

## ORIGINAL PAPER

# Homoeopathic philosophy: its importance in the treatment of chronic diseases<sup>☆</sup>

By John Weir, M.B., Ch.B.Glas.

Assistant Physician to the London Homoeopathic Hospital.

What is homoeopathic philosophy?—It is an understanding of the various phenomena of reaction to the like-drug-stimulus, supplied by the homoeopathic remedy. It not only deals with the choice of the drug, but teaches us how to use it.

There is nothing more true in the world than this: *what we sow, that we shall reap*. In homoeopathy, especially in the treatment of *chronic diseases*, we shall get out what we put in. If we expect the impossible we shall be disappointed. If we despair and say “incurable,” we shall miss many unexpected triumphs. If we sow mistakes we shall reap failures. And out of failure comes disheartenment and loss of faith in our work. The “efficacy of homoeopathy in chronic diseases” depends on two factors that make for success on the part of the practitioner, viz., *knowledge* and *faithfulness*.

To begin with, we need to know our work from start to finish.

To prescribe remedies peculiar to the homoeopathic school is not enough. To understand the “grading” of symptoms (that is to say, their relative importance as regards the choice of the remedy) is not enough; to know our way blindfold about the repertory, and to use it constantly in prescribing, is not enough. To prescribe according to the Law of Similars, is not enough. To be able to hit the drug is much; but it is not everything.

It is the right and necessary beginning; but it is only the beginning. To prescribe only high potencies—or low—is not enough.

Hahnemann, who gave us the Law of Similars: who showed us the relative value of symptoms: who told us how to use the repertories: and how to be led by them to the *materia medica*: gave us, besides this, a very great deal more. And unless we go the whole way with him we need not expect (as he warns us) ever to see “the efficacy of homoeopathy in chronic diseases.”

## Chronic diseases

In regard to chronic diseases (which he claims to be the first to treat successfully) Hahnemann has given us most explicit instructions, warnings, and exhortations. It is not enough, he tells us again and again, to find the curative remedy, we must know how to *use* it if we are to be successful here. Hahnemann (speaking of the necessity of letting the single, dose of the indicated remedy act to its finish) says (all quotations are taken from “The Chronic Diseases”): “Unless the physician imitates my method, he cannot expect to solve the highest problem of medical science (that of curing those important chronic diseases, which have indeed remained uncured up to the time when I discovered their true character, and proper treatment).”...

“If physicians do not carefully practise what I teach, let them not boast themselves of being my followers; and above all, let them not expect to be successful in their treatment.”

An acute disease is self-limiting; the patient recovers, or dies. Of chronic diseases, on the contrary, Hahnemann says: “They never yield to the simple action of a robust constitution; or to the best regulated diet, or mode of life. On the contrary, they grow worse from year to year to the end of life, gradually assuming different and more dangerous symptoms.”...

“As when,” he says, “phthisis passes often into insanity, drying up ulcers into apoplexy, intermittent fevers into asthma, affections of the abdomen into pains in the joints or paralysis. It is not difficult,” he adds, “to perceive that the new symptoms were founded on the existing primitive malady, and could only be parts of a much more extensive disease.”

If our homoeopathy, then, is to exhibit its efficacy in chronic diseases, we must know our work. We must know how to take the case; how to estimate the relative value of symptoms, in order to find the correct remedy; how to administer that remedy; how to wait while the patient reacts to the vital stimulus; how to read the response of the patient when the reaction comes; how to wait till the reaction is wholly spent before again stimulating.

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"He who observes these things with the greatest care will be," as Hahnemann says, "the most successful homoeopathic practitioner."

For what is homoeopathy? Homoeopathy is "like" medicine, it is true; but it is much more. It includes the single drug, the single dose, the initial aggravation, non-interference with reaction, and potentization.

On all these, in his work on chronic diseases, Hahnemann strongly insists; and if we are to experience *the "efficacy of homoeopathy in chronic diseases,"* we need all these.

Let me repeat, because it is so important: homoeopathy means the "like" remedy (that is to say, the remedy whose disease-symptoms resemble the disease-symptoms of the patient we desire to cure) but besides the "like" remedy, it means the *single drug, the single dose, the initial aggravation, non-interference with reaction and potentization.*

## Individualize

What differentiates the school of Hahnemann from all other schools is, that we *individualize*; they do not. To treat a chronic disease *per se* is quite wrong. To send all patients suffering with rheumatism to Bath, or with gout to Harrogate, is all wrong. The waters that help *one* may be harmful to another. To prescribe the same diet for all patients whose diseases are called by the same name is useless. It agrees with this one and disagrees with the next.

What we must treat is the underlying dyscrasia of the patient. When we prescribe homoeopathically, we are prescribing for idiosyncrasy, and that is where we get our success. If we believed that medicines would cure our patients, we might think that the more of the right medicine we could get in the quicker would be the cure; whereas exactly the opposite is the case. The patient must cure himself. Medicine cannot cure him. All that medicine can do *curatively* is to stimulate his curative reaction. The dose of the drug to which his idiosyncrasy makes him sensitive merely acts as a vital stimulus. And it is in his reaction to that stimulus that lies his salvation. So we see that diseases and drugs are much alike in their effects. They provide stimuli to which there is more or less vital reaction.

Kent says: "*Susceptibility is only a name for a state that underlies all possible sickness, and all possible cure.*" There is the individual behind it all. Different individuals react differently to both diseases and remedies. It requires many cases of a disease to exhibit the whole disease picture. It is only from many provers that the whole of a drug-disease picture can be elicited. Everywhere it is the *ego* behind it all that has to be reckoned with. And it is only through *symptoms that denote the individual* (and his defective reactions to mental and physical environment in particular) that we can find his individual stimulus. This is the very essence of homoeopathy as taught by Hahnemann.

## Resistance

The thing that concerns us, as physicians, is *the patient*. Surgery busies itself only with "ultimates," or disease-products. Remember that disease (or what we call disease), is really the result of disease, or deficient resistance. It is this resistance that we must stimulate. The true disease is the underlying condition, the susceptibility, the intangible cause of the pathological changes. It is this with which we have to do, or fail. Hahnemann tells us that our only mission in life, as physicians, is to cure the sick. And everything depends on our interpretation of *a sick man*. We often come across patients who give us plenty of symptoms; yet on careful examination nothing definitely is found wrong. Yet that patient is a sick person, and if not treated will in the end have ultimates to show.

The individual behind the disease is shown in what we call the *generals* of the patient; that is to say, by his *reactions*, as a whole, to environment, mental and physical. This is where he betrays his weakness and deficiencies; this is where we can help him. You see, the patient is out of tune with his surroundings and therefore suffers. And suffering, of course, means damage. He is out of gear; he is failing to adjust himself; he is working along a wrong channel. His normal healthy rhythm is disturbed.

In machinery a want of perfect adjustment means stress, jar and friction. Friction, stress and jar are destructive to any machine. Parts are strained, worn down; presently adjustment fails and something gives. The machine is old and worn out and incapable before its time. It is just like that with the human machine. The man is not normal. He fails, therefore, to adjust himself, fails to react curatively to injury, strain, or invasion of disease. There are attempts at compensation; but these things do not make for health, and a vicious circle is established. Things are not working smoothly; there is distress, pain, perverted function. Presently something gives. Ultimates are established. When this happens we can give the disease a name; but the man was sick long before, or all this would never have happened. The patient was wrong, out of gear, out of sorts, before he could show it by putting up diseased parts.

It is the patient himself, the primitive sick man, with which homoeopathy is concerned; and he can only be got at through his morbid reactions, mental and physical. Therefore, for our purpose, the symptoms of importance are those which denote or express the patient; not those secondary to mechanical or pathological changes. This cannot be too often repeated. The symptoms complained of by the patient, the obvious symptoms, dependent on gross pathological lesions, are generally worthless from the point of view of prescribing. The *stiffness* of ankylosis, the *dyspnoea* of pressure on the trachea, the *frequent micturition* of pressure on the bladder, the *itching skin* of bile-absorption, are not symptoms of any use, when we are searching for

the constitutional remedy. But the symptoms that *are* of importance are the symptoms of the patient himself, as a whole; the failures to adjust himself to mental and physical surroundings. These are the things that cramp his vitalities, his healthy activities and enjoyment of life, that lower his resistance; it is on these that ultimates are established.

In speaking of the symptoms that express the patient it may be as well to explain the *terms used*, in case they should be unfamiliar to any here.

*General* symptoms are those which denote the patient as a whole. *Particulars* are those which refer only to a part or organ.

Of *generals*, the patient says "I," not "My." ("I suffer in the cold," "I have lost interest in everything—in work—in my loved ones." "I feel nausea at the sight or smell of food.") Of *particulars* he says, not "I," but "My" ("My knees suffer in the cold, or damp." "My eruption is more painful after washing.")

It is necessary to get generals and particulars clearly, since they may be contradictory. The patient may say, "I feel the cold, and cannot stand it; but my joint pains are much worse from heat." Such contradictory conditions are very valuable to the prescriber.

It is also necessary to distinguish clearly between generals and particulars, because the generals take far higher rank, as denoting the patient himself. Even in Homoeopathy *the whole is greater than its part*. Of the generals the symptoms of highest rank are the *mental* symptoms, as expressing most perfectly, and indeed dominating the individual. These all are more especially important when they express a *change* in the mental or physical condition. Deviations from the normal of the race are important; deviations from the normal of the individual are much more so.

Take an example: A man who has always appeared lighthearted and open, becomes depressed and takes on suspicion. His very nature seems to change. This is of the utmost importance and it limits your work at once. Mentals are of the highest grade and such a marked symptom must be in high type. We know, therefore, that the remedy for this case must be in the group of suspicious remedies. Only drugs that have caused or evoked *suspicion* need to be considered. I say evoked because there must have been a latent tendency to suspicion in the patient, otherwise, neither sickness nor drug would probably have been able to bring it out. Mental symptoms, then, that express the patient's very self, take the highest rank in working out the case. Where they are very definite and strongly marked they lead you at once to the consideration of a small group of remedies, and lighten the labour entailed in determining the drug. For we may get a long case with numerous symptoms. Something must be left out. The whole situation depends on what we *do* so leave out. If we remove the prop, the very foundation, why it must fall. Without the grading of symptoms, the knowledge of what is essential to the case, repertorizing would be an interminable task; with results so poor and uncertain as would soon lead to its abandonment. The symptoms of importance in repertorizing are those that denote *the patient*, his mental reactions, desires and fears; his physical reactions to temperature, storm and climate, to time, to food and drink, to position, motion, and such-like.

Of less importance are his particulars (the symptoms pertaining to his parts or organs), unless indeed, "rare and peculiar," when they at once become characteristic of *himself*, apart from his malady, and rank high.

Of least importance are *common* symptoms, whether common to his disease and therefore not distinctive, or common to a great number of remedies, and therefore useless for the selection of *one*. Common symptoms are practically useless in prescribing.

But notice, please, that the symptoms that go to make up the choice of the remedy, often lie quite outside those that go to make up the pathology of the case. Beware of prescribing on a single symptom, however marked and characteristic. You may wipe out that symptom—only. You *will* do so, if you prescribe a remedy that does not cover the whole case. Whereas in prescribing for the patient as a whole, you will wipe out that symptom with the rest. More than that, you will often learn, later, that your medicine has cured symptoms that the patient never thought to mention to you.

## Taking the case

The homoeopathic taking of the case, then, must differ entirely from anything we have learnt outside the School of Hahnemann. "The first rule is, *let the patient talk*. Don't interrupt. We want his whole story. By diverting his thoughts, we may lose something of the first importance. When he has finished, it is our turn. We must start questioning him, and get him to qualify all the statements he has made (because a common and useless symptom, when qualified, is often transformed into the "strange, rare and peculiar" that is so important in working out the remedy). We shall need to ask a great number of questions, in order to get the few symptoms of vital importance. But care is needed in framing our questions. They should be put in such a way that the patient is forced to consider, and make statements: that he is unable to answer them by *yes*, or *no*. Again remember: if we ask leading questions, we shall get misleading answers. Another point: it is useless to write down anything that is not definite and marked. If it is a question of "Yes—I *think* so?" "Well, you know, I *rather* prefer—" leave it out.

Next we have to get the generals, and mentals. The mentals we leave to the last, till we have had time to familiarize the patient with our methods, and to win his confidence. It is a difficult thing, often, to reach the very symptoms we need most—to probe to the depths of fears and depression. The friends of the patient may help us here, especially in regard to important changes of disposition. Besides that, we are helped by our own observations; the patient betrays himself in a hundred ways. There is not only the *type* of the patient: the moist hand, the dusky complexion, the way he begs us to open (or shut) the window.

We may notice: restlessness and ceaseless movement, a suspicious look and manner, reserve, and resentment of sympathy, reluctance to tell even necessary symptoms, loquacity or slowness, easy weeping. Often our conclusions flatly contradict the patient's own description of his mental state.

In children the mentals are easy to get, and help you more than anything. There is the child you want to caress, and the child you want to spank. The child that wants to be comforted, and the child that twists angrily away.

In taking the case, the only things we have in common with the old school are, the *careful examination of the patient* and the *necessity for diagnosis*. Not because on diagnosis is based the remedy. It is *not*. But because, unless we diagnose the mechanical and pathological condition, we cannot prescribe either homoeopathically or safely. For without examination and diagnosis, how are we to differentiate between the symptoms that are secondary to, or common to the disease, and those which are inherent in and peculiar to the patient? And for the discovery of the vital stimulus, the latter alone are of importance. Again if we neglect diagnosis, we may inadvertently, but irretrievably, damage the patient, by administering the vital stimulus in too high a potency. Where there is gross tissue-change, the remedy that ought to have been administered many years ago may provoke such a turmoil, such reaction, that the patient never rallies. In our attempt to cure what is incurable, we may actually kill.

## Potencies

And here let me say one word about *potencies*. Potentization was Hahnemann's great discovery. He considered potentized drugs essential in the cure of chronic conditions. He says: "Homoeopathic dynamizations are processes by means of which the medicinal properties of drugs, which are in a latent state in the crude substance, are excited, and enabled to act dynamically upon the vital force; that is upon the sensibility and irritability of fibres.

"I have been the first to discover and to promulgate this awakening of the latent dynamic properties of medicinal drugs, which is effected either by the process of trituration, or succussion.

"It is therefore improper to apply the term 'dilution' to a dynamized drug (though every new potency of a drug has to be mixed either with alcohol or sugar of milk, to enable us to carry on these processes still further, and to set free the very inmost power of the drug, which could not be done by simply triturating or shaking the original substance, were we to do it for ever so long a period).

"... By employing proper care in the preparation of our potencies, even the 50th potency becomes exceedingly powerful."

He has, however, sanctioned potencies higher than he ever dreamed of, when he tells us the height to which potentization may, with advantage, be carried. For he says, so long as the potentized remedy is capable of provoking even a small aggravation of symptoms immediately after its administration, "*we have curative power.*"

## Aggravation

And here let us consider, for a moment, the question of *aggravation*. Aggravation is almost as precious to the homoeopath, as amelioration. Where there is aggravation, there is evidence of *power*. Also, where there is aggravation, there is evidence of *reaction*; and it is on vital reaction that all our work is based. It is the reaction of the patient to the vital stimulus provided by the simillimum, that is curative. The remedy, as we said, never cures the patient, but it does far more: *It stimulates him to set about curing himself*. And that is why we must not repeat lightly. For while he is so busied, it is a fatal mistake to interrupt him, and cause him to swerve from his course. The symptoms presented by the patient, are really his reaction to disease. When we add a drug-stimulus of "like" nature, the preliminary aggravation is evidence of the enhanced endeavour of the patient to resist. But aggravation is of two kinds, and we must distinguish between them. For with the one we *must* interfere; with the other, we must *not*.

There is the aggravation of the *disease*, where the disease is worse, and the patient is also worse; here we must antidote at once. There is the aggravation of symptoms only, when the symptoms are worse, *but the patient feels better*. Here we must let it alone. It will pass. Whenever there is aggravation of symptoms, but the patient says, "I feel better," that is of good prognosis — provided you keep your hands off.

Hahnemann says: "The physician need not feel the least uneasiness if the ordinary symptoms of the disease are called out by the antipsoric remedies, in a higher degree of intensity than they usually manifest.

"They will diminish more and more, one day after another.

"This so-called *homoeopathic aggravation* is a proof that the cure is not only probable, but may be anticipated with certainty."

When there is not much tissue change, you get no real aggravation of disease, but a mere transient exacerbation of symptoms. Where the homoeopathic aggravation is quick, and severe, and soon over, the amelioration will be long-lasting. (Always provided we keep our hands off.) A quick rebound on the part of the patient tells us several important things: That the remedy was well chosen; that the vital economy is in good state; that there are no gross tissue changes; that the patient will get well. Such cases give us no anxiety. So we see how all-important it is to our peace of mind, to know our work, and when we get results, to be able to interpret them.

## The language of reaction

It was important for us to be able to read the language of symptoms, to correctly interpret their cry for the curative drug. It is no less important that we should also master the language of reaction, and be able to rightly interpret what the remedy has to tell us, in regard to prognosis and the after-treatment of the case.

*No aggravation, a sudden amelioration of all symptoms* (a quick rebound to health) means: The remedy was right; the potency was right; the disease was not deeply seated.

*A short, sharp aggravation, followed by long amelioration* means: The remedy was right; the potency was right; reaction is good; patient curable.

In less favourable cases you may get: *Long aggravation, with slow improvement; long aggravation, with slow decline of patient; rapid improvement, followed by long aggravation*; these mean, prognosis not good. The normal curative reaction is not here. You must remember that there are cases that are incurable. In such, you must not give the constitutional remedy in high potency—the remedy that should have been given twenty years ago. It is too late. The reaction to such advanced disease would destroy the patient. You can help these patients a great deal, you can prolong life; only you must realize that you cannot cure them. In such cases we are told “to use short-acting remedies, and such antipsorics as do not relate to the case as it was at the beginning. The remedy that fits the previous condition will tear the case down.”

There is one other group of great importance: *Amelioration, followed by return of old symptoms*. (By these we mean old, perhaps long-forgotten symptoms: not the symptoms for which the patient consulted us.) When these ancient symptoms return, in the reverse order of their coming, this is of the utmost importance. It tells us *that the remedy is deep-acting, down to the very foundations; that the patient will get well* (always provided that we will let well alone).

It proves, as Hahnemann says of the return of these old symptoms: “That the remedy has attacked the disease in its inmost nature, and will prove of great use hereafter. Therefore the remedy,” he says, “ought to be left undisturbed.”

Therefore, whenever the patient returns with the report of symptoms new to us, we must always ask whether they are really new to the patient, or whether they are not merely a return of ancient symptoms *i.e.*, previous phases of the chronic life-long disease), since these are of good prognosis, and must not be meddled with: for, as a rule, they do not persist. They return to make their bow before the curtain; then vanish.

## We must let the remedy act

And now, most important of all, we must speak of the need to *let the remedy act*. It is at our peril we meddle with reaction. The first prescription was important. On the second hangs the future of the patient. It is no good to say, “I have found the curative drug. I will push it.” Remember always, that if there is one thing the curative drug will not stand, it is being pushed. The result of such a course will speedily cause you to doubt whether you have got the curative drug at all. We must be loyal to the remedy, and to the reaction of the patient; or they will both fail us, and there will be no cure. The curative drug always demands that we shall watch and *wait*: for the curative drug strongly resents interference.

Even the Allopaths have come to recognize a state of hypersensitiveness or anaphylaxis following a *vita stimulus*: and the uselessness, and even danger of repetition while this lasts. The disciples of Hahnemann knew of this condition ages before it got a long Greek name. They have Hahnemann’s warnings, and his directions for practice. You have got to hasten slowly. You have, with the dose of your well-selected remedy, supplied the initial impetus: your patient is just able to stagger forward; but it is forward. Give him another push, and his direction is no longer forward, but *down*.

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* (were it far beyond the period set down as the probable duration of its action). *He who observes this rule with the greatest care will be the most successful homoeopathic practitioner.*”

There are more cases spoilt by improper repetition of the remedy than from any other cause. Whenever a remedy has produced a positive effect, whether of aggravation or of amelioration, no repetition is permissible until that action has wholly spent itself. Symptoms were all important for the choice of the remedy: but after the remedy has been given, and while the patient is reacting, symptoms must not betray us into prescribing. So long as a patient is improving, symptoms are *not* a call for a new prescription. Listen to Hahnemann again: “The physician must be on his guard against interrupting the action of the antipsoric remedy which he has given to the patient. Let him not exhibit an intermediate remedy, on account of a little headache, which may perhaps come the day after the antipsoric was given, or another remedy for a sore throat, or diarrhoea, or a little pain.”

*“The rule is, that the carefully selected homoeopathic remedy should act until it has completed its effect.”*

And again, he says, “A hasty repetition of the remedy, or every new dose of another remedy, would produce increase of morbid symptoms, and interrupt the process of cure. It often requires a long time before so much mischief can be remedied.”

And again, “By means of a single dose of a carefully selected remedy, the homoeopathic physician often produces an improvement in the state of his patient, which continues even to the restoration of health. *This result could not have been obtained if the dose had been repeated, or if another remedy had been given.*”

And again, "The whole cure fails, if the antipsoric remedies which have been prescribed for the patient are not permitted to act uninterruptedly to the end..." He talks of "the loss which the rash haste of the physician has inflicted upon the patient," by which "the benign action of the remedy, which was about manifesting its most beautiful and surprising results, is probably lost to the patient for ever."

And once again: "The surest and safest way to *hasten* the cure is, to let the medicine act so long as the improvement of the patient continues. He who observes this rule with the greatest care, will be the most successful homoeopathic practitioner."

So long, then, as reaction is in progress, symptoms are not a call for a new prescription, even were it a repetition.

While the patient is reacting, and his symptoms mending, there is no cry for a drug, and you have no business to give a drug, except in response to a definite cry. A drug for which there is no cry is no stimulus to healthful reaction.

Reaction is still going on, so long as *symptoms continue to disappear in the reverse order of their coming, or ancient symptoms return (to disappear) in the reverse order of their appearing, or if symptoms pass from internal organs on to more superficial ones*, or, when symptoms change and move *from above downwards*.

Hering, in his preface to the "Chronic Diseases," puts this point. He writes: "Every homoeopathic physician must have observed that the improvement in pain takes place from above downwards, and in disease from within outwards. This is why chronic diseases, if they are thoroughly cured, always terminate in some cutaneous eruption. The thorough cure of a widely ramified chronic disease in the organism is indicated by the most prominent organs being first relieved; the affection passes off in the order in which the organs had been affected, the more important being relieved first, the less important next, and the skin last.

"Even the superficial observer cannot fail to recognize this law of order. *An improvement which takes place in a different order can never be relied on.*"

This, then, is the order of cure: *From above downwards; from within outwards; in the reverse order of appearing.*

But how long must we wait before repeating the dose? (Have you observed, by-the-by, how Hahnemann always speaks about *the dose*, when he is dealing with chronic diseases.) There is only one rule in regard to repetition; wait till the patient feels less well, and the symptoms on which we prescribed begin to come back *to stay*. They return *just to ask for a repetition of the remedy*. Here is a case of Hahnemann's. He says: "On one occasion I gave sepia against a chronic headache, which came on at intervals. The attacks became both less frequent and less violent. Another dose stopped the headache for a period of one hundred days; from which I inferred that the remedy acted during all that time. At the end of one hundred days another slight attack came on. A third dose of sepia was given, and it is now seven years since the headache has completely disappeared."—"Chron. Dis."

I think I have shown you that this is all Hahnemann, of whom Dr. Kent is the greatest exponent in our day. Kent says in a recent letter: "It always seems so strange to me to hear that I have attempted a departure from Hahnemann's teaching. I simply try to show what it means, and how to apply it after one hundred years of application. I have made no discoveries. I have nothing that I can call my own."

On the question of letting the remedy act, he is at one with "the Grand Old Master," as he calls Hahnemann. Kent says: "The more ignorant the physician, the more he will do." "It is better to do nothing at all than to do something useless." "If you go at it like a common tinker you may cure acute sickness, but, on your life, do not tamper with these chronic diseases." "This flopping about, and not waiting for the remedy to act, is abominable! There are periods of improvement and periods of failure. Let the life force go on as long as it can, and *repeat only when the original symptoms come back to stay.*"

One last quotation from Hahnemann I will give you: "My doctrines in regard to the magnitude and repetition of the doses will be doubted for years, even by the greater number of homoeopathic physicians. Their excuse will be, 'that it is quite difficult enough to believe that the minute homoeopathic doses have at all the power to act upon disease, but that it is incredible that such small doses should be able to influence an inveterate chronic disease even for two or three, much less for forty or fifty days; yea, that after so long a space of time important results should be obtained from those imperceptible doses....'"

"Does the physician risk anything by imitating a method which I have adopted from long experience and observation? Unless the physician imitates my method, he cannot expect to solve the highest problem of medical science, that of curing those important chronic diseases which have indeed remained uncured up to the time when I discovered their true character and proper treatment..."

"If physicians do not carefully practise what I teach, let them not boast themselves of being of my followers, and, above all, *let them not expect to be successful in their treatment.*"

There may be much in the foregoing that seems strange and almost inexplicable, but we must approach it with the humble mind of those eager to do all we can for suffering humanity. We do not yet understand what electricity is, but that does not hinder men from using it along directed channels to obey their wills—if we sit still and do nothing till we fully understand why and how things happen, we will not be busy or useful.

So with homoeopathy—we cannot explain precisely how the simillimum acts—why such minute quantities of drugs should have any action at all—why it is dangerous to repeat too soon the phenomena of aggravation, but we use them intelligently. Now science comes along and clears up much that was dark. Recent excellent papers by Mr. Dudley Wright, Dr. Wheeler, and last month by our President, gave evidence of the forces of the infinitesimal, we need no longer apologize for using drugs in

such imperceptible doses. The phenomena of anaphylaxis are analogous to the upset produced by the too early repetition of the homoeopathic remedy. Sir Almroth Wright's so-called reaction in vaccine therapy explains to some extent the aggravation felt by the patient after the administration of our drugs.

So we may yet hope for many of the strange things that actually do occur in our practice being fully understood some day, but we must not wait till then before we utilize their messages.

Dr. Wheeler ably puts it in *The Homoeopathic World*, February, 1914: "As regards many subjective symptoms and so-called 'general' symptoms, their pathology is as yet unknown; but that does not mean that it is nonexistent. There must be a reason why one patient reacts unfavourably to damp or cold more than another. Sometimes we can divine it, but when we cannot, the symptom is nevertheless a part of the pathology of the case, and it is not scientific to ignore all that we cannot explain. Rather we should seek to understand."

I have been almost entirely using Hahnemann's name, and that advisedly. It is impossible to conceive in these days of anyone blindly following teachings of 100 years ago, unless they be borne out by everyday clinical experience. Even to-day Hahnemann's warning holds good—and only those who closely follow his directions need look for his results.