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WHAT SHALL BE OUR ATTITUDE  
TOWARD HOMŒOPATHY?

BY  
DR. AUGUST BIER

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Translated From the German  
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HOMŒOPATHY?

By

Dr. August Bier  
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PREFACE BY THE TRANSLATOR.

The rendition of this article into the English language offered some difficulties peculiar to the subject matter as well as the language in which it was originally written. The document is considered to be of such salutary importance, that it was deemed advisable to reproduce a text as nearly verbatim as possible; hence a most generous sacrifice of style was made in order to assure true representation of the author's words. The frequent temptation to free translation and apportionment of the long German sentence has been disregarded as far as compatible.

I warn against fragmentary reading; one reason being that at times the author appears undecided on some fundamental principle, but subsequent paragraphs prove this to amount to a maneuver for the purpose of objective fairness to his readers. In a general way he takes nothing for granted and likewise does not want to withhold from the reader any apparent doubts, which subsequently he proceeds to successfully disperse.

August Bier, of Berlin, needs no introduction. Aside from his surgical fame he is widely known as an investigator by his writings on biological subjects, inflammation, hyperemia, nutrition, etc. He is of the type that can always borrow time from his busy professional life to follow up some problem of interest. For the past quarter of a century he applied himself in his leisure time to the investigation and study of the law of similars, to which his attention had been drawn by his work on irritants. The intimate thoroughness, the neat and orderly procession of thought, sober reserve alternating with genuine enthusiasm, which characterize his style, make for good reading.

To those who are not familiar with the law of similars it would be difficult to recommend a clearer and more simple introduction into this branch of medicine than this work of Bier. Bearing on the thought which he implies in this paper, the fact will reveal itself to the earnest reader in many instances, that homœopathy is practiced incognito by many in different forms of application of the principle. To enter into the argumentative discussion of this point would be to anticipate some of the author's thoughts.

It should be remembered that Bier's convictions are based upon personal investigation and verification. Right there is a point affording opportunity for meeting a criticism so often made against the homœopathic school, *viz.*, that it teaches a theory propounded more than a hundred years ago, which has not been altered nor improved throughout the march of progress in medicine. One may rediscover for himself, as Bier did, the truth of a biologic law, but aside from some refinement in interpretation and application, nothing can be added nor detracted. Jenner introduced the practical application of his vaccination theory in 1776 and to all purposes modern vaccine therapy remains pure and unaltered Jenner-law, an integral part of medicine and prophylaxis.

No more can be claimed for the law of similars than that it is a branch of therapeutics; its limitations are defined like those of

other forms of therapy, its field of action is as wide as and wider than that of most other therapeutic specialties, yet it remains but a cog in the great wheel of modern medical science. The homœopathic physician, schooled in all branches of medicine as they are taught today, is fully cognizant of both the limitations and the advantages of this special equipment in his professional endeavor. His *homœopathic sectarianism* amounts proportionately to the same as his *serological, physio-therapeutic* or *surgical sectarianism*: Yet he cherishes the Hahnemannian heritage sufficiently, to uphold the standards of homœopathy as a school, until general medicine is ready and willing to receive this therapeutic principle as part of its educational program.

Bier has made an impartial, logical appeal for conciliation and understanding within the medical fraternity on this question. His points are well taken, and many of his criticisms must be heeded by the homœopaths themselves, if union there shall be.

I venture to elaborate on one point, which should find free discussion, and which may help to pave the way toward an understanding, a point on which I have touched before: How much justification is there in calling the homœopathic physician a sectarian? It has appeared to me from personal contact and the press, that in the majority of instances the broad-minded, scientific wing of the so-called "old school" does not antagonize nor object to homœopathy on any grounds, except that of "sectarianism." We should not blame them, provided the appellation is justifiable, for the stand taken by the sectarian amounts to an "*exclusive point of teaching,*" as intimated by Bier's quotation of Virchow. As a matter of fact, the homœopath of today wears no badge other than that of *Medicinae Doctoris*, approved by state charter and entitling him to practice medicine and surgery upon successful examination by the licensing board. He enters the field of various specialties exactly as does his colleague of the other denomination. Abroad he is a graduate of a university school of medicine who has acquired an interest in and has studied homœopathy. In our land he may be called a congenital homœopath, having in most instances graduated from a college, which teaches homœopathy. Abroad it is a post-graduate, here largely a pre-graduate subject.

Justly speaking, therefore, the homœopath is a therapeutic specialist. The next question arises immediately: If this method of healing is but a branch of therapeutics, why do these colleges

bear a sectarian name? The answer is obvious from what has been said above. The homœopathic name has been emphasized one way or another in the title of these schools to indicate the fact that homœopathy is taught, in contradistinction to the other colleges, where it has not yet entered the curriculum. The homœopathic college is *no more sectarian* than any college teaching for instance electro-therapy. The difference is just this, that all colleges teach electro-therapy, hence there is no need for advertising the fact, while at present it remains necessary to emphasize by name the fact that homœopathy is taught.

The homœopath keenly desires that this valuable therapeutic principle be transmitted in perpetuity. As soon as medical schools in general establish a chair of homœopathic therapeutics as an obligatory branch, the name of homœopathic college will have become obsolete. The homœopathic profession is looking forward to the day when this fusion will take place, when all colleges will teach the law of similars and homœopathic organizations will be but bureaux of a great unified body.

There are some twelve thousand homœopathic physicians in America. They are successful in their respective fields, have contributed their proportionate share of original work to general medicine, they have fought the battle of legitimate medicine vs. cults before the legislature, they are members of state licensing boards and they have been honored by city, state and national office. There is no sense of apology with which they approach the solution of this problem, only one of fair play.

For the good of science, for the cause of humanity, for the successful abolition of cult and quackery, the medical profession should be liberal enough to provide room for any special branch which has stood the test of time and earned approval by clinical demonstration.

There must be no judgment without investigation and trial. The homœopath can well afford to stand trial; he resents prejudice without the knowledge of facts.

## WHAT SHALL BE OUR ATTITUDE TOWARD HOMŒOPATHY?

By

Dr. August Bier

Priv. Counsel, Professor at Berlin.

My biological researches started in my early medical career and continued to the present day, studies, which fundamentally are all correlated, have in many ways opened an approach to homœopathy. They were started, however, and their main basic principles laid down long before I had given the slightest thought to homœopathy, *i. e.*, at a time when I shared with the "Old School" the opinion that homœopathy was an unscientific humbug, unfit to occupy the attention of a regular physician. At the beginning of this century I met in Greifswald the pharmacologist *Hugo Schulz*, rightfully looked upon as the scientific pillar of the teachings of *Hahnemann* by the great bulk of the homœopathic physicians. This singular man, of whom I had never heard heretofore, impressed me markedly, as a thinker and scientist as well as by his personality. He taught me to respect and acknowledge certain homœopathic views and above all to appreciate the great importance of the *Arndt-Schulz* law, which has since been a rich and reliable source of help to me in my work. My real initiation into homœopathy, however, did not take place until 1920, when I began to study at its fountain head, when I learned to separate the wheat from the chaff and was rewarded by a harvest of wheat great enough to compensate me for my considerable labors. It became clear to me that, had I started these studies thirty years sooner, I should have been spared a great many errors and detours.

The keystone of homœopathy is the law of similars (*Similia similibus curantur*<sup>1</sup>). *Hahnemann* by no means confined it to medicinal agents, for he included in homœopathic therapeutics such means as pox vaccination, the treatment of recent frost-bite by cold, of recent burns by heat.

Formerly inflammation was treated mainly by the *Galenic* method of *contraria contrariis*, *i. e.*, by combating the hyperemia, the heat, the swelling. I, on the contrary, sought by physical means to

<sup>1</sup>I will refrain here from entering into the philologic controversy over the propriety of saying *curantur* or *curentur*.

intensify the inflammation, since to my mind it was an expression of self-defense of the body: *Similia similibus*.

*Hahnemann* fought bitterly against the treatment of inflammation by *Derivantia and Revulsiva*; he shared the prevailing idea that they were designed to subdue the inflammation, that therefore they were allopathic measures. Had he in his time known my interpretation of these means of treatment as intensifiers of inflammation, he might have regarded them as valuable corroboration of the law of similars.

Finally in 1900 I followed this law—though unwittingly—when I confounded the prevailing theory of animal-blood transfusion, by pointing out that the essential factor was not substitution of blood and body units, but the *disintegration* (albumo-lysis), which stimulates the body toward reaction and defense, commonly designated as inflammation and fever. Subsequent experience showed that irritants of widely different composition, whether albuminous or non-albuminous, produced the same result (*e. g.*, Yatren, Sulphur).

First I want to deal with these irritants; I want to point out, that, even outside of the confines of the law of similars, their effect and method of application absolutely recalls or corresponds to homœopathic tenets.

*Hahnemann* did not select his means so much according to definite disease complexes, as according to symptom-similarity, and treated the totality of symptoms. We do the very same in the irritation therapy. Every chronic inflammation is treated in the same way, be it traumatic, rheumatic, gouty, gonorrhœal, tuberculous or of any other origin. The symptoms of the inflammatory process are essentially always identical, differing only in degree, not in kind, and they are treated by identical or by similar agencies. Here again we adhere to homœopathy in that we expect the greatest and most beneficial result from such irritants in the chronic diseases, while the acute<sup>2</sup> conditions, in which we use them, higher dilutions are given.

*Hahnemann* showed very clearly, that much smaller doses of a drug are needed to bring about a reaction in the diseased body

<sup>2</sup>I pointed out before that more than twenty years ago I thought I established the fact that the only highly acute disease capable of responding favorably to the injection of irritants was gonorrhœal infection. I believe that in a general way this holds true to this day.

than in the well, and furthermore, that in the former—especially the chronically diseased—the affected part of the body reacts much more intensely than the remaining portion. Since I have repeatedly emphasized this fact, it has been fairly universally accepted in the treatment by irritants. Likewise, it was shown by my assistant, *A. Zimmer*,<sup>3</sup> that it requires 250,000 times as much formic acid to produce symptoms in the healthy as it does in the gouty. This intensified irritability of the disease-threshold we call threshold-reaction.

What else is general and local reaction than *Hahnemann's* primary action, what else the improvement induced thereby than *Hahnemann's* secondary action?

For a long time it was *Hahnemann's* principle never to give a second dose until the effects of the first had disappeared. In the same manner we teach in treatment by irritants that the reaction must have disappeared before the therapeutic agent may again be applied.

*Hahnemann* condemns large doses of medicine, since they readily produce aggravations. The doses should be so small, that the primary action (the aggravation of symptoms)—or, as we now called it: the reaction—is minimum or absent. It took us many years in our work with irritants to appreciate that fact. We learned to be cautious, after several cases of chronic and subacute arthritis suffered a terrific aggravation due to large doses given in other quarters, which in short time made hopeless cripples out of previously fairly ambulatory patients. While we used, according to my judgment, fairly small doses, we still shared the prevailing opinion that it was essential for our therapeutic measures to produce at least considerable local (threshold reaction) or even general reactions. After considerable experience with a very large series of cases *A. Zimmer* pointed out definitely that our doses had still been very much too large; more and more he adopted a method, which approached *Hahnemann's* laws very closely,<sup>4</sup> to say the least.

*Hahnemann* warns against the giving of even smaller doses too often or for too long a period; such procedure is just as injurious as too large a single dose. We noted the same when injecting

<sup>3</sup> Bier: *Der Reizversug*. M. M. W., 1922, No. 31.

<sup>4</sup> *A. Zimmer* will shortly report on the more exact dosage.

irritants; it may lead to the severest destruction, designated by *Schittenhelm* as body-protein-cachexia. No doubt the irritant-therapy, as advocated by us, is a form of homœopathy in the original sense of *Hahnemann*. It is interesting to note that it was not homœopathy which led to our theory about irritants, but reversely the irritants led us on to homœopathy. Hence, no one can accuse us of prejudice.

Quite naturally the question arises: Were these so strikingly coincident theories of *Hahnemann* a mere matter of intuition? Are they just accidentally applicable to the methods under consideration, which, according to consensus of opinion, have nothing to do with internal medication, which latter of course represents the essence of homœopathy? Or is there a relationship between the latter and the injection of irritants, which *Hahnemann's* far-seeing mind and superior powers of observation recognized, while it remained obscure to less talented scrutiny? I believe that *A. Zimmer* has pointed to the proper way of interpretation. He showed<sup>6</sup> that a series of irritants (at first he used Yatren and Methylene blue, later on many others), administered internally produced the same phenomena (threshold—as well as general reaction, leukocytic variations, etc.), as were observed after peripheral administration. As a matter of fact homœopathic drugs are considered as irritants, especially according to the interpretation of *Hugo Schulz*. Even *Hahnemann*<sup>6</sup> vaguely sensed this, although it was much more clearly interpreted by his contemporary *Hufeland*, whose position was not unfriendly toward homœopathy. I quote his own words:<sup>7</sup> "Even *Hahnemann's* homœopathy, although apparently ignoring the healing power of nature, in fact has contributed to the support of *Physiatrics*, for its entire principle and mode of action rests on the stimulation of the vital powers toward the modification of an abnormal state into a normal

<sup>6</sup> (a) *Zimmer: Threshold Irritant Therapy*, M. M. W., 1921, No. 18; (b) *Prinz: Oral Irritant Therapy*, M. M. W., 1921, No. 38.

<sup>6</sup> This is particularly evident in the introduction to the second volume of *Materia Medica Pura* (*Genius of Homœotherapy*). There *Hahnemann* points out that organic nature behaves very differently from inorganic. The latter remains passive toward effects from without, while the human body exerts itself along the direction of "projecting an opposite against such effects." That again illustrates the theory of irritant and reaction; the body behaves in an active manner, "our living organism reacts with living anti-organism."

<sup>7</sup> *Hufeland: Physiatrics, Journal of Practical Therapeutics*, Vol. 76, 1833, 1. Part, p. 24.

one, through the administration of specific agents, *i. e.*, such agents as have a peculiar relation toward the diseased organ or the diseased organism. Is it not frequently a natural recovery, brought about by time and rigid diet? The fact is that therein lies the greatest service of homœopathy, *viz.*, to stimulate the vital powers, particularly in the diseased organ toward action and help, and to seek and employ the agents, which are most closely related to this organ and this disease.”<sup>a</sup>

Very similar assertions were made fifty years later by *H. Buchner*.<sup>b</sup> He says that means must be sought, which intensify the dynamic expression of the cell; such agents he designates as “augmentative or dynamic, while those of opposite tendencies are called depleting or adynamic.” Curiously enough *Buchner* never seemed to sense, that his entire essays, including his mode of expression, were but pure homœopathy.

Similar views were subsequently pronounced by homœopaths in accord with *Hufeland*. The first clear and unequivocal presentation came from *Hugo Schulz*, whose work will receive subsequent mention following in the wake of *Paracelsus*, *Hahnemann* and *Rademacher*, he developed their teachings. According to *Schulz*, the great bulk of remedies do not act by neutralising, dissolving, disinfecting, etc., *i. e.*, in a metabolic manner, but by irritating certain organs. The latter are thereby stimulated to an activity which promotes the healing process. Since the slightest irritation often produces great reactions, *Schulz* elucidates the action of the minimum dose; and again, since the symptoms of disease often are merely an expression of the healing reaction of the body, he explains the homœopathic cure by symptom-similarity (the law of similars). Accordingly the remedy merely augments the natural healing process. According to the *Arndt-Schulz* law small doses stimulate, while large ones inhibit; thus the same remedy may stimulate a function, when given in small dosage, but destroy it, if larger quantities are administered.

In order to help the diseased organ in its effort to combat the disease, the irritating agent (medicinal stimulus\*) must bear a certain relationship to it (the organ). Remedies have a specific

<sup>a</sup> Both *Hufeland* and *Hahnemann*, children of their time, were vitalists.

<sup>b</sup> *Buchner: The Etiologic Therapy and Prophylaxis of Pulmonary Tuberculosis*, München and Leipzig, 1883, p. 26.

\*Translator's note.

trend of action, they are organo-specific. Thus we find that sulphur, arsenic, calcium, aside from their other possible fields of action, are skin remedies; mercury has a selective affinity for the buccal mucous membrane, tartar emetic for the lungs. Other remedies, even the organo-specific, act on the entire body, when given in larger dosage. Calcium and phosphor, used remedially—contrary to common conception—are not foodstuffs (metabolic support), but irritants. The same can be said of iron as a blood builder.

We may therefore conclude that but very few diseases are cured by the direct action of a remedy; the latter only augments the natural healing reaction of the diseased organ. Thus ferric chloride does not arrest hæmorrhage by causing coagulation, but by stimulating contraction of the bleeding vessels. There are no remedies of internal sterilization; those that are reputed to kill bacteria within the body, may merely act in the aforementioned biologic manner. *Bacteria are of secondary importance in infections; a healthy individual does not become infected.\**

*Schulz* is completely in accord with *Hahnemann* in the following views: Remedies possess an individuality of action. The same remedy may act in a given case and fail in another. Their action also varies with the age of the patient. Great stress is laid on (individual)\*\* constitution, disposition, modality; the first two especially, inasmuch as individual irritability (and response)\*\* depends solely on constitution and disposition of the patient, and dosage must accordingly be graduated. Both can be ascertained by offering small doses at first. It follows that the physician must individualize to the greatest possible extent.

One remedy may render an organ susceptible to another, *e. g.*, sulphur and arsenic may sensitize to iron. I may mention that this rule held true in our method of injecting irritants, and that we likewise observed, how the slackened power of reaction to a remedy, which had become inactive through prolonged use, was reactivated by another remedy.

Remedies reach the organ for which they are intended, more easily and also act differently, when given in the *Hahnemannian* way of finely divided and attenuated dosage, than when administered in the crude state.

\*Italics by the translator.

\*\*Translator's insertion.

Briefly expressed, the sense of *Schulz's* teaching is as follows: The irritating remedies stimulate the diseased organ or the entire body toward activity; they merely augment the healing effort of nature. This is always taken into account in the *Arndt-Schulz* law. Many of *Schulz's* utterances appear self-evident to us today. We must realize that he spoke in the eighties and nineties of last century, when scientific medicine held entirely different views. Most of it and the best of it has not found the recognition it deserves; nay, to this day it is not even as popularly known as it should be.

Here I must not forget a second important research worker, who—not only in this connection—did not find the recognition in his time, which he deserved, the Hygienist *F. Hüppe*. In two splendid essays,<sup>10</sup> which make as up-to-date reading now, as they did at the time of publication, he propounds views in bacteriology, his specialty, which are very similar to *Schulz's*, and sides with the latter.

I have said that the law of similars is the keystone of homœopathy. Second in importance is the proving of drugs on the healthy human. This procedure *Hahnemann* declared to be the only means of arriving at a useful experimental pharmacology. No matter how much homœopaths have contended among themselves, nor how much time has modified the teaching of their master, in these two principles they are in harmony, and in the 129 years since *Hahnemann's* first publication no one of their school has seceded one hair's breadth from them. *Schulz* subscribes absolutely to this mandate. While he detracts nothing from the value of animal experimentation, he bespeaks the necessity of drug-proving and uses it extensively. His writings on that subject are numerous, one paper devoted entirely to it;<sup>11</sup> also in his "Studies on the Pharmacodynamics of Sulphur,"<sup>12</sup> again in his book on Cyanide of Mercury,<sup>13</sup> etc., I shall again refer to this.

<sup>10</sup> (a) On the research of etiology of disease, and its bearing on the treatment and cure of infectious diseases. B. Kl. W., 1891, Nos. 11, 12, 13.

(b) Physiologic introduction into bacteriology, Wiesbaden. By Kreidel, 1896.

<sup>11</sup> The Treatment of Diphtheria with Cyanide of Mercury, Berlin. By Springer, 1914.

<sup>12</sup> Drug proving on the healthy human. D. M. W., 1906, No. 31.

<sup>13</sup> Greifswald. By Abel, 1896.

Thus the ways of irritation-therapy approach homœopathy and likewise the theory of drug action as propounded by *Hugo Schulz*. Only in one instance there is apparently an unsurmountable difference of opinion. *Hahnemann* places the strongest emphasis on individuality and on individualizing in disease. Each patient suffers "from a nameless illness, which never before occurred in the same manner, in the same person, under the same circumstances, and which never again can recur in exactly the same manner." Therefore, "no true cure can take place without rigid personal treatment (individualization) of each case."<sup>14</sup> Likewise drugs differ in their individual action.<sup>15</sup> Still the organism must be considered as an entity; hence the physician is required to treat even local disorders by means which are directed toward the totality.<sup>16</sup> Everywhere *Hahnemann* emphasizes the specificity of drugs; for each disease a specific remedy must be found, and when several diseases occur simultaneously, the specific remedies must be applied successively.<sup>17</sup> Again there are as many specifics as there are different types in each disease. To my knowledge *Hahnemann* never explained in detail his conception of this specificity,<sup>18</sup> while on the other hand *Hugo Schulz's* organ-specificity stands out clearly from the aforesaid and needs no further elucidation. In order to forestall misunderstanding by the physician of today, we should add, that *Schulz's* organ-therapy has nothing whatever to do with what is now commonly designated as organo-therapy. The latter attempts to obviate dys- or hypo-function of an organ by supplying to the body the necessary secretory products, which are wanting. That is merely symptomatic treatment. The disease is not eradicated thereby. It recurs, as soon as the artificial supply of the substitute ceases. *Schulz* on the other hand wants to establish a genuine cure by stimulating the natural recuperative powers of the diseased organ.

<sup>14</sup> *Organon*, Pars. 87-88 (see Par. 82 of the 6th American edition—the translator). Wherever in this treatise mention is made of the *Organon*, I speak of the edition of the year 1824, which I studied. In 1921 a sixth edition of the *Organon* appeared by *Haebl* (Leipzig, by *W. Schwabe*), which I subsequently looked over.

<sup>15</sup> *Organon*, Par. 135.

<sup>16</sup> *Organon*, Par. 198 ff.

<sup>17</sup> *Organon*, Par. 180.

<sup>18</sup> The conception of specificity has been very differently explained. I draw attention to the interesting thesis of *Virchow*: "Specificist and Specifics." *Virchow Arch.*, 6 Vol., 1 H.

In contradistinction to this the nomenclature of *R. Schmidt* and *Weichardt* designates the irritant-injection therapy distinctly as "non-specific protein therapy," an appellation which has been so far universally retained. In a practical way we therefore still occupy the viewpoint, which I held in 1900,<sup>10</sup> when I was the first to consciously practice "Protein body therapy" by injecting animal blood, partly by the intravenous, partly by the subcutaneous route, with the following object in view:<sup>20</sup> I wanted to produce a certain disintegration in the body. The disintegrative material was to stimulate toward the two great primeval protective forces, the highest achievement of bodily force,<sup>21</sup> which reacts against all serious noxious invasion, namely fever and inflammation. For that reason I considered threshold reaction (local stimulation) and fever (general stimulation), the latter measured in the usual way of taking body temperature, as absolutely essential to success. I still believe that this is necessary in certain cases, *i. e.*, those in which we desire to cause a revolution in the body, so aptly called sudden transposition by the ancients, one of the many examples of the old and discarded views, to which we now return over great detours and with brand new names. The best example of such transportation cited several times by me is thermo-stasis;<sup>22</sup> another will be published soon. We also need such a sudden transposition when attempting to raise the depleted nutrition in the advanced tuberculous patient by the injection of animal blood, designed to produce a powerful nutritive stimulus, a veritable revolution.<sup>23</sup>

I cite another illustration: I have seen several patients, who were in extremis, revive completely after a chill had been pro-

<sup>10</sup> Bier: The transfusion of blood, particularly of heterogenous blood and its therapeutic value, considered from a new point of view. *M. M. W.*, 1901, No. 15.

<sup>20</sup> Note also Bier: (a) Curative inflammation and curative fever, with special reference to parenteral protein body therapy. *M. M. W.*, 1921, No. 6. (b) Irritation and Irritability. *M. M. W.*, Nos. 46-47.

<sup>21</sup> Bier: Superlative achievements by way of psychic influences and dictates of self-preservation. *M. M. W.*, 1924, Nos. 36, 37, 38.

<sup>22</sup> Bier: Curative Inflammation and Curative Fever, etc. *M. M. W.*, 1921, No. 6.

<sup>23</sup> Bier: (a) On some of the rarely mentioned or disregarded fundamentals of nutrition. *M. M. W.*, 1923, Nos. 4 and 7.

Kisch: (b) On the rise of Nutrition of the Depleted Tuberculous Patient after Intravenous Administration of Animal Blood. In *loc. cit.*, No. 7.

Zimmer and Schulz: (c) The Influence of Irritant-therapy on the State of Nutrition of the Chronic Arthritic and Myositic. In *loc. cit.*, No. 7.

voked by an intra-venous injection of physiologic saline or of neohormonal, which had been administered for some other purpose. Such favorable results are rare and noted only in selected cases.

My assistants are still in doubt, in the administration of *von Pribram's* Novoprotein treatment of chronic gastric ulcer, as to whether small doses are indicated, which cause no general disturbance in the patient, or whether the chronic ulcer requires a stronger stimulus, with the production of a distinct reaction.

*A. Zimmer's* researches at our clinic have, however, pointed out that in the great bulk of chronic diseases, where we use above all the irritation-therapy, striking reactions are as a rule undesirable; moreover, as I have mentioned before, they often cause the most violent and irreparable aggravations. We have more and more come to the conclusion, that in the great majority of cases a general reaction should best be avoided and the local reaction confined to a minimum. Here again we are following *Hahnemann's* tracks. He says:<sup>24</sup> Small doses act only "on that part of the organism which is most strongly stimulated by and under the influence of the similar (homœopathic-translat) symptoms of the disease." If we choose large doses we produce not only superfluous but often very harmful reactions, which are not needed by the extraordinarily sensitive disease-threshold.

More light can be thrown on this by my views regarding inflammation.<sup>25</sup> 1. By the use of a simple physical agent, *e. g.*, the tourniquet, I raised the hyperemia, without in any way calling on the body resources. 2. By the injection of foreign proteins, *e. g.*, animal blood, I produced or raised fever and inflammation. Of course, such injection represents a tremendously aggressive and shocking invasion of the organism, a considerable corruption, noxious to the healthy and diseased alike, much more so to the latter, as I have repeatedly pointed out. 3. Halfway between the two we can mention the production or intensification of hyperemia by heat, especially by hot air, which I introduce for that purpose. This hyperemia likewise is a reaction against noxious influences; any part of the body so treated would burn, were it not for the

<sup>24</sup> Organon, Par. 162. (See Par. 155 of the 6th Amer. Ed.—Translator.)

<sup>25</sup> I am going to make some definite statements on inflammation in one of the subsequent issues of this weekly.

protection by two factors, evaporation of sweat, and particularly the immensely increased circulation, which acts as a cooling system.<sup>28</sup> The noxious influence, however, is small, and the body can cope with it, being constantly obliged to adapt itself to the temperature changes of the outer world. I have often explained, that the second and third instances are only applicable to chronic inflammatory processes, while in the acute inflammations the body usually produces the highest degree of reaction of which it is capable, hence a degree which cannot be intensified by the injection of irritants. It is evident, however, that the second method—the injection of foreign material—*per se*, represents a marked noxious influence, wherein we merely take in as a bargain the benefit derived for the entire body as well as for the disease-threshold; it is left to chance, whether the intensifying of inflammation and fever will yield more harm or more benefit. This also explains why protein and other irritant bodies act so uniformly and apparently non-specifically, when given in large doses, for the body reacts with fever and inflammation against *every coarsely harmful influence*.

An entirely different action results from small doses. The impairment to the body is negligible, while the benefit derived for the disease-threshold is greater. The latter is by far more sensitive than the rest of the body; it does as a rule not require the large doses; we have approached more and more the homœopathic dose and obtained better results therewith, and above all, have avoided harm.

For that reason I consider *Weichardt's* teaching on the "omni-cellular" action of the irritants as dangerous in practice. Of course, I consider it a proven fact that even minimum doses have their action on the entire body, but this influence is not noticeable and is harmless. We should place this dictum in the van of all irritant-therapy. The patient and particularly his disease-threshold are extremely sensitive. Hence only minimal quantities of the irritant are required for stimulation, while on the other hand, large quantities can cause serious mischief. Exceptions, as mentioned above, do occur and should be most carefully ascertained. When, however, we come down to these small doses of irritants, the harmful general reaction is obviated as well as the non-specificity. They become specific at least for the chronically inflamed tissues, which

<sup>28</sup> Bier: *Hyperemia a curative agent*, Leipzig. By Vogel. 5th and 6th edition, 1907, p. 25.

they stimulate, while the remainder of the body remains ostensibly neutral. In still smaller doses they attain a specific selective affinity, one for this, another for that organ or disease. So much seems to obtain from observations made by *A. Zimmer* in our clinic, studies which must be followed up. The same holds true in the so-called organo-specific remedies. Large doses produce an action which is more prominent on the entire body, and less marked on the organs for which the remedies have special affinity.

Here again the relationship to *Hahnemann's* homœopathy is so clear, that I need not go into further details.

For the reasons stated I believe that nothing could be more adapted to show the sound core of homœopathy than the irritant-therapy. I had prepared a treatise, which I wanted to publish here originally. It was certainly much better and richer in content and thought than this present one. Nevertheless I completely changed and remodelled it into this one, because I was anxious to show by examples, which everyone can easily probe, that homœopathy is not the nonsense which it is branded, and that we can learn a deal from it. I have been fully conscious that in doing this I would be confronted by a barrier of prejudice and doubts, and that my efforts might prove futile, had my ammunition been purely scientific argument.

Hence I have selected several practical examples from therapeutics, the purely homœopathic gender of which no one can doubt. But since the average doctor knows practically nothing of homœopathy, or the little he thinks he knows usually has been misconceived, I would probably not be understood unless I prefaced my remarks by a few explanatory words. Everyone who ridicules homœopathy, to this day dotes on the small dose, which he brands as being less than nothing, notwithstanding the fact that this has nothing whatever to do with homœopathy nor the law of similars. In his famous first treatise on homœopathy *Hahnemann*<sup>27</sup> does not say a word about the small doses. Only gradually did he arrive at smaller and smaller doses, which finally became so minute that they earned him ridicule and scorn, so that finally many of his staunchest supporters were no longer able to follow him. Eventually *Hahnemann* went so far as to allow only the smelling

<sup>27</sup> Attempts along a new principle for the detection of the healing powers of drugs, with a retrospect on those used heretofore. *Hufeland's Journal*, 2d Vol., 3d and 4th section, 1796.

of his high potencies, a practice which, however, he soon abandoned.

He maintained that crude drugs by succussion and trituration with non-medicinal substances develop an increasingly potent therapeutic value, that they become transformed into a "medicinal influence."<sup>28</sup> This procedure produces "such a great, never dreamed of change in the release and development of the dynamic powers of drugs, prepared in such a way, which is short of amazing."<sup>29</sup>

Gold, silver, coal—essentially insoluble<sup>30</sup> and therefore non-medicinal substances—and table salt (inert in ordinary solution) are rendered into strongly active drugs by trituration and succussion. The intensification of drugs by trituration and succussion has been designated as potentizing by *Hahnemann*. He personally used centesimal potencies. To simplify matters, I will only speak of triturations: When one part of a solid substance is trituated with ninety-nine parts of milk sugar, the first centesimal potency (C.1) is obtained. One part of this with ninety-nine of sugar yields the second centesimal potency (C.2), etc. The thirtieth centesimal potency was regarded by *Hahnemann* as the most active in general. It is easily conceived to what infinitesimal amounts this leads (the third centesimal potency still has one-millionth, the thirtieth one decillionth of drug content). All allopathic treatment, excepting minor transient concessions, was rigidly shunned by *Hahnemann*.

This unyielding shunning and particularly the infinitesimal potencies were rejected by many of *Hahnemann's* disciples during his life-time. Even at that time homœopaths separated into two groups, "the pure" and "the liberal." Against the latter, whom *Hahnemann* considered the corruptors of his teachings and as dangerous, he fought an unrelenting war.<sup>31</sup> Most homœopathic physicians up to the present day have subscribed to the eighteen

<sup>28</sup> To forestall misapprehension, let me remark that in homœopathy "high" prescription means high potency, *viz.*, a very small dose, "low" prescribing on the other hand stands for low potencies, *viz.*, large doses. In allopathy, of course, this is just reversed.

<sup>29</sup> *Materia medica pura*. 6th Vol., chapter: How can small doses of such attenuated drugs, etc., still develop great power?

<sup>30</sup> *Corpora non agunt nisi soluta*.

<sup>31</sup> Haehl: Samuel Hahnemann, his life and works, Leipzig. By W. Schwabe, 1922, Vol. I, pp. 203-221, and Vol. II, pp. 273-280 and p. 431.

theses of Wolf, which were adopted in the year 1836 at the convention of the central union of homœopathic physicians at Magdeburg.<sup>32</sup> These theses were addressed against the "pure Hahnemannians," required the homœopathic physician to have the knowledge of anatomy, physiology and pathology and disapproved the high dilutions (high potencies), which *Hahnemann* recommended in his old days, declaring that they had nothing in common with the spirit of homœopathy.

A hot controversy, which then raged between the two groups of homœopaths, the high and the low potency adherents has practically vanished today; the question of high and low potency does not occupy the high rank it did in former days. The majority of homœopaths nowadays use the lower potencies; many follow the example of *Bakody*, using nothing higher than D.6; others believe that both high and low potencies may be indicated, as the case may be, and that there is an optimum for each remedy in a certain disease, which must be ascertained by experience. *Hahnemann's* contention, that acute diseases require the lower potencies, repeatedly administered, while the opposite holds true for the chronic, has been generally accepted.

*Hahnemann's* centesimal potentiation is rarely used any more; its place has been taken by the decimal potentiation, *viz.*, one gram of the drug triturated<sup>33</sup> with nine grams of the milk sugar yields the first decimal potency (D.1). In the same manner higher potencies are made. The estimation of the drug-content of the various decimal potencies is very simple. The same number of zeros, as are indicated in the potency-number, are placed behind a 1, the ensuing figure being the denominator of the fraction of 1 gm. of drug content in the trituration. Thus 1 gm. of D. 3 contains  $1/1000$ , of D. 6— $1/1,000,000$  (respectively one thousandth and one millionth) of a gramme. It is evident, therefore, that even the low potency advocates among the homœopaths largely use infinitely smaller doses than the allopaths.

<sup>32</sup> Eighteen theses for friends and foes of homœopathy by Dr. Paul Wolf (with Preface by Dr. Rummel). *Arch. f. Homœop. Therapeutics*, 16th Vol., 1st issue. Reprints by C. W. Reclam, 1836. An excerpt of the 18th thesis can be found in *Haehl*, 2d Vol., p. 306.

<sup>33</sup> For simplicity's sake, I am confining myself again to trituration. For the technique of homœopathic pharmacology, I refer the reader to W. Schwabe, *Homœopathic Mat. Med.*, 2d edition, Leipzig, 1924.

As I have mentioned before, the question of dosage is not an essential in homœopathy, yet it is of great importance, especially from the viewpoint of *Hugo Schulz*; according to the Arndt-Schulz law drug action depends primarily on dosage. Furthermore, everyone who has even a passing acquaintance with homœopathy, and who follows the more recent drug-therapeutics of the "old school" attentively, knows that there is an unnoticed tendency toward homœopathic dosage and not infrequently an unconscious practice of *Hahnemannian* homœopathy. (The homœopaths have called it homœopathia involuntaria.) Let me, therefore, start with a practical example, which shows the efficiency of the small dose, where the large one fails, and which in many directions, as I will explain in detail, is exceptionally instructive. I have chosen sulphur as such an example. Formerly this was an extensively used drug, but it lost its reputation more and more among the allopaths and is only rarely used by them. In homœopathy, however, it plays a great role. There it is one of the so-called polychrests, *i. e.*, a remedy capable of acting on the most diversified organs and diseases, and therefore used very frequently by the homœopathic physician.<sup>24</sup>

The action of sulphur on the skin is not questioned. Provings on healthy human beings as well as experiences with chronic sulphur poisoning that high doses of the drug—taken internally—cause skin abscess, eruptions and furunculosis. It follows that the law of similars is adhered to in the homœopathic sense, when we treat furunculosis, a common and stubborn disease, with small doses of sulphur, a practice recommended long ago by homœopathy. The homœopathic physician, *Dr. A. Stiegele*, of Stuttgart, advised me to use Sulphur iodat D 3 in tablet form, one tablet t. i. d. *Hugo Schulz* recommended the tinctura sulphuris, 20 drops b. i. d. Compared to allopathic dosage, this is very little, in homœopathic terms a good deal for *Stiegele's* tablets, each weighing 0.1 gm., contained 1/10 mgms. Sulphur Iodide

<sup>24</sup>The Homœopath, *Hughes* (a manual of pharmaco-dynamics, London, 1899, by Leath & Ross, p. 837) speaks of sulphur as "a medicine which, if not the most important, is perhaps the most frequently used of all we have." Homœopathy credits sulphur with an additional provocative action, which changes the constitution, especially in chronic diseases. (According to Hahnemann it is an "antipsoric".) Sulphur should be given in chronic diseases to render subsequent other drugs effective. I have had several experiences which seem to confirm this.

each, while 1 cc. of the tincture of sulphur represents  $3\frac{1}{2}$  tenths of a milligram of pure sulphur. I want to remark at once, that this dosage gave very good results. I was very anxious, however, to show it an easily controlled example, that "really homœopathic" doses could cure. Hence I used the sulphur trituration D 6 in tablet form. The furunculosis patients were given one tablet Sulph. Iodat. D 6 three times a day, half hour before meals, *i. e.*, a daily dose of about one thirteen thousandth of a milligram of sulphur iodide. The entire treatment of furunculosis requires at the most 100 tablets, hence a cure is obtained even in the most stubborn cases by the use of  $1/100$  milligram of sulphur iodide, or even less. That is doubtless a "homœopathic" dose. (The drugs used were prepared by Schwabe, Leipzig. For our use the 0.1 gm. tablets are most suited. In several cases we also used the trituration D 6 in powder form, enough to cover the point of a small knife, three times a day.)

All in all thirty-four cases of furunculosis were treated in this manner and all were cured. Among these were several cases, which up to three years had constantly relapsed in spite of treatment with quartz lamp, yeast, arsenic, irritants, auto-hemic, etc.; after treatment with sulphur they cleared up rapidly and did not relapse.

Three cases treated by Sulphur D 6 had relapsed, but quickly responded after the administration of a few doses of the D 3.

Several cases of acne vulgaris, its most stubborn variety, the acne indurata and even acne rosacea were cured equally well. In several cases no result was obtained. Thus sulphur in these conditions did not work as accurately as in furunculosis, still in by far the majority of cases, where all other means had failed, the results were quite striking.

Similar very good results were obtained in sycosis non-parasitica, in pyodermia following scabies and in impetigo simplex, *i. e.*, in all staphylococci of the skin.

This does not exhaust the action of sulphur on the skin; but I advise for purposes of controls to confine yourself to the staphylococci, because there the result is undeniable.<sup>35</sup>

Besides we treated twenty-eight cases of discrete acute furuncles

<sup>35</sup> Dr. Richter will report exhaustively on the sulphur treatment at our clinic.

with sulphur.<sup>35</sup> Here we employed a greater dosage in keeping with the precepts of homœopathy and our own experience with the irritants, giving sulphur iodat. D 3, one tablet three times a day, *i. e.*, a daily dose of three-tenths milligram of iodide of sulphur. The results are of course not as convincing, as in the case of the old stubborn furunculosis, since one never knows how long it takes an acute furuncle to get well, without any treatment. Not infrequently we noticed a threshold reaction in the treatment of these cases by sulphur; the furuncle became temporarily painful, later anæsthetic, and then dried up. At any rate, the results with sulphur iodide D 3 in the acute furuncle were at least as good as with any other form of treatment, especially with reference to auto-hemic therapy, so that here likewise I advise a test.

Under sulphur treatment we never encountered new furuncles nor a transition into general furunculosis.

It is, of course, understood that no local treatment was given.<sup>37</sup> It goes without saying that sulphur cannot cure the large carbuncle, where extensive connective tissue infiltration has taken place. The best procedure here is to excise the entire carbuncle or at least the infiltrated area. In the incipient carbuncle, however, sulphur treatment was successful. Furunculosis is an extremely stubborn disease, which in the past has baffled me a good deal. I have seen cases which only responded after a change in climate, after lasting for years, either continuously or with short remissions. A multitude of remedies has been used against it, yeast, vegetarian diet, vaccines, etc., which have been abandoned as useless. A good measure, which I used almost exclusively within the last years, prior to our trial of sulphur, was the treatment with quartz light in the form of the so-called "Finsen light," which is indicated especially in conjunction with Roentgen ray. I don't think much of the "Finsen light" otherwise; however, in furunculosis it seems to excel other forms of ray-therapy. Sulphur treatment is essentially still better, simpler and cheaper.

<sup>35</sup> While all the cases cited here were not treated with pure sulphur; but with sulph. iodat., yet I speak of sulphur, because, as mentioned above, pure sulphur, used by way of comparison, yielded the same good results, while iodine alone, as I will subsequently show, did not cure furunculosis. I don't mean to deny either, that the combination of iodine and sulphur was a particularly happy one.

<sup>37</sup> Neither did we follow Hahnemann's direction requiring a regulation of the mode of living during homœopathic treatment to the exclusion of alcohol, coffee and highly seasoned food.

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More obstinate than furunculosis are certain forms of acne, especially the so-called acne indurata, which as a rule are also promptly cured by the homœopathic sulphur therapy.

The same holds true for axillary sweat-gland furunculosis;<sup>28</sup> this condition is so intractable that for many years prior to the sulphur treatment I have, as a last resort to relieve this troublesome affliction, excised the entire hairy portion of the axillary skin, which is the seat of the furunculosis.

This goes to show that an accurately chosen internal remedy, given in the proper dosage in a case of clearly infectious type, where other remedies are considered useless, will give a greater result than any other measure, including especially immunization, physical and surgical therapy. It is important to emphasize this in these days, when internal drug therapy is looked down upon with an air of condescension.

But above all, the example chosen by me—aside from the law of similars, to which I will revert presently with still more striking observations—teaches really all that is required for our purpose, *viz.*:

1. The small homœopathic dose cures an extremely intractable disease very promptly, and better than any other means. The large allopathic dose, on the other hand, does not cure it; for if allopathy could have accomplished anything with sulphur in this condition, it would not have practically abandoned that drug and turned to much more uncertain and cumbersome methods instead.

2. The example shows that D 6 cures furunculosis just as surely as D 3, that therefore there exists no important difference between the two, and that furthermore it is evident that a dose of a thousand times greater strength does not produce an action of a thousand times greater degree. I have no doubt that we would obtain results even with higher potencies.

3. Therefore sulphur cannot be thought of as a disinfectant of the skin, nor as an intestinal antiseptic, said to remove enteric toxins, produced by furunculosis, as I once read. On the contrary,

<sup>28</sup> I have a communication from *Stiegele* to the effect that he has had very good results with sulphur in axillary sweat gland-furunculosis. We can substantiate that.

sulphur can only cure by stimulating the natural reaction of the skin toward termination of the disease.

4. We must give a little more extensive consideration to the peculiar, yet incontrovertible observation, that minimal doses of a material, which we ingest daily in large quantities (the adult may be taking one gram of sulphur in his daily ration of food), will produce an extraordinarily strong therapeutic action. The only possible explanation is, that the form, in which the drug is given, is the deciding factor; thus in our case the homœopath, by extremely delicate trituration according to *Hahnemann's* precept, actually conditions the remedy in such a manner as will most readily allow it to reach and act on the diseased organ. That it can so act in small quantities is easily conceived according to the conception of *Schulz*, who considers drugs as irritants.

The so-called natural philosophic group in homœopathy, and among them especially the high-potency advocates, have attempted to save *Hahnemann's* doctrine regarding the intensification of drug-power by extreme dilution, by means of the following considerations, in accord with the latest scientific researches.<sup>39</sup> A drug does not act by virtue of its crude qualities, but like a ferment or a colloid. The efficacy of the latter does not depend on quantity, but on the fine division of the material. The higher the degree of dispersion (surface-tension), the greater the effect. It is just this fine division and surface accumulation which *Hahnemann* is said to have accomplished with genial foresight by his triturations and succussions, thus anticipating science by 100 years.

However, this mode of conception will not solve the riddle and at the end we are not likely to circumnavigate the "mystic" stimulation. Nevertheless the consideration of sulphur alone, as exposed in the foregoing, shows that the "logical" proof of the self-evident<sup>40</sup> absurdity of homœopathy is not quite so impregnable. One of these proofs in illustration: Homœopathy claims that table

<sup>39</sup> (a) Close, translated by O. Schlegel: Potentiation and the infinitesimal dose. *D. Zschr. f. Homœopathie*, 1922, H 3, p. 124.

(b) Leaser: Principles of Therapeutics. *Textbook of Homœotherapy*, Allg. Teil, Buehl, 1923.

<sup>40</sup> I recommended the perusal of my remarks about the two expressions, used so ardently in science, "self-evident" and "natural": Bier, on several principles of nutrition, which have had little or no attention (Part I). *M. M. W.*, 1923, No. 4.

salt in minute doses is an important remedy. Still we not only were taking large daily quantities of salt, but any tap-water represented approximately a 0.2 per cent. solution of table-salt. Against this the homœopathists maintain that table salt in the *Hahnemannian* potency is something entirely different, unfolding quite different powers. I cannot judge how far this is true, since I have no experience with table salt in homœopathic dosage. However, I do not by any means consider this conception as absurd.<sup>41</sup> Another tenet is just as odious to the antagonist of homœopathy as the minimal dose, and that is the claim that, according to a universal law, a principle, or whatever you choose to call it, in fact the law of similars, the proper remedy can be ascertained practically by deductive method. That, then, is branded as an unscientific procedure.<sup>42</sup> I shall show by two examples that it is perfectly possible to proceed according to the law of similars and find excellent remedies.

For several decades I have been attacked by heavy colds several times a year. They mostly started as a coryza, then successively involved the pharynx and the bronchi; there was moderate initial fever and for two to four weeks I was markedly inconvenienced and incapacitated. My colds were due to the rapid change into the fresh air, after working for hours in overheated operating-rooms. To use the most reliable prophylactic, air-baths, was out of the question during the semester; other means having failed, I tried a homœopathic drug since 1919; this I selected myself according to the law of similars by the following inference: Iodine in larger doses causes coryza and inflammations of the mucous membrane. Therefore, I shall take it in small dosage against such afflictions. At first I put a drop of tincture of iodine in a glass of water, mixed it thoroughly and took one swallow thereof. This remedy helped me, if only I took it early enough, when there was sneezing or slight chills and moderate pain on swallowing. In 1920 *Fink*<sup>43</sup> recommended Iodine for coryza and angina, not consciously pro-

<sup>41</sup> Water, too, is indispensable to nutrition, yet distilled water is a strong poison.

<sup>42</sup> I cannot fathom how many medical men, who boast of scientific attainment, can attach so little value to deductive conclusions. Compare: Bier, on medical viewpoints, especially the mechanistic and the teleologic. *M. M. W.*, 1922, No. 23.

<sup>43</sup> *Fink*: A new specific action of iodine. The internal treatment of coryza and angina with iodine. *M. M. W.*, 1920, No. 15.

ceeding from homœopathic premises. For prophylaxis he gives eight drops, for treatment a little more, daily, using an iodine-potassium-iodide solution (pure iodine 0.3, potassi-iodide 3.0, aqua dest. 30.0) and he claims exceptional results. I tried this prescription on myself, but had equally good, if not better, results by taking only one drop of the solution in water. Since then I proceed as follows: When the above-mentioned symptoms of a cold appear I take one drop of the solution: Iodine pur. 0.1, aqua dest. 10.0, Kali Iod. q.s. ad solutionem. Usually one single drop will abort the attack; rarely, especially if I did not use the remedy early enough, I have to fight against the invasion for several days, taking one drop daily for up to a week. The prophylaxis against my former attacks has always succeeded, and for six years I have been free from this annoying nuisance. The iodine did not protect me against an attack of La Grippe during an epidemic, but with one drop of the solution taken daily the attack ran a very mild and short course.

I have also used the remedy in my family with success. Of course neither Fink nor I have introduced Iodine as a remedy for coryza, because homœopathy has used it here long ago according to the law of similars; nevertheless it is remarkable that, without being acquainted with this fact, I found my way easily and selected the correct remedy. I am convinced that a much smaller, more truly homœopathic dose would suffice just the same; I continued with a dose which had stood the test in my case.

Much more convincing is the following example, tested in a vast number of cases, which I procured myself according to the law of similars—or to express myself better, according to the *Arndt-Schuls* law—to be used against a dangerous disease, a scourge of the surgical hospitals, the so-called post-operative bronchitis and its frequent sequel, pneumonia. I have tried everything possible without success; particularly the much-heralded Optochin failed completely, as reported in the *Practice of Surgery* by Bier, Braun and Kummell; “I came upon the right remedy, to express it quite naively, through the following considerations: Of the noxious influences causing the pulmonic disease, ether was the foremost; it produced an intoxication, if you choose, a paralysis of the lung. Now I attempt to stimulate the threatened or already diseased lung

“Fourth and fifth editions. Leipzig. By Barth, 1922, Vol. 3, p. 43.

by the same material in a small dose. That this intention culminated in the most striking result is seen from the work of my assistant, *Dr. Riess*, appearing in this issue of the weekly.

Strictly speaking, we are dealing here with an isopathic remedy. Isopathy was founded in 1833 by the veterinary *Lux*, of Leipzig. The substance of the method is indicated by the title of his book: "The Isopathy of Contagious Disease," or: All contagious diseases carry the means of their cure within their own contagium.<sup>45</sup> Isopathy was a direct outgrowth of homœopathy; it was considered by its founder as merely an issue of homœopathy and for that reason "was presented for the scrutiny of the Coripheans of homœopathy." In lieu of *similia similibus*, *Lux* placed the *aequalia aequalibus curantur*, in place of *Hahnemann's* artificial drug disease he stood by the natural disease. One drop of the product of the disease in question was potentized thirty times according to homœopathic rule and administered internally. Against anthrax he used blood of the anthrax patient, against glanders the nasal secretion of an animal afflicted with this disease, etc.

Isopathy had a varying reception in the homœopathic camp. Some of the homœopaths accepted it enthusiastically, others repudiated it roughly. Among the latter was *Hahnemann* himself, who criticised it very sharply.<sup>46</sup> Nowadays the great majority recognize it as a justified homœopathic method, while a few still reject it. As a matter of fact, it is difficult to understand *Hahnemann's* decided position against Isopathy, which breathed the very spirit of his work,<sup>47</sup> which was an outgrowth of his teaching and considered by *Lux* himself as a sort of homœopathy, especially when we consider that *Hahnemann* took credit for pox-vaccination as a homœopathic procedure.

The medical world in general considered Isopathy as the acme of homœopathic nonsense. Such a position is no longer tenable since isopathic treatment has been introduced and scientifically entrenched by the anti-rabies vaccination of *Pasteur* and the tuberculin therapy of *Koch*. The nonsense has changed into a far-seeing heroic hypothesis.

<sup>45</sup> Leipzig, 1833. By Kollmann.

<sup>46</sup> See *Haehl*, Vol. I, p. 219, and Vol. 2, p. 302.

<sup>47</sup> *Hahnemann* maintained that the drug-disease, in order to cure the natural disease, must be as similar as possible, but yet in its nature fundamentally different; if identical, no cure would be obtained.

I do not want to go into further details of Isopathy, referring the reader to literature.<sup>49</sup> I merely want to remark that recently two eminent physicians have identified themselves with Isopathy. *O. Rosenbach*<sup>49</sup> says: "Already in the principles of therapy I have pointed out that homœopathy, more correctly Isopathy, the teaching of specific remedies, etc., shall be sustained anew through the results of modern science," and *V. Behring*<sup>50</sup> emphasizes very decidedly, reinforced by many examples, how great a theoretical and practical achievement is represented by the "isopathic therapeutic principle."

The moment we use a small dose of ether in the treatment of bronchitis, not due to ether narcosis, the remedy becomes, of course, pronouncedly homœopathic in the spirit of *Hahnemann*.

Unlike iodine, ether has not been used by homœopathy, as one may have expected. Of course, our method of employing the remedy, which I believe to be the only efficacious one—by injection—stands aside of homœopathy.\*

*Buchner*,<sup>51</sup> evidently proceeding unconsciously from homœopathic premises, tried to prevent and cure pulmonary tuberculosis by the internal administration of arsenic, phosphor, antimony, in which he did not succeed.<sup>52</sup>

Thus we have two homœopathic remedies—sulphur for furunculosis, ether for bronchitis—which, in my opinion and experience, give such striking results, that no one, who has used them in a

<sup>49</sup> (a) *Mosso*: Contrib. to the History of Isopathy. *Allg. Hom. Ztg.*, Vol. 121, 1890, Nos. 1, 2, 3, 4.

(b) *Nebel*: The History of Isopathy. *Berl. Hom. Ztg.*, Vols. 19 and 20.

(c) *Wapler*: On Isopathy and Homœopathy, their spirit and Scientific proof, 1896.

(d) About the time of the discovery of Tuberculin by Koch many essays appeared in the homœopathic periodicals, dealing with Isopathy.

<sup>50</sup> *Selected Essays*. Vol. 2. Leipzig. By *Barth*, 1909.

<sup>51</sup> About therapeutic principles, particularly the etiologic and the isopathic principle of therapy. D. M. W., 1898, No. 5.

\*There was difficulty in the rendition of this paragraph, as the German text did not clearly convey to me the author's thought. The German follows: "Zudem liegt das von uns gewählte und, wie ich glaube, allein wirksame Verfahren—die Einspritzung des Mittels—der Homœopathie nicht."—*The Translator*.

<sup>52</sup> *Buchner*: (a) A new theory of immunity production, Munich, 1893. By *Oldenbourg*. (b) The etiologic prophylaxis and therapy of pulmonary tuberculosis, Munich and Leipzig, 1883. By *Oldenbourg*.

<sup>53</sup> I shall revert to *Buchner's* experiments in an article on inflammation, to be published shortly.

larger series of cases, can doubt their efficacy. The prevalence of the diseases, in which these remedies were used, permits of checking up at any time. After all, the usual allopathic remedies in these diseases are so powerless, that any physician may well employ simple and easily handled drugs, for which better results have been vouchsafed.

While I have been dealing with drugs, I should like, in passing, to point out a physical homœopathic remedy, the treatment of recent burns by heat; this is an old lay-remedy, frequently used in ancient medicine, but forgotten in these times. My experience with it has been very good. The freshly burned limb was subjected for a short time and only once to a hot-air shower, at a temperature of about 100 degrees. The pain disappears at once, vesicles dry and proliferation of epithelium takes place very rapidly. I recommend this method likewise for a checking-up test.

Speaking of this treatment, *Thomson*, in his excellent book on inflammation<sup>53</sup> (1820) says, that according to Turner this was a common phrase: "Omne simile simili gaudet, vel similem sibi trahit; ignis ipse est sui ipsius alexiterum."<sup>54</sup>

After all, there is something in homœopathy; to decide how much there is, would be presumptuous of me; to do that I would have to have greater experience with it. However, I believe I can justly claim this: that there is much in it, that we can learn a great deal from it, and that it has ceased to be pertinent for the "old school" to ignore it or treat it with contempt.

Above all, one should attempt to enter into the deeper spirit of the law of similars, which does not only pertain to the field of

<sup>53</sup> Thomson: On inflammation. German edition by Krukenberg. Halle, 1820, Vol. 2, p. 368.

<sup>54</sup> It should not be assumed that simply in a schematic manner, based on the law of similars, one can always easily find the proper remedy. Prior to sulphur we tried homœopathic doses of iodine in furunculosis without result. On the other hand, I treated many years ago, according to the law of similars, a case of urticaria with small amounts of animal blood, with good result. Richter used autogenous blood in the same disease with good results, in our Polyclinic. Neither must one assume, according to Zimmer's theory, that every irritant will always produce the same action internally, as it does when injected. Thus we tried, upon homœopathic recommendation, the internal administration of Tuberculin in Hochenlychen without any success; this was prepared according to homœopathic instructions. At any rate, the finding of the homœopathic remedy according to the law of similars is not an easy task. This is vividly expressed by *Widenmann*, who is not a homœopath, but who has occasionally used homœopathic remedies with success, in his treatise "Homœopathy," in *Hufeland's Journal*, 59, Vol. 1828, Second Part.

medicine. Perhaps it may lighten the burden of the inquirer, when he hears that before *Hahnemann* the two greatest in our profession, *Hippocrates* and after a long interval *Paracelsus* were advocates of the principle *similia similibus curantur*. The details of this may be found in a little book by *Hugo Schulz*,<sup>55</sup> entitled *Similia Similibus Curantur*.

Even *Hahnemann's* priority in homœopathy has been questioned in a preposterous manner. *C. H. Schulz*<sup>56</sup> went so far as to accuse him of plagiarizing *Paracelsus* without properly understanding him. To quote: "after three centuries he resurrected his teachings for the second time in an unfounded and distorted manner." In a milder form the same claim was made by the homœopath *Katsch*.<sup>57</sup> (His book was very adversely criticized by *Sudhoff*.)<sup>58</sup> This is all totally out of the question. Neither the teaching of *Hippocrates* nor of *Paracelsus* have exerted an influence toward the practical application of the law of similars, its sole founder being *Hahnemann*. His assurance that he was in no manner influenced by *Paracelsus* should find ready credit; and even if that had been the case, nothing could be detracted from his merit, as he alone recognized the far-reaching range of this teaching.<sup>59</sup>

The second point, which in my estimation should without a doubt be incorporated in our pharmacology, is *Hahnemann's* drug-proving, on the healthy human. It is the prerequisite for the practical application of the law of similars. The healthy are rendered ill by the drug, and only the symptoms arising from this drug-disease point out the remedy.\* Finally the homœopathic doctrine is summed up in this sentence: Diseases are cured by small doses of a drug which, when given in large doses, will produce a similar disease in the healthy. Drug-proving on the dis-

<sup>55</sup> Munich, 1920.

<sup>56</sup> *C. H. Schulz*: The homœobiotic school of medicine of Theophrastus Paracelsus. Berlin, 1831.

<sup>57</sup> *Katsch*: Studies of the fountain-heads of medicine; the evolution of the axiom of similars from Empedocles to Hahnemann. Stuttgart, 1891.

<sup>58</sup> *Schmidt's Yearbooks*, 230. Vol., 1891, p. 267.

<sup>59</sup> Compare *E. Schlegel*. *Paracelsus and his importance in our time*. Munich, 1907. By *Gmelin*.

\*For purpose of clarity and to lead up to the author's next sentence to those uninformed in homœopathy, I will supplement this as follows "And only the symptoms arising" in the course of this drug-disease combine to make the so-called symptomatology of this given drug, which therefore is indicated in any disease presenting a similar set of symptoms.—*The Translator*.

eased human does not yield much information, because he reacts against the remedy in an entirely different manner.<sup>60</sup>

I am fully aware that much can be said against this proving on the healthy human inasmuch as there is great latitude for the interpretation of symptoms, while animal experimentation, which therefore should by no means be neglected, is in many directions more precise and reliable. But the latter has the great shortcoming that subjective symptoms are wholly neglected, though they are of great importance. Moreover, it gives no information regarding the action of the smaller doses, which do not make any impression in the animal experiment, hence it tends toward investigation of drugs in large, often noxious doses, instead of the small, frequently the only useful dosage. Furthermore, our means of precision are too coarse to allow of the recognition of the finer changes in the animal.

The homœopaths endeavor to make the proving on the healthy human more reliable by grouping themselves together for the purposes of proving on their own bodies.

The importance of experiments on physicians is illustrated particularly well by experiences in surgery; *Schleich* experimented on himself with infiltration-anæsthesia, *Hoelscher* with cross-section anæsthesia, and *Braun* tried his novocain-adrenalin anæsthesia on himself. Without this self-experimentation their results would have been more difficult to obtain and less complete, for theirs was a case of testing the subjective interpretation of pain-perception.

Self-experimentation of the physician in its importance even surpasses the request of *Hahnemann* to remain within the harmless zone of drugs. When I introduced spinal anæsthesia with cocaine, at that time the only available anæsthetic, I noticed considerable annoying symptoms, which baffled me, but which I could not correctly interpret from observations on others. Therefore, I had a spinal anæsthesia performed on myself, became gravely ill and thereupon knew exactly that this mode of procedure was dangerous and impracticable. Hence I cautioned against it. My colleagues, however, especially French surgeons, blinded by the

<sup>60</sup> Of course, there are hardly any entirely healthy humans. In the cases of several of my assistants, who injected themselves experimentally with irritants, old foci of inflammation were rekindled, which they had long forgotten.

brilliant, all-surpassing degree of anæsthesia, did not heed my warning, employing the method on thousands of patients, with the result that many were injured, and a number of fatal issues recorded. After these disastrous results they came to the same conclusion, at which I had already arrived after six other experiments following the experience on myself; like myself, they looked for a substitute for the dangerous cocaine.

Our pharmacology furthermore overestimates the chemical experiment, which, applied to the human body is much too coarse, and it denies the action of small quantities of remedies, which it cannot estimate nor measure, a state of mind which *Hufeland*<sup>61</sup> criticized a hundred years ago. He says: "There is a reagent, which is more delicate than the most delicate chemical reagent, and that is the reagent within the living human organism." He refers particularly to the sense-perceptions. Mentioning Musk he defied anyone to chemically prove the existence of small particles of this material in the air of a room, while the olfactory nerves of man can still appreciate their presence to a severe degree. *Hufeland's* example was often cited in later days, and *E. Fischer* and *Penzoldt*<sup>62</sup> made it the subject of a scientific investigation. They ascertained that a four hundred and sixty millionth of a milligram of Merkaptan sufficed to produce olfactory perception. At the same time we should consider that the human nose is an extraordinary dull and atrophied sense-organ as compared with that of many animals, *e. g.*, the dog. What unimaginably minute particles may suffice to produce olfactory sensation in the latter! Not to speak of the still more delicate sense perception of insects.

In recent times there is an increasing number of observations, showing that exceptionally small quantities of material bring about distinct physiologic results in the human body. I will refrain from further details.

In my opinion, our pharmacology will finally have to admit the tremendous difference between the action of many agents on the healthy and that on the sick, and among the latter between the acute and the chronic conditions. We have learned it unequivocally

<sup>61</sup> Challenge to the Spa—Physicians of Germany, particularly of Silesia; with a few remarks on mineral waters in general. C. W. Hufeland's minor medical writings. Vol. 3, p. 466, Berlin, 1825. By Reiner.

<sup>62</sup> On the susceptibility of the olfactory sense. *Justus Liebig's Annals of Chemistry*, Vol. 239, 1887.

from the irritants, and homœopathy has long ago maintained it for its drugs. As a matter of fact, it applies to internal remedies, as far as they are irritants, and at least very many of them are surely that.

I believe in this manner a good many remedies could still be detected, or to be more exact, undreamed of medicinal properties could yet be unfolded from those that are known. Pharmacology would benefit by such a process of enrichment. Where are the days when she reigned supremely among the branches of medicine, when surgery and physical therapy played a minor role? Nowadays, among the great bulk of the profession, as well as the laity, it is considered good taste, so to speak, to look down upon drug therapy as inefficient and to indorse drugless methods. This is an incorrect and misconceived attitude, for which pharmacology by its one-sided position is somewhat responsible. If, as I claim, ether injections cure, almost as a certainty, the post-operative bronchitis in the shortest time, and prevent the murderous sequel of pneumonia, such a fact should go to show how a simple medication can really cure. In times of peace,<sup>63</sup> therefore, it is a much more important remedy than tetanus antitoxin, because the disease which it cures claims many more victims than does tetanus.

I want to cite another incident to illustrate how a simple remedy used in a very stubborn disease, proved far superior to numerous other modes of treatment, which have been recommended. As a result of one-sided bodily exertion, which I indulged in during the second half of my third decade (prolonged standing during operations, almost daily strenuous horseback riding, frequent chilling and wetting while hunting) I contracted muscular rheumatism. The disease started about the age of thirty. At first it manifested itself as lumbago, which became chronic and soon showed no disposition to remit because the etiological factors continued to operate (undoubtedly there was also predisposition). Since about 1914 the disease likewise involved the upper half of the body, especially the musculature of the neck and right shoulder, thus becoming very annoying. I treated with electricity, massage, baths, hot air and correspondingly selected exercises, but without result. Very gradually, but steadily the illness became worse. Thereupon *A. Zimmer*,

<sup>63</sup> During wartimes tetanus antitoxin is of course an incomparable remedy. (See Bier: *Anærobic wound infection*; Brun's contribution. Vol. 101, 1st issue, introduction.)

in 1921, cured me within one month by the internal administration of Yatren. Ordinarily I am now free from the disease. Now and then I notice signs during extreme weather changes.<sup>64</sup> in the region where it originally started, along the left sacro-iliac joint, but these negligible reminders respond to 1-3 spoonfuls of a 1:1000 solution of yatren. This result was obtained by Zimmer notwithstanding the fact that the main factor, the long periods of standing during operations, continued to exist, *i. e.*, as it has been so aptly expressed, without "sacrifice of vocation."

Quite incidentally, irritant-therapy leads us to the natural cure, since we are aiding the diseased body in its effort to overcome disease. In its action we must liken it on one side to the rationale of air, light, water-baths and body-exercises, on the other to that of the immunizing and antitoxin therapies.

Apart from this, perfectly tenable, we find Galen's *contraria contrariis curantur*. That is the way in which we combat epidemics; also the way of surgical interference, including surgical anti-and asepsis. But at every step we realize that even in surgery these measures do not suffice. What could we do if nature did not heal our wounds? Mechanical stretching alone does not remove cicatricial strictures, but it is necessary first, by the introduction of instruments and the ensuing inflammation, to soften the scar and thus make stretching possible. Even in these branches of medicine there is something of homœo- or isopathy, as John Hunter has so thoughtfully expressed it: The cause of wound-healing is the wound, or as Pflueger<sup>65</sup> said: The cause of the damage is at the same time the cause of the removal of the damage.

For the same reason Hippocrates performed the greatest deed ever in medicine, when he enunciated: Diseases are cured by nature (Physis). Not only does the body suffer the disease, but it also removes it by its own activity. Cure is therefore a physiologic process. The physician shall let the natural healing process take its full course and not hamper it in any way. But on the other hand he shall support and assist it when its powers are failing; in

<sup>64</sup> The sufferer from chronic arthritis as well as chronic myositis knows the tremendous influence of weather changes on bodily ailments.

<sup>65</sup> Pflueger: The teleologic mechanism of the living organism, Bonn, 1877.—The quotation is an instance of his further elaboration, "Teleologic causal law": The cause of every need of the living being is likewise the cause of the granting of that need.

other words, he shall be the servant of nature. This attitude of the physician was afterward emphasized still more sharply by *Paracelsus*.

Although 2000 years old, this bit of hippocratic wisdom, though often quoted, yet understood by but few in all its humble greatness, by far excels all other major deeds in medicine, including anti-and asepsis, including the fight against epidemics, including even the great systems of medical teaching, among which Virchow's cellular pathology ranks as the most important and successful.

Always beware of partiality. I do not even consider it as impossible, that some day we will accomplish something with the much maligned "internal disinfection." Was I not<sup>65</sup> the first to make practical tests with Morgenroth's "chemo-therapeutic" preparations? They were designed along that very direction, albeit I had to reiterate time and again to the father of the method, that the modest success attending the initial tests was not alone due to the killing of the bacteria, but also traceable to the biologic processes, provoked by the remedy. The same, by the way, was emphasized by *Hufeland*,<sup>67</sup> long before we had *Lister's* antiseptics. Contradicting *Wedekind*, who presumed a purely chemical action of antiseptics in the body, he says: "The only true antiseptic is the vital power." (Of course we must interpret sepsis and antiseptic literally as disintegration and preservation respectively, since at that time bacteria were unknown.)

It is a pity that today the excessive trend of the physician toward specialization militates against the acceptance of such a general point of view. That it can be practically corroborated has been demonstrated in our clinic. Aside from its abundance of surgical and operative material, it may be said to be the largest so-called "naturopathic institute" \* in existence.<sup>68</sup> (Aside from our 250 beds in Hohenlychen for light and air therapy, we also have in

<sup>65</sup> Bier: On the treatment of hot abscesses, suspicious and infected wounds in general, and particularly with Morgenroth's quinine derivatives. *B. Kl. W.*, 1917, No. 30.

<sup>67</sup> Physiatic. *Journal of Pract. Therap.*, Vol. 76, 1833, Part I, p. 16. *Hufeland's Physiatic* is well worth reading today.

\*Literal translation, not to convey the meaning of this title as commonly understood here.—*The Translator*.

<sup>68</sup> Strange to say, no one knew this, when several years ago in the Prussian diet the "school-clinics" were attacked for not utilizing "naturopathy," or if they did know, the speakers were inconvenienced by that knowledge, for none mentioned the fact.

Berlin an exercising ground accommodating 300,<sup>69</sup> where patients are treated with air, light, water and exercises. In our Polyclinic *Klapp* treats a daily average of 270 crippled children and *Kohlrausch* numerous other orthopedic adults and children by body exercises.) In addition we do not neglect drug therapy.

I am aware that with these dissertations I am stirring up a hornet's nest. But I ask my colleagues, before scolding the infamous traitor of science, to test the two homœopathic remedies, sulphur for the staphylomycoses of the skin and ether for bronchitis. If—and I do not doubt it—they come to the conclusion that they are of value, then we can further discuss the situation, and we shall present other experiences and remedies.

I simply claim that there is good substance in homœopathy and that we can learn a good deal from it to the point of improving and increasing our remedies. Still I am not a one-sided homœopath. Even if I have a higher appreciation of homœopathy than *Hufeland*<sup>70</sup> in his age, still I share in his opinion, that it should be regarded as one of several viewpoints, which bring us nearer to the truth and to salvation of human suffering. The same stand is taken by *Hugo Schulz* and many homœopaths, e. g., *V. Bakody*,<sup>71</sup> although they naturally put homœopathy in the foreground of all their deliberations.<sup>72</sup>

Now, if we are obliged to concede that there is something in homœopathy, and if many reasonable homœopathic physicians likewise give allopathy its dues, why all this wrangling? Should it not be possible to reach an understanding? I know that among the leading homœopathic physicians there is a great inclination to do so. Several have so declared themselves in papers, and some have addressed me in writing as one from whom to expect understanding for their ideas, and have indicated the desire for peace. I may add that they have impressed me as people of highly sensible and sociable type.

<sup>69</sup> The institution is so popular that we could multiply the patients. We do not allow an increase, because it would defeat our teaching purpose.

<sup>70</sup> See *Hufeland: Homœopathy. Journal of Pract. Therapy*, Vol. 70, 1830, Part II.

<sup>71</sup> See *Wapler: Reminiscences of Th. v. Bakody. General Homœopathic Journal*, 1913.

<sup>72</sup> There is a strange longing among allopathic physicians to impose narrow trade regulations on these homœopathic colleagues and to forbid them to use allopathic remedies or at any rate discourage their use.

I can anticipate the objections arising in the allopathic camp, *viz.*: 1. Scientific medicine, let us call it allopathy for purpose of discussion, had been most grievously insulted and belittled by homœopathy. That is true. *Hahnemann* himself set a very bad example. Even the excellent *Hufeland*, who by no means rejected homœopathy and who put his "Journal of Practical Therapy" at the disposal of its founder for purposes of publications, was not spared by him, just because *Hufeland* did not agree with him on all points.<sup>73</sup> Of the splendid pharmacologist *Gren* he had this to say:<sup>74</sup> "The alchemist *Gren*, who understood nothing of therapeutics," because the latter maintained that a remedy was dependent upon a knowledge of chemistry. *Hahnemann* branded the medicine of his day, allopathy, as a pseudo-art, separated from homœopathy by an impassable abyss;<sup>75</sup> similar expressions recur in his writings quite frequently. The most extravagant exposition is made in his booklet: "Allopathy, a word of warning to the sick of all types."<sup>76</sup> In it he attacks the contemporary "old school medicine" in a most unheard-of manner, accusing it of making people ill and ailing, cautioning the laity against this pseudo-art and recommending the only curative method, homœopathy.

A number of his followers copied his example. On the other hand, homœopathy has not been treated too graciously by the opposing side; for, after all, coarse denouncement does not offend the physician, who has the conviction of the truth of his teaching and the value of his actions, nearly as much as to be branded by his colleagues as an unscientific pretender or even a fraud, or again to be totally ignored and despised.

2. A much greater obstacle to conciliation, however, is the large army of real pretenders, frauds and incompetents in medical and lay-circles, which are dangling on the apron strings of homœopathy, much to the disgust of the honest and scientifically trained homœopathic physicians. But this should be no real obstacle; for as soon as the good, which is in homœopathy, is recognized by the "old school," there will cease to be a stimulus for the quack to exploit it by advertisement. *Goldscheider* once very truly re-

<sup>73</sup> *Mat. Med. Pura*, 3d Vol., p. 45.

<sup>74</sup> *Mat. Med. Pura*, 3d Vol.: "Illumination of the origin of the ordinary materia medica."

<sup>75</sup> Introduction to Boeninghausen, 1832.

<sup>76</sup> Leipzig, 1831. By Baumgaertner.

marked that scientific medicine is itself responsible for quackery, by neglecting good methods of healing. I add, as I have expressed it before: It is a pity and against all reason, when doctors fail to recognize the good some of their colleagues have produced and practiced, and thus let it fall into the hands of the quacks. *Hahnemann* was a very eminent and, in spite of his one-sided homœopathic viewpoint, a singularly well-versed physician. As a dietitian and hygienist he was far ahead of his times. As such he gave excellent instructions, which are exemplary to this day, regarding prophylaxis and disinfection in infectious diseases, regarding the mode of living, ventilation, nursing, bringing up of children, puerperal and infant care (he advocated breast feeding), civic and prison hygiene. With *Pinel* and *Reil* he belonged to the reformers in psychiatry and himself founded a small insane asylum in Georghenthal.

He inured his patients, letting them go barefooted and bare-headed, used hydro-therapy, calling these things valuable adjunct homœopathic measures.

As I mentioned before, he recognized vaccination and he gave its dues to surgery. He prepared careful histories of disease and placed special emphasis on a detailed past history.

It is well known<sup>77</sup> that he was an excellent chemist.

My advice is: If we come to an understanding with the scientific homœopaths, if we tolerate the honest fanatics among their ranks, then homœopathy will be enabled to shake off its objectionable entourage.

Above all, I am of the opinion that no one should judge homœopathy, who has not tried homœopathic remedies, and who has failed by reading to familiarize himself with the theory of homœopathy. I advise any one, who wants to do the latter, not to start with *Hahnemann's* writings. I have studied his major works, the so-called catechism of homœopathy, the "Organon of the art of healing,"<sup>78</sup> "materia medica pura" (6 parts),<sup>79</sup> and "chronic diseases,

<sup>77</sup> All these things are carefully recorded by *Haebl*. I also refer to *Hahnemann's* surprising views on the etiology of cholera; he reduced it to minute organisms, which are transferred from man to man. (*Haebl*, 1st Vol., p. 195.)

<sup>78</sup> Dresden, by *Arnold*. (The first edition appeared 1910; 1921 a sixth edition, after manuscript revision by *Hahnemann*, was edited by *Haebl*. It appeared through *W. Schwabe*, Leipzig.)

<sup>79</sup> Dresden, by *Arnold*, 6 Vols.

their peculiar nature and homœopathic cure.”<sup>80</sup> I can assure that, according to inclination and point of view, one can read therein both the highest wisdom and the grossest folly.

One of the reasons is that *Hahnemann*, like many of the modern who attain to such a ripe age, gradually altered his views as time went on, and frequently contradicts himself. In spite of my best intentions to adjust myself to his time and views, I cannot follow him in some instances, especially not in his psora theory, which he develops in the chronic diseases.

Add to that the fact that the modern medicus within his profession is void of history and tradition and therefore finds it difficult to enter into the spirit and language of times gone by and hence does not understand them. From my own experience, I know how to appreciate these difficulties; I gradually surmounted them, when—all too late—I realized the great shortcomings in my medical education, turned to the older classics in medicine and found in many instances more complete observation and more accurate thought than prevails today. It was then I learned a lesson in modesty, for I found a great deal, which I was wont to consider my intellectual property, had been detected by others before; likewise that this held true to an even greater measure for others of my contemporaries.

Therefore, I advise my colleagues, before reading *Hahnemann's* writings, to study the following:

1. The excellent work in two volumes by *Haebl*: “Samuel Hahnemann, his life and work.”<sup>81</sup> It is uncommonly thorough and compiled with ardent care and endless diligence. While *Haebl* as a convinced homœopath naturally allows his hero to shine forth in the most favorable light, yet he strictly adheres to the subject matter. The book has been of great advantage to me.

2. At least a few works of *Hugo Schulz*, and primarily the resume of his teaching in his essay “Pharmaco-therapy,”<sup>82</sup> and “*Similia similibus curantur.*”<sup>83</sup> Here we have a review of *Schulz's* ideas. Whosoever wants further elucidation should also read “the

<sup>80</sup> Dresden and Leipzig, by Arnold, 4 Vols.

<sup>81</sup> Leipzig, by W. Schwabe, 1922.

<sup>82</sup> Textbook of General Therapy, by Eulenburg-Samuel, 1st Volume. 1894.

<sup>83</sup> Munich, by Gmelin, 1920.

treatment of diphtheria by cyanide of mercury.”<sup>81</sup> After such preparation the reader will understand *Hahnemann* and will avoid the mistake to overlook and underestimate the good and great in his teachings on account of its weaknesses.

Universal textbooks of homœopathy, such as abound in allopathy, are to my knowledge not in existence. The most practical German textbooks seem to me the two works by *Stauffer*: “Synopsis of Homœopathic Materia Medica”<sup>85</sup> and “Homœotherapy.”<sup>86</sup> As a reference book for single remedies, I recommended the “Handbook of Homœopathic Pharmacology,” by *Heinigke*.<sup>87</sup> As a short review *Dewey’s* “Catechism of the Pure Pharmacology”<sup>88</sup> is advised.

Even if nothing remained of homœopathy but the law of similars, and even that not in the sense of *Hahnemann* as “an eternal law of nature,” but rather as an exceptionally important and useful viewpoint, there would still remain a good deal. But there remains a great deal more of it.

I close with *Virchow’s*<sup>89</sup> memorable words:

“No matter, whether one seeks to advance through anatomic investigation of the diseased, or another through clinical observation of the processes, a third through pathological, and a fourth by therapeutic experimentation, or one through chemical or physical, and still another through historical research, science is big enough to allow space for all these endeavors, *provided they do not pretend to be exclusive*, provided they do not transgress their limitations, provided they do not claim to perform everything. Extravagant promises always have resulted in harm, exaggerated pretensions always injured, self-overestimation always has offended or else made a laughing stock of itself.”

In my estimation, medical science should have space for homœopathy. In that case we must, of course, likewise expect of homœopathic physicians that they subscribe to the second half of *Virchow’s* dictum, which many of them fail to do.

<sup>81</sup> Berlin, by Springer, 1914.

<sup>85</sup> *Hahnmeannia*, Editors, Stuttgart, 1922.

<sup>86</sup> By *Sonntag*, Regensburg, 1924.

<sup>87</sup> Leipzig, by Schwabe, 3d Edition, 1922. Edited by *Klier*.

<sup>88</sup> German Translation, 3d Edition, by *Voorhoeve*; Leipzig, by Schwabe,

1921.

<sup>89</sup> *Virchow*: *Specifics and Specifics*. *Virch. Arch.*, 6th Vol., 1854, p. 5.





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