

**In the Search for the Simillimum Shall we Endorse
Section 18 of the Organon, Which Says That the
Totality of the Symptoms Must be the Sole
Indication to Direct Us in the Choice
of a Remedy.**

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(Continued from page 214)

DISCUSSION.

A. L. MONROE, M. D., Louisville Ky. : It seems to me that the proposition is axiomatic, that we should prescribe upon the totality of the symptoms. What constitutes the totality of the symptoms—What do we include? We must include pathology in the totality ; if not, I should not be willing to be limited by the totality of symptoms, objective and subjective, because I do not believe that we interpret symptoms correctly without a knowledge of pathology, and *vice versa*. Pathology is the root of the disease tree—symptomatology is its blossom. We should comprehend it all, but many of us do not do this. We have plugged along certain lines since the time of Hahnemann until some of us would be more confused in computing what the totality might be than we should have been at the time of Hahnemann. Are we, in getting the totality, to be allowed to peer into all the openings of the body, to use the cathode ray and avail ourselves of every knowledge we might obtain from such investigation? Another question, what are the most important and characteristic symptoms—what are keynotes? Generic symptoms with qualifications. For instance, take “goneness in the pit of the stomach,” a symptom which may be found under Sulphur, Sepia, Calcarea and Veratrum. When it comes with hot flashes we cut down to Sepia, Sulphur and Calcarea. When with canine hunger, to Sulphur and Sepia. At 11 A.M. we think of Sulphur, Sepia and Stannum. This means that we must grade characteristic symptoms.

E. R. SNADER, M. D., Philadelphia, Pa.: It is simply impossible to even open the discussion of so great and important a subject in five minutes. Instead of discussing, the time limit compels me to epigrammatically dogmatize. You can digest the mental pabulum later; regurgitate it after you return home, if you please, when you will have ample opportunity to damn or to commend the views I express.

My individual conception of what is meant by the expression "the totality of the symptoms" is not at all in accord with the argument I shall present. I must assume, temporarily at least, that my opponent's conception of the trite saying is right, for the purpose of utterly annihilating, if I can, a conception which is ruinous to the advancement of Homœopathy, which justly makes our school a laughing-stock among reasoning men, and is the stone of Sisyphus which we will be compelled to roll up the mountain of progress forever, unless we free ourselves from what I individually conceive to be the grossest possible perversion of the fundamental truth of Homœopathy. The interpretation which has been forced down my throat ever since I drooled over the enormous doses of Homœopathic Materia Medica I had to take, is that I must prescribe for a case upon the totality of *word* symptoms presented, independently of the nature, origin, pathology, inter-relation or diagnosis. I was also told that I need know no more of the drug than that the medicament had these particular symptoms. Against this idea I now dogmatize, but will cheerfully discuss if given the opportunity.

The phrase "the totality of the symptoms must be the sole indication to direct us in the choice of a remedy" should be absolutely abandoned.

1. Because it is seldom, if ever, possible to cover all the symptoms, consequently no prescriptions are ever made which include all the phenomena, and hence the rule is directly violated in every attempt at its application. Is the

mental process which discriminates between the important and the unimportant symptoms valueless?

2. Because the simple superficial symptoms only shadow the real power of the drug—only give you inklings of the power within. Do not prescriptions based on word symptoms alone ignore the very life blood, the soul power of the drug, for the tawdry outer garment? If I may use such expressions to indicate inherent force. Can you always tell a man or a drug by the dress?

3. Because, by depending upon symptoms alone, systemic states may be ignored, the recognition of which is vital to a cure.

4. Because no man should ever prescribe a drug who does not sense the power of that drug, feel its range of action, know the tissues it acts upon, know what he intends to do with it in the workings of the body toward health, and such a knowledge of a drug is impossible from a study of it from a simple symptomatic standpoint. I honestly doubt if Hahnemann ever made a purely word symptomatic prescription in his life. He knew a drug's general action before he proved it, he knew its sphere from his Old-school experience, and it was not possible for him to ignore the knowledge that he was in the very warp and woof of his medical mentality. He read the symptoms aright because he had all the knowledge that many of his so-called interpreters tell us we do not need.

5. Because the proposition forces the conception that our *Materia Medica armamentarium* is perfect for the control of all curable cases. Who would dare make such a claim?

6. Because the conception of symptomatic prescription paralyzes directly and indirectly the study of everything but *Materia Medica*, kills diagnosis, the only means by which you can tell what kind of treatment you need, whether surgical, mechanical, electrical, dietetic, etc., so-called physiological prescribing or the Homoeopathic simillimum.

7. Because a purely symptomatic prescription will not

cure unless it absolutely represents the real, underlying condition causing the symptoms, the same word often being used to express dissimilar states, and, consequently, most prescriptions which do no more than cover the words are the rankest empiricism and experimentalism in the world, without reason and without science, and are most certainly not true Homoeopathy.

8. Because a symptomatic prescription of necessity, if the totality is what you are after, reduces all symptoms whatsoever to the dead level of equal value. How absurd!

9. Because the genius of a remedy, the epidemic remedy, the endemic remedy and the clinical experience, if covering the totality of the symptoms, is the sole indication to direct us in the choice of a remedy, must be ignored.

10. Because symptoms indicating improvement, crises, elimination, favorable evolution and symptoms of little value, must also be covered in the totality.

11. Because diametrically opposite, mixed, consequent and inconsequent conditions may all be represented by an exactly similar symptomatic phraseology, blinding us as to a true conception of what we ought to do, unless we ignore mere symptomatic prescribing.

12. Because it makes the accumulation of clinical experience a mountainous task, so that even centuries of labour and keen, sifting observation can never educe sufficient of value to justify the work, and consequently such work clogs the wheels of progress in medicine. And, after all, when the experience is sifted, it will be found that the symptoms which have been cured have represented states. Why not prescribe on the states and conditions now? Why not accumulate definite and positive knowledge now?

13. Because such prescribing limits the scope and usefulness of Homoeopathy and confines it to so narrow a sphere that an old woman with a book can prescribe with the same skill as the most learned professor of *Materia Medica*. She needs know nothing but symptoms. Forsooth! What rot!

14. Because a single condition not manifesting itself by a subjective symptoms, may be the key to the whole therapeutic situation and may be of more value for the purpose of finding the similimum than the presence of fifty other symptoms not coherently connected with the underlying state.

15. Because the symptoms of past disease are mingled with the present ailment, and often have "nothing to do with the case" any more than a rickety rosary has to do with an ingrown toe-nail.

16. Because reflex symptoms are thought to have their real in their apparent origin, and thus much good medicine is wasted to produce no good to the patient and skepticism in the doctor.

17. Because so narrow a view of the method of finding the similimum drives all broad-minded, rounded, thinking, progressive physicians into agnosticism regarding Homœopathy, and into the worst idiocies of Allopathy.

18. Because it leads to the assumption that an essentially incurable malady will recover, because some of its salient symptoms have improved under symptomatic treatment.

19. Because, practically, not once in fifty times does one make a purely symptomatic prescription. He unconsciously uses all his knowledge, from whatsoever source obtained. Why retain a declaration as a dictum that so illy represents the actual procedure in practice?

20. Because symptomatic prescriptions, if actually adhered to, so limit the field of usefulness of true Homœopathy, that it is robbed of nine-tenth of its just glory. Drugs have an infinitely greater range of activity than is shown by the slender skeleton of a schema of symptoms.

21. Because, inasmuch as it is probably impossible to master the minutiae of the symptomatology of more than one hundred drugs in a lifetime, and most of us have mastered less, it necessarily follows that we have "short cuts across

the fields," which are superior to the covering of the totality of the symptoms *i.e.*, the law of *similia* is broader and easier of application than pure symptomatologists would have us believe.

22. Because the prescription of drugs upon a purely symptomatic basis is only one method, and the poorest one at that, of applying the general law of *similia*.

23. Because it robs a man of the fruits of experience, by making him wait, sometimes for years, before he is able to repeat a drug that he has used for a peculiar symptom. For instance, if, under *Croton tiglium*, he has removed a sensation as if the eye were being pulled back into the head, and the prescriber does not know whether his patient has hæmorrhoids, glaucoma, iritis, cystitis or a conjunctivitis, he misses the opportunity of applying the drug in diseases where the symptom does not exist, but on which the medicine may have a most pronouncedly beneficial effect. As a mechanic with drugs, he has only a kid-glove acquaintance with his tools.

24. Because it is an outrage on liberty of opinion and common sense to prescribe the method in which a man *must* apply the law of *similia*, making a rule of method superior to the law itself. The iconoclasm of science may irrefragably shatter into a thousand fragments every single method of procedure in applying the law, and still Homœopathy, the truth *similia*, stands grandly erect, its glory effulgent and its brilliancy untarnished.

25. Because many honest, thinking Homœopaths believe that purely symptomatic prescribing is an admirable illustration of "How Not To Do It."

26. Because symptomatic prescribing is not always the speediest, surest, safest way of controlling symptoms, as, for instance, postpartum hæmorrhage and convulsions of uræmia.

27. Because, if the totality of the symptoms is taken, the failure to appreciate the full significance of one or more of the group presented, may lead to the most asinine prescription,

and often to fatal results, as, for instance, a mistake in interpreting the abdominal cramps and shreddy discharges of ectopic gestation, the twitchings of beginning convulsions, the sighing of fatty degeneration of the heart, or the oedema of the face at the beginning of Bright's disease.

28. Because the totality of the symptoms may represent a dozen different disease centres, if you please, some of which may require medicinal, some mechanical, some chemical, some dietetic, some surgical, some hygienic control and some may need no attention whatever.

29. Because it has not yet been demonstrated, and never will be, if we may judge from the past, that prescribing upon the totality of the symptoms is the best way to administer drugs Homœopathically.

30. Because purely symptomatic prescribing leads to the direct teaching of another false dogma, viz., if you prescribe for the totality of the symptoms, you need care nothing for the diagnosis. In heaven's name are we to reduce ourselves to mere medical puppets, mere dolers out of drugs, mere specialists in a peculiar method of mixing and administering medicines, with no more title to the name of physician than a knife grinder has to the sobriquet of surgeon?

31. Because purely symptomatic prescribing leads to the assumption that Hahnemann thundered forth from a medical Sinai an unchangeable decalogue, an immutable series of commands, from which there is no appeal. Yet we all know—alas, only too well—that the science of medicine is pre-eminently of human origin. Its wreckstrewn path of progress betrays that sad fact to every observing eye. And there are medical Galileos who declare that the world of medicine does move.

32. Because purely symptomatic prescribing ignores pathology, anatomy, physiology (sciences which are relatively correct), the reflexes and, often, clinical experience.

33. Because prescribing for the totality leads to the

neglect of the study of the clinical course of the disease. If this disease course were known in some instances, no medicine whatever would be given. If drugs are given in certain cases where they would have gotten well without them, it leads to a false belief, on the part of the prescriber, in the efficacy of his drugs.

34. Because purely symptomatic prescribing leads to unjust and unreasonable claims of drug efficacy in the overenthusiastic, and leads to the rankest skepticism and pessimism in those who are doubting Thomases.

35. Because covering the totality makes a prescriber careless as to how high or how low the temperature is, how much blood, pus or albumin, or how many casts there are in the urine, or what proportion of urea is excreted.

36. Because, in the present vague state of our knowledge as to the *modus operandi* by which cures are wrought by drugs, it is an unwarrantable assumption "that the totality of the symptoms must be the sole indication to direct us in the choice of the remedy."

37. Because, as the origin and manner of production of many symptoms are yet unknown, the purely symptomatic method of prescribing should be reserved for that class of disease phenomena.

38. Because it is impossible to cover immediately the totality of the symptoms in such grave emergencies as where death is immediately portending, except one were possessed of the combined genius of all the lights of the medical world, and of the Great Physician Himself.

40. Because the totality may change fifteen seconds after you have made your prescription, and again and again before you have an opportunity to re-prescribe. If the remedy covering the totality is always the only medicine, how long does it remain so? No "lightning-change artist" could keep pace with the chameleon evolution in such a comedy of cure.

41. Because when a purely symptomatic prescription

fails, Homœopathy has a black eye given it, when, in reality, Homœopathy did not fail, but a false method of applying the law of *similia* did.

42. In a purely symptomatic prescription, in covering the totality while ignoring the pathology, it logically makes no difference whether a symptom, like dizziness, has its origin in the ear, the eye, the head, the heart, the liver, the stomach, or in systemic blood states; yet we have a reasonable right to demand that the symptom disappear, no matter where or how originating, if covering the totality of the symptoms, and ignoring pathology, be the only rule of applying Homœopathy.

43. Because purely symptomatic prescribing tends to limit the use of drugs to internal administration. If *similia* is a law, it ought to be as efficacious externally as internally.

44. Because such a method demands that, of necessity, subjective symptoms be present before a prescription be made.

45. Because it makes symptoms so prominent that the tendency exists to ignore underlying states, the real fountain of the symptoms.

46. Because, as ordinarily and erroneously interpreted, subjective symptoms are given undue prominence.

47. Because subjective symptoms are most liable to misrepresentation, and always need analytical interpretation.

48. Because, in the *schema* form, from which we derive our symptoms, the primary and secondary symptoms of the drug are so intermingled and hopelessly mixed that a correct prescription becomes a matter of luck, chance or inspiration.

49. Because in the symptomatic *Materia Medica* irritative, eliminative and mechanical symptoms are mixed with pure drug symptoms, and are indistinguishable from genuine drug effects.

50. Because undue weight is given to unusual and peculiar symptoms, because so many medicines have the same word symptoms. In other words, we try to force a drug to have a differentiating individuality.

51. Because, until we have Homœopathic pathology and toxicology, we cannot understand the nature of the symptoms, and can but guess at their meaning, and this uncertainty unquestionably leads to poor prescribing.

52. Because none of the drugs proven on human beings have been pushed far enough to produce a true drug picture; consequently, it is never possible to secure a veritable totality by symptomatic prescribing.

53. Because, until toxicological studies, based upon experiments upon animals and in the laboratory, define the general sphere of a drug, a correct interpretation of a mass of subjective symptoms is impossible.

54. Because while you are selecting a drug having the totality of the symptoms, in a difficult case, from our ordinary Materia Medicas and Repertories, the patient may be shaking hands with the angels.

55. Because many of the symptoms found in the Materia Medicas bear internal evidence of having been interpolated in what was supposedly a pure proving. How are we to know whether a symptom is genuine or not? Shall we prescribe on it, anyway?

56. Because the Materia Medica symptomatology, save in the case of a few of the polychrests, are not yet proven (but are assumed to be) drug effect. Shall we spend our lives in trying to prove that the mental and physical vagaries of an hypochondriac or a convalescent are symptoms which may be relied upon to prescribe for suffering humanity?

57. Because the prevalence of "three leg" prescribing shows that the vast majority of men cannot find the similimum by the totality.

58. Because the "keynote" system, by clinically proving that some symptoms are of more importance than other, logically disproves the totality idea, which places all symptoms on the same level.

59. Because if the totality be conceived to mean the majority of symptoms, which is not a fair conception, it

leads to the making of prescriptions by the mathematics of number, and the drug must be given which has the greater number of symptoms, without regard to the tissues involved, to the character of the disease or to the result to be produced.

60. Because the principle of *similia* is broader than mere drugs, and it is unwise to think that we can only find the similimum by interrogating drugs as to their powers in one way—the proving of drugs on the healthy to get symptoms.

61. Because a hundred years of experience in symptomatic prescribing has not demonstrated that it is the only, or that it is the best, method of applying Homœopathy.

62. Because if *similia* be a law of cure, and diseases are dissimilar, and the return to health necessarily wrought in different ways, the prescribing of medicines on purely symptomatic indications reduces the law to simply a *method of drug selection* which may, or may not, have anything to do with the law which cures the disease.

63. Because what, with our present knowledge, are now known as physiological drug actions (a term used simply to express what is thought to be a certain kind of drug effect) may ultimately prove to be the most exquisite examples of Homœopathy when we are freed from the drear waste of a Sahara of symptoms.

64. Because in purely symptomatic prescribing you are nearly always compelled to take the patient's word as to improvement. You make the sufferer the criterion of a successful prescription. What sort of a physician is he who must wait the patient's opinion of his own condition?

65. Because in making symptomatic prescription, you are compelled, if you cover the totality, to accept symptoms which you believe have no real existence. You know you can make neurotics and hypochondriacs give you any group of symptoms you want; your mere questioning makes them have them.

66. Because if Hahnemann, in proving the truth of *similia*, could pick out the curative drug in a given disease in the long-linked prescriptions of the Old School and the crude compounds of quacks, he himself indisputably demonstrated that the totality of the symptoms *need not* be the sole indication to direct us in the choice of a remedy.

67. Because all fundamental laws are the perfection of simplicity, and the method of applying the law of *similia* exclusively according to symptomatic indications is crude and cumbersome, and, ergo, is not fully in accord with the law.

68. Because the method of applying drugs symptomatically is a too separate and distinct process, divorcing one from all other medical knowledge and consequently limiting the usefulness of the method. I mean that making a symptomatic prescription is a specifically separate mental procedure.

69. Because, in cases possessing many symptoms, too many medicines are indicated, and, consequently, uncertainty and an attitude of apology is taken unconsciously by the physician, and his power with his patients is weakened. He cannot know he has selected the right remedy until he sees what the remedy he has chosen has done.

70. Because, according to Hahnemann himself, the sole duty of the physician is to cure, and the gathering of clinical experience and the determining whether the symptomatically indicated remedy will remove a given group of symptoms is a secondary matter, and the prescription of a drug, based on symptoms, is therefore putting the cart before the horse, *i.e.*, making the gathering of experience of more importance than the cure of the patient.

71. Because the symptomatic method of prescribing, forces the assumption that we have arrived at the *ultima thule* in medicine, that one drug is sufficient for cure, that we have that drug, that but one drug must be used and that two cannot be used—although a given disease may present

several distinct disease units, calling for separate drugs. We do know that some drugs work well together ; we ought to know that we are still in swaddling-clothes, so far, as the development of the therapeutic action of *Similia* is concerned.

72. Because you are never absolutely sure that you have the totality of symptoms ; the patient may, through ignorance, have with-held a vital symptom, or you may not have sufficient acumen to elicit all the phenomena.

73. Because clear-cut, unmistakable, symptomatic indications, calling for one medicine, and no other, are episodes in the history of symptomatic prescribing, and, when found, they fail just as frequently as do the prescriptions we force to fit the case.

74. Because the value of hard-earned clinical experience is lessened, for symptomatic prescribing makes you mentally assume that there has never been a case exactly like the one for which you are prescribing. Perhaps you have not seen a completely parallel case, but you have certainly seen states and conditions which were similar.

75. Because, if like cures like, the method of apprehending the likeness need not be iron clad. Any method by which the similarity may be ascertained is legitimate.

76. Because the pet remedies and the routinism of all practical physicians prove that *similia* has a wider application than is shown by the symptoms, or that the cases recovered without—or in spite of—the medicine administered.

I could go on and furnish you with a hundred more reasons why the conception of pure symptomatic prescribing is to my mind a delusion and a snare. This is not the place to give my ideas of what the proper method of making a Homœopathic prescription is ; it is my province at present simply to oppose a method that was taught me, advocated by some, and, practically speaking, practised by none. For the sake of truth, justice and loyalty to the idea of *similia*, let us not hamper the application of Homœopathy by a method that is rankly inadequate to give us the full

beneficence of one great law. I know it will be objected that I have made a case of special pleading in this discussion. It will be asserted that nobody prescribes literally (which is exactly what I have been trying to set forth), as I have indicated in my criticism, and that there are many side-rules formulated by Hahnemann and his followers that show the exact meaning of the phrase "the totality of the symptoms." That may be true, but a method that has to be interpreted in several different ways needs to be reformulated, and needs it badly, and the sooner we boldly recognize the essential value of states, conditions, pathology, diagnosis and clinical experience in precisionizing the data in making Homœopathic prescription, the more readily will our cause advance.

H. W. PIERSON, M.D., Chicago, Ill.: We know that all do not secure the totality of the symptoms in finding the *similimum*, and there may be a reason. This reason, in my own case, was the limited knowledge I had of the expression of disease in symptoms, and the limited knowledge I had of our *Materia Medica*. What are we to cure? This is one of the stumbling-blocks in the path of every physician. One man seeks to cure the visible manifestations of disease, and, when he has done that, the disease, *per se*, is cured. Another seeks to look upon certain factors or phases of the disease as the totality, and, when he has selected a remedy covering one or more points and has removed those symptoms, he thinks the disease is cured and according to *similia*. The trouble is that we do not look upon disease in the deepest and most significant sense. We see only a part. According to the *Organon* the physician has only to remove all of the symptoms in order to abrogate and annihilate the internal changes, the totality of the disease—the disease itself. But when disease is annihilated, health is restored, and this is the highest and sole aim of the physician. Then, in Section 5, it says: "Before we can look for the *similimum*, it is necessary that we should seek and find the exciting cause." Sometimes when we remove the exciting cause the disease disappears

with it. Section 84 tells us how to find the similimum. Many times, in seeking the similimum, it is in our head, instead of in the expression of the patient. We are too apt to be governed by our own impressions, instead of taking the expressions of the patient, in his own words, of his own feelings.

T. P. WILSON, M. D., Cleveland, Ohio: I wish to say at the outset that if there is any one here who thinks he has a heaven-ordained scheme for constructing a "scientific *Materia Medica*," implying thereby that there is no such a *Materia Medica* already under construction, I am not of his class. I am not willing, even for the sake of argument, temporarily to lay aside our present construction and all that has been done since the day of Hahnemann and take up the question *de novo*.

First, as to the character of Section 18. It offers for our consideration a definite issue. That issue has been presented by Hahnemann in German, and by Stratton and Wesselhoeft in English. A careful comparison of the three will show important discrepancies. It is a question in my mind if Hahnemann correctly expressed the true idea, but it is not a question if Stratton or Wesselhoeft either correctly translated Hahnemann or succeeded in catching the idea—they both failed. Which of the three differing statements shall we follow in our discussion? In the opening of the paragraph, Hahnemann uses the words "*der Gesamtheit der Symptomen*," which is supposed to be represented in English by "totality of the symptoms," and, at the latter part of the paragraph, he uses the words "*der Inbegriff aller*," translated by Hering as "*ensemble*". This word is neither German nor English; it is taken bodily from the French. Hahnemann never used that word; Hering uses it as a synonym, for variety's sake, probably. He uses "*ensemble*" and "totality of symptoms" throughout his translation in an alternative manner, showing that he conceived no difference between them. Wesselhoeft avoided this method and translated the differing

words as the same, rendering both as "totality of symptoms." I think he would not for himself claim that he had made a literal translation.

Secondly, aside from the various terms employed by either of these distinguished teachers, we have an *idea*, and that is of far more importance to us than any verbal criticism can possibly be. In the first place, let us take the symptoms—their number may be legion, or more—and classify them.

1. Diagnostic symptoms.
2. Characteristic symptoms.
3. Modalic symptoms.

4. Concomitant symptoms, etc., which may be otherwise and perhaps better stated. Now you have the "*idea*." In order to find the true remedy, we must have the symptoms as a picture before the mind. A slight mental and physical effort will enable us to make out a pretty complete list. That constitutes a totality.

They number a legion of unlike facts ; what are we to do with them ? The mind can grasp their totality only by going over them *seriatim*. That this is impracticable in the evry-day work of the physician must be apparent to all, for has he not to do the same work with the drug symptoms ? Which would be like the farmer attempting to carry his apples to the cider-mill in his naked arms. I was taught to do this and wasted much valuable /time ; thousands are deterred from entering our school because they are met at the outset with this physical impossibility. Now, another and better use of these symptoms can easily be made, but, of course, only by the industrious student. Let me illustrate. A musical chord consists of a number of hermonious notes sounding coincidently. I have seen Blind Tom when he could name every separate note in a very complex chord; he expressed its totality. Musicians of lesser name could not do that, but, upon hearing a chord, could tell you instantly if it were correct or not. This, which is found in a large collection of notes, *simultaneously* expressed,

and which tests their correctness, is expressed by no other word so perfectly as "*ensemble*." This is not a totality, but is the result obtained by the totality. This ability to catch the *ensemble* is easily within the reach of ordinarily trained minds. Herein lies a wide difference between the neophyte and the veteran. The musical and the medical student alike must go laboriously over the detail of the totality until he is able to master the *ensemble*. The medical practitioner of long experience is able to catch, almost at a glance, the *ensemble* of Arsenic and the *ensemble* of the patient whose symptoms clearly indicate Arsenic. This is what his experience is worth to him. This borders upon intuitional prescribing, but there is no such thing as intuitional prescribing. It is the mastering of the *ensemble*, both of the symptoms of the drug and the symptoms of the patient. This is feasible, because it is attainable; we do injury to our science healing by attempting to do what cannot be done.

My proposition, therefore, in brief, is that Section 18 expresses a true principle and, if the phrase "totality of symptoms" were erased and "*ensemble*" substituted, we should have not only a scientific expression of a great fact, but we should make Homœopathic therapeutics so plain that a diligent student could not fail to make practical a voluminous and seemingly complex, pathogenesis, entirely plain and practicable, while the many workers who are groaning over our vast symptomatology, and those who are engaged in condensing the same, would find their occupation gone. The photographer takes in the *totality* of the picture; the painter presents the *ensemble*, leaving out a multitude of minor points. This is according to Section 153.

W. H. HANCHETT, M.D., Omaha, Neb.: This reminds me of a covenant meeting in the Baptist church, and I come here to renew my covenant. I feel that we are working on a solid foundation; the law of *similia* is sure, and the method of prescription is certain. The pathology of disease differs widely; the case of scarlet fever is typical to-day, to-morrow it is

different. How can it be that we could reasonably prescribe any other way than upon the totality as found in the patient? Many of us younger men would like very much to be scientific, and to study the mysteries of pathology, but there is no haste in remembering all these things. There has been so much said, and so ably said, that I am unwilling to take much of your time, but there are one or two points to which I wish to refer. One is, when shall we change the prescription when it does not cure? How soon shall we change the prescription when we have not found the right remedy? A professor and student of *Materia Medica* once said to our class: "Gentlemen, if you have what you suppose is a *Gelsemium* headache, and that remedy does not bring relief in fifteen minutes, try another remedy." So, there are remedies which are believed to work faster than others; we have a multitude of things to bear in mind in the application of the law of *similia*. Nevertheless, we feel and know that there is no other way given under heaven and among men, whereby we may prescribe scientifically and rationally.

T. F. ALLEN, M. D., New York, N.Y. : To save time I have printed a case which was pronounced incurable by an eminent Allopathic physician of New York City. The case is printed for distribution, analyzed and the reasons for the prescription are given. What was I to do with progressive deterioration of the anterior horns of the spinal cornua? What with the trophic changes in the muscle, which, according to Charcot, is not fatty degeneration, but a fatty deposit in the connective tissue of the muscle. One cannot base a prescription on that knowledge. It is not in the *Materia Medica*. The drug which cured the case has been known to produce fatty degeneration, but, according to histological pathology, by degeneration of the muscle substance into fat. The fat is found in the sheaths of the fibrillæ, and the muscle loses its transverse striation, which, according to Charcot, does not happen in the case referred to. I have also had printed the method of selecting the remedy. The remedy which has the

largest number of supposed characteristic features is not the remedy which has the totality of the disease. Five remedies on this chart have the essential elements. Five drugs have the totality ; only one could be selected. In this chart there is food for reflection, not only as concerns the totality, but for those gentlemen who prescribe upon the largest number of indications.

WM. OWENS, M.D., Cincinnati, O. : When Hahnemann used the term "totality of symptoms," he, without doubt, means what he said, for he repeats the same phrase thirty-four times in the *Organon* alone. He did not mean, however, that every symptom should be present in every case, nor did he undertake to explain how the pathological lesions, which brought about these symptoms, may have been induced, and, in fact, declares that this knowledge is not necessary to the physician. He maintains further that the "vital force" is the power behind the throne, which maintain life and health, and the disturbance of which gives rise to the morbid process called disease. But he does not tell what this vital force is, nor whence derived, but admits that it is associated with matter in some form, and that it controls the functions of every living organism, and that this vital force, acting upon and through matter, "affecting, and, as it were, infecting it," renders it susceptible to irritability, and from it all the functions of life are evolved. He also affirms that so-called disease is only a disturbed state of the functions and feelings of the organism.

It was upon this assumption of the vital force in organized matter that Hahnemann erected his science of drug pathogenesis. While he demonstrated a law of drug action upon the living organism, he failed to show the relation to organic life from which all function arises. While he declares that all so-called disease is simply disturbed function, he fails to connect these functions with the organic nervous system, which is now generally conceded to be the fact.

Living protoplasm is at the present day regarded as the

physical basis of life, and it alone is living matter. When it enters into the formation of cell or tissue, it rétrogrades and died. We are taught that protoplasm enters largely into the ganglionic nerve cells, and that these cells control all organic function, and are highly susceptible to irritation. We shall, therefore, find it impossible that there can be other source than the ganglionic nerve cells as a medium for the reception of irritability, cell activity, function, nerve energy and all the functions essential to life.

Hahnemann taught that there could be no true similitum of any morbid process, unless the drug contained, within its pathogenesis, all of the phenomena (symptoms) of that morbid process. He taught that all so-called disease was a disturbance of physiological process, arising from some disturbing force infringing upon the vital force, perverting the functions of life, differing in their specific effects induced upon the individual from the specific dynamism of each.

Hahnemann showed an intimate relationship between the so-called natural disease and those artificially induced through drug pathogenesis or otherwise. From what has been here presented, it would appear that the morbid process, whatever it may be, when applied to irritable matter, disturbs the vital force within it, and the result will be disturbed functions of the organism, which gives rise to the so-called disease, and by these means furnishes a true and reliable guide in the therapeutic management of every morbid process.

One point more remains to be noted, and that is the special and peculiar phenomena which every drug is known to induce. It is a fact in science and nature that no two substances are alike, and no two forces in nature produce like results. Infinity in variety is the law of nature, and as all cures are to be effected by attempts to imitate nature, and by supporting her, it becomes necessary, in securing these results, to select a substance, drug or agent, which, in its pathogenesis, induces the peculiar phenomena which are

observed as occurring under the morbid process as it is seen in nature in the totality of its symptoms in each and every case.

PEMBERTON DUDLEY, M.D., Philadelphia, Pa. : Did I not understand that Drs. T. F. Allen, Deschere and Dewey favored this discussion, because it looked towards the formation of a more perfect *Materia Medica*? The question was suggested in the original essay as to how much similarity in the drug is essential in order that it may be curative. Hahnemann did not say that the complexity of symptoms is the disease, but that it represents the disease, guiding the physician in the selection of the drug. This source of symptoms has, first, locality, therefore the drug must be specific as to locality. It must have enough similarity to hit the locality whence the symptoms originate. If we leave out certain of the symptoms, representative, as Hahnemann calls them, we may not choose a drug specific as to locality, in which event we might as well throw the drug into the sea. We shall have missed the mark—may be only a little, but we have missed. Second, as to quality, and because these symptoms have quality, therefore the drug must be specific to the case as to quality. If we discard a certain portion of the totality, we have diverted the drug and are outside the case—no matter how little, we are outside. We have cut loose from our moorings and, although we may be very near, we have lost anchor and are drifting. Let me ask a question. If it be so all important and all essential that our disease symptomatology be perfect—absolutely perfect—is it not equally essential that our knowledge of drug symptomatology be equally perfect? I study and study and study the symptoms of my patient and then prescribe a drug, one-half of whose symptoms do not belong to it and never did. And to call that Homœopathy! If we insist upon the totality of the disease symptoms, we should also insist upon the totality of the drug symptoms. The whole argument this morning is an argument in favor of a

more perfect Materia Medica, to whose every drug shall be ascribed each and every symptom which belongs to it, and no other.

BUSHROD W. JAMES, M.D., Philadelphia, Pa. : We must have a good Materia Medica to select from, or we shall fail in making a good selection of the proper remedy. Instead of the term "totality of symptoms," I would prefer using the term "the features of the remedy," or the "picture of the remedy." If I have the symptom "picture of the remedy" well in mind, and a case comes along to which I wish to apply that picture, I form in my mind a comparison of that disease-case and its main features as a collective whole and compare it mentally with the mental pictures I have of the remedies. Taking all the points into consideration, I finally select one of the remedy-pictures and say : "This is as good a likeness as I can find ; there probably is another pretty good one, but this one is the better," and I apply that remedy and hope to cure Homœopathically. When I was young I knew more of a few remedies than I do now. Professor Dake taught us a few remedies and taught them well. Now I know many more remedies and their general features. Just now I recall a case while visiting physician to a childrens' home, and was called to look at the case of a little boy, who, while he had some peculiar symptoms, could tell but little of himself. The peculiar expression and action of his eyes, face and tongue presented a picture of Stramonium. The nurse told me the child had eaten something which had been given him through the fence by some other boys outside. I examined the substance of which he had eaten and found they were Stramonium seeds ; he was suffering from Stramonium poisoning, and any one looking at the boy could see Stramonium symptoms written all over him. Another illustrative case : A man came to my office with dilated pupils, flushed face and all the symptoms of congestion—a perfect picture of Belladonna, although none of his statements helped me as to the cause. I asked him

if he had any Atropine put in his eyes. He said he had not. I asked him if he had been taking any Belladonna, and received another negative answer. Upon probing further, I found he had been using a Belladonna plaster once a week on his chest, and his symptoms were also worse once a week, following at the same time. He was a perfect picture of Belladonna—in fact had a proving of it from that plaster. I prescribe my remedy from the picture I have of the remedy and the disease in my mind at the time of prescribing.

D. H. BECKWITH, M. D., Cleveland, Ohio : I have been delighted with the paper and with the discussions, although but little has been said along the line of what is practical in a physician's life. You talk of the totality of the symptoms. When I was young I studied *Nux vomica* for two weeks ; if a man sits down to examine a *Nux* patient, and goes through all the symptoms, he will see about five patients a day. For general purposes he takes the character of the disease and the character of the patient, and the remedy suggests itself. A man sleeps in a room where sewer-gas escapes and is poisoned thereby ; it produces vomiting, weakness, even prostration—what is the remedy ? You may give him pellets and medicated tablets without effect, but remove the cause and you will remove the disease with it.

J. D. BUCK, M. D., Cincinnati, Ohio : There is one point I desired to have brought out. There are several things to be considered. First, the cause of disease ; it is often unknown, but important to obtain. There is the result of disease, as hyperæmia, anæmia, etc. The Old School base their practice entirely upon pathology ; we should not be ignorant of it. What is now cause may become the result and the result become the cause. What shall be the basis for the selection of the remedy ? That moving panorama of disease known to us as the disturbance of the life functions. When you place the symptoms of disease against the pathogenesis of the drug there is a living force placed against a living force

by equal vibration, by synchronous vibration, by the phenomena of movement. Take all the experiments of modern science in attempting to cure Consumption by making pathology the basis of the prescription ; we know it is not a safe guide. We are dealing with vital force. The vital quality of the remedy, whatever it may be, is retained and recorded from its pathogenesis.

T. Y. KINNE; M. D., Paterson, N. J. : When your good wife married you, she told you that she loved you better than any other man on earth. I doubt if that one statement has satisfied you all these years, but have since many times asked her if she still adhered to that original statement. When I espoused the cause of Homœopathy it was because I believed the teachings of Hahnemann. I believe in the totality of the symptoms. I have accepted it as my medical bible, and I rejoice that the bible reading here this morning has tended all one way. Dr. Hanshett came to renew his covenant because he is a Baptist, while I, as a Methodist, came as to a love feast. I believe in Homœopathy ; I try to be a follower of Hahnemann and I have never yet felt that I could too often or too publicly avow my adherence to his principles and his practice. I take it that you all feel the same way, so we will express the same firm belief and expect, by following that belief, to eventually reach the reward that he has reached and is enjoying. I have the honor to offer the following resolution :

Resolved, That *Similia Similibus Curentur* has been scientifically proven to be a law of therapeutics and has been demonstrated to be successful in application.
