"HOMŒOPATHIC MATERIA MEDICA OF THE NEW REMEDIES."

BY EDWIN M. HALE, M. D. Second Edition. Revised and Enlarged. Dr. E. A. Lodge. Detroit, Michigan. 1867.

This new work contains eighty new remedies, an addition of thirty-five to those published by the same author in his "New Remedies," in 1864. As an appendix, this work contains also a clinical index to facilitate its use by the practitioner. Among the indigenous plants we miss Kalmia latifolia, Millefolium, Allium cepa, Allium sativum, etc. New medicines proved and introduced into the Homœopathic Materia Medica,—at the same time that these indigenous plants were more or less subjected to provings, and belonging to other natural orders,—have been omitted; for what reason the author does not state. The physician so anxiously looking for more remedies will be disappointed; and if he does not espouse the cause of the "Vegetarian," it will not be the fault of the author. "Glonoin" is out in the cold; so are Lithium, Tellurium, Apis, Trombidium, Xiphosura, Benzoic and Fluoric acid, and some minor intruders into the vegetable garden of Homœopathy.

As the author claims "that he shall be satisfied if the work is only pronounced by the profession as eminently "*suggestive*," (vide preface to Edition 1st,) that claim will surely be admitted as valid.

The profession demanded the publication of just such a work, some of them complaining that there were many cases exhibiting combinations, or single symptoms, not to be found in the Materia Medica; this complaint often arose from a neglect to seek these symptoms in the old Materia Medica, and from inability to find in former works at once the name of a disease for which a certain medicine is pro-

nounced to be a "specific." The thirst for more knowledge being in fact the great cause of this demand, might be better satisfied by first fully mastering the old remedies as they were given to us by Hahnemann. And in the last ten years our old Materia Medica has been much enlarged. Two larger works have been published during that period, besides some monographs and detached provings in various journals.

The best review of the work before us can be given by comparing it with another work, published in 1857, by Dr. Constantine Hering, entitled "AMERICAN PROVINGS, *Preliminary to a Materia Medica as a Natural Science.*" Dr. Hering's work is but little known to English reading Homœopathicians, and only a small portion thus far has been translated from the German, and published in the Homœopathic Review, viz., Aloë and part of Allium cepa. The work, as the title indicates, is the result of provings principally made in this country, and is intended to serve as a guide for making our Materia Medica what it ought to be, "*a natural science.*" Dr. Hering accepted Hahnemann's original plan for the arrangement of the Materia Medica, and improved on it very considerably. Particular attention has been given to the localities, and especially to the sides of the body and to the directions in which the pains or disorders move in the body, from above downwards or vice versa; from the right side to the left side or vice versa, or diagonally.

While some severe critics* endeavor to set characteristic but local symptoms aside, as endangering us in the direction of generalizing,—which is disclaimed by them and against which they warn the brethren,—these same critics forget that characteristic but local symptoms form only a part of the totality of symptoms, and do not represent them in any other manner, and that *nothing but the*

* Vide British Journal of Homœopathy, No. C., April, 1867. Page 311, &c.

totality of symptoms can finally lead us to the choice of the truly certain remedy. Individualization has been carried much further in Dr. Hering's work, than in any previous work of the kind, and generalization has been avoided as much as practicable. Dr. Hering's book contains twelve remedies, treated in eight hundred and eighty-six pages; and among them Apis mel. is without comparison the best rendered remedy we possess in our Materia Medica. And why have these remedies not been translated and enrolled in Dr. Hale's New Remedies? Is it that the contrast would have been too glaring? The one is a well-finished and complete work, such as the Homœopathicians of former days fully understood how to appreciate; the other is only a suggestive work and not so much calculated to satisfy the admirers of the former.

The tendency of the one is to lead to individualization; that of the other tends to generalization. The one is an improvement on previous works, and progressive in its execution; the other differs much from the works we were accustomed to, and portions of the livery it wears are borrowed from the Eclectics, while as a whole it is executed in a spirit of compromise. To make good this last assertion, we call the especial attention of the reader to the 137th page, where the author deviates from the original subject and undertakes to establish the correctness of the practice of prescribing for a disease by name. The author says: "*When, however, the* NAME *refers to a definite group of symptoms, as is the case in gastric fever, I must beg to take exception to the dictum in question;*" and he winds up by saying, "*By this process of generalization, or rather of grouping, it was that the founder of Homœopathy was enabled to prescribe and recommend with confidence Belladonna for smooth scarlet fever, Aconite in purple rash, Spongia and Hepar in croup, Mercurius corrosivus in dysentery, Thuya in sycosis, etc.*" Admitting at the outset that these premises were correct (which we will show below they are not) and granting that Hahnemann said all this, does it follow that a definite

group of symptoms could be pointed out characterizing (being always necessarily present in) gastric fever? And if it should appear that no characteristic group of symptoms characterizes gastric fever, and almost all other diseases, how can we as Homœopathicians expect favorable results, if we base our prescription on such a *name* as gastric fever?

The fact is this: that a similar group of symptoms occurring in one or more patients, suffering from gastric fever, will indicate the remedy in those individual cases; but the question arises, does this group of symptoms always exist in all patients suffering from a so-called gastric fever? If all persons so affected suffer alike, then the author is right, not otherwise; and he is again correct if it can be admitted that a group of symptoms show the presence of a form of disease, or are equivalent to the disease itself. The true definition of a disease can never be correctly given by merely stating a group of symptoms. This true definition is composed of an historical account of the disease, from its beginning to its end, and that end *consists in recovery,* and not, as is erroneously stated, in the fatal termination. *Death is the end of the patient, not of the disease.** So the artificial diseases which arise in drug proving, and also those still milder which may be supposed to arise in the administration of Homœopathic medicines to the sick, naturally incline to terminate in recovery. And we should seek to find a remedy which is perfectly similar to the disease from its development to its natural termination; as Hahnemann did when he discovered the similarity between the effects of Belladonna on the human organism and the true, erysipelatous smooth scarlet fever, as described by Sydenham, Plenertz and others, when either caused an erysipelatous, smooth, red skin, accompanied by a characteristic fever and

---

* And if this is correct the post-mortem examinations, which so enrich pathological anatomy, do not show the end of the disease at all, but merely the end of the patient, the destruction causing the result—the end.

headache, with somnolency, etc., finally ending in a full desquamation in this case. Hahnemann did not garble up a group of symptoms only, but he compared the *totality* of them, found them similar and then chose Belladonna. The patients suffering from the true, erysipelatous smooth scarlet fever were very similarly affected; much more so than those affected by purple rash. These, as Hahnemann characteristically describes it, suffered at times from great heat, increasing restlessness and agonizing anxiety,—for this condition he found Aconite the similar; or else they suffered from excessive pain with depression of spirits and inclination to weep,—and then Coffea would be curative. Here again Hahnemann did not give groups of symptoms, but characteristic indications for the application of remedies. In the preface to Spongia, Hahnemann's last sentence is this: "*Homœopathy has found the most astonishing curative effects of Spongia tosta in the fearful acute disease, Croup membranous,*" partly in other *symptoms of this medicine, but principally in the symptoms,* 145: "DIFFICULT BREATHING, AS IF A PLUG WERE LODGED IN THE LARYNX *and as if the air could not pass through the obstructed larynx, with the modification that the local inflammation has been first diminished or subdued by the internal use of a possibly smallest dose of Aconite. It will be seldom necessary to use besides this a small dose of Hepar calc. sulph.*" Where is the group of symptoms showing the presence of croup for which Spongia is specific? We find *one* characteristic symptom, often present in that disease and nothing more. Again we find in the preface to Drosera, (vide Hahnemann's Reine Arzneimittellehre, Vol VI., p. 228: "*A single such dose* (*one or two pellets of the* 30*th potency*) *is sufficient to cure the epidemic hooping-cough, guided by symptoms* 50, 53, 57, 62, *but principally* 58 *and the latter part of symptom* 87;" and additionally Hahnemann says, in a foot-note to this sentence: "*The cure surely follows in seven or nine days with unmedicinal diet. It is well to take care not to administer a second dose after the first one* (*and much less any other remedy*)*: this would no*

doubt not only prevent a good result, but also cause considerable injury, as I know from experience." And what are the characteristic symptoms (not a group of symptoms) constituting the pathological condition hooping-cough :

30. While coughing, pain in the hypochondria, as if that region were constricted by force.

53. The region below the short ribs (hypochondria) suffers from a contractive pain which impedes the cough; he cannot cough because it pains so much if he does not press with his hand on the pit of the stomach.

57. Cough coming deep out of the chest.

62. In the evening, when lying in bed and when exhaling, a sudden contraction of the lower part of the abdomen, which seemingly irritates him as if he would vomit and causes him to cough.

58. Cough in such violent paroxysms following one another that he cannot take his breath.

Where is the group of symptoms here? and have not the clinical observations based upon the first suggestive remarks of Hahnemann, that Drosera would be a curative in some epidemics of hooping-cough, brought out some more characteristic symptoms? and can we not at present incorporate them conjointly in our characteristic symptoms of our Materia Medica?

It we look for a remedy to cure a new epidemic, or rather for the remedy which may prove itself the most curative at the time, it is well to group then such symptoms as are characteristic of this epidemic; and these groups consist, generally, again in symptoms not always present in other epidemics of the same disease. We hereby individualize this epidemic from other ones, and do for the epidemic in general what we again must do in every individual case of it when this new differing group of symptoms is not present. For example, this city was visited last summer by "cholera." Now our British friends have given us four specifics, Camphor, Veratrum, Cuprum, and Arsenic; but the latter epidemic differed from all others in one essential point: not only were the attacks very sudden, but the thirst was incessant for acids, and for large quantities, and further heat aggravated the condition. Guided by these characteristic symptoms, *Secale cornutum* became the truly Homœopathic curative agent. Neither

Camphor nor any other of the four great specifics had any effect whatever; and the prescribing for a name derived from a group of symptoms denoting the disease as cholera, was followed, as it ever must be, by disastrous results.

We must guard against the grouping of symptoms to make out a name; and every disciple of Hahnemann will find illustrations of the failures following this modern attempt to compromise with the Old School; but following Hahnemann implicitly, we reach a different result. And I will try to illustrate this position by a case from my Journal, but recently cured.

The patient, a boy four years of age, of weak constitution, suffered from a group of symptoms constituting "*diphtheria.*" The greatest care was taken to find the similar; but neither Belladonna, Lachesis, nor Lycopodium, each apparently suitable, caused a change for the better, and, in addition to the symptoms common to the disease, the boy had a very stiff and painful neck, drawn to one side, a very *un*favorable symptom. And, as Lachesis had done him no good, another remedy was to be selected. One dose of Lachnanthes (Fincke) cured the case in twenty-four hours, and the weak boy who had been nursed for six days was found next morning well and playing with his toys. Shall we make a foot-note to Lachnanthes and trumpet it about as a specific for diphtheria? Certainly not; but we may make a strong line under that peculiar symptom. Or should I have looked out for a specific among the new and old medicines for diphtheria? Would the result have been the same? After this digression, we must return to the book. Among the various remedies we find also very good *suggestions*, and new ones, indeed. Caulophyllum thalictroides will no doubt become a valuable remedy in uterine disorders, "amenorrhœa," prevention of premature labor," "after pains," etc.; and a further proving and more accurate clinical records will soon establish its characteristic symptoms.

The student of our Materia Medica cannot well dispense with this work; he must read it cautiously. The profession wants more books, more Materia Medica especially; and the best and only remedy against purely "suggestive works," is the publication of a full, complete Materia Medica, such as Dr C. Hering has promised the profession for many years, and for which they still confidently look.

L.