shall be the dose? Let him apply the law we have declared and he will have no reason for dissatisfaction. The resemblance of the group to the characteristics of the drug is great, and therefore by the law, if he prescribes best, he will give a small quantity, *i. e.* a high potence rather than a low, and the result will justify the practice. Indeed, in such a case we have no doubt the cure would be prompt, even from the highest of those which have been employed, nor that the cure would be more speedy and complete from this than from a lower number.

But instead of this group, suppose we find great dyspnoea with hot, dry, turgid skin; restless agitation and loud complaining; a sense of fullness and pressure in the chest, which seems to prevent the air from entering the lungs; a tensive pain across the forehead just above the eyebrows; we have a group differing in its characteristics from the first supposed, though it would be called by the same name. In this Ipecac. would not be so dangerous in moderate quantities nor curative in any quantity. The whole group would be called asthma in both cases, and yet in their curative relationship they have nothing in common. This difference it is which constitutes our guide in the selection of our curatives; while the degree of resemblance of the characteristics as explained above decides as to the dose. But why would not Ipecac. be hurtful or curative in this group? Because of the absence of that similarity which is the essence of curative susceptibility to the action of drug agents upon the sick.

If it be objected to this exposition of the law of the dose, that the difficulty of its practical application is great, because of the required intimate knowledge of the *Materia Medica*, and therefore its truth is improbable, or its practical value of little worth, the difficulty is admitted, while the conclusion drawn from it is denied. We can see no good reason why this should not be met like other difficulties, to be overcome. The difficult application of a law can neither disprove its existence, nor effect its repeal.

If we have been successful in so stating the principles of the law of the dose as to make them and their application understood, we believe it will be plain at once why it is that cases are occasionally met in which high potencies cure where low have failed and the reverse. The explanation is found in the degree of susceptibility of the patient to the action of the drug, and this is in the direct ratio of the similarity of the characteristics of the drug and the disease. Where the susceptibility is great and the quantity of the drug relatively great, it is not difficult to see how its direct action, being so like to the action of the disease it is intended to relieve, may so, by this action, oppress the vital forces as to render them incapable of a curative response; or so intensify the diseased action, as to increase pain and danger, without any corresponding curative effort on the part of these oppressed forces; while, on the other hand, where the quantity (we use the word here as equivalent to potence,) is adapted to the susceptibility of the patient, this evil and disappointment are avoided, and the best result secured.

In conclusion we earnestly urge the attention of practitioners to that study of the *Materia Medica* which will make them familiar with the science in its characteristics. If this be difficult, this is no reason, it is submitted, why the difficulty should not be manfully met and overcome. We also urge the importance of the law which we have attempted to discuss as a means of extinguishing the party strifes which prevail too much on this subject of the dose, and which now are only a source of evil to our school of medicine. If the

dose be a matter of law, let this be known and strife on its account must cease. Put the matter to practical test and see if great similarity of characteristics does not prove great susceptibility to drug action, and great susceptibility is not best met and cured by high numbers or small quantities, as it should be by this law.

HAHNEMANN'S THREE PRECAUTIONS.

BY DR. C. VON BÖNNINGHAUSEN, MUNSTER.

(Continued from page 204.)

THE PROPER SELECTION OF A DRUG.—Let us first recall to our minds what Hahnemann says in relation to it, in his *Chronic Diseases*.

“The second fault, the improper administration of a drug, is generally owing to carelessness, laziness, and levity. Many homœopathic physicians, alas! remain guilty of these trespasses to the end of their lives: they understand nothing of the homœopathic doctrine.

“The first duty of the homœopathic 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 as far as the patient remembers it, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution, and especially the symptoms of the disease. This inquiry is made according to the rules laid down in the *Organon*. This being done, the physician then tries to discover the true homœopathic remedy. He may avail himself of the existing *Repertories*, with a view of becoming approximatively acquainted with the true remedy. But, inasmuch as those *Repertories* only contain general indications, it is necessary that the remedies which the physician finds indicated in those works, should be afterwards carefully studied out in the *Materia Medica*. A physician who is not willing to take this trouble, but who contents

himself with the general indications furnished by the *Repertories*, and who, by means of these general indications, dispatches one patient after the other, deserves not the name of a true Homœopathician. He is a mere quack, changing his remedies every moment, until the poor patient loses his temper, and is obliged to leave this homicidal dabbler. It is by such levity as this that true Homœopathy is injured.

“This ignominious propensity for laziness, in the most important of all professions, determines these pseudo-Homœopathicians to choose their remedies *ab usu in morbis*, by the directions which are found recorded at the head of each medicine. This proceeding is entirely wrong, and smells strongly of Allopathy. Those general indications which are found at the head of each medicine in the different *Repertories*, only refer to special symptoms, and most of them have no other object, except to inform the homœopathic physician that certain medicines, the virtues of which have been tried upon the healthy organism, have been found curative in the diseases named in the *Repertories*. Alas! there are even authors who advise this kind of empiricism.”

These words of Hahnemann, together with what is taught in the *Organon* relative to the same subject, might be considered a sufficient demonstration in favor of the rule, but they imply likewise something favorable to the true disciples of our art, which it may be proper and expedient to mention, were it for no other reason than that of being impartial.

In glancing back to former years, we can easily find a period, when cases and cures were reported in a far different way from what they now are. A large portion of the results which have been obtained in later years, point to great uncertainty in the selection of remedies, which is not met in a like measure in the so-called infancy of Homœopathy; and, if we look at that difference a little more closely, we shall find that the progressively increasing magnitude of the doses, and the uncertainty in the selection of a remedy, go hand in hand. Can and ought this to be called

a progress?—And if this be no progress, what is the reason that this retrograding movement should take place?

The answer to this question is partially contained in the above-mentioned words of the author of Homœopathy, where he warns his disciples against incorrectness, levity, and laziness in the selection of a drug, and it is perfectly just that those who commit those sins, should be despised and disgraced, as men faithless to their art and high trust. But it would be unjust and uncharitable to impute to the will, delinquencies which are, to a certain extent, occasioned by a want of means; I am convinced that the imperfect development of our *Materia Medica* bears a considerable portion of the fault which I have just now charged upon practitioners.

Without expatiating upon the uselessness of most of our modern provings, fragmentary lists of symptoms, or the hypotheses with which treatises on the *modus operandi* of single remedies abound, I beg leave to offer a few suggestions regarding the arrangement of the *Materia Medica Pura*, suggestions derived from vast experience, and from a careful study of the *Materia Medica* during a period of fifteen years.

Every beginning homœopathic practitioner has probably shared the mistake, into which I, in common with many others, fell at the commencement of my homœopathic studies, to imagine that the homœopathic *Materia Medica* contained the symptoms of every disease. This allusion disappears after the differences of two or more remedies have been found out by a careful comparison of their symptoms. These differences are observed so much more accurately, when the remedies are to be applied; it is then that we perceive the incompleteness and uselessness of the present systems of pathology, which, at best, indicate in a very poor fashion the general character of the disease, but never point out the varieties and shades, according to which the remedy can alone be selected and administered with success. What allopathic physicians understand by the phrase "a remedy

is indicated," is altogether different from what we understand by an agent homœopathic to the disease. A number of remedies may be indicated in any given case of disease, and, indeed, a number of homœopathic agents may bear upon a disease; but only one remedy can be truly homœopathic to the disease, and correspond not only to the principal symptoms but to all the secondary circumstances and phenomena.

What I have here stated, is indeed nothing new, but it was necessary to mention it, because we may derive from it rules for the study of the *Materia Medica*, as well as for the selection of remedies. These rules are invested with peculiar difficulties, and have been rather neglected in modern times.

In comparing the known pathogenetic symptoms of drugs, we discover very soon a considerable quantity of differences, but they are not all of them equally useful. What is worse, in many remedies we have no point to start from in our comparisons. The drugs have not always been proved with reference to peculiar conditions, or for the sake of comparing their symptoms with the established analogous symptoms of other drugs. This deficiency has to be supplied by contrasting the totality of the symptoms of various drugs, and by studying the genius of a drug from its symptoms. This is rather a difficult business, and can only be accomplished by those who combine the requisite talent and perseverance in undertaking it.

To make my ideas the more intelligible, I will illustrate them by an example. Let us select the symptoms of *Asafœtida* communicated by *Franz* in the *Archive*, and, for the sake of brevity, let us select among those symptoms all those set down as *stitching pains*, (*stechende schmerzen*.) These pains, which are quite characteristic of *Asafœtida*, have not been especially marked out by the prover; I state this merely for the purpose of showing that a list of pathogenetic symptoms cannot be received with implicit confidence even when it comes from a distinguished man. In the *Manual* of the