

THE SCIENCE AND ART
OF HOMOEOPATHY

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THE SCIENCE AND ART OF HOMŒOPATHY

INTRODUCTION

By DR. JOHN WEIR, C.V.O., London

My first duty, as Chairman of the Section of the Science and Art of Homœopathy, is to offer you a warm welcome and to express the hope that by the end of the Congress you will have found that it was well worth your while to come from such great distances to attend.

It is difficult to be a homœopath in some surroundings, where men are, perhaps, isolated from all sympathetic influences. For, when it comes to homœopathic prescribing, we need all the help that can be obtained.

And at such a gathering as this there is the stimulating—if intangible—influence of mind on mind between those who come from the ends of the earth, intent on the same problems, fired by the same aspirations, eager to add each his quota to the common stock.

The time at our disposal is short. We have only a few days into which to crowd many things of importance and common interest.

Our own subject is vast and of many aspects, all of which demand attention. In order to cover the ground, we must presuppose considerable knowledge of the principle, *similia similibus curentur*. Many and varied details will come up for consideration, and the writers of papers have striven, therefore, to be brief and to the point.

I must ask that all who take part in discussion will keep strictly to the point, and refrain from wandering off to other matters, or going over ground already covered by previous speakers. This in order that we may, by end of the Congress, have a wide range of valuable material to reflect upon.

Theories as to how the homœopathic cure is brought about are interesting, and the failure of the homœopath to give adequate explanation, in the exact terms of the science of his day, may

have kept some men from investigating its claims. But the influence of Hahnemann, not only on the medicine of his own time, but on medicine ever since, has been incalculable. *Vide* the tributes paid to him by Sir William Osler, Professor Bier and others.

I do not propose to deal with speculative theories. That hard facts are of far greater importance may account for the numbers of Scotsmen who become homœopaths. My countrymen are apt to go for the practical, and it is because homœopathy is practical that it appeals to us.

I remember asking one of my old allopathic teachers how a certain drug acted. His reply was pointed. "That it does have an effect, I know; but how, I know not." Are we to wait for a full explanation before availing ourselves of any power? That we can USE it, is enough meanwhile.

Hahnemann puts it well: "It would be foolish to refuse to learn to write, because we cannot understand how thought can be embodied in written words".

The idea of the Law of Similars did not originate with Hahnemann. He found it in Hippocrates, and it is vaguely expressed in old proverbs and in poetry.

But it was the genius of Hahnemann that first recognized it—tested it in a thousand ways—and founded on it the first System of Medicine based on what his studies and experiments had led him to recognize as "an eternal, infallible law of cure".

Therefore, to the question sometimes levelled at our heads, "*Why this Sectarial Title? and to what purpose?*" I would answer: That we stand for a great truth, as yet unrecognized by the majority of medical practitioners, and that our work is based on something wholly different from "orthodox" methods and thought.

But we are "a people apart" *only* where the study and administration of drugs is concerned. All the rest we share with all our professional brethren. *Only—we specialize in drugs.*

As Sharp put it years ago, "Homœopathy is a *part* of medical science. It is not medicine, but a great reform in one of its departments. It has no new anatomy, physiology, pathology or chemistry. . . . But it utilizes the sciences of toxicology and pathology in a manner impossible before the discovery of the Law of Similars."

And here, where one works by law, possibilities are almost limitless.

In electricity we have power. We cannot define it, but we can wield it, i.e., so far as we have mastered its laws, its applications

and its limitations. All we know of it is that it *is* power, and that it can be made more and more to subserve our needs—almost to work miracles.

But we have to discover, to recognize and to heed, its conditions! The first scientist to put up a kite by wire into a thundercloud, found—death.

In the same way with *healing*. In homœopathy we find power; and, even though we cannot explain it, yet by observing its conditions, its applications and limitations, we discover with amazement that there is nothing in the world damaging or destructive to mind or to body—in the way of animal, vegetable, mineral poisons—even the poison of loathsome diseases, that cannot be brought into use for healing.

And homœopathy alone holds the key to the relationship between *what a poison can cause and what a poison can cure*, and so makes medicine scientific.

Hahnemann tells us that “Drugs manifest no other curative power, except their tendency to produce morbid symptoms in healthy persons, and to remove them from the sick”.

And again, “Morbid disturbances called forth by drugs in the healthy, are the only possible revelation of their inherent curative power”.

And he lays down the law, “*In order to cure gently, quickly, unfailingly and permanently, select for every case of disease a medicine capable of calling forth an affection similar to that which it is intended to cure.*”

Such a law makes the homœopathist master of the situation in all kinds of adverse and difficult circumstances.

For instance, Compton Burnett used to say that were he marooned without medicines on a desert island, he would soon be able to collect for himself a useful pharmacopœia.

Observing the effects of poisonous bites, stings, plants, testing them on himself (safely prepared according to Hahnemann's method of attenuation), he would be able to use them without hesitation, as occasion arose, for the relief of just such conditions of mind or body as they were capable of producing. He might never know their names: he would know their uses.

How would the orthodox physician fare in like case? Would he be master, by reason of the knowledge taught him in the schools, of the strange flora and fauna surrounding him, and be able to apply them without hesitation for the cure of “*that abnormal functional activity which we call disease*”? . . . Without morphia and quinine and aspirin, and the chemist and the laboratory, where would he be?

The homœopath, on the other hand, is never at a loss. He has all nature everywhere to draw upon. He works by law. He has received the freedom of the universe.

The man who is taught not *principles* but *practice* is a mere replica of his predecessors. And he may remain so to his dying day—doing his bit, but without knowing the why or wherefore; and without advancing one step. He will, on the contrary, be discarding and forgetting all his life. He will inevitably tend towards that state of medical Nihilism which, we are told, prevails to a great extent in the profession of medicine. He will have less—not more—to teach those who come after him.

But the man who has mastered first principles is never stationary. He is for ever discovering new applications. He is no mere copyist, basing his work and his excuses on authority. He *knows*. The truth has made him free. He relies on results, not on orthodoxy.

And so the homœopathic materia medica has grown—and continues to grow—and must continue to grow. It is illimitable. Whatever can cause, can cure, whether it be the venom of serpent or disease, the poison of plant, of mineral, even of substances inert or insoluble until homœopathically prepared.

We homœopaths are comparatively few in number, and sad, because we know how much we have to offer to the sick and to our professional brethren of inestimable value to them, but which it is difficult to get them to consider.

And, indeed, in these days the dominant school have much that is new and “advanced” with which to interest themselves. But here, all that is of *curative* value in medicine in the present, as in the past, is in line with homœopathy.

Mercury for syphilis? It was Hahnemann's great remedy for that disease, since their symptoms are almost identical. And it was Hahnemann himself who gave us—and them—the soluble black oxide.

Potassium iodide for gummata? It was not a homœopath who wrote “that persons had been dosed to death with Pot. iod. for *gummata* actually caused by that drug.”

Ipecac. for vomiting, which it causes and cures.

Terebinth for nephritis and hæmaturia, which it can cause and cure.

X-ray and radium for cancer? Hear the *Lancet*! “The mystery surrounding the fact that X-ray and other emanations can set up ugly pathological processes, whilst at the same time they are employed—presumably on scientific grounds—to stop the progress of such a process, is in urgent need of study.”

We would tell the *Lancet* that the question has been exhaustively studied a hundred years ago—by Hahnemann—and that law lurks behind these and a hundred other such facts. They are no mere coincidences.

Disease products, as in vaccination, to protect against a like disease. Hahnemann claimed this for what it is, HOMŒO-PROPHYLAXIS.

Disease products for the cure of the same disease? Again, *unconscious homœopathy*; and again, dating from Hahnemann. He discussed them—*were they homœopathy or isopathy?* “The cure in such cases,” he asserts, “is homœopathy . . . it is the application of absolute simillimum to simillimum . . . the administration of a highly potentized and altered miasm to a patient.” (By miasm, Hahnemann means germ-disease.)

Hahnemann says that homœopathic prescribing “*is the only correct, direct means of cure, as it is only possible to draw one straight line between two given points.*”

It is true that, in medical conceptions, and even practice, the two schools are slowly, yet surely, converging. *Yet the straight line remains straight*, and the approach is all on the other side.

Led by restless energy, by ambition, by daring experimentation, but unguided by law, men stray into devious paths, where there is much science but little art, much treating and little healing.

A university professor said to me, “I don't know what is going to happen to our students. We are teaching them all wrong. What we want is men of the old type of physician, who *sees the patient.*”

This feeling is voiced in a little article by “A Physician”, entitled, “Are Doctors too Clever?”

The author says that the wisest and most experienced heads in the medical world are seriously concerned with the fact that doctors have acquired too much knowledge. As much of it as can be is pumped into each student for five years and then he is let loose to cope with this mass of facts, which he fears to apply. So he falls back on a specialist for this, another for that, till his patients, or rather *little bits of them*, are treated not by one man, but by a committee of experts. Where is all this leading us? he asks. We are treating diseases, *sometimes only separate bits of disease*, instead of treating patients. We are dividing the body into water-tight compartments, forgetting that patients are sick and suffering fellow creatures. In our dependence on tests and apparatus, we are losing personality and insight—even the skill of finger and eye—for which our predecessors were famous.

Only the other day at Guy's Hospital, at the centenary of

Richard Bright, Dr. Thayer, Emeritus Professor of Medicine at the Johns Hopkins University, Baltimore, spoke of this tendency. He said, "The increase of our knowledge and technical skill had brought it about that men might devote a whole career to the practice of specialities of surprisingly limited boundaries, specialities which had given rise to a terminology bordering sometimes on the ludicrous."

It was against this treating diseases, or "bits of diseases", instead of treating patients, that Hahnemann waged war: "this dividing the body into water-tight compartments, and forgetting that patients are sick and suffering human beings."

For Hahnemann disease was merely the expression of the suffering vital force appealing through symptoms for its treatment; and where it was a question of treatment *he knew no diseases, only sick persons.*

And the "symptom-complex" that expressed the totality of the disease had only to be matched with some drug symptom-complex in order to arouse curative vital reaction.

Sir William Milligan, M.D., recently wrote: "The early stages of disease are often insidious, its symptoms mainly subjective, and its diagnosis difficult from the absence of gross pathological changes. These early changes are, however, just the stages where the physician has the best chance of curing his patient, and of nipping disease in the bud."

It is here that homœopathy scores. The old school physician is helpless till the pathological changes appear; he is absolutely at sea. He cannot even diagnose.

But a patient, before actual pathological changes appear, has symptoms. He feels ill. He can tell his deviations from his normal. And the homœopath, in treating the symptoms that *do* exist, saves his patient more often than he knows from serious illness.

The late Sir James Mackenzie also contended for the fact that the patient himself is our problem. He is a very cosmos in himself, unlike any other human being that exists. His reactions and response to stimuli, whether of drug or of disease, are of special interest and importance. Diagnosis must go deeper than the *mere proximate causation*—deeper than those *previous conditions which have permitted the disease*—deep down into the hidden life-activities, with which curative response is indissolubly bound up.

Much of Mackenzie's work might have been written by *Hahnemann*. He, with Hahnemann, says, "What is important to us is *the unusual, the unexpected* in the patient's reaction to stimuli, external or internal, mental or physical, connected or not with

disease, as giving us some inkling of the inner and deeper workings of life."

Hahnemann says, "The more *prominent, uncommon and peculiar* characteristic features of the case should be especially, and almost exclusively, noted; for these in particular should bear the closest similitude to the symptoms of the desired medicine, if that is to cure."

Papers to be read in our Section will deal with various points in homœopathic prescribing, but I will run briefly through the subject. It is well to remind ourselves, from time to time, what is involved in PRESCRIBING, AS LAID DOWN BY HAHNEMANN.

First, and most important, the *remedy*.

Dr. Tyler will go more fully into TAKING THE CASE, with DIFFERENT WAYS OF FINDING THE REMEDY. But I must say a few words here.

Why do we bother so much about General Symptoms (or Generals), the patient's reactions as a whole (not bits of him) to such conditions as heat and cold, damp and dry, thunder, times of day and night, special hours and such other conditions?

Because no two of us are alike in regard to these things, even when suffering from the same malady.

It is useless to diagnose "rheumatism" and then prescribe a rheumatic remedy.

A "rheumatic" patient limps in, "Doctor, it's one of my bad days. It's raining." A second follows with "I'm fine to-day. Look! my joints are free, and I've no pain; I'm always like this when it's pouring."

Rhus tox. and *Causticum* are "rheumatic remedies". But *Rhus* will never help the man who is worse in dry weather, nor will *Causticum* the man who is worse in wet. These two drugs may affect the same tissues, but they will not cure the same patients.

Therefore such symptoms, if well marked, are important guides in the choice of the remedy.

Take thunder again. Some of us are ill in a thunderstorm. Many know hours before the storm bursts. Dr. Wheeler suggests that this effect may be chemical. It is very real. Shock and fear, as we know, alter secretions, perhaps by liberating auto-toxins. The milk of a nursing mother, under stress of emotion, poisons her babe. A man who had been farming said, "One night strange dogs broke into the fold and frightened and worried the sheep. We found them all huddled together in terror in the morning. It was curious, but all the lambs were ill for days afterwards—scoured."

But cow's milk in the dairy is soured in thundry weather ; and, anyway, thunder may have to be reckoned with in the make-up of a patient.

The *strange symptoms* of remedies—and of patients—have met with a certain amount of derision and ineredulity. But they are very real ; and they get, from time to time, outside confirmation.

Effects of the moon are among these. A Brigadier who was with Kitchener in his advance on Khartoum says, "Certain ordinary, well-conducted Egyptian and Soudanese soldiers periodically break out into frenzied madness about the time of full moon, and in a day or two become absolutely rational again." Again, Dr. Lindsay, of Paraguay, writing to the *British Medical Journal*, in regard to the tropical full moon, says that it has such a powerful effect upon all forms of life, that towards and during full moon, the nervously disposed require to take greater care of themselves, and keep themselves under greater restraint. Epileptics, lunatics and alcoholics all have their conditions aggravated during full moon.

Time aggravations are among our valuable symptoms. They are very definite.

<i>Ars.</i>	..	..	..	1 a.m.
<i>Kali carb.</i>	..	..	..	2-3 a.m.
<i>Nat. sulph.</i>	..	..	..	4 a.m.
<i>Cham.</i>	..	..	..	9 a.m.
<i>Nat. mur.</i>	..	..	..	10 a.m.
<i>Sulph.</i>	..	..	..	11 a.m.
<i>Bell.</i>	..	..	..	3 p.m.
<i>Lyc.</i>	..	..	..	4, or 4-8 p.m.

and many others.

But not only people : Flowers also have their definite hours of activity and fragrance. So much so that gardens have been planted in such a way as to make a floral clock, where each flower, opening at its own particular hour, tells the time.

The *day's eye* uncloses its petals with the break of day. The *evening primrose* opens about 6 or 7 p.m. *Cactus grandiflorus*, the night-blooming cereus, about midnight, at which time many of its symptoms are worse ; the *scarlet pimpernel* at mid-day, and so on.

Remedies, to be useful, have to fit, not only the *disease*, but *this individual* with the disease.

A man wants a suit of clothes. It is not enough to 'phone a tailor, " I want a suit of clothes for a man." It would be quite

easy if we only needed to say, "I want a remedy for vomiting—for bronchitis," as if that were all to it.

But a court suit is useless to a farm labourer as are fur-lined garments for the tropics. The clothes must fit—in all ways—his height and build, his taste, his requirements.

If we need to take care and forethought in selecting our clothes, surely we need to individualize when it comes to choosing remedies for our more subtle deviations from the normal, in temperament, in reactions to environment, mental and physical. All these must be met, or the remedy can only, by accident, fit the case.

It is *the totality of the characteristic symptoms* that decides the choice of the remedy. You may not find *all the symptoms of a patient in any drug, or all the symptoms of a drug in any patient*, but the *essentials* must be there.

Idiosyncrasies in regard to food are very important. The child that steals *salt*; the woman who can never pass the *pickle jar* without helping herself; the child that munches *raw suet* or gnaws at a *raw onion* while the tears run down its cheeks. In some cases, as with salt, the individual, while eating quantities, may not be absorbing enough for his needs; in other cases, it may be a depraved appetite. In the nausea and vomiting of pregnancy, unusual cravings help in the selection of the remedy.

Then the peculiar symptoms that sound so absurd may lead us to consider some remedy that would never, else, have occurred to us. As:—

One of our doctors, in his student days, after a morning of practical pharmacy, experienced a strange sensation in lying down at night. It was *as if a globe of fine metal was shattered at the base of the brain, whose fragments were heard to tinkle as they fell*. In the morning a hunt was made among the drugs that had been handled during the pharmacy class, and the symptom was actually found, under *Aloe*. Many years later, a patient mentioned this extraordinary symptom, and *Aloe* cured the headaches of which she complained.

A young doctor was in distress because one side of his face was pouring with sweat while the other was dry. He had been taking *Pulsatilla*, for some ailment, and was proving it.

A boy, mentally deficient, was, among other things, frightfully jealous, especially of the man his sister was engaged to. Whenever he came to the house the boy "was very naughty, and *passed his stool into his trousers*". *Hyoscyamus* was found to have the symptom, *involuntary stool from excitement*. He got a dose of *Hyoscyamus cm*, and the next report was that "people remarked

how much quieter he was, and that though the sister's fiancé had been staying in the house, *he had not been jealous*."

Homœopathy prescribes for *sensitives*. No one who is not sensitive to a remedy can "prove" it. And no remedy to which a patient is not sensitive will cure him. And we know the sensitivity of any patient to any drug, by the identity of their peculiar symptoms.

Kent says, "*Susceptibility is only a name for a state that underlies all possible sickness and all possible cure.*"

But there is more in homœopathy than the remedy; there is the ADMINISTRATION.

In acute sickness you may need to repeat every four, six or eight hours—in the most acute, even every five minutes, for a few doses—*till the patient is better.*

If you stop too soon in a pneumonia, the disease is apt to reassert itself. This must be watched. In acute disease there are organisms rapidly multiplying, and the patient is fighting them for all he is worth. It may be necessary to repeatedly stimulate his resistance till he has the mastery. Then stop. Temperature, etc., and especially his increased well-being tell you that he is, as he says, "better".

In CHRONIC DISEASE give one dose—some give two or three at a few hours' interval—then WAIT.

Dr. Erastus Case, whose brilliant "Clinical Experiences" are so well worth study, says "in his early cases the selection of the potency and the number of doses given show the inexperience and prodigality of youth." His "later experience is that a single dose of a high potency proves to be the most effective in healing the sick. But when the vital force is sluggish, several doses of the remedy, preferably dissolved in water, are required to establish reaction."

You will observe that we are following Hahnemann when we say, *the remedy, the dose.*

For Hahnemann insisted on:—

- ✓ *The single "like" remedy.*
- ✓ *The single dose.*
- ✓ *Initial aggravation* (Wright's "negative phase").
- ✓ *Amelioration, often very long-lasting in chronic disease.*
- ✓ *Non-interference with vital reaction.*
- ✓ *Potentization.*

Where you have found and administered the vital stimulus you will get reaction.

It may take the form of initial aggravation—of excellent prognosis, provided that this is followed by amelioration.

Or, where remedy and potency exactly fitted, *and where disease was not deep-seated*, there may be merely a quick rebound towards health.

The symptoms of the patient were his cry for a certain medicine.

His reaction to that remedy—his response—has a great deal to tell you ; and this I have written out in the following sheets, which will help you to understand the RESPONSE OF PATIENT TO DRUG.

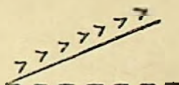
DEDUCTIONS FROM EFFECTS OF THE REMEDY.

(1) *No change*

- may mean (a) Remedy wrong.
 (b) Potency wrong.
 (c) Patient sluggish in reacting.
 (d) Slow-acting remedy.

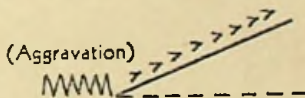
(2) *Steady rapid improvement without any aggravation,*

- this means (a) Remedy and potency exactly corresponded.
 (b) Or disease not deeply rooted.



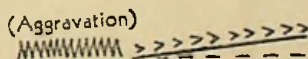
(3) *Short sharp aggravation, then quick improvement, the improvement being long lasting,*

- this means (a) Remedy correct.
 (b) Reaction vigorous.
 (c) No tendency to structural changes.
 (d) Good prognosis.



Patients usually do best who get this initial homœopathic aggravation.

(4) *Long aggravation with slow improvement*
 means case almost incurable, vitality being low.

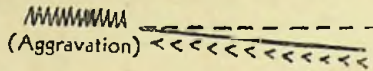


Do not repeat too soon—wait till patient has sufficient strength to react to another dose.

(5) *Long aggravation with slow decline of patient*

means (a) Case incurable.

(b) Or potency too high for feeble reaction of patient.



Incurable is only used in homœopathic sense of the term. You can greatly alleviate.

(6) *An aggravation, then amelioration, followed by return of old symptoms, in reverse order of their appearance.*

This is the best result we can desire—AND MUST NOT BE INTERFERED WITH.

These old symptoms usually disappear in short time. If some persist, they rank high for the next prescription.

(7) *Improvement marked but in wrong direction,*

e.g., ulcer on leg heals, but patient has, say, hæmorrhage from lung.—*Antidote at once.*

With some remedies, in some patients, in chronic disease, the reaction to a dose of the vital stimulus may go on from 40 to 100 days—even longer. Let it!

Never interfere with vital reaction. So long as the patient is busy curing himself, let him alone. WAIT.

Hahnemann says, "He who observes this rule with the greatest care will be the most successful homœopathic practitioner."

The patient may go straight on to cure. Or, later, if the symptoms reappear, in modified form, to demand another dose, you repeat.

Sometimes old, long-forgotten symptoms reappear to alarm the patient. "I have got that old rash coming back. It was cured 20 years ago. I don't want to have *that* again."

You explain. He has passed many milestones on his long road, undulating, yet *downhill*. This is one of them. He will need to repass them in their reverse order as he climbs up again by the undulating road towards health. The rash was a milestone and is being repassed. The remedy that brought the patient back to that will almost certainly take him past it.

Initial aggravation, in acute disease, is short and sharp; soon over.

Initial aggravation, in chronic disease, generally takes the form "symptoms worse, but *patient better*". If the patient is

better, that is all that matters. Don't interfere. The rest will follow.

We know that vital reaction is still in progress, so long as :—

(1) *Symptoms disappear in the reverse order of their coming.*

(2) *Ancient, perhaps long-forgotten, symptoms return to disappear in the reverse order of their appearing.*

(3) *Symptoms pass from internal organs or tissues to those more superficial (as when asthma disappears, while that ancient eruption reappears on the skin).*

The order of cure is :—

From within—outwards.

From above—downwards.

In the reverse order of appearing.

So we see that homœopathic prescribing is not merely a question of the remedy, or the initial dose.

Many go so far and then fail for want of knowledge.

They repeat without warrant. They change the remedy lightly ; not realizing that, once the vital stimulus is given, it is at your peril that you meddle with reaction.

While the patient is still reacting, they repeat, or interpose for trivial symptoms, another drug, and the reaction stops.

They have not learnt that the first condition of cure is, "*so long as improvement holds, and the patient says I AM BETTER, nothing must be done.*"

We can only prescribe successfully in response to symptoms. This holds good in prescribing, in repeating, in changing the remedy (when it has to be changed) and in antidoting.

I must mention the plussing method—so-called—of Hahnemann's later days, which has only been realized since the publication of the sixth edition of the *Organon*.

Instead of the single dose, a series of doses may be given to start reaction, PROVIDED THAT THE POTENCY BE ALTERED FOR EACH DOSE. You will hear more about this method from those who have had more, or more favourable, experience of it. In acute disease, where repetition is necessary, it certainly has its advantages; and it was the method Hahnemann again and again advocated in his earlier works ; that is, slightly changing the potency of the remedy with every dose.

And now, in conclusion, I will give you a few aphorisms, culled from the life-long experiences of Hahnemann, Kent, and others.

Homœopathic prescribing is not a matter of fancy, or experimenting, or the humour you happen to be in. You are working by LAW.

The closer you stick to the rules of the game, the fewer mistakes you will make.

Homœopathy can only be learnt from a master. It is uphill and costly work, when one has to pay for all one's experiences.

Give of your best, in your turn, into the common store. *True greatness only comes from great service.*

Always have a good reason for a prescription. We have no right to implant in the system even a homœopathic remedy without a good reason.

The more ignorant the physician, the more he will do.

Where the characteristic symptoms of drug and patient absolutely fit, we are absolutely sure of the remedy. It will cure what is curable in the patient.

The more homœopathically you prescribe, the more sensitive is the patient to what you give him.

In prescribing the simillimum, it is well to remember that we are prescribing that one thing to which the patient is most sensitive.

The single dose of the highest potency will evoke the most violent reaction. So be careful in advanced disease.

Where there are gross tissue changes, in the acute or last stages of chronic disease, give low potencies, and remedies rather palliative than curative. The time for cure is long past.

A high potency of the deep-acting constitutional remedy may give euthanasia and—death.

Remember, when tempted to repeat, it is better to come in a little late than too soon.

Hahnemann says, "The surest and safest way of HASTENING the cure is to let the medicine act so long as the improvement in the patient continues. He who observes this rule with the greatest care, will be the most successful homœopathic practitioner."

"A single dose of a carefully-selected remedy may start an improvement, which may continue to restoration of health. This result could not have been obtained, if the dose had been repeated, or if another remedy had been given."

It is not enough to find the remedy. If you do not know the philosophy, your work will be a mere see-saw between magnificent promise and baffling failure.

