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ACCIDENTAL AND UNIMPORTANT SYMPTOMS.

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The Physiological School has found defenders and admirers in a number of professed Homœopathicians; has received a well deserved rebuke from a number of inquiring Homœopathicians, and very recently has had its folly fully exposed by no less a man than Dr. von Grauvogel.

Some professed Homœopathicians,—and among them Dr. Kafka,—have been misled by, and have been induced to flirt with, that gaudily dressed Old School antiquity, and the fine talk, the learned phrases, the illogical deductions, have so overpowered the unsuspecting and ill-grounded Neophytes, that they have surrendered themselves, and now, with Dr. Kafka, proclaim:

1. For the reason that Homœopathy has admitted the Physiological School, and made itself subordinate to this School, it has gained much in importance.

2. The Physiological School is the sum of all the collateral branches of medical science.

3. The Homœopathic Therapeutics are based mostly upon objective data.

4. Before we proceed to the treatment and the selection

of the remedy, we must first know the object of the treatment. But this we can in a majority of cases, with certainty, define only by the aid of the Physiological School, and it is therefore very evident, that the homœopathic selection of the remedy must also be subordinate to the Physiological School.

On the strength of such propositions, made by Dr. Kafka, his friends claim it to be evident, that before selecting a remedy, we should always very carefully analyze and weigh the subjective symptoms, as to their semiotic value, since we, in giving an *elective voice* to a number of UNIMPORTANT and ACCIDENTAL symptoms, would lessen the *elective chances* of those which are *important* and *essential*, and therefore, as only the *majority* would decide, be very apt to select a *wrong* remedy. It is necessary, as Dr. Holcombe expresses it, to individualize by *generalization.*

To those four statements we reply:

1. The Physiological School has not been admitted by Homœopathy, nor has Homœopathy made itself subservient to that School, and by doing so it would not only not gain any importance but would lose its identity.

2. The Physiological School is one of the collateral branches of medical science and subservient to Homœopathy.

3. The Homœopathic Therapeutics are based on the immutable principles and practical rules of its founder.

4. The *characteristic* symptoms of the patient must correspond with the *characteristic* symptoms of the remedy, and these *characteristic* symptoms on either side must be known; on the one side the Physiological School *subordinately* will aid us, on the other side the Materia Medica furnishes us with the means to accomplish the end—a certain result—the cure. *But* it is also evident that the Physiological School does not and cannot determine what are the characteristic symptoms of the patient. It has been long understood by all progressive physicians that we no longer treat diseases but patients.

And now we proceed to the original object of the article, and ask these followers of Kafka, what they can possibly mean by *unimportant* and *accidental* symptoms. If they would illustrate their position by cases, we might fully comprehend them, but now we can only guess what they really do mean. For instance, it has been claimed by that class of physicians, that the historical Lycopodium symptom to which Dr. D. Wilson called attention,—"Fanlike motion of the nostrils," was an *unimportant* and *accidental* symptom—it was not so to him, not to the patient recovering because he "*observed*" it and because he found it "characteristic." The Physiological School "broke down" in that case. If we are permitted to guess: accidental and unimportant symptoms are such as the Physiological School does not know what to do with, they belong to the "*individual*" not to the "*disease*" proper: for that very reason they become the more important in the case, the more absolutely they are "individual."

If we have obtained the entire "individuo-pathological" picture, and knowingly point out the *characteristic* symptoms of the case,—which we can do much better when we keep in sight of our own landmarks, and when we know the corresponding *characteristic* symptoms of the remedy,—we do not proceed to ballot, and majorities do not rule the elective chances and determine the choice in that case. What Dr. Holcombe wishes to express, when he says it is necessary to *individualize* by *generalization*, we cannot comprehend. Is it that we *pretend* to individualize, but that as we are *unable* to do so, we generalize? That, for instance, we have a patient whom we ascertain has "yellow fever," to individualize would be to ascertain what peculiarly characteristic symptoms this yellow fever patient has, which makes his case differ from other apparently similar cases;—not ignoring these peculiarities, because they might be considered "*unimportant and accidental*,"—*but guided by these peculiar characteristic symptoms*, select the remedy itself. If we generalize, we say he has yellow fever and Crotalus is the specific; and if we have

enough of it, and the patient holds out long enough to take enough of it, we will out-general the diseased individual.

But if he means that the knowledge of the "*general character*" will suffice for that purpose, his mode of expressing himself is still erroneous. For instance, the general character of Caust., Dulcamara, Hepar, Nux vom., Nux mosch. and Rhus, etc., is that the complaints are worse in the cold air: this is generalizing; but we individualize, and say first: aggravation in dry cold air, Caust., Hepar, Nux vom.; aggravation in wet cold air, Dulcamara, Nux mosch., Rhus. And we may individualize further and say, the aggravation of Dulcamara is characterized as resulting from sudden change in the temperature; while the changes in the season characterize Rhus.

If we admit that in order to cure, it is essential that the characteristic symptoms of the patient must correspond with the characteristic symptoms of the remedy, we must agree as to what are characteristic symptoms of either the patient or the remedy. The Physiological School teaches us how to generalize, that is, how to ascertain in what manner the different organs or parts of the human body are affected. The object of the treatment is to heal the sick. That that object never has been and never can be accomplished by selecting remedies for the "object of treatment," in other words for "*the disease*" instead of for "*the patient,*" is well known. Suppose the object of the treatment is "intermittent fever;" by the aid of the Physiological School we do wisely ascertain that the individual actually has intermittent fever and nothing else: we consult the wise School further, and learn that Chininum sulphuricum is "the specific" for that disease. If we close our eyes and "go it blind," we shall administer the Chininum sulph. But as an intelligent man we may prefer first to ask of "*experience.*" And here allow me to quote from "a high authority" in the Allopathic School, of which the Physiological School is but a part. Professor Samuel Jackson has taught year after year from his chair in the University of Pennsylvania, "that it is a great error to believe

that large doses of Chininum sulph. ever cured one single case of intermittent fever, that the fever was only suppressed by these large and repeated doses, and in its stead another more destructive disease was surely developed."

But to return to our case: we have examined the patient, and find, for instance, that he has a chill every day at eleven A. M., with pain in the abdomen followed by heat; he must lie down as soon as the chill commences; the whole body is cold, but not the face; there is no perspiration and no thirst during the attack. Such a case will yield, did yield, to one single dose of Sabadilla 200—why? because it was the truly homœopathic remedy; and why? The characteristic symptoms of the patient were, 1, return of the chill at the same hour every day; 2, thirstlessness during the paroxysm; 3, coldness all over the body except in the face.

The same characteristics belong to the remedy and hence the result, a permanent cure by one single dose.

To contend that the name of the disease can give any assistance in the choice of the remedy is simply absurd. There will soon be published two cases of *epilepsy cured*—one by Cobaltum met., the other by Tellurium, the choice of the remedy in either case was made in accordance with some so-called unimportant and accidental symptoms.

The question at issue resolves itself into this: what are essential, important, that is characteristic symptoms, and what are accidental and unimportant symptoms?

When medicines are subjected to the provings on the healthy, *they develop a variety of symptoms in a variety of provers. Each prover has his own peculiar characteristic individuality affected by the medicine in a peculiar manner; other, differently constituted individuals experience different and yet similar, peculiar symptoms from the same medicine.* There is a similarity and a difference evident on close comparison. In like manner diseases and all other, external influences, affect different individualities differently and yet similarly. The Physiological School and its followers accept in disease only what is general to all those affected by it; in medicinal

provings in the same manner they accept only that which has been experienced alike by the many: in both cases *they* simply *generalize.* The Homœopathic School reverses this order, accepting all the symptoms experienced by the differently constituted provers, *they again consider as peculiarly characteristic the individual symptoms of the patient*, those not generally experienced by others suffering from a similar form of disease. *This is individualizing.* Thus while it is the highest aim of Homœopathy to individualize, it becomes a hopeless task to think of realizing a successful system of Therapeutics based on the Physiological School to which Homœopathy is to be made subservient. Such books are written no doubt in good faith,—so were the books on knight-errantry, and yet who reads them now? Cervantes exposed the folly into which otherwise most excellent men like Don Quixotte will fall, if they lose sight of first principles and give themselves up to the hallucination of correcting evils and becoming benefactors and succoring all the oppressed or enchanted. And as Cervantes in his great philosophical work offered the world the truly curative remedy for a prevailing folly, so in our own days Dr. v. Grauvogel offers the world, in his recent work, a truly curative remedy for all those benighted physicians who still squint at, long for, and desire to submit to the "Physiological School." As soon as our space permits, we shall give in translation some passages of Dr. v. Grauvogel's latest exposition of this irrational, false and exploded School.

HOMŒOPATHIC STATE SOCIETY OF PENNA.

On invitation of the Homœopathic Medical Society of Alleghany county, Pennsylvania, a meeting for the purpose of forming a State Homœopathic Medical Society will be held on Tuesday, June 5, 1866, at *ten A. M.*, in the building of the *Pittsburg Homœopathic Hospital and Dispensary*, Pittsburg, Pennsylvania, on Second street above Smithfield street. We would invite the attention of the Homœopathic physicians of Pennsylvania to this call to meet in convention, in Pittsburg, on the day preceding the opening of the American Institute. It is desired that *every Homœopathic* physician in the State should co-operate in forming the new State Society. *The invitation is to all Homœopathic physicians.*