call to mind our experiences of successful results in tonsillitis, or suppurating quinsy. We all know cases in which an infinitely small dose of *Belladonna*, or of some other homœopathically adapted medicine, has, when administered early in the disease, effected a cure in a few hours. And this in persons who had been subject to attacks of suppurating tonsillitis, and at a stage of the complaint where, in previous attacks, active antiphlogistic and counter-irritant treatment had utterly failed to do away with the necessity of suppuration. And, in addition, such cases have been followed by long continued immunity from the disease.

CHARACTERISTIC SYMPTOMS.

BY ADOLPH LIPPE, M.D.

THE therapeutic law of the homœopathic school of medicine teaches us that the characteristic symptoms of the sick must be similar to the characteristic symptoms of the remedy, if we understandingly practice that system and expect infallible results. In a former paper we endeavored to illustrate that the mental symptoms were the most characteristic symptoms of the sick; that they and other symptoms were so because they did not properly or necessarily belong to the form of disease to be treated, but were in reality plainly showing the peculiarly individual and on that account characteristic symptoms of the sick. The characteristic symptoms of each remedy (or as a modern phrase runs, the genius of the remedy) can only be ascertained by comparing the pathogenesis of similar remedies; and in like manner only can we ascertain the characteristics of forms of disease. If, then, the most characteristic symptoms of the sick are those presenting themselves in an individual case *not* belonging to the form of the disease to be treated, it implies the necessity of an accurate knowledge of the characteristic symptoms of the disease: *i. e.* symptoms by which this disease differs from similar diseases, and therefore from all other diseases. In order to ascertain these characteristic symptoms of diseases, the same means which we rationally apply to ascertain the characteristic symptoms of remedies may be resorted to. We then have to compare similar diseases, just as we compare similar remedies, and as we have now attempted to advance our knowledge by "*comparative materia medica*," so can we expect similar advantages by also attempting to establish a "*comparative pathology.*"

It is our endeavor now to show the possibility of such an undertaking, and we shall try to compare two diseases so similar* in their known symptoms, exhibiting like sufferings, that even the most advanced pathologists have been at a loss to diagnosticate them differentially. These diseases are carcinoma of the stomach and the round ulcer of the stomach. The similarities† consist in periodical attacks of pains in the abdomen (cramps), with vomiting of food, simple mucus or bloody mucus; these periodical attacks are generally attributed to some dietetic imprudences, till their repeated return points to a more serious cause. The two diseases end differently; the carcinoma by gradual exhaustion of the organism, while the round ulcer generally terminates fatally during one of the attacks of cramps, suddenly, as soon as the ulcer perforates the stomach. The difference in the *termination* of the diseases is of no practical value, if other differences have not enabled the physician to correctly diagnosticate the case; if he has not been enabled thereby to predict correctly the future of the case; a qualification which, from the times of Hippocrates up to these days, a physician had to possess to secure, as Hippocrates calls it, the *confidence* of the people.

The characteristic difference is in the face of the sick; not only in that peculiar hue of the complexion, denoting carcinoma or cancer, but especially in the skin symptoms. Patients suffering from carcinoma of the stomach have small scales, beginning to form first on the nose, extending over the face and scalp; the scales are very small, often like dust, are easily brushed off, only to give place to similar new formations; and as the patient improves, these scales become fewer in number and extend over a smaller surface; as the disease gains ground these scales increase in number, extending over a larger surface. In cases of the round ulcer the skin remains smooth; there are no scales to be seen on the face or any other part of the body.

Could all the different similar diseases be compared in this manner, we would make a long stride forward in the know-

* It would be as silly to compare whooping cough with yellow fever as to compare Aconite with Gelseminum. Where there are no similarities there can be *only* differences; where the similarities are greatest the differences are most characteristic.

† The idea suggests itself that, in making comparisons of remedies (making comparative materia medica) it would be very advantageous to give, *first* the similarities and then the differences. For example: when comparing Belladonna and Glonoinum,—both have congestions to the head, fullness in the head, beating and pulsation in the head, *but*, all these symptoms are *worse* under Belladonna when lying down and uncovering the head (having one's hair cut), *better* under Glonoinum when lying down and uncovering the head (having one's hair cut). Mere differences, without similarities, are of very little practical use, and to point them out requires only mechanical work.

ledge of pathology, just as we would continue to gain largely in the knowledge of materia medica did we continue to compare similar remedies; first finding their similarities and then their *characteristic* differences. The increased and extended knowledge of pathology would enable the homœopathician to find with more certainty the characteristic symptoms of the sick, viz., the symptoms peculiarly characteristic of the sick, because not by necessity belonging to or characteristic of the disease (if that disease is known) from which the sick person suffers.

Professor S. Lilienthal, M.D., the learned editor of the *North American Journal of Homœopathy*, evidently led astray by the new departure of Schüssler and his aiders and abettors, tells us on page 211 of the November (1874) number of that valuable quarterly: "*We must find out the action of a remedy on a certain tissue, we must learn to change altered tissue to healthy tissue.*" That is exactly what Hahnemann taught the profession to do, provided the "*healer*" follows him, does as he did, and does not run after every new boasting pretender. Now suppose for a moment that we were enabled to diagnosticate with certainty the differences between carcinoma and the round ulcer of the stomach. If we then surely knew in what manner the tissues were changed in either case; and if we also knew to a certainty that Arsenicum album has caused similar symptoms to those found to exist where carcinoma of the stomach was present, and had even cured such cases; if we knew that Kali bichromaticum has caused symptoms resembling those existing where the round ulcer of the stomach was present, and had even cured such cases; could we therefore with certainty proclaim that Arsenicum album was *the* specific for carcinoma of the stomach and Kali bichromaticum *the* specific for the round ulcer, and that these remedies would surely change the altered tissue to healthy tissue? *No*, let us say *no* to our learned Professor. Why no? Because there are no specifics for specific diseases;* because homœopathy insists upon individualization; because the clinical experiment, the ultimate true test of all medical propositions, shows the fallacy of such argument, of such deductions. And now we will, as is our habit, "*illustrate*" our position. During our practice it has been our privilege and our duty to treat

* Professor S. at the University of Pennsylvania *continues* to teach this great truth: Said he, while lecturing on typhus fever—Be not misled by the various boasted specifics offered by various writers—there are no specifics for typhus fever or any other fever or any other disease. You must treat individual symptoms, but not names of diseases. *That is progress, Professor L.!*

cases of the above named diseases. Were we as homœopathicians to go back to the treatment of altered tissues *only*, were we to abandon the teachings of Hahnemann, and in these days of advancing science pick up the abandoned Egyptian camps with their fleshpots of "pathology," then history would tell on us, "tell an awful tale!"

Illustration. A case of carcinoma of the stomach—well marked by scales first appearing on the nose, later, as the periodical attacks of cramps become more frequent, extending over the scalp, face, neck and chest,—a case which, by the aid of Hahnemann's teachings, before the days of Schüssler with his tissue remedies, before the imposition of a specific for all carcinomas by the celebrated Grauvogl, was entirely and *permanently* cured. In this case the increasingly violent attacks of cramps never were accompanied by the same concomitant symptoms; and these very varying concomitant symptoms, not necessarily belonging to the form of disease but to the individual suffering from that disease, were in this, as in all other cases, the unerring guide to the finding of the curative homœopathic remedy. At one time the attack would come on during the day, at another time during the night; at one time the patient would lay perfectly quiet, only groaning, and never moving till the vomiting attack compelled him to do so. At another time the patient would be tossing about, exhibiting great restlessness with much thirst, burning pain, etc. At another time again the patient would complain of crampy pain in the abdomen, with violent vomiting. Again, he would lie quietly, covered with cold perspiration, and vomiting, while the pain in the abdomen would be described as resembling the cutting with knives. The fact is that each attack was different from former attacks; and while the disease and the altered tissue were precisely the same, a different remedy became indicated by these changed symptoms, not necessarily belonging to the disease, and each time a different remedy did relieve the pain promptly, till the attacks no longer occurred, and the usual health of the person so sorely afflicted returned; and all this was done under the guidance of the infallible principles taught and promulgated by the inspired teacher of homœopathy, Samuel Hahnemann.

Not only not rejecting or neglecting to acquire all the new discoveries in the collateral branches of medical science, it behooves us, as the true disciples of Hahnemann, not only to accept them but to assist in developing them; to find ways and

means to shape them into such forms as will make them useful to our purposes, as will enable us to make them *subservient* to the fundamental principles of our school without perverting these principles and thereby losing the benefit of both the advances in the collateral sciences and our own principles. And if we admit the advantages we gain in a knowledge of drug action by comparative materia medica, we will also have to admit that in order to truly apply this advanced knowledge therapeutically, we will find it very advantageous for the better understanding of diseases to institute more and more of a developing research in comparative pathology, that we may better distinguish first the characteristic symptoms of drugs and the characteristic symptoms of diseases, and by that knowledge also the characteristic symptoms of each individual case, to which characteristic symptoms we can the better and more *scientifically* apply the law of the similars.

HAVE WE A TONIC AMONG US?

BY T. C. HUNTER, M.D.

J. T. Greenleaf, M. D., in the November number of the Monthly, takes up the statement so often made that we have no tonics in our materia medica, and pronounces it false. Let us look at the subject a little. We will accept Dunglison's definitions of *tonic* as the correct one, viz.:

"In therapeutics a tonic is a medicine which has the power of exciting, slowly and by insensible degrees the organic action of the different systems of the animal economy, and of augmenting their strength in a *durable* manner."

A locomotive is a machine, as is a man, but then the man is a self-repairing machine, while the locomotive is not. Every movement the latter makes wears it out *pro tanto.*

This is equally true of the man; but he uses a part of his fuel in repairing damages, while the locomotive has no such power.

Let us take alcohol (a prince among tonics) as a representative. It is claimed by many scientists that alcohol is a food, and that as a food it acts as a force producer. Supposing it does produce force, how does it do it? Does it not do so by virtue of the power it has of irritating and thus energizing the tissues and causing them to discharge the energy or force already stored up? And may not this stimulation be carried