proach to this is a comatose slumbering, with snoring, murmuring, picking at the bed clothes, and dreams. The patient desires to be covered while sweating; want of memory. Headache when opening the eyes. Bleeding of the nose, *especially after midnight.* The state of the abdomen and diarrhœa are peculiar, and need not be confounded with that which belongs to any other drug. It is not to be forgotten that this remedy is not called for in any case when the patient is comforted by complete and continued repose—in this, as has been remarked, it being the exact opposite of Bryonia.

Veratrum is rarely called for in the attacking stage of the fever. It belongs rather to that of great prostration, cold sweating, coma, with a diarrhœa which is quite characteristic. There can hardly be a mistake in its use, if the above symptoms are carefully attended to.

IMPORTANCE OF A SINGLE SYMPTOM.

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The symptoms perceived by and on the patient, the subjective as well as the objective symptoms, constitute the totality of symptoms, and that totality of symptom constitutes the whole disease.

Hahnemann teaches in his *Organon*, section 71, that the points to be considered in reference to treatment are the three following:

"1st. By what means is the physician to arrive at the necessary information relative to a disease, in order to be able to undertake a cure?

"2d. How is he to discover the morbific potencies of medicines; that is to say, of the instruments destined to cure natural diseases?

"3d. What is the best mode of applying these artificial morbific powers (medicines) in the cure of disease."

Relative to the first point, Hahnemann says in his *Organon*, section 84, "the patient details his sufferings, the persons who are about him relate what he has complained of, how he has behaved himself and all that they have remarked in him. *The physician sees, hears, and observes with his other senses, whatever there is changed or extraordinary in the patient.*"

Hahnemann here clearly teaches in his advice how to examine a patient, and also that after the patient and his friends have stated the subjective symptoms the physician should see, hear, and *observe* with his other senses, whatever there is changed or extraordinary in the patient; *i. e.*, observe all the *objective* symptoms discernable. Had Hahnemann lived to this day he would not have changed a tittle of this teaching, but he would have rejoiced in every new discovery in science as confirming all he taught; he would have twice rejoiced to find that scientific physicians of all schools have learned and now teach that they treat not diseases but patients; that the conditions of the case to be treated and not the name of the disease indicate the remedy; in short, that even the *thinking* Allopathists affirm that the the objective symptoms are of minor importance and that the subjective symptoms indicate the treatment.

The thinking and progressive physicians do no longer contend for special forms of a malady, but that the conditions of a case, *i. e.*, the subjective symptoms of the patient indicate the curative remedy.*

By following Hahnemann in his progressiveness it becomes apparent that whatever characteristic symptoms are observed on the patient, the similar symptoms must be characteristic of the truly specific curative remedy to be applied, and it is obvious that these characteristics are much oftener found among the subjective symptoms both of the patient to be cured and the medicine to be applied. No medicine has ever

* Vide *Grundsetze der Physiologie, Pathologie und homœopatische Therapie*, by von Grauvogl, 1860.

produced certain pathological changes—structural lesions, etc., and inasmuch as a medicine can only produce by the proving on the healthy a condition similiar to the subjective symptoms of pathological changes—structural lesions, etc., these very subjective symptoms become all important to the physician when selecting the truly specific homœopathically curative medicine. And whatever the examining physician may have discovered of perverted vital forces of physiological and pathological changes by the aid of the discoveries of modern science—all these discoveries, as a whole or as a single symptom, would never indicate the specific remedy.

The importance of a single symptom becomes most apparent when we can detect in the patient this single characteristic symptom, corresponding with a similar single characteristic symptom observed by proving a medicine. To illustrate this position I will, first, quote a case from my own case-book, in which an objective symptom indicated the truly specific remedy. The case was one of very malignant ship fever. The patient had been sick nine days when I found him on that day, in the morning, lying on his back perfectly unconscious, his eyes wide open, glaring, fixed on the ceiling, pupils dilated, cheeks red and hot, mouth wide open, the lower jaw hanging down, tongue and lips dry, black and cracked; picking of bed coverings, pulse 200. The pathological condition most certainly was approaching paralysis of the brain. Now if I had followed the advice of retrograding physicians, I should have gloried in having found in this pathological condition the important single symptom. Should I then have administered Morphine, or Helonin, Hydr. and Opium in alternation, by the spoonful, drop, or more?

The unconsciousness in this case would have made me think at first of Bell., Hyos., Mur. acid, Opium, Rhus and Stram. The eyes would have indicated Bell., Hyos., Opium and Stram.; the tongue and lips, Ars., Opium and Rhus; the hanging of the lower jaw, Ars., Lyc. and Opium; the picking of the bed clothes, Arn., Ars., Hyos. Opium and

Stram. Not being able to select a remedy, I further examined the patient and found that he had passed the urine involuntarily all night, but this single symptom again left me to choose between Arn., Ars., Bell., Hyos. and Rhus, but upon still further examination I found on the sheet of the patient, that the urine involuntarily discharged, had made a large deposit of red sand, resembling brick dust. Here was the objective symptom characteristic of the case and the remedy. I now concluded to give Lyc. I dissolved six pellets of the 200th potency in half a tumbler full of water and had every two hours a spoonful put in the open mouth of the unconscious patient. When I saw him again, at two, p.m., I found him with his eyes and mouth firmly closed in a natural sleep and in a very heavy perspiration. He finally recovered fully and enjoyed perfect good health for many years. In this case the single characteristic symptom was a guide in the selection of the curative remedy, but *not* in the diagnosis of the disease; and again if this single symptom had been a guide in the diagnosis of the disease, it would not have been a guide in the selection of the curative remedy, inasmuch as it is an established fact, true beyond any further controversy, that the diagnosis of the disease, *i. e.*, the name of the disease never can possibly indicate the only truly curative remedy. This fallacy belongs to the Sangrado School and has been left to them by progressive Allopathy. One symptom never affords us a clue to any pathological changes, or aberrations of the nerve forces, going on within the diseased organism, because we do not know of any medicine that can or does produce any pathological changes or aberrations of the nerve forces, we only know of symptoms produced by the proving of medicines similar to the symptoms through which the diseased condition of the patient demonstrates itself and becomes observable to our senses. But to illustrate the position assumed that one single symptom is very important, let us refer to the frequently recurring symptoms, "sinking at the epigastrium." This symptom standing alone and by itself is of no importance whatever,

neither characterizing a remedy or any abdnormal conditions of the system. Whether caused by a disturbed condition of the pneumo-gastric nerve, or of the uterus or by a nervous depression, the symptom by itself or the supposed cause will never assist us in finding the curative remedy. As far as our observations have been able to enlighten us, the symptom has been successfully removed by the following medicines; Alumen, Ambra, Baryta, Dig., Ignatia, Kali carb., Lobelia, Lycopodium, Petroleum, Oleander, Sepia and Veratrum.

The important single symptom in this connection, under Alumen, is that the sinking sensation is aggravated after eating; while under Baryta carb., this sensation is relieved by eating. This symptom is already on record in Hahnemann's *Chronic Diseases*, under No. 359, where he says, "Sensation of weakness in the stomach which disappears after eating." The important single symptom, under Ambra, we find in Hahnemann's *Materia Medica Pura*, under No. 4, where he says, "*She* must lie down on account of giddiness and a sensation of weakness in the stomach."

Under Alumen and Baryta, we find one conditional symptom, the aggravation and amelioration after eating; under Baryta, we find one concomitant and one conditional symptom; the combination of the sinking feeling with giddiness and the condition in being obliged to lie down. Digitalis has the characteristic symptom so often confirmed in practice and expressed by Hahnemann in his *Materia Medica Pura*, No. 125, "A weakness of the stomach, as if the stomach was sinking away and as if life would vanish;" and later it was observed that this sensation of weakness generally recurred "after eating." Under Ignatia, we find in Hahnemann's *Materia Medica Pura*, No. 267, "A peculiar sensation of weakness in the upper abdomen and in the pit of the stomach," and No. 335, "Drawing and pinching in the lower abdomen, descending into the rectum like pressing, with qualmishness and sinking in the pit of the stomach and paleness of the face (after forty-eight hours, two days before menstruation)," and No. 632, "Debility as if from weakness

(sinking) around the pit of the stomach, *he* feels qualmish and must lie down." Under Kali carb., we find in Hahnemann's *Chronic Diseases*, No. 368, "Pressure in the stomach, with rumbling, sensation of emptiness and eructations." Under Laurocerasus, we find pain in the stomach like fainting; feeling of weakness in the stomach. Under Petroleum, we find in Hahnemann's *Chronic Diseases* "Sensation of emptiness in the stomach as from fasting (No. 314." Under Lobelia, we find "Feeling of weakness of the stomach or in the pit of the stomach, extending through the whole chest." Under Oleander, we find in Hahnemann's *Materia Medica Pura*, No. 156, "Sensation of great emptiness in the pit of the stomach with a sense of fullness in the abdomen," and it has been observed that this sensation of emptiness in the pit of the stomach has been relieved by drinking brandy, and is often accompanied by nausea. Under Sepia, we find in Hahnemann's *Chronic Diseases*, No. 530, "Emptiness in the stomach (sensation of) with nausea as soon as she thinks of any food that might be offered to her." Under Veratrum, we find in Hahnemann's *Materia Medica Pura*, No. 107, "Sensation of weakness of the stomach, with an internal sensation of coldness in the region of the stomach and a light pressure."

The importance of a single symptom in connection with this much perplexing sensation of "sinking at the epigastrium," weakness at the pit of the stomach is very obvious. We find that Alumen and Digitalis have an aggravation of this sensation after eating, and that Baryta has an amelioration of this symptom after eating; that under Oleander, brandy relieves; that under Kali carb. this sensation is accompanied by eructations; that under Ignatia this sensation has appeared forty-eight hours before menstruation, accompanied by a pale face and qualmishness, that qualmishness caused the patient to lie down; that under Sepia, the sensation was aggravated by thinking of food which might be offered. That the sensation is strongest in the pit of the stomach under Ignatia and Digitalis and Lobelia; that under

Digitalis, the sensation is so intense that he feels as if life would vanish. Many cases will be met in practice in which none of these single symptoms are present with the sensation of sinking at the epigastrium, and then new remedies have to be looked for corresponding with the peculiar characteristic symptoms of the patient.

A single symptom is all important if it is the characteristic symptom of the medicine corresponding with the characteristic symptom of the case to be treated. Inasmuch as we no longer treat diseases, maladies or supposed diseased conditions giving rise to them, but as we treat *patients* it is no longer our task to find the single symptom as a guide in the diagnosis of the disease, but it is our task to find the single characteristic symptom both of the patient and the remedy. If we first arrive at a clear idea of what constitutes the characteristic of medicines, we involuntary adapt ourselves to the easy finding of the characteristic symptoms of the patient. Should we think that specific remedies could ever be found for supposed hyperæmia, or anæmia, or congestions, or nervous depressions, we should of course no longer make the slightest pretence to be a follower of Hahnemann. The characteristic symptoms of a medicine go through all its actions like a red streak. We find, for instance, that all the symptoms Aconite is able to produce on the human system, and, therefore is capable of curing, are accompanied by "anxiety," and differ in the restlessness which is caused by "anxiety" under Aconite from the restlessness which is caused by "anguish" under Ars. Acon. has no characteristic pains. The burning and stinging pains in internal organs, tearing in external parts and the tingling (in fingers, œsophagus and back) in external parts, Aconite has in common with many other remedies. But if, for instance, a patient complains of tearing in external parts as in acute rheumatism and lies perfectly quiet, afraid to move, and if compelled to move suffers much more pain; no experienced physician will think of admintstering Aconite, because the accompanying fever indicates the inflammatory disease, but will give

Bryonia if the other symptoms also indicate it; on the contrary if the patient is very anxious and restless, not afraid to move, but tossing about which he says he can not help, although it increases his pains, no one will give Bryonia, but Aconite if otherwise indicated.

The "anxiety" of Aconite may be termed general characteristic like the "anguish" of Arsenic, or the constant aggravation of all the symptoms after sleep under Lachesis, or amelioration while in the *open* cold air under Pulsatilla; the amelioration in the cold air alone being equally characteristic to Iodine, or the aggravation at three, a.m., under Kali carb. Besides these general characteristics which go through the whole remedy, we observe special characteristics; as under Kali bichromaticum that all the mucous discharges are stringy, or under Phosphorus the aggravation of the cough in the cold air.

The single symptoms which becomes all important in a case may comprise the kind of pains experienced as under Apis "the burning-stinging pains" or the locality, as the wrist and ankle under Ruta; or the local direction the pain or the disease follows from the right to left, from below upwards, from the inside to the outside, or *vice versa*, or the condition (amelioration or aggravation) as under the amelioration from heat Arsenicum, and amelioration from cold Iodine, or from concomitant symptoms, as the great unquenchable thirst, the desire to drink large quantities under Natrum mur., or the thirstlessness under Pulsatilla.

Hahnemann and his followers had another reason for depending more on the subjective symptoms than on the objective symptoms, especially when the latter were leading to detect pathological changes on account of their fallacy. I here allude only to the often confirmed illusory results, through auscultation and percussion, which have induced the physician to diagnosticate hypertrophy of the heart and insufficiency of the valves, when later the discovery was made that this condition was not to be ascribed to any pathological changes, but was caused by the excessive use of Coffea to

simulate this pathological condition and so to deceive the examining army surgeon. Coffea, in this instance, had produced a very similar condition and corresponding with the objective symptoms observed in certain diseases of the heart.

The single symptom becomes all important in well known diseases, as for instance in hooping cough. Does the physiological school or any other school pretend to find the curative remedy for the pathological changes causing this cough? Or would it be more easy to cure this disease if the seat and cause were known? The true physician has first to choose the proper remedy, and then to administer it properly if he hopes to be successful in the cure of this as well as all other diseases. The character and the peculiarities of the cough alone do not indicate a remedy, it is indispensably necessary to inquire further and first ascertain at what time of the day the cough is aggravated? or what else aggravates the cough? what are the concomitant symptoms? what is the character of the expectoration? And in this manner it will become apparent that as to time the Drosera aggravation is after midnight, that the cough returning every day at the same hours may indicate Lyc. or Sabadilla. Under the conditional aggravations it will become apparent that if pressure on the larynx aggravates the cough Cina will be indicated, or that if fast walking aggravates or brings on the attack Sepia will cure, that if hasty eating or drinking causes an attack Silicea will cure; or, with regard to the expectoration, that if the great quantity of mucus which threatens to suffocate the patient is difficult to expectorate, and if raised at all is tough and stringy and hard to detach, etc.

All these single symptoms become important and will enable the practitioner to select the curative remedy—the name of the disease never will—as no medicine has ever produced or can produce hooping cough but only a cough similar to hooping cough. The cough produced by Mephitis, for instance, has been very similar to hooping cough, but was not hooping cough and can only cure such cases in which the concomitant symptoms also correspond with Mephitis.