THE

HAHNEMANNIAN MONTHLY.

Vol. II. PHILADELPHIA, JULY, 1867. No. 12.

THE VALUE OF OBJECTIVE SYMPTOMS.

Read before the Philadelphia Homœopatnic Medical Society.

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Living as we do in an age of contentions and strife, in an age in which progress, the order of the day, meets with an actively engaged opposition to retard it, in an age in which compromises are supposed to accomplish what a strict adherence to principles seems difficult to procure, we can not wonder that professed friends of Homœopathy should again appeal to old prejudices and clamor for the most superior value of Objective Symptoms, and that they solemnly declare, under a poorly disguised claim to superior knowledge, that the progress and final salvation of our school depends on them. We find them imitating Dr. H. Hughes (one of the editors of that pseudo-Homœopathic journal, "The Monthly Homœopathic Review,") who in debate said* after he had cited inaccurately a cure of pneumonia by Podophyllum, in which cure the physician in the choice of the remedy had not

* Vide Annals of the British Homœopathic Society, No. XXVI., (March, 1867,) p. 145.

been guided by the Objective Symptoms, but solely by such as were characteristics, both of the patient and the remedy, (Podophyllum,) "*If this was Homœopathy, he could only echo Hufeland's prediction that it would be the grave of science.*" To this learned remark a plain rejoinder might be put in, which is this, "*It would be far better that science were consigned to the grave before it sends the patient to that place.*" If Homœopathy was accepted as taught by Hahnemann and as practised by "Podophyllum Bell," and cured the patient, the object of medicine was truly accomplished, and Homœopathic science was saved from perdition.

The continuous and strenuous opposition to pure Homœopathy, appealing to old prejudices and ever anxious to compromise with Allopathy, is constantly changing its base; at one time they attack the theory of potentization, at another the single remedy; and either attack failing to gain the desired end, and coming as they do out of the conflict much the worse and badly beaten, they return to the contest in a new dress, and, claiming superior knowledge, affirm dictatorially the superior importance of the Objective Symptoms, both for ascertaining the state of the patient (the disease) and for the determination of the curative action of the medicines.

Objective Symptoms form a part and portion of the patient's condition; they belong to him, they must be noted and receive all the consideration to which they are entitled. Objective Symptoms, or what is often understood by them, a changed pathological condition of the organs or structures, are not always present in all cases; and it may be as well to remark at this time that the most careful physician will so manage his cases as to prevent this pathological condition. If *Skoda*, as quoted at our March meeting,* "*forms his diagnosis by the Objective Symptoms alone,*" he may be all right in his own way, but we are not obliged to accept his mode of forming a "diagnosis." And allow me to repeat once more what has been so often said, that in this particular we differ from

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* Vide Hahnemannian Monthly, Vol. II., p. 474.

Skoda and the whole Allopathic school, that we treat *patients*, and that our aim is to obtain a full, correct picture of the abnormal condition of the *patient;* that this is our diagnosis; while Skoda & Co. must form a diagnosis by the Objective Symptoms alone and be guided by this diagnosis, by a mere name of a disease, in their treatment. The results of these opposite modes of treatment are the only criteria of the correctness of the one or the other mode of practice, and our appeal is to the experiment.

The followers of Hahnemann all agree that the totality of symptoms, including all the observable Objective Symptoms, forms the true picture of the diseased condition of the *patient;* and while applying the law of the Similars, we also find in our Materia Medica, Objective Symptoms. And this being so, let us see, first, how we came to obtain and to incorporate into our Materia Medica these Objective Symptoms; and second, let us see what is their comparative value for the cure of the sick.

The first proposition can be well illustrated by turning to our Materia Medica, both old and modern; and this historical analysis is open to everybody's inspection and criticism; and with your permission I will take up, for this purpose, Platina and Apis mel. In Hahnemann's Chronic Diseases we find, under the uterine symptoms of Platina, the provings Dr. Gross made on his wife,—furnishing the subjective symptoms; and all the other uterine symptoms appear to be the results of clinical observations, and were incorporated into the Materia Medica by Hahnemann himself. We find Symptom 286, "Painful bearing (pressing) down as if the menses would appear, at times with pressure to go to stool, drawing through the groins over the hips towards the small of the back, where the pain continues for a longer time;" and Symptom 287, "Painful sensitiveness and continuous pressure on the mons veneris and in the genitals, with internal, almost continuous, chilliness and external coldness, (except on the face.) Symptom 289: The painful pressure, as if the menses would appear, disappears when lying down in bed in the evening, but returns

as soon as she rises in the morning." Hahnemann now adds, evidently a clinical observation, and incorporates an objective fact in the Symptom 288, "Spasms and stitches in the indurated uterus." The subjective symptoms 286, 287 and 289, observed by Gross, no doubt induced Hahnemann to give Platina in uterine diseases, and he was now enabled to add an objective symptom, "indurated uterus;" but he takes good care not to give it alone, as then it might be misconstrued into an assertion that Platina would cure all cases of indurated uterus; he couples it with the subjective symptoms, spasms and stitches in the indurated uterus, and gives this clinical observation a characteristic point,—thereby enabling the physician to determine under what circumstances Platina will and must cure an indurated uterus. This analysis of Hahnemann's Platina provings establishes these two facts.

1. The subjective symptoms indicated Platina in a form of disease in which an objective symptom and a changed pathological condition predominated, which Platina had not caused on the prover.

2. The Objective Symptom, as the result of a clinical observation, was incorporated into the Materia Medica, and to it were added the guiding subjective symptoms.

In Hering's American Provings we find, under Apis mel., Symptom 685; Pain as from a sprain in the region of the left ovary, worse when walking, in the evening at six; in a few hours the same pain on the right side,* with pressing downward and sensation of lameness in the shoulder-blades; she is compelled to bend forward when she walks, on account of a constrictive, painful sensation in the abdomen; the following morning some sensation remains on the left side. Symptom 686. A fine cutting pain from the left side of the abdomen, (from the left ovarian region, extending over to the

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* Will the British Journal please take a note of this, like other similar trifling occurrences, and compare the clinical observations of "Observers?" Apis cures in the reverse direction in which the symptoms came.

right side when stretching herself in bed;) it was first quite mild but became more violent every time she stretched herself, which she did five times, then it ceased, (evening of the 7th day.) Symptom 687; Drawing in the region of the right ovaries, (the 20th day.) These three symptoms are the observations of one lady, and from the 30th potency. Symptoms 689 and 690 are clinical observations, and begin to give indications for the use of Apis. S. 689; The numbness and dullness in the right side of the abdomen (extending from the ovary) towards the hip spreads now to the ribs and downward over the right thigh; better when lying on it. 690; Great aggravation of the pain and sensitiveness in the ovarian region in a case of considerable induration, and in another case, where it was only beginning.

And now come the clinical results also incorporated into the Materia Medica. Symptoms 692; Sharp, cutting, stinging pain in the swollen ovary, with scanty urine and retarded stool; 693. Inflammation of the ovaries; 694. Dropsy of the ovaries; 695. Hypertrophy of the ovaries; 696. Hypertrophy and induration of the ovaries, principally on the right side, with pain when stooping and when beginning to walk. This analysis of Hering's Apis proving establishes also some facts.

1. The subjective symptoms indicated Apis in a form of disease in which an Objective Symptom and a changed pathological condition predominated, which Apis had not caused on the prover.

2. The Objective Symptom, as the result of a clinical observation, was incorporated into the Materia Medica, and to it were added from the same source some guiding subjective symptoms.

Our Materia Medica received, as we have illustrated, the objective symptoms by means of the subjective symptoms both in the metal proved in Europe and in the animal poison proved more than thirty years later in America. And having shown how we came to incorporate objective symptoms into our Materia Medica, we will further see of what comparative value they are for the cure of the sick.

We are taught by Hahnemann, in his Organon, that we must note *all* the symptoms of the patient in order to obtain a full and correct picture of the case to be treated, and then select the similar remedy. All the symptoms comprise all the objective and subjective symptoms; and we have no right to set either aside, if we first can obtain them, and if the simile is known to us. As the subjective symptoms of the provers have led us to prescribe remedies of which the objective symptoms also present in the patient had never been observed by the provers, and while we thereby were enabled to cure such objective symptoms, we may with safety and confidence continue to follow these precedents. The objective symptoms, as in the above illustrations, may call our attention to Platina in an indurated uterus, and to Apis in Inflammation, Hypertrophy, Induration, or Dropsy of the Ovaries; but we would meet with disappointment and certain failure in a large number of cases were these objective symptoms alone to guide us. Our attention is called to them, and if the other characteristic, often seemingly unimportant, symptoms of the patient also correspond with those of the remedy, we will not be disappointed, and success must follow. One symptom alone, let it be objective or subjective, should never determine the choice of the remedy; this one symptom only calls our attention to one or more remedies, and the other symptoms and conditions also present in the case must be well considered and the simile must be found.

The tendency of the present day is to go back to the objective symptoms, to set aside the subjective symptoms, and reduce our Materia Medica to a pathological picture-book. Our English friends object most earnestly against the incorporation of objective symptoms, the results of clinical observations, into our Materia Medica, and we are here admonished to carry our provings to a point at which objective, pathological, structural changes are accomplished. The illustrations above given show both parties to be in error, and that that error has its origin in a neglect to study analytically our Materia Medica. The objective symptoms obtained by involun-

tary provings (poisonings or Allopathic treatment) have little if any value for practical purposes. And the attempt to prove medicines, till pathologically changed conditions of the organs and tissues are obtained, will prove a failure for ever. Even if a possibility existed that such changes could be produced, it would still be an almost impossible task to obtain them. We return to the illustration of Platina. Would we find women willing to take that metal till the uterus became indurated, and would they be willing to be examined per speculum from time to time till such changes became apparent? Thank God for a predominant modesty of the tender sex, and I for one would beg to be excused from selecting such a strong-minded woman who would submit to these examinations for a prover; I should have very little confidence in her veracity, and must confess that my own sense of propriety, if not my modesty, would be a bar to such proceedings.

In the illustration of Apis we would meet with other difficulties, and suppose for argument's sake that the objective symptoms enumerated under Apis could be produced on the prover, it would not be possible to ascertain the pathological structural changes with any certainty; and we all know full well what fatal mistakes are made daily by the best Pathologists, and how often they find their diagnosis false when they attempt the various operations for supposed diseases of the ovary. Accepting then the objective symptoms as part of our Materia Medica, we accept with them all that is true and useful in Pathology. We make Pathology subservient to Homœopathy, but not *vice versa*. Allow me to give a passing illustration. The Pathologist might learn from us, and might have done so in the debates of this Society. When discussing scarlet fever we had certain facts laid before us.

1. Whenever the urinary secretion became scanty in the beginning of the disease, serious symptoms were to be guarded against.

2. The amelioration of very grave cases of scarlet fever

manifested itself first under the action of Arum tri., by an increased secretion of pale urine.

The Pathologists dwell on the albuminous urine during the progressive stages of the disease, but I for one have not yet found a single remark from our very learned friends as to the necessity of carefully watching the urinary secretions at the very outset of scarlet fever, and I know they neglect this persistently. And what good could it do the Pathologist or the patient, if he is not a Homœopath. Pathology would demand diuretics, and surely they would not mend the case.

Again, pathological anatomy cannot give any satisfactory solution of the effects of medicine. It is proposed to ascertain by means of the chemical analysis the process of the changed organic life and with it its changed condition, which the medicine has produced; it is proposed to draw these conclusions from the changes which the medicine has made in the expectoration, urine, fauces, perspiration and exhaled air, all of which is an impossibility. To give and prove medicines according to such theories is more than risky, as the chemical action constitutes the opposite of organic life. I will further show how it is practically impossible to carry out this mode of investigation. Suppose we possess the chemical analysis of all the secretions caused by a remedy, and wish *ourselves* to apply them under the Homœopathic law of the similars. We must accordingly analyze with great accuracy and very frequently all and every secretion of the patient. The analysis must be very accurate, for a few atoms of oxygen, hydrogen, carbon, nitrogen or chlorine may change the most innoxious substance into the most noxious. If such a course were to be pursued consistently and conscientiously, one physician could not well attend more than one patient a day. It is, however, evident that a physiological action does not necessarily depend on a chemical action, and *vice versa;* on the other side it is true that the chemical and physical processes are subservient to the organic life. Further, many animal and vegetable substances, as Opium, Moschus, Castoreum, are so changed in the organism that they have as yet not been

found in the blood or structures. Still they cure. Some of the salts, Tannin, and many acids, possess the chemical property of coagulating albuminous formations in the intestines or in the blood,—they all have the same chemical effect, and yet how great the difference in their organic relations and in their effects on the organism.

An effort has been made here to illustrate the utility of Pathology to the Homœopathic profession. The illustration has been twice offered. It is said that some years ago a case was received into the Pennsylvania Hospital. The man spoke only the Swedish language; no thorough examination was made, and on the next night he died in the water-closet, evidently of "congestive fever." It is further claimed that a careful application of Pathology, of objective symptoms, selecting the similimum, might save life in such a case.

Admitting, for argument's sake, that the objective symptoms of a living mute would reveal the existence of "congestive fever," what would be the simile, let alone the similimum, in such a case? Chininum sulphuric, or Gelseminum, or Baptisia, or Belladonna, or Aconitum? One of them? Or in alternation? Or in a mixture? Had a Homœopathist been present and known nothing else but that the patient had "congestive fever," he would have been at a loss what to do, but he would very likely have discovered more symptoms, objective and subjective, at least as late as when the mute rose and walked to the water closet; he must have had an object in going there, and the revelation of more symptoms might have been made at that place. What did he do there? What did he deposit? and how did he do it, with or without pain? in what position? what was the character of the deposit? The secretions might have been tested with litmus and turmeric paper. Even the microscope might have revealed anomalies, and life might have been saved, but only by making Pathology subservient to Homœopathy.

To reject all objective symptoms or to neglect Pathology, would surely stamp a man as a fanatic and ignoramus in these days, and it would have been just as absurd to reject chem-

istry in the middle ages, because the students of that science followed it in order to "make gold" and become alchemists. Absurd as was the end they sought to accomplish, their experiments furthered the science of chemistry. And so it is in our days with Pathologists; they fondly hope to find a unity of diseases, and specific remedies for them; and while we keep clear of their illusions, we profit by the occasional advancements of the medical sciences which result from their researches,—thereby making Pathology and all other collateral branches of medical science subservient to Homœopathy.

But notwithstanding the invectives here uttered on a former occasion, and invectives are no arguments, I *do* contend that "*there is no possibility of reconciling Pathology with the truths that Hahnemann taught.*" We accept Pathology for what it is worth; and making it subservient to Homœopathy is far from forming a union with it, or bringing the contending parties to a state of friendship. If the unity of disease were admitted, then Pathology would lay in its valid claims for an equal share of consideration with Homœopathy. But the unity of disease is not admitted; and the different stages of it, and the peculiarities of individuals, bring us back to the truths taught by Hahnemann and not accepted by Pathology. What does it signify to a Homœopathician if the objective symptom (the eruption) shows him that he has a case of scarlet fever before him? How can Pathology, the scarlet fever, be "*reconciled*" into Homœopathy, except by prescribing for the scarlet fever a remedy which causes a like eruption on the well, and setting aside all the other insignificant, small, individual, trifling, subjective symptoms. Such a practice of Homœopathy would be like the play of Hamlet with Hamlet left out.

We can further illustrate the true position of Homœopathy and Pathology. And the unity of disease not yet having been admitted, we might suppose that the greatest unity of diseased conditions might be caused by large doses of a medicine, and that one and the same antidote would serve in all cases to remove the ill results of the strong-acting remedy;

and that at least on such an occasion Pathology and Homœopathy might be reconciled. Far from it. Let us take up *Veratrum album*, a well-known vegetable remedy, known to the ancients. The White Hellebore was a famous remedy of Hippocrates; and, under his crude practice, evil results often followed its administration. As an antidote, Hippocrates gave "*Cisamoides*," also a vegetable, and Dierbach (in his remedies of Hippocrates, p. 115) thinks, according to Theophrast, this remedy to be the seeds of the White Hellebore, and it was also given for quartan fever and vomiting. But, says Hippocrates, in Section V., it is fatal if convulsions appear after the administration of the White Hellebore—"*Convulsio ab elleboro lethale.*" The crude generalizer was satisfied to possess *one* antidote, and never thought of diminishing the dose, and thereby preventing fatal results by the convulsions, or even the necessity of an antidote. How differently does Homœopathy treat such cases; and if the great susceptibility of a person to the effects of Veratrum alb. indictates the use of an antidote, that antidote cannot be the same in all and every case. Hahnemann says, in his Mat. Med. Pura, 2d edit., page 329: "Sudden bad results of Veratrum are most surely relieved by a couple of cups of strong Coffee. But if there are principally present pressing headache, with coldness of the body and stupor, with unconsciousness, then Camphor is the antidote. If there is present an anxious despair, with coldness of the body, or if accompanied even by a burning sensation in the brain, then Aconite is of service. The other remaining and long-lasting effects of Veratrum, for instance, the daily fever, recurring before midnight, is removed best by China off., in small doses." And since there is no unity of action of one medicine, and the diversity of its action on different individuals, under different circumstances, requires different antidotes for those various conditions; and as there is no unity of diseases, and as different individuals, under different circumstances, require different remedies, we shall ever be compelled to individualize, if we wish to be consistent and successful; and no garb of

apparent learning will ever pave the way to an inconsistent generalizing practice under the assumed named of Homœopathy. And for these reasons, therefore, there can be no possibility of reconciling Pathology with the truths that Hahnemann taught.

The further development of our Materia Medica lies in the opposite direction. The proving of drugs in massive doses, frequently repeated, till objective symptoms are developed, as has been proposed, is objectionable for various reasons:

1. The objective symptoms alone give us no indications for the administration of the remedy.

2. Massive doses, frequently repeated, should they cause objective symptoms, would cause with them an incurable disease.

3. The experiment has shown that massive doses, frequently repeated, (as Thuja proved in Vienna,) have revealed but few useful symptoms, and caused life-long sufferings.

The Vienna provings of Natr. mur. show clearly that the potencies have furnished us with the most valuable symptoms. And in this direction alone can we look for an advancement of our Materia Medica. Even the provings with the higher and highest potencies have developed such wonderful new symptoms, found reliable as guides for the cure of the sick, that it is much more advisable to prove them carefully than to go back to massive, destructive doses. And as the symptoms produced by the higher and highest potencies are all, with rare exceptions, subjective symptoms, and as they give us a better knowledge of drug-action; so do subjective symptoms, observed on the sick, give us a greater and better knowledge of his diseased condition, and facilitate the cure of the sick.

Our aim is to cure the sick, and if the Pathologists desire a reconciliation they must accept Hahnemann's teachings. Guided in their diagnosis by objective symptoms alone, they fail to cure; guided by the teachings of Hahnemann, we do not fail to cure. And as opposites cannot be conciliated, so can there be no reconciliation between the followers of Skoda and those of Hahnemann. Their ways lead the patients in different directions: Skoda's go where he wants them, to the dissecting table, that Science may live; Hahnemann's live, and return to health and usefulness. And there can be no other inference drawn from the imperative command to conciliate the two, but that we also should send our share of patients to the dissecting table; and against any such reconciliation I, for one, hereby respectfully protest.