

## REPETITION OF THE REMEDY + discussion

RUDOLPH F. RADE, M. D.  
WEEHAWKEN, N. J.

When to repeat the remedy is a question as old as homoeopathy itself and has been grappled with by the ablest men of our school. The many different views of this question and the various interpretations of these views only emphasize its difficulty of solution. To those who have given the matter little thought, its solving is exceedingly simple and consists in giving the remedy at very frequent intervals both in acute and chronic diseases until they are considered cured. This practice demands that often the remedy must be given persistently over a long period, days and weeks, yes, even months, sometimes, and takes no account of the phenomena of action and reaction or of Hahnemann's injunction in paragraph 245, when he says: "Perceptible and continued progress of improvement in an acute or chronic disease, is a condition which, as long as it lasts, invariably counter-indicates the repetition of any medicine whatever, because the beneficial effect which the medicine continues to exert is rapidly approaching its perfection. Under these circumstances, every new dose of any medicine, even of the last one that proved beneficial, would disturb the process of recovery." That this advice is habitually disregarded is only too true; that the greatest sinners in this respect are the users of the low and crude potencies is a well-known fact, easily demonstrated by consulting the sales of tinctures and trituration tablets at the pharmacies. However, many of our high-potency users err in this also, and it has more than once come to my knowledge that the 200th potency was being given three and four times a day, for days at a time. It is very hard for most of us to abandon the old idea, that if a little is good, more is better; for this is the outcome of centuries of druggists and empiricism. We are all anxious to do the very best for our patient, to have him recover as quickly as possible, and in this anxiety may easily forfeit our prudence and better knowledge. And therefore it seems to me that those who habitually err in the matter of too frequent repetition do so from honest motives, grounded in ignorance of a better way. To them I would say "try the better way, examine it with unprejudiced

mind, study the Organon and the works of our pioneers and older men, and then compare results."

What this better way is may be briefly told, and while I recognize the futility of appearing to be didactic, I believe that with the exception of some smaller matters, of mere opinion, the following rules will be agreed to: In an acute disease of a benign character a single dose of the similimum in the 30th or 200th or higher potency will suffice. The remedy being homoeopathic to the condition, one of two things will occur. Either there will be, especially in a robust constitution, a short and sharp aggravation, followed by prompt and uninterrupted cure, or an immediate but gradual amelioration will take place. As long as this continues nothing but *sac. lac.* is to be given. If, however, the improvement stops, the case is to be carefully re-examined and in the event of a change of symptoms another remedy is to be chosen. The symptoms remaining the same, perhaps in a modified form, another dose of the remedy is required, and that preferably in a higher potency. Before determining that improvement has really ceased, it is best to wait and watch; the length of time must be decided according to the severity and urgency of the symptoms.

In acute cases of a dangerous nature, one dose should be the rule, especially in nervous and delicate subjects, where a needless repetition might produce an action so severe as to overwhelm the patient. In acute painful conditions, such as neuralgia, not malarial in origin, colics and the like, one dose of the 200th, 500th or 1000th acts magically and has rarely to be repeated. In neuralgias of malarial origin where periodicity is marked, it is best to give the remedy immediately after the paroxysm, for if given during the attack it will exhaust itself too soon and thus retard the cure, and may indeed cause a severe and unnecessary aggravation of the sufferings of the patient. The same rule holds good in the treatment of intermittent fever.

Exceptions to the above rules embrace those cases where reaction is deficient and another more suitable, usually an antipsoric remedy must be chosen; as well as some few cases in robust constitutions, where, owing to the severity of the disease or the high degrees of fever, repetition of the remedy for some time becomes necessary. While the temperature runs high and reaction has not begun, it is, in such cases, safe to repeat every two, three or four hours, as seems in the judgment of the physician to be best. The

moment, however, evidence of improvement is noticeable, the remedy must be stopped.

To illustrate these rules the following cases, briefly told, will suffice: Mrs. G. M., age 51, was taken with sharp knife-like pains in the chest and back, worse from the least motion and on drawing her breath. Knowing her susceptibility, I gave her one dose of Bryonia 10 M. Sk. An unusually sharp but brief aggravation followed with entire relief in 24 hours. Mrs. H. M., age 53, was taken ill with facial erysipelas. The temperature was 103° and face very much swollen and discolored. Lachesis seemed indicated and was given the 900th potency of Fincke, one dose, dry on the tongue. Immediate improvement began with speedy cure in a few days, no further medicine was necessary and of course no local applications were used. C. G., male, age 24 years, facial erysipelas, and a bad case, with delirium and involuntary stools. Time does not permit me to go into the symptoms. Suffice it to say that Belladonna seemed at first to be indicated, and was given in the 200th potency, every hour until three doses had been taken, the patient having a temperature of 103.2°, and being of a strong constitution. The following day the whole symptom complex had changed and Apis was now the remedy. It was given in the 1000th potency, one dose only. The next morning there was an improvement, followed, however, by alarming symptoms in the afternoon. The remedy was not changed but was now repeated hourly and carefully watched. By night a decided change for the better had taken place. In all, five hourly doses were given, then every three hours, six hours, twelve hours and stop. This was called for beyond a doubt in this case, as a distinct gain was manifest after each dose of the remedy. The case, however, is unusual. Miss C. M. B., age 49, had a facial neuralgia of undoubted malarial origin. The periodicity was marked and Natrum muriaticum being the similitimum, was given in the 900th potency, one dose, immediately following an attack. During the latter nothing was given, the patient being possessed of sufficient intelligence to grasp the reasons therefor. The next attack was very mild and proved to be the last. In a very severe case of broncho-pneumonia in an old sufferer from chronic bronchitis, Phosphorus, being clearly indicated, was given in the 1000th potency, one dose. Improvement was slow but certain until at the end of a week, the symptom complex having gradually changed, now stood out strongly for Kali carbonicum. This was given, one dose, in the C. M. potency

and in a few days put the old man on his feet. These examples might be indefinitely multiplied and can be duplicated by any Hahnemannian physician. It is argued by some, that, not being such sure prescribers, they are afraid to give one dose of a high potency and wait, but feel safer if medicine in a material or at least tangible form is being constantly given. To them I commend the words of Dr. James B. Bell in his monograph on diarrhoea, "if the 30th potency of Arsenic is equal to a complete knowledge of the drug, one-fifth of a grain of arsenious acid is equal to complete ignorance of it."

In chronic diseases, one dose should be the rule, and this should be allowed to act, as long as improvement continues, no matter whether the length of time is three or four weeks or as many months. Nor should any trivial disturbances of health lead us to interfere, but these should be watched and carefully noted, for often they are old symptoms returning and assure us that a cure is possible and that our selection of the remedy has been a happy one. For a true homoeopathic cure proceeds from within outwards, from above downwards and symptoms leave in the reverse order of their coming. The return of an old, perhaps long-forgotten eruption is a good sign; do not tamper with it, for its reappearance may be the patient's salvation. When, after the lapse of some weeks or months, perhaps, the patient shows a return of some of the symptoms first prescribed for, and it is here taken for granted that this prescription has been a correct one, and these symptoms are unchanged excepting in degree, another dose of the first remedy is in order. Should this fail to act, a higher potency becomes necessary. As in acute diseases, so in chronic disorders, a primary aggravation often takes place, especially when tissue changes have occurred. The more marked the pathological changes present, the greater the upheaval in the patient's system, for these changes represent but the end-product of a long train of morbid forces, and it is for this very reason that certain cases may be with certainty, considered incurable and hence deep acting antispasmodics avoided. Where a lung is badly used up by fibroid changes, for example, and hence cure impossible, a deeply acting constitutional remedy, though well indicated by the patient's general symptoms, if given, may cause the rapid destruction of the patient. It is on this account that we are told by experienced observers that it is dangerous to give Phosphorous or Sulphur in phthisis. In the incipient stage this of course does not hold good, as a timely dose

of one or the other of these remedies often turns the scale in favor of cure. There are many other points time forbids me to touch upon, but in conclusion I bespeak for this more careful, and if I may be allowed the term, "Hahnemannic" way of treatment, a greater respect and more earnest attention on the part of the majority of our homœopathic physicians.

#### DISCUSSION

The papers by Dr. John Hutchinson, Dr. G. B. Stearns, Dr. D. E. S. Coleman, and Dr. Rudolph F. Rahe were all thrown open to discussion.

CHARLES MOHR, M. D.: This series of papers reminds me very much of the old days of the American Institute of Homœopathy, when the system of our school was always more prominent than any of the collateral sciences of medicine; and I notice also that as was the case then, there are varying opinions as to the question of potency among the essayists of today, if I understand them aright. One of the speakers said, I believe, that the 30th potency of bryonia will do better work than the second dilution of bryonia, in a case requiring bryonia. One of the other speakers said it makes no difference whether you give the tincture or low dilution or high dilution, providing the drug is indicated and you give the minimum dose that is required. I am thoroughly in accord with this view. Years of experience in the use of the different potencies, and the example set by Hahnemann himself, have convinced me of the rationality of this method of practice. While Hahnemann did state the potency, as a rule, should be the 30th centesimal potency made by hand, so that there should be no question as to the amount of drug in the medium, and aware of the fact that even in his day there was an effort on the part of other practitioners who believed in homœopathy to make use of higher potencies, Hahnemann is on record as having recommended the 60th centesimal dilution of thuja but once, and in all the writings of Hahnemann, so far as they have been published or so far as they are known to me, he rarely prescribed anything higher than the 30th centesimal potency. I think I am right in making that statement. Regarding the 30th centesimal and higher dilutions he said explicitly, "*Das muss doch eine Ende haben*," meaning by that this raising of the potency by dilutions and triturations must have a limit. Practically Hahnemann was known to use all potencies up to the 30th centesimal throughout his wide experience. And then, we must remember, that which he called an inert substance, *stannum*, he prescribed in the 3d centesimal trituration successfully and advised it to be used in that low trituration.

Now, gentlemen, I have thoroughly tested this question with the most earnest desire to learn what was right, and for a whole year, in a very large practice connected with our hospital and dispensary,

I gave to every case the single remedy, but always in the 30th centesimal; and then I took another year and gave every case of sickness I had to treat in the hospital, dispensary or private practice, the 3d centesimal dilution; and then I took another year in which I used nothing but the high potencies above the 30th centesimal dilution—the 200th, 1,000th and 10,000th as made by Fincke, by Boericke, and other pharmacologists who believe in the efficacy of their potencies and that they ought to be used, and practically, gentlemen, I could not see any difference in the curative effects, and therefore I came to the conclusion that the potency question was of secondary importance. My advice to beginners in Homœopathy is, first of all, know what you are going to treat; decide whether you have a case for homœopathic treatment and for nothing else, and then prescribe the indicated remedy; and if you do not want to make experiments, be guided as I have been and as I think other good prescribers have been, by this fact: If a patient comes to you from some old-school practitioner, give the lower potency, especially if drug symptoms are associated with symptoms of the disease itself requiring an antidotal remedy as well as a curative one. If, on the other hand, the patient comes to me and I know he has been to a good homœopathic prescriber who will not believe there is anything of efficacy in anything below the 30th centesimal dilution and I know that that man has got the highest potencies procurable, sometimes called 10,000, 100,000 or 1,000,000, I give that patient the benefit of the doubt and I say to myself: "That man knew how to prescribe as well as I did; but he cannot believe in anything except the highest potencies, and he has failed," and then I give that patient the low potency. But, conversely, numbers of patients come from physicians who will not use anything excepting the tincture, in treating disease; they alternate; or the physicians will use nothing but the lowest potency; they believe in potencies but do not believe it is necessary to give anything higher than the 3d or 6th decimal. Now if these patients come to me and they have been to a reasonably-well equipped doctor of medicine, who believes in the law of cure and tries to give the single remedy but gives repeated doses; who believes in homœopathy but sometimes gives several remedies in rotation or alternation, I believe the failure has been because that man has not practiced homœopathy as Hahnemann did, so I give that patient the high potency. Now I think, gentlemen, that is not only scientific but I believe it is common sense, and the two have got to go together every time.

I want to call attention to this matter of suggestion alluded to by one of the speakers. Well, now, there is something in suggestion. In the first place, if a patient comes to a doctor of medicine, that patient wants to feel a confidence in the doctor's skill; and whatever he says and whatever he does "goes." As described by Thackeray in "Pendennis," the very sound of the doctor's carriage wheels, as he goes to the house while Pendennis is suffering from typhoid fever,

makes the mother and sister feel re-assured and better, and that has an influence for good upon the patient. You say there is something in suggestion, and there are those who criticize homoeopathy and say that all these cures with the high dilutions are merely the result of suggestion. I have heard many funny stories about these cures. One of our doctors practicing in the West, educated in Philadelphia, where he received good, sound instruction, went so far in the direction of his belief in the high potencies and "suggestion" that, instead of giving the 3d, 6th, 12th, 24th, 30th or even higher potencies, would get the confidence of his patient first, and then, as the woman recited symptom after symptom and he believed the case called for pulsatilla, he would "think pulsatilla"; and when he concluded his examination he took from his case a vial of saccharum lactis and put a dose on her tongue, "thinking pulsatilla," and the pulsatilla symptoms disappeared and the woman was cured. I think that is an exaggeration of this "suggestion" idea.

Another case is just the reverse of that, and this is one with which I am personally familiar. A lady under treatment for some years for rheumatism, and a distorted spine, so she could not carry herself properly when walking, finally said to her doctor: "Doctor, homoeopathy doesn't do me any good and I guess I had better give it up and try something else." Well, now, she had confidence in that doctor for years; he had successfully relieved her of pains and distressing conditions in years gone by, and yet there came a time when she lost confidence in him, notwithstanding he had repeatedly said: "I know I will cure you; I believe I can benefit you; I want you to take another medicine." But she concluded to try an osteopath, and he, as they usually do, convinced her that he could cure her and he began to stretch and pull and manipulate and made examinations and manipulations of the uterus and went through a lot of other features of that kind of treatment until the woman was positively a wreck. She went to this osteopath confident he would cure her, because another woman told her that he had cured her by the osteopathic methods. Suggestion didn't work, neither did osteopathy. Her confidence in homoeopathy is being re-established, however, because when she came back to me for treatment recently, I first gave her arnica, which was well indicated as you can well imagine from the rough treatment she had gone through. Then I gave her thus, and after I got her into the condition in which she was before she applied to the osteopath I got a complete history of the case, with rheumatism beginning in the heels, followed by the classical symptoms as we find them recorded under *Iedum palustre*; and before I left Philadelphia to come to this meeting, she said to me; "Doctor, I believe that last medicine you have given me has done me a world of good and you had better keep on with that." Well, she has saccharum lactis.

That brings me to say something about the repetition of the dose. I believe with the essayist, that this is not carefully enough consid-

ered. One of the very first experiences I had was with a case of Dr. Farrington's. He left me in charge of his practice when he was ill, and one of the cases I saw complained greatly of the aggravation of the symptoms that she had when Dr. Farrington was first called, and because she could not get the doctor and kept on suffering she took repeated doses through the day and through the night, until the next noon, when she became so much worse that I was summoned. I saw the case and could not see anything but aconite, and thought the doctor could not have given anything but aconite, and this remarkable suffering was an aggravation of the remedy. I replaced it with placebo and the symptoms subsided and Dr. Farrington told me subsequently it was aconite, and this was an aggravation from repeated doses of the 30th centesimal potency. My rule is, and I believe it is a good one, every time you see improvement from a given dose lengthen the intervals or stop the medicine altogether; but if the symptoms recur and are of the same degree and character, repeat the dose. I change to another remedy only if the symptoms have changed and another remedy is more prominently brought into view. The more I practice homoeopathy, the more I watch the results of different kinds of treatment among my confreres, because in Philadelphia we have the five kinds of homoeopaths, not only the two kinds, the more I am convinced of the efficacy of Hahnemannian Homoeopathy. By all this experience I have found the very best success when I have studied my case sufficiently to make a diagnosis of the disease, and then another diagnosis of the remedy; and when I have satisfied myself that I have made a diagnosis that cannot be disputed upon scientific grounds, and I have clearly defined symptoms of the remedy that is indicated beyond peradventure of doubt—I give that remedy, and I repeat it as often as may be necessary, but rarely give another medicine; and I have treated all kinds of diseases from beginning to end, resulting in cures and resulting in palliation where a cure is not possible, by the method I have indicated.

T. H. CARMICHAEL, M. D.: Mr. Chairman, I have enjoyed these papers very much, although some of the opinions of the essayists do not coincide with my own. My thought in rising was in reference to a statement by one of the essayists in which he denied the fact that in the preparation of triturations particles of crude matter sometimes escaped and could be found even in high triturations. I think that this was proved to the satisfaction of this Institute and the account can be found in the Transactions, somewhere about 1883, when J. Edward Smith, of Cleveland, then a prominent microscopist, reported that careful examinations of triturations of aurum metallicum revealed the presence of particles of metallic gold in nearly all the triturations up to the 30th. This was due to imperfections in mortars and pestles—the particles of gold lodging in their interstices and escaping during the trituration process.

I would like to relate a curious instance which I cannot account

for. A very intelligent lady in Philadelphia, manager of one of our homœopathic hospitals, and who had some knowledge of the materia medica, related to me these circumstances:

While at a boarding-house in a neighboring city she was annoyed by a baby immediately opposite her room. The baby had attacks of colic, lasting through the night and disturbing her rest. The young mother, hearing that she had some knowledge of homœopathy, asked her to prescribe for the baby. At first she refused, but finally prepared a powder of chamomilla 200th, which was pinned (for safety) to the pillow on which the baby's head rested. It was not removed that night and the baby had no colic. The following day the chambermaid in cleaning up the room removed the powder, and that night the baby had a severe attack of colic. In short, whenever the powder of cham. 200 was pinned to the pillowslip the baby slept, to the peace and serenity of all its neighbors. Now you may place this just where you please.

H. C. ALLEN, M. D.: I would like to explain Dr. Carmichael's case. That is a case practically called Hahnemann's cure by inhalation. Eighteen years ago a German scientist demonstrated that. He put some mercury or quicksilver into a bottle, corked it and put it under the pillow of a sensitive person without his knowing it, and it produced salivation. He was experimenting with the metals, mercury, iron, gold, silver, platinum. He was not a medical man. His experiments with gold and mercury were published in the *Medical Advance*.

M. E. MOSHER, M. D.: I believe in giving the single remedy, but have given two under conditions and surroundings, but am also a believer in being fair and just to all classes of people; but I cannot get over the idea when we prescribe *sac. lac.*, which I have never done on account of the belief that it is not fair towards the patient or the class of people who treat by suggestion. If there is no curative power in *sac. lac.*, why give it? but if we are using suggestion at the time of giving *sac. lac.*, then why not claim that we are using both remedies, the same as the eclectics use theirs? If we are giving *sac. lac.*, say on account of the patient, to keep our patient in any way or condition, we should give them the credit of it. If it is suggestion, then do that, and say to the patient: "I am both a homœopath, and also use suggestions between the remedies." I think all credit should be given where it is due; and if we cure by our homœopathic remedy alone, it should be called so, but if we give the homœopathic remedy and then have so many more doses of *sac. lac.*, than remedy, why not tell the patient so? I should feel very indignant myself if I gave myself up to a practicing physician and knew that he was giving me *sac. lac.* between times. When I know a patient does not need medicine, I say: "I stand here ready to help you. I am ready and willing to give you medicine when you need it, but I do not want to give you a dose of water and tell you to take it every two or three hours and then cure you by suggestion and not

let you know it." There are a great many physicians in our vicinity who say they are eclectics, which means they are homœopathic and allopathic together. I do not think they can do that. But I cannot see how a person can treat by homœopathic remedies, christian science and suggestion and give the credit due to all of them.

A. J. ROBBINS, M. D.: I wish to address myself briefly to the writer of the paper on the "Repetition of the Dose." I am a graduate of the old school of medicine. I had about nine years' experience in that practice, and as a diagnostician in that practice I was recognized among the rest of them; being able to diagnose my cases; when I had diphtheria it was diphtheria; if I had scarlet-fever it was scarlet-fever. Since I became a homœopath, of which school I am also a graduate, I do not know what I am treating. You can see the inconsistency of that. This is only an example to illustrate this other one point. As long as I am confining myself to the 3x dilutions, I am curing my cases. I am not asked to prove it, or to prove how I am doing it; but as quick as I cure my cases with the 200th potency, the 1,000th potency or the 1,000,000th potency, I am not curing my cases according to the low potency men, and I am asked to prove it. It is *suggestion* all the way through.

Now, I was able to diagnose my cases as an allopath. I claim I am able to diagnose my cases as a homœopath. If I am able to judge of my cures of cases as a low-potency man, I claim that I am just as capable of judging when I cure my cases when I use the high potencies. *Yet I am asked to prove it.*

In speaking of the confidence in the remedy, which one of the last discussors mentioned I would say that I have had patients come into my office with a kind of opposition on their faces, as much as to say: "Well, I will take your old remedy, but I do not believe in it," and I have cured them in spite of their disbelief. I hold myself, gentlemen, as the man who addressed himself to the paper, open to give my potencies anywhere that I may choose. There are remedies that I have never been able to prescribe and get results from, outside of the mother-tincture, and when I get that case I give the mother-tincture. There are other remedies, gentlemen, that I do not get my results from short of the 200th potency, and when I strike those cases I give the 200th potencies.

I had a memorable case when I was practicing in Washington City, a typhoid fever case, in which there seemed to be a kind of suppressed restlessness; it took me a long time to find it out, because I was not much of a homœopath at that time, and had not had much experience. I did not have any 200th potency of Rhus, but went down to Dr. Custis and got it. I prescribed it and it brought the temperature down two degrees within a very short time. I kept repeating my dose, but it did not do anything more. I went to Dr. Gilbert and got the 1,000 potency and brought it down another degree, and could not do anything more with that. Then I was determined to give the 100,000 potency, that I got of Dr. Allen a year

before, and it brought the temperature down below 100, and it remained there until convalescence. There is where I stand on the potency question. But there is one thing I would like for us to do, and that is to be honest with ourselves. If we are dealing in these high potencies, I wish we would tabulate our cases and report the number of our failures to cure, as well as our number of cures. I am located in a position where I have an opportunity of keeping tab on a great many of the homoeopaths of the United States. I have a summer office at Chautauqua, where people come from Cincinnati, Washington, Baltimore, New York, Chicago, Denver, and from all over the United States; and people come to me and tell me: "I used to be a homoeopath; I never employed anything else; but I went to Dr. So-and-so for one year, two years, or three years"—men I knew by reputation, and who were giving their high or low potencies. The most of these complaints come from people who have been patronizing high potency men, but they tell me they got sick and tired of going week after week to take a dose of medicine and wait six weeks, or six months, for another dose and continue that, year after year, and get *no* relief. The consequence was, as they tell me, they had a good allopath next door, and, they say: "I was acquainted with him and I went to him and he *relieved* me." I do not say cured, I say relieved, and relief is what our patrons want more than cures. There is where we are not honest with ourselves, and we are not honest with the homoeopathic profession. Therefore, I say select your remedies and keep track of your cases, and if you do not cure them or relieve them with your high potencies, do favor the homoeopathic medical profession and your patients, by resorting to something lower.

G. P. WARRING, M. D.: I do not think these gentlemen who have read such good papers ought to be asked to close this discussion until some of us who are older, and appreciate their papers very much, can express our congratulations. The ability shown in the preparation of these papers is certainly commendable. I think also the Chairman of this bureau has done well in bringing this new and young talent upon the platform where they could show that they have been very close to the old and good teachings of Samuel Hahnemann. There is but one text book in the world in which can be found the thoughts and the ideas they have incorporated in their papers, only the Organon, and they have evidently been very close to its philosophy.

H. C. ALLEN, M. D.: I believe we should make a careful diagnosis of every case and analyze it thoroughly and completely as far as possible. It seems we are apt to be mistaken sometimes; and our allopathic brethren are apt to be mistaken even in their diagnosis. A short time ago I had a very suspicious case come to me and I asked the lady to bring a specimen of her urine for examination. I put my assistant at it, analyzed the urine, and found it was entirely normal in every particular. So I prescribed for her accordingly.

The medicine had not been sent, when in came a servant with another bottle and a letter apologizing for the fact that she had accidentally sent her husband's urine. It was fortunate I received it in time.

The Doctor says that sometimes we cure our patients by suggestion. Well, that is true perhaps. I take exception to Dr. Mosher's criticism when we give placebo to continue the action of the remedy. If I was treating Dr. Mosher she would not know if I was giving her placebo or medicine.

A short time ago I was telephoned for one morning very early to go about 10 or 12 miles to see a patient. The patient was a Kentucky thorough-bred "single footer" saddle horse that cost about \$750.00, and had tetanus; two veterinaries of the other school said: "Shoot him. You will never cure him in the world." I did not know whether the horse had tetanus and as no symptoms were given, I could not prescribe if he had. So I sent an expert, Dr. C. E. Sayre, instead of going myself. In two or three hours I received a telephone: "The horse has tetanus; a bad case; going to die unless something is done." He gave me the symptoms of the horse: Severe clonic spasms; protruding eyes; legs rigid; jaws firmly locked; spasms brought on by slight noise or touch. I do not know much about horse symptoms, but I knew the symptoms presented by this horse were a perfect picture of what nux vomica produces in a healthy man. I said: "Give the horse a powder of nux vomica CM every four or six hours, as you think best, until you have given three doses." The stable man would know whether the horse was improved or not; so he gave the three doses. Next morning the horse was better; the next day still improving, and went on and got well of tetanus with three doses of nux vomica CM; and suggestion had nothing to do with it; neither had faith anything to do with it. It is simply and purely a case of fitting the homoeopathic similar remedy to the symptoms presented by the horse; and objective symptoms at that.

It seems to be a difficult question to know when to decide the potency. We never will have a law of potency. Every individual practitioner must select the potency that is adapted to the potency or dynamic strength of the vital force of the patient. It is the dynamic strength of the weakened vitality of the patient with which we deal, and for which we have to prescribe. In infants and in old age this is naturally weak, and here the potency of the remedy should also be weak, or low, in order to meet this phase, because I do not believe in the term dilutions or high dilutionists at all. Potency means power. It should be the strength of the drug, not the dilution of the drug. We do not dilute a drug to increase its force; we potentize it. Why not use the proper term. It sounds so much better. It reads better. We use the dynamic potentized force of the drug to increase its strength and the power of the potency that we use should be fitted to the strength, the force and

the power of that sick patient. When the patient is reduced very, very low by some severe, even fatal disease, be careful of your strong potencies, because they may hasten what you are trying to prevent. The stronger the potency the quicker the response and the more sure and lasting your cure. Try them and publish your failures next year.

JOHN HUTCHINSON, M. D.: I would merely like to refer to the statement that Dr. Mohr selected from my paper, as to bryonia. I think I did not make myself clearly understood. What I meant to say was if the 2d of bryonia were administered when the 30th or higher potency was the better selection, we would not get the same pleasant curative results from the administration of the 2d. That is all.

D. F. S. CORLEMAN, M. D.: Objection has been taken to my statement denying the presence of foreign medicinal substance in our triturations. The doctor claimed that an examination was made by a leading microscopist of a very carefully prepared trituration of aurum and that impurities were found. I did not say anything about "impurities," but denied, and I still deny, that any foreign medicinal substance is present. We know that we obtain the action of the drug prepared in the trituration; if any other be present, why do we not also get an action from it? There is a great difference between *inert impurities*—nothing finite is without them—and *medicinal substances*.

R. F. RABE, M. D.: In regard to the nature of the potency spoken of by Dr. Mohr, I do not think we can as yet limit the nature of the potency or define it. So long as we use a remedy, no matter in what potency, and the higher we go, if we still get an action from that potency it shows there must be something in that remedy, some medicinal force left, as long as we continue to get an action from it; it simply shows that we have not yet reached the limit; if we ever do reach so high a potency which shall produce no effect whatever, I think we may say that we have come to the limit of potentiation. So long as we do not come to the limit we cannot define the end. I have often heard the statement made that cases spoiled by allopathic drugs require low potencies as antidotes. I do not think so. I get many of these cases of allopathic drugging, that are cured and I find in those cases the higher potencies respond quickly and beautifully. Of course you have to take the symptoms of the patient, such as you can get. They have been mostly suppressed, but you have to take the drug symptoms as well. You have to take the whole symptom complex and prescribe for that; that will often lead to another remedy. But as far as the potency is concerned, I think the higher potency will do just as good work here. I do not mean to say it will do any better, but I do know it will do good work.

In the matter of repetition, I can confirm what Dr. Mohr has said; and I have one case in mind, that of a young negro suffer-

ing from intermittent fever, which called for *rhus toxicodendron*. I meant to give him one powder only, but by a mistake put it in water and continued it every two hours, and continued taking it for eighteen hours. At the end of that time I was sent for in great haste and found the young man writhing on the bed in great agony, and in the most excruciating pain. He could not keep still one minute, having a most beautiful proving of *rhus tox*. Taking every two hours a dose of the 1,000th potency proved to me and certainly proved to him that there was something in the high potencies. It proved what the high potency can do when let loose.

To answer Dr. Mosher, as to placebo not being necessary and therefore if you give placebo or *sac. lac.* and continue it, you are using suggestion, I deny this, and I will tell you why. First of all, we do not always give placebo. I have a number of patients who have been so faithful and true to homœopathy that if I give them one dose they take one dose and that is enough; and some of those patients may come back to me in two weeks, and I say: "No; you do not need any more at present, the last is still acting," and they agree and are satisfied. I have had cases of syphilis cured just as easily in that way. I cannot do that with all. I can do it with people of intelligence, trained in homœopathy, but I think that suggestion has no part here, or is at all necessary. We can leave the *sac. lac.* out. That also brings to mind the question of the action of the remedy. We know the remedy acts, whether the reaction that takes place goes on for weeks or months; and if it is granted that this is so, of course the *sac. lac.* is then not necessary and therefore your suggestion has no part. We know that reaction continues and we know that in the deep-acting remedies, as *kali carbonicum*, that reaction will go on two or three months sometimes, and even longer, and no repetition of the remedy is necessary.

In regard to Dr. Robbins, speaking of diagnosis and that the low-potency man requires proof of the cures made with the high-potency—well, very good. We can give him that proof, and I for one believe that so far as the high-potency man is concerned, he should always endeavor to diagnose correctly and so satisfy the allopath and the low-potency man who is continually quarreling with or criticising us. We do make a diagnosis and make it just as well as the next man. Let the homœopath or the Hahnemannian homœopath be as good a diagnostician as the low-potency man every time. I have cured cases of diphtheria with *lac caninum* for instance, or *Arum triphyllum* the 1,000th or 1,000,000th or the 30th, giving two doses during the whole course of the disease. How do you know they were cases of diphtheria? Because there was a bacteriological examination made; the bacilli of diphtheria were found in the culture, as testified to by the Board of Health of the City of New York. Now you cannot go back of what you have the absolute proof, and you must believe it. You have to believe it, unless you ascribe the cure to mere suggestion and say the case



would have gotten well anyway, and that worn-out excuse has no part here.

In regard to reporting failures to cure: Certainly, failures to cure should be reported. They make interesting reading and often teach us more than our successes. Our society in New York, at least we members, often informally report our failures, and I will mention one failure that I myself spoke of some time ago. It was a case of chronic bronchitis that seemingly called for kali-bichromicum, but I failed absolutely, even with other remedies. I studied the case very carefully but failed to cure that case, and it unfortunately went into the hands of an old-school man and he apparently cured the case. I say apparently, because that cure may simply be a suppression; we do not know but what those symptoms may take another direction, and they probably will. It was a good cure, if it really was a cure. I went to some trouble to find out what that remedy had been, and found it had been the carbonate of creosote, given in five or six drop doses two or three times a day. I looked through creosote and could not find any of the symptoms corresponding to the symptoms I had gotten from this patient, and we have no proving of creosote carb.; that remedy may have many of the symptoms similar to that case; I do not know, for we have no proving; therefore if this should be so, the reason why I failed becomes plain: simply because my remedy was not the similar one, though I thought it was.

As to having patients become discouraged after receiving treatment by high potency physicians for a long time and, that they become tired of waiting for relief from high potencies. First of all, what constitutes relief in these old chronic cases? The patient often has to go through months of suffering before he can arrive at a cure. Tissue changes have taken place; those tissues have to revert to the normal condition. Old symptoms must return. In order to do this, that patient must go through a period of aggravation before any amelioration can take place. Now, if you call relief smothering or covering up these symptoms with palliative drugs (and the old school is the great school of palliation) I grant you that that is quicker relief than any Hahnemannian physician can give in chronic diseases; but this is not cure. Relief must be distinguished from cure. And therefore I say that those patients had better leave us. It is bad for our school that these things should arise but the times will come when we have to stand up in defense of our principles and refuse to give palliatives or depart from the single remedy. We all have to face these occasions.

## IS THE STUDY OF DRUGS THROUGH THEIR SYMPTOMS PRODUCED UPON HEALTHY SUBJECTS SCIENTIFIC?

J. B. GREGG CURTIS, M. D.

WASHINGTON, D. C.

If we accept the divisions of the history of medicine as given by Renouard as being three: First, the "Age of Foundation," from 1184 B. C. to A. D. 200, which is worthy of our attention because during this period Hippocrates lived, and gave to the last half of this division its reason for recognition because during his life he announced the different laws which have since his day controlled the thought of all great physicians, and to whom is given the title of "The Father of all Medicine," including Homœopathy, because of his announcement of the law of Similia.

Second, the "Age of Transition," during which time medicine freed itself from superstition and mysticism. And third, the "Age of Renovation," which included the Erudite period, comprising the fifteenth and sixteenth centuries, and the Reform period, comprising the seventeenth, eighteenth and nineteenth centuries, to the present day.

We find by close study and examination that one characteristic, one motive, one thought, the striving for one goal has characterized them all. The representative men in each age have striven and worked that they might individually or collectively establish a rational therapy, one that would meet the demands of the exact science.

Almost without exception the investigators have sought to establish such a system, either upon a physiological, pathological or chemical basis. There have been many efforts under different names to establish this therapy, but the basis of them all has rested upon one or the other of these foundations.

It was asserted at the recent meeting of the American Medical Association that no advance had been made in the therapeutic treatment of pneumonia, that no specific for its cure had been discovered, either synthetic or by the use of a serum. In the discussion before the Academy of Medicine in November, 1903, Dr. Fitz of Boston drew the following conclusion: "(1) The treatment of typhoid fever does not now differ materially from the