ever will remain "*an hypothesis.*" Any one who reads our Materia Medica through pathological spectacles, or who takes for his instruction such perverse and misleading and utterly unhomœopathic works as the Pharmacodynamics of Dr. Richard Hughes, will, by necessity, be driven into the use of "palliatives"—will practise a caricatured Homœopathy, in reality, Eclecticism. But if the doctor will hurl his pathological spectacles at his misguiding advisers and ignorant teachers, if he will consult the writings of the Master, he will learn that Homœopathy is fully adequate to cure quickly, mildly, and safely all curable cases of sickness; that it is *never* necessary or proper to resort to palliatives for the relief of the sick. That deficiencies in the present mode of teaching exist is obvious; one has only to read the parodies on Homœopathy delivered in the shape of lectures at that *notorious* "London School of Homœopathy," by that "honourable man," Dr. Richard Hughes. Deficient, misguiding into Pharmacodynamics and Eclecticism, public teaching which, with the highest respect for that great teacher, may be better than Homœopathy—but it is surely a parody on it. It is Eclecticism, and nothing short of it; *it* is an attempt to make truth and error co-exist; what its practical results are, we can only conjecture!

THE SECOND PRESCRIPTION.

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THIS paper is supplementary to that great paper by the late Dr. von Bœnninghausen, on "HAHNEMANN'S three Precautions," published first in the *Neue Archiv*, and also in November, 1864, in the *American Homœopathic Review*, vol. v., page 193. It is addressed to such members of the medical profession who have accepted and appreciate his three precautions, against these three errors, viz.:—

1. To suppose that *the doses* which, after many experiments, and compelled by experience, I have moderated even up to the present time, and which I have pointed out under each antipsoric remedy, *are too small.*

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2. The improper selection of a remedy.
3. Hastiness in not allowing each dose sufficient time to develop and exhaust its action.

History repeats itself; Bœnninghausen broke the silence imposed on the true homœopathicians by an ungenerous and ridiculous attempt made by Griesselich and Co. to ignore the teachings of the Master, and adopt a pseudo-homœopathy which Rau taught in a pseudo-organon, imposed on them by the erroneous belief that it were best to "let them alone," and that opposition and an exposure of their errors would only exasperate them and prevent their voluntary acceptance of the teachings of the Master: this silence was broken because these misguided men became bolder and more abusive day by day.

We do not address ourselves at present to the adversaries of Homœopathy as taught by HAHNEMANN; to those who deny the efficacy of dynamized drugs; who deny the universality of the law of the similars for the cure of the sick; who falsify history, abuse the Master, and glory in their futile attempts to make truth and error co-exist together. We address ourselves to our increasing number of healers who carefully select the truly similar Homœopathic remedy, and administer it in the truly Homœopathic dose; and we do so, because long experience has taught us that the most difficult task the healer has to perform is the proper and timely administration of the second dose, either of the remedy first administered, or of another remedy; the most serious mistake we, as well as others, have made, has been in not carefully following the third precautionary rule. It is our aim to enlarge on this vital precaution. HAHNEMANN and Bœnninghausen allude mainly to the treatment of chronic diseases, but the same caution should be used when treating acute diseases. The hastiness in not allowing each dose sufficient time to develop and exhaust its action has its evil consequences as well in acute as in chronic diseases; and, while in chronic diseases the mistake may possibly be corrected in the course of time, in acute diseases the same mistake may bring about a fatal termination, and if not, the case will become much protracted, and the recovery will hardly ever be a complete one.

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We shall, therefore, first dwell on "acute diseases." Among all the prevailing grave and dangerous diseases which we are frequently called upon to treat, probably diphtheria stands at the head of the list, and in no acute disease is it so necessary to cling to these extended precautionary rules than in diphtheria. When we are called upon to treat this grave disease we carefully note down all the symptoms of the patient, and, as Homœopathicians, we select among the proved remedies the one most similar to the case. No silly assertion of any boasting croaker that *he* has found a specific for this or any other disease will induce the true healer to resort to such a remedy; he is fully aware that there is nothing in such boastful assertions; he, the true healer, knows the similar remedy, and now administers it in one single dose. And why? because he can never *a priori* know when this single dose will exhaust its effects. The single dose has been administered, and the careful physician will again see the sick, and by close examination ascertain whether this one dose has produced an effect, and if it has, whether the effect has been exhausted. There is rarely an acute case of a disease in which ominous symptoms do not appear almost immediately after giving a remedy, showing the close observer clearly that the dose of medicine administered begins to affect the sick. Frequently the position of the sick at once becomes more natural, or sleep almost immediately follows, or the mental symptoms and the countenance of the sick change almost at once, or suppressed secretions are suddenly restored; if such ominous symptoms appear almost immediately after the administration of this one single first dose, it is reasonably certain that its action, if not interrupted, will last for a considerable length of time; and it becomes absolutely necessary to wait till the effect of this single dose has been fully exhausted before another dose of any other or of the same remedy is administered. And why should more medicine be given if the patient improves? What possible good could such an interference with the absolute beginning of a cure do? This single dose of the truly similar remedy administered in what, to the individual judgment of the healer, appears to be in that individual case the minimum dose, will very frequently suffice to cure

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even a case of diphtheria, and we are not alone in here offering our testimony to this fact. Dr. G. H. Carr says, in the *United States Medical Investigator*, that he treated, in the fall and winter of 1878 to 1879, one hundred cases of diphtheria, *without any deaths*; duration of illness, four to five days. He rarely had to repeat the dose, and found that a single dose of a high potency acted as well in the most malignant as in the lightest cases; and his testimony carries with it a surprising conviction of its truthfulness when he adds to it the characteristic well-described symptoms which indicate *Lac.-caninum* in this form of disease. When a well-selected remedy has been administered in a single dose, and when the improvement is of short duration, the symptoms may either be the same as before or they may have changed, so that the same remedy is no longer indicated; then a second dose becomes imperatively necessary: if the same remedy is still indicated, it will generally be best to repeat it in a watery solution, and administer it by spoonfuls at shorter or longer intervals, till a decided improvement begins; but if another remedy is indicated, it is best to administer this carefully-chosen remedy again in a single dose, and carefully note the results, never repeating it till its action is fully exhausted; if the effects are of short duration, it is time enough to repeat it; that repetition, if possible, should be in a different potency than the one first given. It has frequently occurred that the proper remedy was selected, and the minimum dose was administered at once, in a watery solution, in rapidly repeated doses, under the erroneous belief that a grave acute disease required these frequent repetitions; if, then, the patient appeared much worse after the lapse of some hours, it did not often show the healer that this aggravation was merely an artificial increase of the symptoms, caused really by an overdose; if he became impressed with the true state of the case, he wisely discontinued the medicine, and was rewarded very soon by finding this artificial aggravation give place to a permanent improvement; but, unfortunately, the healer would frequently become unnecessarily alarmed, and suddenly and untimely he would change the remedy, to be most likely more alarmed when he found, after having blundered with this mistake, that the disease was really develop-

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ing most grave conditions. Such mistakes can hardly ever again be corrected. It becomes obvious that a second dose should never be administered till the first dose has exhausted its effects. The mistake becomes decidedly more serious when a high potency was unnecessarily repeated than when the medicine was given in "appreciable" doses. In such cases as described, when in a grave case of a disease, repeated doses of various remedies have been administered injudiciously, but in really appreciable doses, a recovery may still follow when a well-selected remedy is administered in a high potency. We had an illustration of this proposition as early as 1846, and although the case has been reported before, it never was done in support of this proposition. An elderly lady (over 60 years old) was attacked with Asiatic cholera. Her physician had exhausted all the remedies he knew of; *Camphor, Arsenic, Veratrum, Cuprum, Secale.-corn.* had been given often, and at short intervals, in tinctures and low potencies; eighteen hours had passed, and the case grew worse rapidly. A careful examination of the totality of symptoms pointed to *Veratrum* as the similar remedy; it had been given to no purpose. With the consent of the despairing attending physician, a single dose of *Veratrum* 200 was put dry on her cold tongue. In less than five minutes the patient fell asleep, passed a large quantity of urine, the skin became hot, and a warm perspiration appeared. When she awoke, after more than four hours' sleep, she once more complained of cramps, when another and last dose of *Veratrum* was given, and the attack was entirely broken up.

If the proper remedy has been administered in the proper dose, and if an impovement has begun, new symptoms sometimes arise which were not present when the first dose was given. These new symptoms may belong to the remedy administered; they may be known to belong to it, and will subside without further aid; or they are not known to belong to the remedy, but are analogous to the well-known effects of it, in which case it is wise to wait a reasonable length of time; if they belong to the remedy, they will easily subside, and should carefully be noted, and if the newly-observed symptoms show an improvement in the pathological condition, as, for instance, pain in a paralysed part of the

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body, or restlessness and tossing about in a comatose patient, or cough, with expectoration, in a case of diphtheria, it will be necessary still further to wait for the action of the drug, or for the continuance of the improving pathological condition: on the other hand, if these newly-arising symptoms do not belong to those here described, but in reality manifest an increase of the disease, showing unmistakably a progressive development of the disorder, then we must administer at once a second dose, most likely another remedy. The administration of another dose, or of another remedy, for the above described new symptoms, not positively showing a progress of the disorder, is always followed by bad consequences; the interference with the work began by the *vis medicatrix naturæ* is always reprehensible. For instance, a plethoric individual, addicted to spirituous liquors, is taken down with typhus fever; his wild delirium is finally followed on the seventh day with epistaxis; should this new symptom be taken for an indication of a new remedy? Certainly not; and if a newly-chosen remedy should check the nose-bleed, will not the patient grow much worse otherwise? The nose-bleed will most likely cease after a lapse of time, and during its continuance the progressive improvement of the case shows clearly that it is beneficial to the sick individual.

Progressive knowledge of pathology enables the healer to judge correctly all newly-arising symptoms in an acute disease; and once convinced of the unmistakable fact that the *vis medicatrix naturæ* has been fully aroused by the medicine administered, even in that single but minimum dose, that the work of restoring the sick individual into his accustomed health has begun, the plain duty of the truly scientific healer is to "wait," and if the health-restoring process is interrupted, and does not show any further progress, *then* a second dose becomes necessary; any attempt to hasten the once-begun health-restoring process by additional medication will invariably be followed by evil consequences; the healer has enough opportunity to apply, even then, his individual judgment, by properly directing the general regime of the sick.

The same rules govern also the treatment of chronic diseases. There are cases in which a single dose of the similar remedy will

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cause a gradual improvement, lasting weeks, even many months; the effect of such a dose lasts much longer in chronic than in acute diseases. If it becomes necessary to repeat the same remedy, it is always advisable to give another potency. In chronic diseases it sometimes happens, just as it does in acute diseases, that the action of the remedy is of short duration; the second dose may then at times be given in a watery solution, and be repeated frequently and for a very long time; in some cases it becomes even necessary to continue this medication for many weeks, till the action of the remedy becomes apparent. *A priori*, as we can never know with certainty how many doses of any medicine will be required to cure or improve the sick, it is therefore always safer to adminster but one dose, or, at most, a few doses in quick succession. When the improvement has followed this first administration of a single dose of the medicine, homœopathic to the chronic disease, it not unfrequently happens that this improvement, after continuing for weeks, is followed by a reappearance of the early symptoms of the chronic disease, never so severe or violent as they were at first; it is then advisable—and the closely-observing HAHNEMANN so directs us—to wait a reasonable length of time, say, at least, one week, and not rashly administer a second dose, till it becomes apparent that no further improvement can be expected from the first dose, that the second, late, aggravation continues and increases, and not till then should the carefully-observing healer administer this second dose; the consequences of this rash interference are so grave, that, in many cases, a cure may either be much retarded, or become even hazardous; the aggravations following such a mistake may necessitate the administration of antidotes, and change the whole condition for the worse. Carefully-made provings with highly potentized drugs show the same results. A single dose, or a few doses in quick repetition, have been administered; in the course of time, generally in three days, hardly ever at an earlier time, the medicine begins to develop its effects, which often last for weeks, ending generally, as does a natural disease, in a so-called crisis, the latest symptoms almost always appearing on the surface of the body; but the proving does not end there at all. After a long time, sometimes weeks, the same

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symptoms first observed by the prover from the effect of that remedy, reappear again less violently, last a shorter time, and are really a mild repetition of the first proving. If in this instance the prover hastily concludes on the second day that the remedy taken will have no effect on him, and then takes another dose of the same remedy, or, still worse, another remedy, he violently interferes with the already, to him, unconscious sick-making effect of the remedy; in like manner, if he surmises that with the cessation of the first group of symptoms the sick-making power of the remedy has exhausted itself, and he at once ventures on the proving of another remedy, he will not only not receive satisfactory results, but suffer unnecessarily from the combined effects of the sick-making power of two remedies. When we have gained this knowledge by actual experiment; when we have asked nature these questions, and profit by the answer, we will better understand why we should be extremely cautious *before we give a second dose for the cure of the sick.*

The non-observance of HAHNEMANN'S three precautionary rules, to which this paper is only supplementary, has had its natural and evil results. The hastiness in administering a second dose before the first dose has had sufficient time to develop and exhaust its effects has caused many failures; cases have not been cured promptly, or not at all, on account of this hastiness; and these failures were generally attributed to an imaginary shortcoming of Homœopathy as a healing-art, or to the inefficacy of highly-potentized drugs, or even to the inapplicability of the law of the similars. In all and every case of sickness, auxiliary and supplementary means and principles have been demanded. Palliative treatment, such as has been the baneful practice of the common school of medicine, has been demanded and defended, on the ground that Homœopathic medicines, administered without regard to these precautionary rules, have failed. The whole truth is, that all and every *departure* from simple, pure Homœopathy, can be readily traced to the non-observance of the rules plainly laid down for the successful practice of this only healing-art. A persistent demand is made that "the individual judgment" of the scientifically freedom-seeking physician must not be interfered with; that to be constrained by any

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rules is next to bigotry, etc.; to all of which we say, that the departure-seeking spirits should honestly make the experiment, accept these precautionary rules, apply them practically, and if they then continue to fail to cure the sick, as they do now, just publish honestly their cases; if such failures continue, draw the only sensible deduction from their failures, that it is their own fault, and try to do better. First, read HAHNEMANN'S *Organon of the Healing-Art*, then study the *Materia Medica Pura*, never touch "Pharmacodymics" or crude drugs, and then publish the results of their practical experiments in an honest Homœopathic journal. *There will be no more failures; there will be no longer a necessity to resort to any auxiliary and supplementary means, such as are the ordinary health and life-destroying palliatives.*

HAHNEMANN AND HIS "SENILITY."

OUR readers will recollect that some months ago, Dr. Richard Hughes, the Lecturer on Materia Medica at the London School of "Homœopathy," asserted that HAHNEMANN'S latest teachings were those of his "senility." When confronted in our pages with the evidence of Dr. Malan, one of HAHNEMANN'S pupils and friends, Dr. Hughes replied (*Monthly Homœopathic Review*, 1878, p. 510) that "by 'senility' I had no thought of intending 'imbecility,' and that I used the word as denoting that rigidity of mind in old age which makes it inapt for new conceptions, and renders its modifications of previous doctrines and practices of comparatively little worth." Most of our readers will mentally exclaim—

> "Strange that such difference there should be
> Twixt* Tweedledum and Tweedledee,"

and will conclude, with Mrs. Malaprop, that the above lucid explanation involves an "extinction without a deference." As we feel sure that the writer of a *Manual of Therapeutics* "accord-

* The precise difference was scientifically demonstrated to "Alice," and recorded by her biographer, Carroll Lewis. No doubt the learned discoverer of "Through the Looking-Glass Pathology" (see "THE ORGANON," vol. i., p. 322) will be happy to furnish Dr. Hughes with all needful particulars.

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