

THE HIDDEN TREASURES OF THE LAST *ORGANON*

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I. HISTORICAL BACKGROUND

Hippocrates the Observer introduced into Medicine the art of clinical observation as the necessary basis of pathological diagnosis.

Galen the Promoter, while developing a great part of Hippocrates' teachings, authoritatively insisted upon the paramount importance of reasoning in Medicine.

Paracelsus the Fighter, a Swiss physician, introduced physico-chemical analysis into medical science and showed the connection between the outer world and the human organism.

Then came *Hahnemann the Experimentalist* who discovered the law uniting pathological and therapeutical diagnoses, and taught that the remedy to a disease is to be found in the disease itself. He was the first to give a scientific basis to the study of Medicine.

It is impossible to trace all the fundamental causes, or even the occasional and accidental causes of disease. *Tolle causam*, grasp the cause, is easier said than done. This is where Hahnemann came and asserted for the first time in the history of Medicine that, not by a cursory and piecemeal examination only, but by a thorough and exhaustive study of the effects of a disease upon the individual, as well as by the appropriate comparison of the objective and subjective manifestations produced by drugs in a healthy organism is it possible to apply the remedy which will eliminate the manifestations artificially caused by its application—in other words—to cure the patient. *Cessat effectus, cessat causa*.

Hahnemann was the first Westerner who, treading in the footsteps of the Chinese, pointed out the danger of palliation which indeed does nothing but suppress and disguise the symptoms, merely affording local alleviation, but no real cure of the whole organism. It was he who, 150 years ago, laid great emphasis on the psychosomatic relationship which plays a leading part in contemporary medicine.

It was he also who showed the great importance of psychicism and mental symptoms in apparently quite objective and material complaints, and who insisted on the absolute necessity of looking for those symptoms in all pathological conditions. It was he again who called attention to the subjective symptoms which classical medicine ignores.

Medicine is, above all, a science of experience: knowledge of diseases and of the proper means to fight them, joined to a personal study of the patient and of the manner of using these means without injuring him: "that", Hahnemann says in his *Medicine of Experience*, published in 1805, "that is Medicine".

There is no science without experiments, and experiments serve two different purposes:

- (a) To observe with a view to detecting indications;
- (b) To test the indications observed.

To the likeness that he detected between the symptoms induced by medicaments on a healthy man and those produced by diseases, Hahnemann gave the name "Homœopathy". This led him to write his fundamental work:

The Organon of the Healing Art.

The Organon of the Healing Art is the fruit of Hahnemann's tireless labour during his stay at Torgau, and it has been called the "*work of Torgau*"—a regular catechism of Homœopathy—repeatedly revised and adapted. The first edition was published at Dresden in 1810, the second, third, fourth and fifth editions appeared respectively in 1819, 1824, 1829 and 1833. The latter, the fifth German edition of 1833, was annotated and scrupulously corrected,

and, in 1842, it became the 6th and final edition of the *Organon*. "*Organon*" is a Greek term designating any organ or instrument, hence a method by which philosophical or scientific research may be conducted—a term adopted from the Aristotelian writers and used, in the latinized form "*Organum*" by Francis Bacon, in the title of *Novum Organum*, part of his treatise on philosophical method. This *Organon* is, for the physician, the means of acquiring knowledge which will enable him to discharge the duties of his profession in the most perfect way.

In his *Essay on a New Principle for Ascertaining the Curative Powers of Drugs*, published in 1796, he merely traced the ground plan of his building, but it contains the essence of his beliefs.

In 1805, in his *Positive and Observed Effects of Medicaments on a Healthy Man*, he assembled a whole series of experiments performed on a healthy man. A careful reading of his pamphlet, *The Medicine of Experience*, published in the same year, will show that it is in fact the *Organon* in little. It forms the very foundation of his work.

In 1807 he published the "Indications of the Homœopathic Employment of Medicines in Ordinary Practice". This essay, appearing in *Hufeland's Journal*, formed the basis of his "introduction" to the *Organon*.

But his *Organon* is essentially the condensation of all his preceding publications and in the preface to his first edition, he says outright:

"I take it as an honour to have been the only one in modern times who has undertaken a critical and impartial revision of the Art. The conclusions I have reached were published in pamphlets and articles—signed and unsigned. In the course of my researches, I discovered the way to Truth, a way I felt I should have to tread alone, far from the main road trodden by the adepts of traditional medicine. The further I progressed, from truth to truth, the better I realized that the laws I had found—none of which I ever acknowledged or accepted without having tested it by experience—differed from those of the old school, based exclusively upon opinions resting on probabilities, very fragile and precarious bases. The result of this research is given in this book."

On the title page, Hahnemann quotes Gellert's verses:

"Truth, which men have sought, and sought in vain,
Their undiscovered treasure, yet has lain
Buried not deep, but just below the ground
By the wise Hand that wished it to be found."

The original title of the book was to be *Organon of Rational Therapy*, but it was later changed by Hahnemann into *Organon of the Healing Art*.

Of the six German editions of the *Organon*, the most important are unquestionably *the first*, published in 1810, *the fourth*, which was not merely an enlarged, but a completely revised version of the preceding ones, and which marked an epoch in 1829, and the last, *the sixth*, in which the paragraphs have been re-arranged and practically every sentence, every word, corrected and revised with the utmost care.

This sixth edition is of particular interest owing to its having been prepared by Hahnemann himself in the light of the rich experience of a lifetime. He devoted one year and a half to this work, at the age of 86, as is shown by his letter, dated Paris, February 1842, to his publisher, Schaub, in Dusseldorf:

"Dear Mr. Schaub,

"After 18 months' work, I have just finished the 6th edition of my *Organon* which is the most complete existing edition of my book."

According to Hahnemann himself, a French translation was ready to go to press, but no one ever discovered what had become of it. In September 1842, Hahnemann wrote:

"The sixth edition of my *Organon* has not yet come out because *the French translation* was not at first entrusted to a reliable person and, for certain reasons, the German text cannot be published first."

The above is part of a letter addressed to Bonninghausen, in a woman's handwriting. It is signed by Hahnemann, who, in another letter, dated March 24th, 1843—that is, four months before his death—wrote:

"I draw your attention to the last edition of my *Organon* which, if it please God, will be published in the near future, in the *French version at least*. You will find it satisfactory in every respect. The German version will be more difficult on account of my mortal enemy, 'Trinks.'"

It must be borne in mind that, at that time, French was the language most widely used in Europe, and the loss of this document is the more regrettable as we have no French text of Hahnemann's principal work, written by himself, under the linguistic supervision of his wife.

The above statements show that the French translation was ready to be published before the German text, and that it had been done in collaboration with Mme. Hahnemann. It would have been of the greatest importance for the French public, as Jourdan's previous French translations were not faultless, and, as far as I know, had never been approved by Hahnemann.

Unfortunately, the 6th edition, in both the French and the German texts was not published during his lifetime, for he died four months later. His wife, Melanie, carried on the negotiations until the war of 1870 put a stop to them, so that the book could not be published.

Constantine Hering of Philadelphia suggested to Mme. Hahnemann that he should undertake the English translation, but financial difficulties stood in the way. When she allowed Bonninghausen to publish the 6th edition, she omitted to state whether she meant the French or the German text, and, later, she withdrew her consent for reasons unknown. Only in 1920, after the German riots in the Ruhr, was Dr. R. Haehl of Stuttgart able to collect, in Darup, Westphalia, then occupied territory, all the precious manuscripts left by Hahnemann in the Bonninghausen estate, and to acquire them, thanks to the financial help of Dr. William Boericke of San Francisco, who paid \$10,000 for them. That is what is called *the Darup treasure*.

Among the last writings in the Master's hand, Haehl discovered *the German original of the 6th edition of the Organon*, but the French was nowhere to be found. Whether Mme. Hahnemann kept it remains a mystery. This new edition is the 5th, reproduced word for word, from the first to the last page, with numerous annotations, modifications and important additions.

The *Organon* (Haehl said), is like the signpost at the crossroads of the Art of Healing. On one side, it points to the old way and easy road to Allopathy; on the other, it shows the way to Homœopathy, a lonely and narrow path, but leading to new and unexplored regions.

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II. PLAN OF THE ORGANON

If you want to test a future student of Homœopathy, give him copies of Hahnemann's *Organon* and *Chronic Diseases*. If he has the grit to read them both to the end and he survives the test, you may hope to see him become a successful practitioner in Homœopathy.

At a first reading, the early editions of the *Organon*—even the 5th—in whatever language you may read them, give an impression of being a confusing jumble, an accumulation of different articles whose classification remains incomprehensible. They comprise a series of nearly 300 paragraphs following one another without any apparent connection. This first impression is absolutely misleading.

After reading it repeatedly and attentively, you cannot fail to be struck by the rational construction and the solid dialectics which characterize this exceptional work. This is what we have endeavoured to bring to light by the arrangement of our French translation. The whole composition rests upon three main themes, called by Hahnemann the three tasks of the physician and described in §71, namely:

- (1) *Semiology or semiotics*: study of morbid symptoms and inquiry into the factors at variance with healthy conditions.

- (2) Knowledge of the *means of healing*.
- (3) Application of such therapeutics means to the patient, i.e. conjunction of the two aforesaid themes.

On one hand, the patient with his disease, on the other the medicament, finally, the rules to be observed in applying those medicaments in order to effect a cure: i.e. "to restore the patient to health: the physician's highest and indeed only aim".

The first part, comprising symptomatological study and the inquiry by the physician into what is known as morbid criteria, is contained in §§1-104. It provides directions for the scrupulous examination of the patient, the questions to be asked to ascertain his psychological condition; morbid receptivity and constitutional condition: finally, the ætiology and classification of the disease. Hahnemann is the unquestioned master of medical symptomatology and semiology.

The second part, namely, inquiry into the means of effecting a cure, covers §105 to §145. These chapters include the notions of toxicology, pharmacodynamics, idiosyncrasies and medicamental specificity, and, above all, strictly scientific instructions as to the way of carrying out provings upon healthy subjects and establishing *Materia Medica*.

The third, weightiest and most pregnant part is devoted to the patient therapy. It covers §146 to §291 and discusses and comments on individualization, pharmacoclectics or choice of remedies, gradation of symptoms, traumatic reactions, obstacles to healing, homœopathic aggravation, deficiency diseases, local and localized complaints, and the whole pharmacotherapy, i.e. pharmacopraxy (preparation of medicaments), pharmacopollaxy or repetition, pharmaconomy, or the different ways of administering remedies, and, finally, various considerations on physiotherapy.

The revolutionary change lies in the fact that these three main chapters, which are also components of medicine in general, are absolutely different from the so-called classical teaching. In allopathy, semiology is taught as a means of establishing what may be termed the "morbid label", so as to be able to classify the disease in a definite nosological framework. It tends to generalization through depersonalization of the patient, who is to be classified together with his disease, and is henceforth looked upon as "appendicitis", "hypertony", "eczema".

In Homœopathy, on the contrary, interest is centred on the way the patient reacts to his disease, Homœopathy being essentially "medicine for the person". Individualization is the ruling principle and the patient is a "man" or a "woman" afflicted with appendicitis, hypertony or eczema, and his individual characteristics are recorded as distinct from those of other patients with the same diagnosis. This is where the fundamental principle comes in of symptoms considered *collectively* as forming a whole, and where the limited and partial diagnoses which characterize the classical school are definitely set aside.

"That school of medicine", Hahnemann expostulated, "is nothing but a mass of sham erudition which, like Gellert's hat, is shaped anew from time to time according to the prevailing fashion, but, in its substance, in the essential art of healing, it is always the same obscure method defeating its own ends." (Preface to the 2nd edition of the *Organon*.)

His study of medicaments was also revolutionary. The investigation of therapeutic means was no longer carried out on the basis of speculative theories, of chemistry, physics, pathological anatomy, experiments on animals or on the dead branches of medicine. It was to be based upon *biologic experiments on healthy individuals*, a real human exploration of all the substance liable to bring about a departure from the normal state of living beings, as well as upon the preparation of remedies according to principles which had formerly been branded as subversive: dividing and potentizing substances by succussion, dynamization, colloidal state, etc. . . . Hahnemann's proceeding singles out

the genuine specific pharmacodynamic properties of matter, which disintegrate into specific immaterial substance (§270f). He was the first who had the courage to test remedies on himself in order to ascertain their effect, the first who was willing to suffer so that his neighbour might benefit thereby.

The third theme, which links the other two, is the study of clinical application to patients, of the therapeutic means thus established upon a solid experimental basis and the interpretation of the reaction occasioned by these remedies. Hahnemann was the first to detect between illness and remedy a connection based upon a law and principle: *the Law of Similars: Similia similibus curentur*.

You can now see how well this essential work is balanced upon its three main pillars.

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III. PRESENTATION OF THE *Organon*

Hahnemann said:

"Human diseases *have not* so far been cured in a rational way or in accordance with established principles, but according to extremely varied therapeutic methods and mostly on the principle of palliation '*Contraria contrariis curentur*'. In direct opposition to this method, I point in this volume to truth, the real way to recovery. In order to cure rapidly, mildly and permanently, select in each individual case of illness one medicament capable of giving rise by itself to a *distemper similar* (omoios—pathos) to the one it must cure (*Similia similibus curentur*).

"Nobody has hitherto taught this homœopathic method of healing. But if this method is dictated by *Truth*, despite the fact that it has been ignored and neglected for thousands of years, vestiges of its immortal power are bound to be traced in all bygone ages. This is the case (1st ed., p. 5)."

"This method had never been *taught* by anyone before me and nobody had *put* it into practice."*

At the end of the 250 cases of unconscious Homœopathy recorded by 440 allopaths whose works and names he mentions in his introduction, together with bibliographic indications, Hahnemann, however, adds:

"My intention in thus quoting those who presaged homœopathy is not to prove the excellence of this doctrine, which rests on its intrinsic worth, but to avoid incurring the blame of having ignored those harbingers in order to pose as the originator of the idea."†

Furthermore, he shows that the striking cures—thereby I refer only to genuine cures—recorded in his numerous recollections and in medicine at all times, were due to the fact that they were based upon the Law of Similars unconsciously applied by their authors. Yes, just as Monsieur Jourdan spoke prose without knowing that he did, so they were Homœopaths without being aware of it.

Through tireless labour and entire self-denial, through hardships and arduous investigation, sustained by his dogged determination to prove the *Truth*, Hahnemann discovered the vein of priceless metal buried under an accumulation of age-long errors and prejudice. He was the Creator, the Progenitor of the Art of Healing through homœotherapeutic science. All his work is illuminated by his merits and the fame he has acquired in the history of progress. This is an honour which can never be taken from him.

All his doctrine is contained in the paragraphs of his *Organon of the Healing Art*.

The first German edition, in 1810, comprised 271 paragraphs.

The third, in 1824, had 320.

The first French edition, translated by von Brunnow, had 318, and the following ones, by Jourdan, 294.

The number of paragraphs in the English and American editions varies between 271 in the 1st edition and 294 in Hering's and Dudgeon's. The 6th and final edition, however, contains 291 paragraphs.

* *Organon*, 5th French ed., p. 111.

† Doctrine homœopathique, *Organon*, 6th French ed., p. 155. Vigot ed., Paris.

I should like to add that the Law of Similars which reads *Similia similibus curentur* has "*curantur*" in the 3rd and 5th French editions as well as in Hering's 3rd English one. All the others, and the 6th, however, have *curentur*, as it should be.

Hahnemann's *Organon* is a work which created in intellectual and in medical circles a sensation quite out of proportion to its diffusion. It is indeed the foundation upon which the whole structure of Homœopathy rests.

Yet this method seems paradoxical in several of its aspects, mainly on account of the apparently illogical principle of Similars and of the incredibly small doses prescribed. Unfortunately the storm of protest, and the fierce controversy to which it gave rise, were the very opposite of the serene and dispassionate atmosphere recommended by Hahnemann for the honest and impartial study of his teachings.

Homœopathy, nevertheless, soon won the esteem of patients, and its value is acknowledged by them to-day as it was acknowledged 150 years ago. The medical profession has so far refused to adopt it or even to examine it impartially. The number of physicians of the classical or allopathic school who know Homœopathy is consequently extremely small. It cannot be studied in a few moments, and medical men are busy people, mostly too busy to study a method which is not officially taught and which they consider too paradoxical.

There is no doubt that, since the days of Hahnemann, which were also those of Pasteur and Lister, great changes have taken place in Medicine. Nowadays, as formerly, alas! physicians still deplore the lack of a reliable and established method for the art of prescribing in internal medicine. There is universal scepticism as to the therapeutic value of drugs. Great hopes were indeed raised a few years ago by the discovery of antibiotics, but the slices of the cake which was then offered us are getting thinner and thinner, and our hopes have dwindled, too, on account of accidents and the resistance of the body to the new chemicals which were expected to perform such miracles. Now, press and pamphlets daily recommend prudence in using such remedies.

The *Organon*, for the reasons just stated, is bound to interest everybody, were it only from the historical point of view. Whoever reads it with attention will realize that homœopathic therapy is neither a speculative theory nor a collection of quack remedies, but that it rests upon solid fundamental principles and an unchanging law.

Since Hahnemann's time, medical science has advanced greatly. Minute doses no longer scare people, as everybody has grown accustomed to them through the use of vitamins.

Hahnemann's ingenious views on miasma had already been partially explained by the discovery of microbes considered as occasional pathogenous agents. They have since then been illuminated by viruses—whether filterable or not—and by all the modern concept of unapparent polyviruses, which has recently confirmed Hahnemann's original and extremely productive ideas on psora.

Without knowing anything about microbes, Hahnemann treated many microbic and even epidemic diseases with astonishing success. He was the real forerunner of vaccinotherapy and desensitization. His technique for the application of remedies was, however, much more individual than that of our classical medicine and it prescribed doses quantitatively much smaller and perfectly innocuous, though just as active. All the methods which have since then been so greatly developed, as well as prophylaxy against contagious illnesses, are based upon Homœopathy. This is a fact, whether it is admitted or not. It is the very essence of Homœopathy.

Pathogenous germs—modified or not—become remedies for the diseases produced by the very same germs. This has been proclaimed by Homœopathy for the last 150 years and every Homœopath rejoices in his heart at the marvellous results due to the application of this principle.

What I particularly want to do to-day is to show you—not what you already know about the efficacy of Homœopathy, so magisterially described in the *Organon*, but what Hahnemann added to the last edition of this indispensable work, the fruit of his long and rich medical experience.

Whoever applies with strict accuracy the principles and advice given in the *Organon* may be assured that he will have no cause to regret it, on the contrary!

Far from being a dreamer or a quack, Hahnemann, Wheeler said, was a very great physician.

I shall now conclude these preliminary remarks by quoting the following sentence from a letter written by Mme. Hahnemann to her publisher, Zander:

“All the preceding editions of the *Organon*, without any exception, have been incompletely and badly translated into English.”

Yet she does not seem to have included Hering’s translation in this statement. She admitted that he was an absolutely accurate translator who knew German and French equally well. Hahnemann himself never expressed any opinion on the accuracy of the translator in any of the foreign translations of his works, except in the case of von Brunnow, whose French translation he lavishly praised and commended.

In the preface to the 6th edition, he criticizes classical therapy for its lack of basis and guiding principles; he states

“alleged plethora, hypothetical morbid acrid humours and *materia peccans*, which therapists insisted on eliminating by means of emetics, laxatives, artificial salivation, vesicatories, setons, of fixation abscesses, labouring under the delusion that the disease could be eradicated by such draining, whereas this way of proceeding merely increased the suffering of the patient and deprived him of his strength and vital fluids. Real *medicamentous diseases*, and often incurable ones, are caused by the application of various ointments and by the administration of massive and frequent doses of drugs. The Law of Contraries, thus applied, merely palliates and displaces the complaint.”

In his preface, Hahnemann repeatedly stresses the fact that illness is not caused by the acidity of the blood and that it should not be drained, as prescribed by Galenists and by Homœopaths of the modern school of Nebel, for diseases are really dynamic disorders of the energetic vital principle animating the human body.

In the same preface, he also exposes the erroneous idea of giving illnesses names derived mostly from the Greek language, thus inducing people to believe that those illnesses are well known, “Morbid labels” of this kind actually correspond to a small part of the disorder only, so that the diagnosis will always be but a partial one and its definition inadequate and incomplete.

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IV. INNOVATIONS AND LAST ADVICE OF HAHNEMANN IN HIS POSTHUMOUS WORK: *The Organon and its Hidden Treasures*

The main points which I wish to raise here are either entirely new and somewhat revolutionary when compared with accepted notions divulged and applied in the five earlier editions of the *Organon*, or points already stated but redrafted and re-examined. They are, as a rule, badly known or not known at all by Homœopaths. I shall therefore endeavour to extract them, as gold and diamonds are extracted from a mine, and let them sparkle in the sunshine of truth. This is what I propose to do for the benefit of my illustrious colleagues assembled here. I shall not proceed paragraph by paragraph, but by order of importance.

The paragraphs I shall consider first are those of practical interest, and, afterwards, I shall take such paragraphs as are interesting from a theoretical point of view.

I. PHARMACOPOLLAXY, or medicamental repetition is, undoubtedly, a question of great interest to all medical men, but it is more particularly so for

Homœopaths who are more specially trained to observe individual reactions. The paragraphs contained in the *Organon* on this subject are the outcome of numerous experiments repeated in the course of Hahnemann's professional activity, that is, over 50 years' practical experience.

In §246, he repeats the statement included in the five earlier editions, namely, that:

"Any clearly defined improvement showing obvious progress is a state in which—as long as it lasts—the repeated administration of any medicine whatsoever is to be strictly forbidden, as the remedy previously taken by the patient is still producing its beneficial effect and", Hahnemann adds, "this is no rare occurrence in acute disorders."

Such is the well-known and much-quoted paragraph which Hahnemann's and Kent's disciples observe most reverently and to which they owe such excellent results. The words "This is no rare occurrence . . .", however, remind one that, though this is fairly frequent, there are a good many cases in which no progress is detected and where it will be necessary to repeat. We shall see later on how this is to be done, but we must bear in mind that Hahnemann never says anything which has not been duly considered and thought out, and that all his words should be weighed with the utmost care. He goes on to say:

"On the other hand, *in chronic disorders which have not reached an advanced stage*" mark the words "not reached an advanced stage"!

"the improvement may last from 40 to 60 or even 100 days. This is, however, very rare, and, besides, it is important for both physician and patient *to reduce the period in order to effect a speedier cure*. This may be achieved provided the following conditions are observed:

- "(1) The choice of the remedy shall be strictly determined in accordance with the Law of Similars.
- "(2) It shall be administered in an infinitesimal potency." (I insist upon "dynamization" as the word "dose" implies quantity, whereas dynamization refers to quality.)
- "(3) After being extensively diluted and highly dynamized.
- "(4) Absorbed dissolved in water.
- "(5) Administered in general in very small quantities (1 coffee-spoonful).
- "(6) Repeated at intervals which experience has proved suitable to effect as speedy a cure as possible.
- "(7) *Taking great care, however, in repeating, to vary the degree of potency so that each dose should differ slightly from those preceding and following.*"

Where he is at variance with the notions hitherto accepted is in the following recommendations:

- (a) The absorption of *any homœopathic remedy to be repeated shall henceforth be exclusively in liquid form*. A new factor in the preparation of remedies is the suppression of attenuations from mother tinctures. All remedies, to whichever natural kingdom they may belong, whether derived from mother tinctures or substance solutions, *must undergo the three traditional centesimal triturations*. Hahnemann rejects granules, tablets and trituration (§246).
- (b) In acute cases, where no improvement is observed, the dose is to be repeated and—this is quite new—in chronic diseases where the treatment has proved effective, *the remedy, in order to speed up the cure, may be given daily and for months, if necessary*.

In paragraph 247, Hahnemann stresses the danger of repeating the remedy with the same degree of potency, which he defines as

"inopportune and unwarranted repetition of an unmodified dose liable to provoke an absolutely unnecessary morbid addition".

It is detrimental to the patient (§247a) to repeat the same remedy on the plea that it has done him good in *globules* with the same dynamization.

It is also detrimental to the patient if repeated because it has done him good in *liquid* form with the same dynamization.

It is detrimental, too, if repeated with the same attenuation, even if the original preparation has been shaken on each occasion, ten times or only twice,

because the remedy newly administered is unchanged as regards potency and liable to occasion what is known as *therapeutic saturation*.

In fact, after the first dose of a medicine which has proved efficacious, the patient will be a little less ill. The second dose must consequently be adapted to a less morbid condition, or rather to disease in a more dynamized stage. The patient has been saturated in the first stage, thanks to a remedy in a suitable dose. Consequently Hahnemann recommends giving the same remedy, but more highly dynamized, the disease having been partially *subdued under its influence*. The remedy is thus to be administered *in varying forms* as the cure proceeds, so as to be constantly adapted to the disease.

Hahnemann combines two factors in an entirely new form. Apparently the remedy was to be given in diluted and dynamized form only, but a notion of quantity was added in order that no confusion should arise as to the notions of *dosing, frequency* and *dynamization*.

Dosage implies capacity: 1, 2, 3 small, middle-sized or large spoonfuls, i.e. notion of *quantity*.

Frequency is implied by repetition of the dose once, twice, 3 times . . .

Dynamization, produced by shaking the dilution a certain number of times, implies *quality*.

Hahnemann now defines quantity (§§275, 281), i.e. posology, even with high potency, in the form of a *single globule* of poppy seed size (§§270f, 272, 275).

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PHARMACOPOLLAXY MUST BE ASCENDENT

For the first time in his professional life, Hahnemann lays stress upon the importance of increasing the rate of potency in repeating the dose of a remedy. This had not yet been mentioned in former editions. It is contained in the footnote to §246 as well as in §§248, 270f, 280 and 281, and worded as follows:

“The remedy is to be administered at a low rate of potency, proceeding according to the technique and, after exhaustion of the solution, repeating at a higher rate of power.”

Finally, he insists upon the

“*danger of repeating with the same potency*, even only once, this being detrimental and even liable to lead to incurability. It is even more harmful that it would be with an equal dose of an allopathic remedy, as such repetition, through unwarranted dosage, might bring about chronic medicamentous dyscrasia, a kind of medicamentous miasma. This”, he adds, “may also occur when the dosage is too high”,

i.e. when a mouthful or a tablespoonful is given instead of a teaspoonful. (In this connection, see §276 and footnote to §282.)

I shall not comment on the results of this new practice, nor compare it with Kent’s ascendent pharmacopollaxy, as it would lead me too far.

However, there is a *very important exception* to which I wish to call your attention in the footnote to §282, with regard to the doses *in the treatment of the three great diatheses during the period of their first cutaneous manifestations*, namely:

*for psora: recent scabieic dermatosis,
for syphilis: untreated primary canker, wherever located,
and for sycosis: condylomata.*

“*These localized diseases*” (and not local, I insist upon it) “*do not only tolerate, but demand immediate administration of large doses* (large table-spoonfuls or even mouthfuls) *repeated daily and even several times a day, of their specific remedies in ascending repetition*. In chronic illnesses, the doses should at first be as small as possible (a tea-spoonful only).”

The volume of the remedy, i.e. the quantity, according to Hahnemann’s experience, must therefore be taken into account.

“*In such cases particularly*, no objective localization should be suppressed and nothing ought to be removed by external applications, for the disappearance of such objective manifestations, which the physician cannot fail to notice, enable him to ascertain that the remedy hitherto administered is no longer necessary.”

Hahnemann adds, however, that

“experience has shown that itch, like syphilitic canker can and must be treated only exceptionally through external channels, but that in the case of sycotic condylomata, internal administration combined with simultaneous external application in direct contact with the lesions may prove necessary”,

(Footnote to §282) as the Homœopath never tries to deceive patients by purely superficial success which, though it may be gratifying at first, is always harmful in the long run.

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2. PHARMACOPRAXY, i.e. the preparation of remedies (§264 to §272). Here Hahnemann expounds his absolutely new theory for the preparation of the 50 millesimals as well as the technique of their application. I had, in fact, already read years ago, in the *B.H.J.*, an article on the “plus method”. I had even applied it . . . and it had been a dead failure. Since then, none of our papers has ever mentioned it. It showed, however, how important it was to have the *Organon* translated, as no one had ever applied the method in the proper way. Even to-day, I occasionally read in homœopathic journals about cures effected by 50 millesimals in globules. This is positive proof that the prescribers of such doses have not understood the new method at all, as the remedies ought to be administered *in liquid form only* (§271).

In practice, the patient is given a capsule containing a single poppy-seed size globule crushed in a little sugar of milk. He is instructed to let it dissolve only before taking it. After putting it into a bottle with about 100 grammes of clean and slightly alcoholized water and vigorously shaking it ten times, he is then to take about a coffee-spoonful morning and night, in the case of chronic illness, or more frequently in acute conditions, care being taken that the bottle is previously *shaken ten times* on each occasion. Eight to ten doses, thus potentized, having been taken, a *fresh unused bottle* is provided and the remedy is administered again at a higher rate of dynamization, duly shaken ten times before being taken.

In §§269 and 270, Hahnemann stresses the importance of dilution combined with dynamization by friction when trituration has been effected, and finally by succussion. The number of shakes when the original remedy is prepared by a chemist should be 100, but for potions to be taken daily, *ten times* on each occasion are prescribed, although the 5th edition stated that two sufficed. (See §§239, 247 footnote, 248 and footnote, 270 and footnotes, 280 and 282.)

There was a time when succussion was considered all-important. Then dilution was thought to play the leading part. In the 6th edition Hahnemann ascribes the real efficacy of homœopathic remedies to the combination of these two pharmacopractical factors, but he also lays stress on the *non-medicamental substratum*, the *excipient* used for either trituration or dilution, which enables the active substance to be dispersed and provides, as it were, by contact, a new influence or energy (footnote to §269).

* * *

3. PHARMACONOMY, or the channel of penetration of therapeutic agents. §284 opens entirely new prospects as regards the channels of absorption of homœopathic remedies:

- (1) *Oral absorption* through the mucous membrane of mouth, tongue, stomach and intestinal tube.
- (2) *Inhalation* through the upper organs of respiration, nose and pharynx (and not olfaction as has quite erroneously been maintained) (§§248, 284, 286).
- (3) *Inspiration* through the lower organs of respiration, tracheae, bronchi and lungs.
- (4) *Friction* through the whole cutaneous surface of the body, *wherever*

the epidermis is sound (a very important point!) (§194 and §284). It is a well-known fact that any point of the epidermic covering is directly connected with the encephalic centres.

* * *

One hundred and fifty years ago, Hahnemann, much ahead of his time, suggested adopting as channels of absorption the oral and anal digestive tubes, a theory which is now considered the most modern. Whereas medicine absorbed through the mouth and swallowed may become partially inactive in the stomach or liver, the *perlingual* absorption of medicine, as recommended by our Master, may, by avoiding portal circulation, display its full efficiency upon the whole organism. The excellent innervation and the rich vascularization of the oral cavity, as well as the proximity of the large blood vessels and cervical sympathetic ganglia, provide perfect conditions for action through contact and good resorption with prompt effects. This was shown by Hahnemann as early as 1810.

Inhalation through the upper and lower organs of respiration, which I have just described, has recently been practised in our modern "aerosols". Now, as regards friction through the cutaneous covering, it is known today that the parts of the epidermis through which the nervous centres may be reached may be divided into more or less privileged areas, corresponding to very definite parts of the encephalic centres. In the two earliest editions of the *Organon*, Hahnemann had already alluded to the *epigastrium*, the *inner upper part of the thighs* and the *lower part of the abdomen as channels* for neuro-epidermic conduction to centres.

In §§284 and 285, he recommends non-systematic, but occasional friction, in the case of *very chronic complaints*, on back, arms, thighs, and legs with the medicinal solution which has proved efficacious when administered internally. This, however, may only be resorted to *when the skin is perfectly sound* and free from *dermatoses, cramps or algies*. Whereas allopathy prescribes application of the drug to the affected parts, Homœopathy advocates exactly the opposite.

Recent research is alleged to have shown that friction applied to the testicles or to the labia majora acts upon the pallido-cortical region. Some medicaments are even supposed to act more specifically according to the part rubbed (J. Portié).

Hahnemann, as far as I know, never raised the question of "*time pharmaconomy*" (i.e. the most opportune moment of the 24 hours for the administration of a remedy) except in his *Materia Medica*, in his reference to *Nux vomica*.

This question is also connected with the very delicate problem of *simultaneous intus et extra* application of a remedy. The local frictions recommended in §§284 and 285 would appear to be disapproved of in §194, 196, 197, 198 and 199, where Hahnemann categorically rejects any application of or friction with any external remedy whatsoever on the diseased region, in the course of an acute or chronic ailment *localized* by a dermatosis, a tumour, an area of vaso-constriction or vaso-dilatation. Any external application *loco-dolenti* is absolutely prohibited as being contrary to the doctrine. Hahnemann expounds his reasons in a very pertinent manner and, in the preface of his 6th edition, he states that only a perfectly healthy skin and treatment of a very chronic ailment can justify the simultaneous *intus et extra* application of a remedy.

* * *

4. I wish here to refer briefly to the important recommendation of Hahnemann, in §265, to the effect that homœopathic remedies should be *prepared and administered by the physician* or in his presence, in order to make sure that they are taken in the proper way. This is unfortunately a recommendation which modern physicians are hardly in a position to comply with.

5. We shall now approach the burning question of HOMŒOPATHIC AGGRAVATION.

The careful observation which Hahnemann advocates after the administration of homœopathic medicine is described in §§280 to 283, then further in §§155 to 161, 284, footnote to 253, 275 and 276. He deals therein with what we have called for the last 150 years *homœopathic aggravation* and what modern classical medicine has recently detected and called "*rebound phenomena*".

In his 6th edition, Hahnemann treats of *belated aggravation* (§§161 and 248). This question is in close relationship with the two important ones dealt with in his last edition:

(1) The appearance of *new symptoms* in the course of treatment and how to interpret them (§§249 and 250).

(2) The limit of homœopathic dynamization, dealt with in §160, footnote to 249, and 279, and with regard to which Hahnemann asserts that there is *no limit to be set to the number of our dynamization as long as they can lead to aggravation*.

(3) On the subject of aggravation, Hahnemann, who had already alluded without specifying (in §138 and footnote to §210) to what is known as the *return of former symptoms*, comments upon this notion (which Kent was to deal with later in a magisterial way) and gives an entirely modified version of it. This return, which J. H. Allen called "*retrograde metamorphosis*" is an extremely valuable indication for the Homœopath in making his prognosis.

The interpretation of new symptoms may be read with great interest as well as the therapeutic indications they provide, but, whether we touch upon new symptoms or recurring ones, everything reverts to *the reaction of the organism on the remedy*, with regard to which Hahnemann gives in his various paragraphs most enlightening data.

* * *

6. DYNAMIZATION.

(a) The important paragraph 270, though completely modified in the latest edition, asserts—as the *Organon* does whenever potencies are mentioned—that it is *centesimal* (§§128, 270 and 271) and should always be effected in *separate phials*, which is indicated nowadays by the capital H following the figure relating to potency, 6^H, 9^H, 12^H, 30^H, etc., clearly showing that the preparation was done in separate bottles, unlike the system of the single bottle advocated by Korsakoff.

Hahnemann expounds:

(a) New ideas on medicamental dispersion, associating *dilution*, or simple dispersion of the substance, with *dynamization* or *potentialization* of latent medicinal properties by friction, trituration or succussion. *Homœopathic remedies are not inert substances whose matter is divided in the extreme*. They are products which have been rendered essentially efficient by reinforcing their latent and highly disintegrated properties through a mechanical treatment which confers upon them new, active, and efficient properties (§269).

(b) *Duration of the medicamental efficacy* of homœopathic remedies. In his last edition, Hahnemann asserts that these remedies may be kept for *many years*, provided they are sheltered from light and heat.

(c) *Scales of concordances*: As you all know, Hahnemann, in his 5th edition, anticipating Mr. Berné, of Paris, had already attempted to shake a medicament for half an hour, believing thus to have multiplied by 30 the strength of the first centesimal dilution. When, however, he realized that he had been mistaken, he cancelled his former statement and replaced it by explanatory notes in §270, where he describes

the preparation of his 50 millesimals, uniting the notions of quantity and quality.

(d) I have already mentioned above the problem of the limit of attenuation.

* * *

7. PLACEBO.

(e) In order to enable the physician to make a differential diagnosis distinguishing the worsening of the disease from that of the patient, Hahnemann, in §§96 and 281 (an innovation in the 6th edition), advocates recourse to *Placebo*.

* * *

8. HOMŒOPATHY AND SOCIAL MEDICINE

In the footnote to §271 he outlines a social and philanthropic medical service whereby the sick, whether rich or poor, would be given free remedies through the bounty of the State.

* * *

9. PRE- AND POST-NATAL HOMŒOPATHIC TREATMENT

This entirely new footnote, no. 284, discusses:

(a) The campaign against heredity by means of an antipsoric cure, the infant being treated *in utero* during pregnancy (the first, if possible), especially with *Sulphur*. "Thus it is much stronger and healthier at birth."

(b) The post-natal treatment called "*remedial nursing*", when the baby may be treated indirectly through its mother or foster-mother, who takes the remedy and transmits its properties to the baby through her milk.

"Just as a baby may contract psora through its foster-mother's milk, so it may be protected from it by the same milk once it has become a medicine owing to the antipsoric absorbed by the person giving suck."

* * *

10. THERAPEUTIC REACTIONS AFTER THE FIRST PRESCRIPTION, or differential diagnosis distinguishing symptoms recorded before treatment from those observed during it; enquiry into primal symptoms; importance of mental symptoms in the reaction; the imperative necessity for very minute dynamizations; all these are set out in the paragraphs revised, nos. 91, 253, 254, 255, 256.

* * *

11. PARTIAL REMEDIES AND DEFICIENT DISEASES

Although §§162-170 for the former and 172-179 for the latter have only been modified in some details, I would urge all Homœopaths carefully to read these articles on deficient diseases, since they are frequently found among patients and are therapeutically of great significance.

Partial remedies are those whose pathogenesis has not been fully explored, but which apparently possess many therapeutic potentialities as yet unknown and undeveloped. Hahnemann shows us how to act in such cases, how to investigate symptomatic residues and reconsider cases after the first prescription.

Deficient diseases are those in which there is a dearth of symptoms. The *Organon* indicates what is to be done in such cases, of such daily occurrence in our consulting rooms.

Lack of symptoms should not be confused with want of practical knowledge on the part of the doctor, either because he does not give enough time to questioning his patient or because he is unable to detect the relevant symptoms. In that case it is not the disease which is deficient but the doctor!

12. PROVINGS, or medicinal experimenting on a healthy man, nowadays referred to as physio-pathological investigation or, better still, human exploration.

How few doctors know that Hahnemann, in §§121-141, gave, with particular care and minuteness, all requisite details about the manner of experimenting with drugs on a healthy man! In that account you will find matter to satisfy the hunger and thirst of the seeker after knowledge: instructions for experimenting, dosage, diet, choice of the subject and his observation during the proving, study of reactions, examination of the reports on the experiment, self-experimentation by doctors, etc. Instead of trying, as in classical medicine, to interpret what goes on in the laboratory (*in vitro*), which only comprises a limited number of parameters, Hahnemann has shown how to understand what is going on *in vivo humano*, where they are exceptionally numerous owing to the presence of a biologically suitable basis. There is no other means whereby one may thus "listen-in" to the human *bios* (what Hahnemann calls the *dynamis*) and infiltrate the field of human pathology in such a flexible and sensitive manner, for the *bios* is compounded of niceties and subtle inflexions. This matter of proving is one of the agate points of Homœopathy, for one of the essential biological subterfuges of the human organism lies concealed in it. Here, too, lies the fundamental link and hidden spring of Hahnemann's experimental method, for, by recommending the 30th potency as the starting-point for any proving, it enables the vital psychical symptoms of the subject to be disclosed at the outset.

The neuro-vegetative centres that compose the "ceiling" of the physiological entity form in exact coincidence the "floor" of the psychological entity, to which a modern allopathic writer, Portié, has given the name neuro-vegetative endo-consciousness.

These neuro-vegetative centres, which are to record all the valuable symptoms of the drug to be tested, are of great importance to us, for it is there that Man's physiology and psychology meet: meet and, better still, coincide. Hahnemann's genius grasped the need to exploit the opening offered by this cardinal ambivalence which, from the neuro-vegetative centres to the endo-consciousness—coincident and identical, a Janus double—and yet single-visaged—operate the relays and transformations from the physiology to the psychology, that is, to the discursive intelligence which is thus infused, animated and adapted.

The experiment thus carried out is psychological as well as biological; hence the discursive exo-consciousness can become acquainted with the incidents of the organic life.

* * *

V. THEORETICAL QUESTIONS

13. SEMIOLOGY AND SYMPTOMATOLOGY

Semiology or semiotics is that part of medicine which deals in general with morbid conditions, their nature and development: it comprises diagnosis and prognosis.

Symptomatology, which is a branch of semiotics, is the specific science of symptoms, their study and significance. No one has given such care as Hahnemann to the study of symptoms, and it is he who has gone furthest in differentiating them.

Homœopathy, indeed, distinguishes more than eighty different types of symptoms: objective and subjective symptoms, accidental, organic or functional, psychosomatic, mental or physical, physio-pathognomonic or individual, occasional, isolated or concomitant, latent, masked, submerged or suppressed, acute or chronic, general, fractional and partitioned, local or localized, particular and peculiar, characteristic, unusual, rare, essential or common, vague; blurred or distinct, ætiological or ultimate, principal or subsidiary, primal, original or

secondary, old or new, superficial, spurious or deep-seated, external or internal, morbid or pathogenetic, similar, dissimilar, contrary or opposed, artificial or natural, variable, contingent, alternating or fixed, eliminative, dubious, stable or progressive, exceptional or frequent, heterogeneous, weak or strong and well-defined, mortifying, imaginary or invented, unforeseen, disturbing or trifling, mutated or new, transient or persistent . . .

Some years ago my attention was drawn to Hahnemann's §6, whose true meaning no translator had grasped. Hahnemann speaks of "Krankheitszeichen, Zufälle und Symptomen". In French this was rendered by "signes morbides, accidents et symptômes", and in English by "morbid signs, accidents and symptoms". Hering alone substituted "casualties" for "accidents".

Now in French a *sign* is a clue to the state of health; one speaks of "a sign of pregnancy, a sign of growth"; the term pertains to physiology. A *symptom*, on the contrary, is a clue furnished by disease: thus, symptoms of pleurisy, symptoms of encephalitis, etc.

To clarify one's thought one should use the term *phenomenon*, of Greek origin, which pertains to physiopathology and means anything that is apparent as a clue. Any change taking place in a healthy body under the influence of a medicament given experimentally should be called a phenomenon. The phenomenon helps to frame the pathogenesis, just as the symptom helps to frame the disease. According to Granier, just as the shadow follows the body, so does the symptom follow the disease and the phenomenon the medicament.

Having pondered on the distinction, Hahnemann drew between the words symptom and sign of disease, I take it that he intended to designate three broad categories of symptoms:

(1) *Subjective* symptoms, corresponding to the translator's term "symptom".

(2) *Objective* symptoms, the palpable and indicative "morbid signs".

(3) As for Hering's "*casualties*", these are unforeseen symptoms, accidental or fortuitous—symptoms, that is, which are contingent and unforeseeable but always sudden, which may or may not arise during or apart from illness: as, for instance, traumatism, emotional shock, bee-sting or snake-bite, burns, infarction, poisoning, unexpected reactions in puberty or pregnancy, etc., of the kind described in the footnote to §7 or §73.

Hahnemann has really thought of everything when he assures us that the only bodily and spiritual disturbances that are perceptible to the senses and reveal sickness express themselves twice over by three types of symptoms:

(1) Hence, subjective symptoms,
objective symptoms,
accidental or fortuitous symptoms.

(2) (a) Symptoms of which only the patient is aware: pains, anxiety, various subjective sensations, etc.

(b) Symptoms noticed by those around him, which can often be observed neither by the patient nor by the doctor, such as squinting, fits of abstraction and epilepsy, cries, gnashing of teeth, tossing in sleep, behaviour, attitudes, etc.

(c) Symptoms observed by the doctor, of which the patient and his attendants may be unaware: anæsthesia, reflex disturbances, tumours, T.B., deep-seated nervous disorders, anæmia, etc., which at the outset can be detected only by a skilled physician.

In this recital one's admiration is once more compelled by the acuteness and wisdom of Hahnemann's medical genius.

Hahnemann considered yet another category of symptoms, and, although this was only slightly amended in the 6th edition, I am almost certain that no Homœopath has any idea of the important list of *ætiological symptoms* which

are fully set out in the footnote to §93, for in all the earlier editions they were submerged in a prolix passage which no one had thought of clarifying. We all know how delighted the Homœopath is to discover ætiological symptoms, since by his advice and the methods he employs he can cure patients whose health often cannot be restored so long as these symptoms are hidden from him. This paragraph should be read attentively, for it deals with a class of symptoms, namely, ætiological symptoms, additional to the three already mentioned.

Not even the most modern medical treatise gives us such a complete and perfect view of symptomatology, of which Hahnemann remains the undisputed master.

* * *

14. AETIOLOGY

Granier called it nosogeny, the genesis of diseases. But *ætiology*, the study of the causes of diseases, should not be confused with *ethology*, the science of character-formation!

In §12 Hahnemann asserts that *the morbid cause is due to a breach of the equilibrium of vital energy*, an assertion confirmed by Chinese medical science, which had already existed for several centuries.

Westerners regard a man as being fit so long as he is not declared sick! The fact is, that nearly always, when a morbid condition is detected by the patient or his doctor, it has already progressed a long way and the breach of equilibrium has long been outstripped by symptoms which may be functional or may often already be lesional.

In reality, all sickness begins by a *deficiency*, which is the source of the *breach of harmony*, of the *derangement*, which gives rise to a state of anæmia, an insufficiency in one quarter which is compensated by a plethora elsewhere. Thus a condition of *lowered resistance* is set up.

This area of disturbance will then fall an easy victim to an occasional endogenous or exogenous cause. Viruses, microbes or *mycotic formations*, our normal inmates who have hitherto played a physiogenous or biogenous role, then become pathogenous. We are faced by incubation and *intoxication*, of chemical or infectious origin, with *functional manifestations*, the appearance of the major symptoms and finally *lesion*, that is, anarchy in the organism whose working parts were formerly running in perfect harmony. That is how sickness comes about.

Yet *it should never be forgotten that sickness is not the invasion itself; it is the deficiency that invites invasion*. But what is the thing deranged? Hahnemann replies: "*the dynamis*". How is it disturbed?

Hahnemann then declares curtly in his footnote to §12:

"This question will for ever be hidden from us",

like life itself, of whose cause we know nothing. A hundred and fifty years later no one has yet discovered it!

* * *

15. In the 6th edition he added a very important chapter to §§10 and 11 on the DYNAMIS, that is, the vital principle known as vital force or energy. Hahnemann describes dynamis as

"sovereign and unsubstantial. It is that which maintains all the parts of the living organism, with its functional and reactive activities, in a harmony that compels wonder".

I would urge you most attentively to read once more the long footnote to §11, for it is wholly up to date and deserves our most earnest reflection.

What he calls the dynamic action of pathogenic influences is equivalent to the phenomenon known nowadays as induction-resonance. This concept of *dynamis* is of great importance in human physio-pathology and plays an essential part in his therapy.

16. SICKNESS AND HEALING, or substitutive homœopathic theory.

In the latest edition §148 has been radically altered. If this paragraph, written in old German, is clothed in modern dress and supplemented by the idea of negative and positive forces, one obtains a definition of sickness and healing that may satisfy the most modern and progressive minds.

I would add that this paragraph once more rejects the idea of *materia peccans* and the notion of drainage, which Hahnemann constantly attacked and is yet so dear to certain allegedly modern Homœopaths.

I cannot resist the pleasure of quoting this paragraph in full, so that you may compare the translation with Boericke's more or less literal version.

Here, firstly, is a passage from §70 on the *definition of diseases*:

" . . . Diseases are in fact nothing but 'negative' forces, by nature purely dynamic, causing deviations in the biological equilibrium of the vital principle in its subtle and sensitive perceptions."

§148. "The materialistic hypothesis, which seeks an objective expression of natural sickness in a *materia peccans*, situated within or without the organism, is sheer hallucination."

"In speaking of *sickness* one must understand a cause, a disorder and a result"—(transl.).

"Everything occurs as if diseases were produced by a negative force, by nature unsubstantial, which calls to mind some kind of infection."

"This infection upsets the natural rhythm of the incorporeal vital principle, whose instinctive action governs the whole living organism. It torments the organism and causes it to stir up a whole series of subjective and objective manifestations in its various functions."

"The result of the disorder, expressed by symptoms, is called sickness."

"On the other hand, in speaking of healing one must also understand a force, an action and a result"—(transl.).

"The physician possesses in his medicaments an artificial, positive force which is likewise capable of unsettling the vital principle."

"The potentized remedy, selected in accordance with the likeness of the symptoms, brings on an artificial morbid complaint, similar to the natural disease but stronger. Everything occurs as if the vital principle underwent a 'transfer' from the natural morbid complaint to the artificial medicinal complaint, which thereafter dominates it."

"Thus the vital principle, under the influence of a sort of artificial malady, transitory but *stronger*, occasioned by the remedy, no longer experiences the natural malady, weaker and essentially unsubstantial, which fades and then vanishes."

"From that moment the malady no longer exists for the vital principle, in the grip of the stronger, artificial, medicinal complaint, which subjugates it. But this, too, gradually exhausts itself and finally releases the patient, who finds himself cured (§29). Thus by a kind of *substitution* the natural malady is destroyed (§148). Thus set free, the dynamis can continue to keep the organism in the harmonious balance of health (§29)."

Such is the explanation Hahnemann gives us, while declaring in §28

"that he does not attach much value to these explanations, merely indicating what seems to him the most likely one".

Modern knowledge enables us to introduce catalysis and the phenomena, well known in wireless telegraphy, of interference and resonance, in order to satisfy our reasoning reason!

* * *

17. THE LAW OF SIMILARS

Where in the *Organon* is this clearly enunciated?

Examine once more §§27 and 26, and then §§24 and 25, where, in four slightly different ways, he expounds the famous law of similars, drawing in his footnote the engaging analogy of the kaleidoscope.

"Each specific morbidity can only be destroyed and eliminated . . . by means of a medication capable of itself provoking a specific malady in the living human being, namely, a group of symptoms as completely similar as possible to the sum of his own . . ."

This admirable law is like a compass in the hands of a navigator:

"An immutable law, fundamental in nature, a universal law for all curative action governing the application of medicaments to diseases"—PESCHIER.

It reminds us of Hippocrates' sentence in his "Locus in homine": *Per similia adhibita ex morbo sanatur.*

18. PRE-EMINENCE OF MEDICAMENTS

Hahnemann makes another valuable observation in pointing out this pre-eminence

"of medicaments whose power to upset the physiological balance of a healthy man is sovereign and infinitely superior, absolute and unbounded, whereas pathogenic agents only exercise a secondary and conditional power . . . of provoking diseases."

The matter is discussed in §§32, 33, 34 and 51, which have all been revised.

* * *

19. GENERAL THERAPY

If any have not time to re-read the *Organon* but wish in a few succinct words to acquaint themselves with the aims of Homœopathy, its resources and the whole of its doctrine in a nutshell, bid them study Hahnemann's masterly summary in §70, as amended in the latest edition.

* * *

20. SPECIAL THERAPY

§§22, 23, 52 and 61 expound, compare and criticize in a remarkable manner the three methods of healing used in internal medicine: Homœopathy, Enanthiopathy, Allopathy. Homœopathy studies the sick man as a biological whole, in his manifold psychosomatic interreactions.

* * *

21. CLASSIFICATION OF DISEASES

In order to clarify the outline given in §73, which is involved in German and badly translated in English, you will find in the 6th French edition a remarkably clear classification of the general pathology of morbid conditions.

Hahnemann divides them into *individual* and *collective* diseases, and here he indicates the difference between external and internal conditions, he discusses indispositions and the distinction between acute diseases and exacerbated phases in chronic diseases, between sporadic and epidemic complaints. We have been able to make this important paragraph fully comprehensible and consonant with modern knowledge.

* * *

22. ANAMNESIS AND QUESTIONING

The art of questioning and observing is discussed in §§82-91 in great and striking detail. In our translation we have striven faithfully to reflect Hahnemann's thought, and among the hundred-odd questions he suggests to the doctor for his examination you will not find one that you can answer by yes or no. Here Hahnemann gives examples that are useful, indeed, indispensable in practice.

* * *

23. PSYCHOLOGY OF PATIENT AND PHYSICIAN

§§96 and 97 embody the Master's valuable advice on behaviour towards those who are depressed, hypersensitive, impressionable or timid, those who belittle or exaggerate their symptoms. Hahnemann has, indeed, thought of everything, and the particulars he gives us show the perceptiveness and penetration of his mind.

His approach to invalid psychology, especially in psychical and mental disorders, shows an astonishing clear-sightedness and lucidity.

But there is the *physician's* psychology as well as the *patient's*. Already in the revised and completed §98 he shows us that a true physician must always possess five indispensable attributes:

- (1) Patience.
- (2) Knowledge of the human heart.
- (3) Psychological insight in his examination.

(4) Tact and caution.

(5) The analytical and synthetic faculties appropriate to sound reasoning.

I can assure you that nowhere else in the *Organon*, unless it be in §§210-230, is there clearer evidence of his mental subtlety and psychological insight concerning mental and psychical disorders. Any modern psychiatrist could read this passage with profit, which shows once more that his work far outstripped his age, and, indeed, our own.

He discusses the essential value of the patient's morale, the relationship, too often overlooked, of somatic disorders overlain by certain psychical conditions, how to address and question a psychical patient, the behaviour of the physician and nurses towards maniacs, cyclothymics, the possessed, the distraught; in fact, the genesis of mental afflictions and their treatment by Homœopathy.

* * *

24. LOCAL AND LOCALIZED DISORDERS

Local disorders are among the absorbing questions which Hahnemann, to his credit, foresaw and pointed out in his day, and which have lost none of their topicality.

In §§185-203 Hahnemann shows unequivocally that *there is no local disease but merely diseases localized in a generally defective condition*. Apart from recent and insignificant traumata, and even including the majority of these, any accident, although it occurs to one part of the human organism, reverberates throughout the body, which reacts in its manner and in accordance with its previous degree of wholeness. Here Hahnemann outlines the directions pertaining to *surgery*, indicates their limitations, and yet shows us the important function of internal medicine in so-called surgical complaints. He finally rejects the external treatment of objective localized disorders; declaring that nearly all so-called local diseases are really the deficient diseases we have already alluded to, he stresses the serious danger resulting from external treatment, even from the external application of the constitutional remedy to localized manifestations.

"Let us not forget", says Hahnemann, "that the localized disorder is not a thing apart. Positively it is a fraction forming an integral part of the general disease; a fraction which the vital force has, so to speak, extended at the expense of the internal disease, to a given part of the organism, and which it has 'transferred' to an external region of the body where the danger is less, in order thereby to allay the internal disorder . . . and to act as its safety-valve" (§201).

The treatment of so-called local disorders is a suppression, a camouflage.

"*This pernicious method leaves intact and does not remedy the internal diathesis from which it is sprung. It is the main cause of countless chronic diseases . . . beneath whose weight all mankind groans . . . This exclusively external therapy—a suppressive therapy—is a most culpable breach of natural law, and its grave consequences have always defied the medical fraternity. Yet, is it not the one method universally employed and the only one taught, to this day, in the official schools of medicine?*" (§203).

Is it not just the same in our own age? The dermatologist "annoints" and treats externally all the skin diseases brought to him; the proof, alas, is to be found in the cauterizing of all cutaneous or mucous ulcers and of numerous external outbreaks. Hahnemann, having revised and corrected every sentence on this matter, gives us the therapy to be followed and shows us how to treat localized diseases, whether their symptoms are objective or not.

* * *

25. VITAMINS

What was our amazement to read in the footnote to §266 that foods, "owing to the culinary preparation they must undergo, necessarily lose part of their active therapeutic properties".

And again:

"The pharmacopractic processes undergone by plants or animal products, such as

baking, broiling, toasting, roasting, etc. . . . partially destroy and dissipate the pharmacodynamic elements they contain."

Hahnemann's prophecy of vitamins more than a century before their discovery!

* * *

26. WHAT IS THE DEFINITION OF A HOMŒOPATHIC MEDICAMENT?

Where is this definition to be found in the *Organon*? Firstly, in the footnote to §119 concerning substitutes, which Hahnemann rejects by showing *the impossibility for any equivalent medicament to be replaced "mutually", since "every substance is different from all the others"*, hence "no reasonable physician" will prescribe any medicament that has not been *tried on healthy subjects*. And later, in the footnote to §245:

"One of the fundamental principles of the homœopathic physician . . . is never to prescribe a medicament which he has not examined and whose pathogenetic action on a healthy man has not first been carefully tested."

This point was already discussed more generally in §§20 and 21.

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27. MONOPHARMACY

In §236 of the first German edition of his *Organon*, published in 1810, Hahnemann wrote:

"Quod fieri potest per pauca non debet fieri per plura."

This he repeats with emendations in his last edition:

"If one is aiming at a cure it is in no case necessary and is therefore inadmissible to use on a patient more than one simple medicinal substance at a time."

It is most interesting to see Hahnemann, by this categorical assertion, repeating and maintaining what he had written forty years earlier; but forty years rich in experience have given his wise and judicious advice all the weight it required.

* * *

And now, to conclude:

28. HIS PHYSIO-THERAPEUTIC ADVICE

Wesselhoeft, a great American Homœopath, who made a valued translation of the *Organon*'s 5th edition, wrote in his preface of 1875 that he had "emasculated" the last paragraph of the *Organon*, dealing with magnetism, and had placed it in small type as an appendix to the book, in order that novices should not be led astray and that such an ending should not cause so valuable a book to be ill or incorrectly judged. We entirely concur with this writer and shall do likewise in a forthcoming edition.

Yet what he says of massotherapy and balneotherapy is perfectly true and must needs be hearkened to. We should not, however, forget, as regards animal and mineral magnetism, that in his time these methods, like our hormones, antibiotics and vitamins to-day, were quite new and therefore considered revolutionary.

These last paragraphs show how Hahnemann kept abreast of contemporary medicine and how, while careful to warn his pupils against fashionable methods by which less experienced physicians might be duped, he was anxious to give them a wise and measured opinion. Yet one may rightly hold that this has nothing to do with Homœopathy and may conveniently be detached from it, so that the *Organon* ends on the question of pharmaconomy, thus completing the sum and substance of his teaching.

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VI. CONCLUSIONS

All great innovators have had to endure the criticism of their opponents; but not all critics resemble Aristarchus in knowing how to temper severity with justice and equity.

Homer had his Zoilus, full of envy, rancour and prejudice, who won absurd and melancholy renown by his splenetic attacks on the bard who sang of Achilles. Hippocrates had his detractors and Hahnemann had not been spared, either in his day or in ours. But woe to the shallow or jealous mind that has eyes only for Hahnemann's small defects and none for his incomparable grandeur! His book may always give rise to criticism, but, take it as a whole, is there any work more original or subtle, of greater truth or depth? What other medical treatise, so revolutionary as this, provides the "Open Sesame" to so broad and bright a world of thought? His genius has the quality of enriching his readers' understanding, of imbuing them with his strength, of winging their thoughts to reach his own.

The further you enter into Hahnemann's thought by reading and cogitating this 6th and final edition of the *Organon*—clothed in modern terminology—the firmer will be your conviction, the more solid your certainty of the fundamental value of his teaching.

His work is wholly up to date and there is still much new ground in it to be broken. It is for you, Gentlemen, to develop and multiply this store of wealth, for in the words of Hahnemann:

"Truth, like the infinitely wise and gracious God, is eternal. Men may disregard it for a time, until the period arrives when its rays in accordance with the dictates of Heaven, shall irresistibly break through the mists of prejudice and, like Aurora and the opening day, shed a beneficent light, clear and inextinguishable, over the generations of men."

In the words of the old Chinese proverb, just as the height of a tower is measured by the shadow it casts on the ground, so is the worth of a man measured by the spite of his critics.

A doctrine like Homœopathy, said von Brunnow, with which men's happiness is so closely bound up, should not be the birthright of one nation alone; it is the heritage of Mankind.

DISCUSSION

Dr. J. FRASER KERR said that the Faculty was indeed greatly indebted to Dr. Pierre Schmidt not only for coming over to lecture to us, but also for the enormous amount of work that this translation had entailed. He understood that Dr. Schmidt had given all his free time, including Sundays, to this translation.

He suggested that this meeting should put pressure on the Officers of the Faculty that they use all the influence they can on The Homœopathic Research and Educational Trust that we might have Dr. Schmidt's French translation of the 6th edition of the *Organon* translated into English. To him this seemed an obvious duty. Then English-speaking doctors throughout the world would obtain benefit from this masterpiece.

Dr. Schmidt's work had the advantage of his knowledge of German as his mother tongue, and of his great knowledge both of the Philosophy and Practice of Homœopathy, and of his knowledge of modern medicine.

He felt very pleased that the Faculty Council had been so wise as to invite Dr. Pierre Schmidt to give this lecture; and the lecture itself, being in English, would enable many to glean a little from his work. But what was really wanted was Hahnemann's own words and thoughts, and this Dr. Schmidt had given us if only we could now get it well translated into English.

To his mind this was a duty, whatever it cost, that devolved on us as one of the main centres of Homœopathy in the English-speaking world. This was not so much for the many who would buy a copy and read it once, but for the very few who would study it year by year and grow to the stature of such masters as Schmidt, Weir, Roberts, Boger or Kent.

He congratulated Dr. Schmidt on his wonderful recovery from his serious accident.

Dr. T. D. Ross added his tribute to Dr. Schmidt for his poetic presentation of a difficult subject in a foreign tongue, and said that he would like to have the French translation available in this country. The main practical point about the 6th edition was this repetition of the dose. Dr. Schmidt had rather "driven a coach and horses" through Dr. Dishington's paper, "Gleanings from the Sixth Edition of the *Organon*". Dr. Dishington had had to depend on the inadequate English translation. What exact technique did Dr. Schmidt recommend? For convenience one had to give medicine in some sort of phial.

Dr. SCHMIDT said that all these details would be in his printed paper. Every July for five years Dr. Künzli and he had together been making these 50 millesimals with the utmost care, washing their hands at each operation and using a special little cup made of platinum, and perforated at its bottom. They found difficulty in obtaining the proper size granules, but lately they had been able to obtain these in Germany. It was possible to give the medicine in a bottle full of water, with a tablespoon of alcohol 90%; one gave also a powder of sac. lac. in which is crushed one single poppy seed size granule, and gave it to be dissolved in the above bottle for the patient. Hahnemann recommended to give it to the patient with the bottle, and that he would go home and there dissolve it and shake the bottle. In chronic cases the dose should be continued until there was an aggravation of symptoms or the appearance of new symptoms. In acute cases one should give one dose and then wait. The bottle must be a virgin one, fresh from the manufacturers and uncontaminated by allopathic medicines. It was not difficult to use this technique. The only difficulty was to find these millesimal potencies. He thought that Nelsons were making them. In France M. Boiron was trying it. In Basle Dr. Haas's were absolutely reliable. Some homœopathic doctors in Switzerland made their 50 centesimals themselves, but he had no confidence in their method. The bottle could be used for 10 days and must then be thrown away. The mother tincture was already 4c and then he went on until 30^m. If one gave the patient first a high potency one might repeat this according to Kent's method, and go on to 50m, etc. Suppose he gets no result? If then he gives a 50 millesimal it may fail, but if one began at once with this method one got a result. Some physicians gave only one single poppy seed size globule in sac. lac. They said that they got splendid results with this technique.

The PRESIDENT said that it became obvious that the new technique which Hahnemann propounded was a rapid method of making an extremely high attenuation. That did not mean that a high potency was produced. The remark that, if one gave a certain potency and obtained a poor response, and then gave one of the new preparations with a good response, could be explained on the following basis: It was conceivable that potentized medicines in Hahnemann's day were very prone to become contaminated because of the lack of a full appreciation of the nature of such preparations. We now know how easy it is to infect one potency with another. The very great care and the precise directions which Hahnemann developed, and which he published, in this 6th edition of the *Organon*, had surely gone far to eliminate the introduction of stray potency energy. In the President's mind this seemed to be the chief reason for the strikingly good results obtained from the new preparations. He also thought that in the hands of such a master as Hahnemann the repetition of the dose, when followed by close daily observation by the physician, would achieve wonderful results, but it was a method fraught with dire possibilities if employed by one not conversant with all the possible complications which can arise from over-dosing. In consequence, he thought that this refinement of Hahnemann's was one which should only be employed by those physicians who were fully trained in the principles and practice of Homœopathy. The potencies which were now manufactured by pharmacists of good repute were potencies of reliable purity, and they achieved results of great repute when given as single doses and when their resulting action was followed by

cautious abstinence from excessive prescribing. Perhaps the greatest value in the technique, which has been explained so ably by Dr. Pierre Schmidt, arises from the fact that the intrinsic value of the preparations came within the sphere of the lower potencies, and it would be of great interest to follow out a series of conducted experiments on a research basis to compare such cases with those treated on the methods now employed.

Dr. Schmidt, in preparing his translation of the 6th edition, had given five years of devoted service to Homœopathy. During that time he had grown to know a great deal about Hahnemann's work and mind. No one on earth had greater ability to put before us all that wonderful store of learning. Members would wish to accord him the heartiest vote of thanks for his splendid labour.

Sir JOHN WEIR said he was very pleased and proud to hear his old friend present his investigations into the *Organon*, and we were very grateful for all his labour of love to the homœopathic cause.

We must await the full report to appreciate the fundamental points Dr. Schmidt has brought out.

Dr. F. H. BODMAN thanked Dr. Schmidt for his valuable contribution. He had set English Homœopaths a fine example in making this accurate French translation of the 6th edition. A little time ago Dr. Bodman had read a paper on Homœopathy and psychiatry which had called forth a certain amount of criticism from the Continent, which might have been prevented had he really understood what Hahnemann actually said in the *Organon*.

In the library of the Royal London Homœopathic Hospital he had found an account, in an early volume of the *British Homœopathic Journal*, of how Homœopathy started in Switzerland. The story went that a gentleman received a parcel of books from Germany. He was not a doctor and when he found among the books Hahnemann's *Organon* he passed it on to his own doctor, Dr. Dufresne, who was so impressed that he studied under Hahnemann and other homœopathic physicians, and subsequently began a very successful practice in Geneva. It seems appropriate that Dr. Schmidt should come from Geneva to tell us more about the *Organon* as it was the *Organon* that was the original impetus for Homœopathy in that city.

Dr. SCHMIDT said that Dr. Dufresne was the editor of the *Bibliothèque Homœopathique de Genève*, in 21 volumes, published from 1833-1843.

Denying that he deserved all the compliments which had been paid to him, Dr. Schmidt said that he had had the great honour and privilege of receiving the help of translators to the United Nations. He was ready to prepare a translation in English, not only from the French, but also comparing it to the original German. It would cost 3,000 Swiss francs—approximately £1 a page in a volume of 300 pages—for translation alone. Dr. Schmidt produced his own presentation copy in a box made of willow bark. The volume had a handsome binding with *fleur-de-lis* decoration (because medicine was the royal art). It was fully indexed, there being a reference practically to each word—one could find Hahnemann's reference to Napoleon, his comments on a flute, etc. It would not be difficult to produce an English edition, but would there be enough support for it? If English Homœopaths were willing to subscribe for 500 copies he would go on and translate it gladly.

Dr. A. BENJAMIN added his appreciation. It made one feel very humble when a foreigner had read a paper, as Dr. Schmidt had done, in such excellent English. He had said that Hahnemann insisted on remedies being given in liquid form. How did Dr. Schmidt account for the fact that one got results however the remedy was given?

Dr. SCHMIDT said that Hahnemann said that results could be obtained by any method, but the most rapid way was to give the remedy in liquid form. If the method one was employing was 100 per cent. effective, one should go on using it.