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THE ARRANGEMENT OF THE MATERIA MEDICA.

BY AD. LIPPE, M. D.

THE remarks on Kali bichromicum, in the first number of this journal, have caused our transatlantic colleague, Dr. Drysdale, to express himself on the subject of "The Arrangement of the Materia Medica," in the April number of the British Journal of Homœopathy. Some further discussion of this important subject will much facilitate the correction of any erroneous ideas and fallacious views which may be held by one or the other.

At the outset we shall probably agree on one important point, which, however, I shall express in a manner somewhat different from the more general statement of Dr. Drysdale, viz.: The ultimate ratio in Homœopathic practice must always consist in the selection of a curative agent whose characteristic symptoms correspond with those of the patient. If we accept this proposition, we cannot be understood as necessarily including with it certain other principles, such as that of absolute faith in Pathology, or of mistrust in the Materia Medica, or that the minimum dose is always a high potency. But this proposition most certainly does exclude all *a priori* alternation, whether well-regulated or entirely arbitrary; and

for the simple reason that we can never, by such alternation, cover the totality of symptoms by remedies which have not been proved in alternation.

Those physicians who hope and try to find the characteristic symptoms of the patient through the medium of pathological knowledge, have at least some prospect of success. Since, in many cases, the characteristic symptoms will consist in the result obtained by deducting all the symptoms generally pertaining to the "disease" with which the patient suffers, from those elicited by a thorough examination of the case. If then we find a medicine covering these characteristic symptoms,—which are usually the minutest,—and if at the same time the medicine so found covers also the symptoms generally pertaining to the "disease," we shall have accomplished our whole aim.

In order that we may be more clearly understood, we will illustrate the proposition by an example. The patient is attacked by Asiatic Cholera. All the characteristic symptoms are present; but in this particular case, there is also present an unusual noise in the intestines, as if a fluid were emptied out of a bottle; the discharges come away with a gush. Of what pathological value these two symptoms are, we know not; therefore, this unfortunate ignorance of ours prevents us from drawing from them any indications for the cure of the patient. Still they form a part of the totality of the symptoms which we must cover. Deducting from the totality of the symptoms those common to the "disease," we are in possession of *the characteristic symptoms of the patient*, not of the disease. We now find that those two symptoms are also characteristic of Jatropha curcas, and that this remedy has at the same time caused symptoms corresponding with the general pathological conditions. We, therefore, select this remedy as the one most Homœopathic to the case, and with it most likely cure the patient. But had we been strict pathologists, with absolute faith in Pathology and a corresponding disregard for the written word of the Materia Medica, we should not have individualized, but simply set aside

these apparently unimportant and trifling, though unusual symptoms, as being of no pathological import whatever. And falling into the same erroneous habit of generalizing, with the physicians before the time of Hahnemann, we should have been satisfied to treat the "cholera" and administer medicines singly, in alternation, or in massive doses, in a manner not likely to add to the comfort or facilitate the cure of the patient.

Again, suppose we have to treat a case of diphtheria, in which are present all the symptoms generally supposed necessary to constitute "diphtheria,"—and that the patient at the same time complains of a violent, stinging pain in the left ear, extending to the same side of the head and neck, with a painful swelling on the neck,—and that we find this unusual and hitherto unobserved symptom among the effects reported to have been cured by Kali bichromicum. Now, if the other symptoms common to diphtheria are also to be found under this remedy, we have no right to reject this symptom; our "reasonable doubt" is quite in the way. And, furthermore, if in this case, all other seemingly similar remedies have failed to arrest the disease, it seems to me that we should not render ourselves liable to be charged with an unreasonable amount of credulity, if we recur to the teaching of the Master, and, true to our avowed principles, give this remedy. And if the patient recover under the influence of a very small dose of it,—the minimum dose (just sufficient to cure),—this should in no way deter us from fully acknowledging the correctness of the observation of the prover!

And the fact that others may have cured the same disease with larger doses when this particular symptom was not present, does not invalidate our observation. For this symptom proves to be a valuable indication for this remedy,—and will become still more so, when we find other patients affected with the same symptom, but who do not suffer from diphtheria, also recover under the beneficent and truly Homœopathic influence of the same remedy. Had we, on the contrary, entertained an unreasonable doubt, and set this

symptom aside, our observation of its truthfulness could not have been made, nor the way opened for its being substantiated by further experience. But here we beg leave to be indulged in the hope that those who make the experiment will give a minimum dose, if they honestly wish to test the correctness of this observation of ours; and we earnestly protest against any other mode of testing our published observations of facts.

In order that we may find the similar remedy for the cure of the patient, we must, as Homœopathicians, be in possession of a knowledge of the effects of medicines on the human organism; we must have provings of medicines,—we must have a Materia Medica. And we now arrive at a point at which, so far, we do not agree with Dr. Drysdale. Whether we shall admit into the Materia Medica all those symptoms which have any *prima facie* evidence in their favor,—or whether we shall reject all those upon which any reasonable doubt can be cast. For argument's sake, we will accept Dr. Drysdale's comparison of a light-house,—which, if alone and truly placed, guides the mariner safely to port; but which if placed near a false light, from which it is incapable of being distinguished, will either lure him to destruction or lead him to seek safety in disregarding it altogether, and compel him to fall back upon the more general aids of navigation.

There was a time when but few light-houses warned the mariner of shoals and sand-banks, and guided him safely to port; there was a time when but few nautical instruments were used, and comparatively little was done in navigation. But with increasing commerce came more frequent losses of ships, and with higher scientific attainments a superior class of nautical instruments was brought into use, more and better light-houses were erected, and more accurate charts prepared. But the old and weather-beaten mariner does not keep pace with the times; he neglects the more recent instruments with whose use he is unacquainted; he disregards the modern charts, whose very language and meaning

he does not understand; thus he has no means of distinguishing the true lights from the false, or of recognizing the true light when he sees it, of knowing what it indicates and what exact course it calls for. Thus his veneration for old things and modes of action, and his utter ignorance of and disregard for progressive means and methods, will compel him to depend upon the older and now totally inadequate aids to navigation, and so finally lead to his destruction.

How exact is this description of what has happened, and of what, if the same causes remain in operation, will continue to happen, in Homœopathy. And adhering strictly to Dr. Drysdale's argument, let us illustrate the closeness and correctness of the comparison. At the outset, the early Homœopathists diligently studied the Materia Medica, learned to employ one medicine after another as Hahnemann published them,—*and made great cures.* Subsequently the Materia Medica was not so diligently studied; and whether they used the older and best proved, or the more recent (and some of them also well-proved) medicines, the physicians of the new school met with disappointments which gradually increased in frequency. Thus, as Dr. Drysdale truly remarks, they learned to distrust the reality of the minute symptoms, and finally left off trying to cover the symptoms accurately, falling back upon the more general pathological and clinical indications—in short, the practitioner became a mere "*specificker.*" Like the mariner, they neglect to acquire the knowledge which advancing science and progressive investigations have spread before them; the charts are disregarded; the Materia Medica in all its minuteness is of no use to them; the light which it sheds all around,—but which is perceptible and so useful to those only who understand it,—*can never illuminate the negligent.* The same new and numerous lights which lead the intelligent mariner safely to port, and enable the diligent student to make great cures,—will but lead the bewildered "ancient mariner" to destruction, and the "specificker" to disappointment. Just as the ignorant mariner complains of false lights, so the disappointed "specificker"

complains of false and unreliable symptoms. While in reality the symptoms thus presumed to be false, will enable those who understand their true value to make great cures; just as the so-called false lights will safely direct the well-informed mariner to the desired haven.

While Dr. Drysdale expresses his extreme desire for a revision and purification of the *Materia Medica;* he does not clearly indicate how it is to be done; and while inclined to reject all symptoms upon which any reasonable doubt can be cast, he fails to explain what he really understands by a "reasonable doubt." That his own individual mode of rejecting symptoms is erroneous, we endeavored to show by reference to the ear-symptoms under Kali bichromicum. But with all due deference to the great industry with which the doctor has laid before the English reading public, his work on *Kali bichr.*,—which lies on my table, handsomely bound, and which I have used again and again,—I wish at present to call his attention to a few important omissions and to inquire what reasonable doubts he could have found for thus consigning to oblivion some of the most characteristic symptoms of this remedy.

The formerly quoted symptom of Kali bichr.,—"violent stitches in the left ear extending into the roof of the mouth, into the corresponding side of the head and same side of the neck, which was painful to the touch, and the glands swollen," which enabled me to cure a desperate case of diphtheria, has now been verified by others. Dr. J. B. Bell (Hahnemann. Monthly I., p. 183) says: "By means of Dr. Lippe's verified symptom of Kali bichr.,—'sharp stitches in the left ear,' &c.,—I have quickly cured three cases of diphtheria." Dr. Bell does not mention the dose.

In this connection I have ventured on still further testing the extent of the action of this remedy. A patient came under my care from the hands of a physician, who did not diligently study the Materia Medica, and who was guided rather by the oil-lamps of pathological observations and clinical indications. It was a child ten years of age, who

had been under treatment three weeks for "scarlet fever,"—but was now suffering from hydrothorax, &c. The little patient soon became better; but after a few days of apparent convalescence, she spent a sleepless night from violent stitches in the left ear, extending to the head and neck. In the second week of the scarlatina, the same symptoms had before occurred, the neck swelled up, an abscess formed, which by the aid of poultices and the lancet was opened; the incision so made had never fully closed. Now the patient was otherwise convalescent; the kidneys performed again their long-suppressed function; but both the painful left ear and also the right, discharged a great quantity of very offensive matter. Kali bichr., 200th, two doses, at an interval of five days, cured the child perfectly,—and months passed without any complaint.

There are no indications in the provings that Kali bichr. would cure otorrhœa; but the previous symptoms not cured, only suppressed, and now returning, induced me to give this remedy.

The following symptoms I am unable to find in this work:

1. It appears to him as if an acid, acrid fluid were flowing from the posterior nares over the palate into the posterior wall of the pharynx, causing him to cough (Wachtel). This symptom has been verified very often.

2. The posterior wall of the pharynx is dark red, smooth (glossy), distended, traversed by small, bright red vessels; in the middle, a little to the left, is a small crack from which blood oozes (Wachtel). This symptom is a unicum; and has also been cured by Kali bichr.

3. After urinating, burning back in the urethra, with sensation as if a drop of urine were retained there and desire to press it out, which it was impossible to do.

But to come to the point in question—"*What constitutes a reasonable doubt?*" We may have reasonable doubts as to the correctness of an entire proving,—which may cause us to investigate the manner in which the proving has been obtained. The falsification of a proving, has been attempted

and detected: in such cases the reasonable doubt became a substantiated fact. In Dr. Drysdale's case, in so far as his rejection of symptoms of Kali bichr. goes, I hope to have shown that his doubts were not reasonable, but premature. In the hands of a sceptic, the balance of probabilities proves fallacious.

But if we have a reasonable doubt as to a particular symptom, can we rely upon pathology to settle the balance of probabilities? The only true and safe method of ascertaining the correctness of a symptom, observed either in a prover or (clinically) in a patient, is to use the remedy when indicated by such symptom. Thus the question can be definitely settled.

When we examine a patient according to the plan and directions proposed by Hahnemann in the Organon, we note the locality of all the objective and subjective symptoms. Having thus obtained an array of symptoms presenting a full portrait of the diseased condition of the patient, what have we to do with symptoms stated by the patient, but which are not so fully understood as to be of any pathological value? A Hahnemannian admits them all, because he individualizes. The strictly pathological explorer rejects symptoms which appear strange to him, and upon which he casts what seems to him a reasonable doubt. He calls them trifling, imaginary, unimportant,—so they seem to him. He is bound to make up a full pathological picture; nothing less will please him, and outside of this imaginary unit, nothing will be accepted. He generalizes; the totality of the symptoms is neglected; and so is every thing else which is characteristic of pure Homœopathic practice. And in like manner, as we are not allowed to reject arbitrarily any one of the symptoms given us by a patient as the conscious, sensible, external manifestations of the hidden disease, and as the individuality of the patient will most certainly modify, alter and change the symptoms of the disease, and as surely as those symptoms caused by his individuality (and often not comprehended by

the pathologist and so deemed of no value) are the most characteristic ones and the most likely to give us true indications for the choice of the remedy,—so, if a prover presents us with the result of his investigations in the shape of symptoms strange to us, we have no right to raise the question as to "what amount of evidence is needful to make their truth probable." If a remedy is proved by many we have a perfect repetition of our observations in disease.

Among the many persons affected by a particular disease, or remedy, all will unite in a few very general complaints (symptoms common to all);—but in most respects their respective individualities, temperaments, ages, sex, condition and circumstances in life, will modify the disease on the one hand, and the results of the provings on the other. This being the case, Pathology, observing only the generalities (the common or universal symptoms, generalizing) assumes exactly the position of the old Materia Medica. In our Materia Medica, on the contrary, we must individualize. We must refrain from making, with the pathologists, abortive efforts to generalize. We must not put the allopathic livery on our young giant, and expect him to cease growing, or cut him down to fit this antiquated livery out of respect to the Old School to which alone it belongs.

Retaining then all the symptoms, not allowing ourselves to be frightened by their number, and allowing experience alone to decide where we entertain "reasonable doubts,"—the next question arises, "*How shall we arrange this Materia Medica?*" Experience will settle this question also by and by. No doubt the diligent student of the Materia Medica would like to be in possession not only of the schema upon which we may agree, but also of the detailed reports of the provers. Common sense will lead us to make such a work practical,—so to arrange the symptoms that the busy practitioner can readily find them. Common sense will protest against any arbitrary "sifting" or purification. Until the coming of the time when such a complete Materia Medica can be published, we must content ourselves with the scattered

provings. Upon his first entrance upon the study of the Materia Medica, the student requires a smaller work, containing the characteristic symptoms of the numerous remedies already proved; and the mastery of such a work will enable him, by and by, to make good use of a complete Materia Medica.

The plan adopted by Dr. Dudgeon, in arranging the Kali bichr., is certainly most excellent,—its execution is another thing altogether. And without going into any criticism of this work, we may be permitted to express the hope that, should other medicines be arranged in like manner, reasonable doubts may not supervene; and that a Complete Repertory may present a fuller and more accurate statement of the "correspondencies;" and that such omissions as appear under Kali bichr., symptom 87, where Colchicum is unceremoniously left out, may be avoided.

Before agreeing upon a plan for arranging the Materia Medica, we should first come to a perfect understanding as to what portion of the symptoms at present recorded in the various medical works, should be accepted, or what provings and what clinical observations should be rejected? This point settled, we may proceed further and agree upon a plan, first for a Materia Medica; and when that is completed, we may hope also to be able to agree upon a schema for a Complete Repertory.

As the practical test to which we subject a new proving, symptom or clinical observation must decide its truthfulness and reliability, and dissipate or confirm all previous doubts,—so only shall we be able to judge of the value of all proposed schemas for the Materia Medica, and for a Repertory. And when we receive them and put them to the practical test of experience, let us do it without reasonable doubt and without prejudice. Why has the Pathogenetic Cyclopedia, for instance, only shown its "head?" The arrangement is very good indeed: but the execution! Can we rely upon it,—what does experience say? Good works, with less elaborate, and it may be with a less complete and commendable plan,

will live and be appreciated, while works on the most complete plan badly executed will be forgotten. Let experience then decide, and let us come to an understanding and agreement that a good work may be begun. But in order to this, the indefatigable Dr. Drysdale should clearly explain what constitutes a reasonable doubt sufficiently strong to authorize us to set aside a proving, or part of a proving, or a single symptom.

And let us try to do this great work as speedily as possible, since neglect to study diligently the Materia Medica must lead us into by-ways; and surely the signs of the times are written on the wall—vide British Jour. of Hom., Apr., 1866, pp. 344–5. If such an article were presented to a Homœopathist on this side of the water, it would be apt to be returned, with the endorsement, *good* for the "Lancet!" The House Surgeon of the Homœopathic Hospital comes in for a share of the Copaiba glory—where is the "reasonable doubt" as to the correctness of such old-fashioned practice; and what has become of Homœopathy and Homœopathic principles on "the other side?"

CLINICAL STUDIES OF SOME DISEASES OF THE EYE.

BY JAMES B. BELL, M. D.

(Concluded.)

THE following cases are given only as representative of a class of affections which is probably of more frequent occurrence than any other, and of which the treatment has not been wholly satisfactory.

Asthenopia,—Hebetudo Visus,—has put a sudden check upon many bright hopes of success at school, in college, in the arts or in active life, by condemning many promising intellects to years of "rest" and mental inactivity,—through the well-meant advice of ophthalmologists and physicians. It