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HAHNEMANN'S THREE RULES CONCERNING
THE RANK OF SYMPTOMS.

BY CONSTANTINE HERING, M.D.

Hahnemann's advice is, to take all the symptoms of each case, as if it were the only one. Comp. Organon, § 83, and following: the same is to be done while proving; write down all the symptoms. Comp. Organon, § 138, 139, &c. In contradiction the common old schools examine each case in order to make a diagnosis and to enable the doctor to tell the patient "what is the matter," and if they talk about the effects of a drug, they ask: "What diseases does it cure?" "What pathological generality is its 'character?'" The true Hahnemannian examines each case to get such symptoms as distinguish this case from all others. He observes the strictest individualization; like a portrait painter, he wants a photography of each single case of sickness. Such symptoms or groups of symptoms as distinguish the case before him from others, are the characteristic symptoms he aims at. The same in proving; we want the characteristics of a medicine, *i. e.*, such symptoms as distinguish it from all others.

Hahnemann's rule sets forth, that we must aim to get all symptoms, particularly such as have hitherto been overlooked, neglected, not listened to and sneered at, to get what we necessarily must know. It is the same with provings of drugs. By collecting all and every symptom and particularly the so-called minutiae, we obtain the characteristics. The common old schools are satisfied with a general pathological character by which drugs may be divided into classes, but never can be individualized, each as a thing *per se*.

Hahnemann's first rule is, the characteristics of the case must be similar to the characteristics of the drug (compare Organon, § 153, and others.)

This rule has also been expressed in the following words: The symptoms of a case and the symptoms of a medicine must not only be alike, one by one, but in both the same symptoms must also be of a like rank. (Compare Archiv. XI., 3, p. 92.) It is thus the rank, according to which we arrange the symptoms obtained by the examination of a case,—the rank, the value, the importance of the respective symptoms of the drug, which decides when, as it often will happen, several different drugs have apparently the same similarity; it is this rank which decides in the selection.

Hahnemann has given us a second rule in his *Chronic Diseases*. We may either adopt his psoric theory or not; but, if we follow his practical advice laid down in the said work, we shall, in proportion, have far better success and will be forced to adopt at least all the practical rules contained in said theory.

The pith of this theory is not refuted by the discovery of the acarus scabiei, nor by the generatio æquivoca, nor the contagiousness, nor by the propagation of the animalculæ, nor by anything else; the quintessence of his doctrine is, to give in all chronic diseases, *i. e.* such as progress from without inwardly, from the less essential parts of our body to the more essential, from the periphery to the central organs, generally from below upwards,—to give in all such cases by preference, such drugs as are opposite in their direction, or way of action, such as act from within outward, from up downward, from the most essential organs to the less essential, from the brain and the nerves outward and down to the most outward and the lowest of all organs, to the skin. (Com. Preface to treatise on chronic diseases, p. 7, and following.) The metaphysics of our science tell us, that all drug diseases (paranosses) are in their essence and offspring, opposite to the whole mass of epidemic, contagious, and other diseases, all of the latter being originated by a conflux of causes, (Synnoses).

Hahnemann's doctrine of treating chronic diseases, in-

cludes another and opposite, viz.: the opposite direction in the development of each case of chronic disease. All the antipsoric drugs of Hahnemann have this peculiarity as the most characteristic; the evolution of the effects from within towards without. Thus, all symptoms indicating such a direction in the cases from without towards within, and in the drugs the opposite from within towards without, are of the highest rank, they divide the choice.

Hahnemann gives us a third rule, which has been overlooked by all the low dilutionists, or is, at least, never mentioned by them, and has even been entirely neglected by the theorizers of our school; notwithstanding that, without this third rule, the homœopathic healing art would be a most imperfect one. This rule enables the true Hahnemannian artist, not only to cure the most obstinate chronic diseases, but also to make a certain prognosis, when discharging a case, whether the patient will remain cured, or whether the disease will return, like a half-paid creditor, at the first opportunity.

Hahnemann states, in his treatise on chronic diseases, first ed., p. 228, second ed., p. 168, American translation, p. 171: Symptoms recently developed are the first to yield; older symptoms disappear last. Here we have one of Hahnemann's general observations, which, like all of them, is of endless value, a plain, practical rule and of immense importance.

It might seem to some so very natural that recent symptoms should give way first, older ones last, that it ought to have been observed by all and every physician at all times. But this is not the case; it was never observed before Hahnemann, nor ever stated as a rule before.

We will set forth here all the consequences of this rule of succession, but first repeat it in another form.

We might express the above rule also in the following words: In diseases of long standing, where the symptoms or groups of symptoms have befallen the sick in a certain

order, succeeding each other, more and more being added from time to time to those already existing, in such cases this order should be reversed during the cure; the last ought to disappear first and the first last.

Suppose a patient had experienced the symptoms he suffers in the order *a, b, c, d, e*, then they ought to leave him, if the cure is to be perfect and permanent, in the order *e, d, c, b, a*. The latest symptoms have thus the highest rank in deciding the choice of a remedy.

Suppose a patient complains of new symptoms, as it often happens during the treatment of cases of long standing, particularly if we have chosen with great care a so-called antispasmodic medicine, and the improvement has, of course, continued uninterruptedly, four, six, eight weeks, after which time the improvement gradually ceases, runs out, and the patient begins again to complain rather more. In such cases we will very often find, if we again take an accurate image of the newly increased diseased state, exactly as we did before, that several new symptoms have appeared. We may represent it by the formula: *a, b, c, d, e*, have lessened, especially *e, d, c*: and now *a, b*, are on the increase again, even *c* reappears; *d, e*, are gone, but another symptom *f*, has been added, or *f, g*. These new symptoms are always of the highest rank, even if apparently unimportant.

It may be observed that they generally are such as will be found among the symptoms of the last given remedy, thus the caution may here be in its place, that after such a long interval, or after such a real gain, as the disappearance of *d, e*, the same drug will never be of any more benefit, the greatest counter-indication being the new symptoms. Another medicine has to be selected, and one which has especially *f*, or *f, g*, as characteristics.

The practical influence of these three rules of rank proves to be not only a manifold one, but their observance becomes a characteristic sign of difference of a mere empiric—in homœopathies a perverted Homœopathician, and a real Hahnemannian; the first will cover symptom by symptom,

without knowing or making any distinction; the second will be satisfied with a few such symptoms as tell him, what he calls the scientific character and enable him to go on the stilts of pathology; the third will observe the rules and heal the sick as Hahnemann did. It is thus worth while to look at them closer, and let them pass before our eyes once more.

According to the *first* rule we must inquire not only for the seat of the symptoms, inquire which organ seems to be the centre of the pathological action, but also for the minutiae in locality, notwithstanding their complete unimportance in pathology, viz.: little inflammations on the point of the nose and lobe of the ear may help to indicate *nitrum*, etc. According to this rule we will carefully note it down, if any of these sensations of a patient are on one side of the body or the other, if they predominate on one side, or if they pass over from one side to the other.

We have further to inquire for each kind of sensation with much more accuracy than would be required if we had nothing else to decide than the pathological character; some peculiar sensations, trifles in themselves, may be of importance in the choice of the medicine, even such as are unexplainable by physiology or never taken notice of by pathology, viz., a feeling as if from the falling of a drop of water, may help to indicate *Cannabis*.

We must inquire for the times of the day when the symptoms of a patient appear to increase, are ameliorated or disappear. This is very often the only criterion, by which we decide our choice. Even the hours of the day are very often of a decisive influence, viz., the hours after midnight, one to three, may help to indicate arsenicum or kali carbonicum; the hours in the afternoon, from four to seven in the evening, may help to indicate helleborus or lycopodium, etc.

Likewise every function of our body: sleeping and waking, eating, drinking, walking, standing, rest or motion, etc., must be taken into consideration, in so far as they may be one of the conditions of aggravation or amelioration of any of the symptoms of our sick.

In the same way all connexions of symptoms following each other or alternating with one another, whether they have a pathological importance or not, are all for us of the highest rank, if, aided by them, we may distinguish one case from another, or one drug from another. The first rule, then, is, that not only the characteristics must be alike, but there must also be a similarity of their respective rank.

The *second* rule of Hahnemann introduces a kind of distinction between the different medicines which have been proved and applied, which must gradually lead to the adoption of an order of rank among them. It is a similar division to that of the so-called Polychrests. But it is not this alone; the same rule is also of great influence when we arrange the symptoms of the sick.

All symptoms of inward affections, all the symptoms of the mind or other inward actions, are, according to it, of much higher value than the most molesting or destructive symptoms on the surface of the body. A decrease or an amelioration of outward symptoms, with an increase of inward complaints, even if the latter apparently are of little importance, will be an indication for us, that our patient is getting worse, and we must try to find out, among his symptoms, the leading one, to indicate another, a real curative medicine.

Very frequently we will see ineffectual attempts, as it were, of the inward actions, to throw out and bring to the surface that which attacks the centre of life. We must try to assist such attempts, but neither by outward applications, nor by a mere removal of that which the disease produces, and still less by medicines only similar to the same outward symptoms; on the contrary, we must inquire principally for the hidden inward symptoms, and compare them with the utmost care, to find among our medicines such, as correspond exactly to the subjective or inward symptoms, and by preference among the antipsorics, *i. e.*, such as act more than others from within towards without. The principal characteristics of the antipsorics were obtained from the sick, and only by the use of potencies. Drugs cannot manifest such

most important peculiarities except by high potencies, and with the most sensible persons.

The uses of the *third* rule of Hahnemann are the following:

1. During the examination of the sick we must inquire as much as possible, in which order, according to time, did the different symptoms make their first appearance.

2. After such a careful and complete examination of a case, we must arrange our collection of symptoms according to their value, that is their importance as indicative, and we must bring such as have appeared later, in the foreground, of course without neglecting the others, and even the oldest. Further, we must compare when selecting a medicine, and find whether the one to be chosen has a characteristic similarity, particularly with the symptoms which appeared last.

3. If the patient had been drugged by the old school, we must direct our antidotes principally against the *last given drugs*. For instance, against abuse of alcohol or aromatics, nux vomica; against tea, pulsatilla or thuya; against quinine, pulsatilla, etc.; against jodium and jodate of potassium, hepar s. c.; against blistering, camphor; against cauterizing with nitrate of silver, natrum mur.; against bleeding, purging, or losses of blood, cinchona; against mechanical injuries by stretching, rhus; by bruising, arnica, etc., etc.; against chloroform, hyoscyamus, etc.

4. In every chronic case, after a well chosen medicine has had time to improve the case, and ceases to do good, and we have to make a new examination to obtain a full image of the new state of the sick, we must again inquire particularly after newly appearing symptoms. As we will find in almost all carefully observed cases, that the new symptoms correspond to the last applied medicine, and as we know, a repetition of the same drug would only aggravate, without giving relief, particularly if general characteristics, *viz.*, with regard to times of day, sides of the body, or other localities, have changed, or if other general conditions are altered; the new medicine must be chosen with regard to such new symptoms, considering them as the most indicative, or of high rank.

5. If we have succeeded in restoring a chronic case of long standing, and the symptoms have disappeared in the reverse order of their appearance, we can dismiss the case with full confidence as being cured, and not being in danger of returning again; if not, we had better tell the patient, even if he should be satisfied with the partial cure, that he may, before long, be sick again.

As an appendix to Hahnemann's three rules of rank, another, in regard to the sides of the body could be mentioned here, and if this new rule should be sufficiently corroborated and sustained by further observations, it might become in some cases of great importance. This rule is the following: Every affection going from one side of the body to the other, is more effectually overcome by such medicines as will cause or produce the same similar affection, *but in the opposite direction*. It seems to correspond to the last of the rules given above, but has been discovered entirely independent of it, hence it is better to give it to the profession in a genetic form, and in a separate communication, which will appear in our next number.

INFLUENCE OF THE TIDE ON PARTURITION.

BY CHAS. G. RAUE, M. D.

It is a common saying among sea-faring men and inhabitants along the coast, that people cannot die, except when the tide is going out; and that they cannot be born, unless the tide is coming in. I was apprised of this popular belief at first by Dr. C. Hering, several years ago, who, during his stay in Surinam, was told so by the negroes, and who, by his own observations at that time, found it verified. Later, I was informed by a friend, that he had seen a similar statement in Chas. Dickens' David Copperfield. Looking over that novel,

I find in chapter xxx. the following passage: "People can't die along the coast," said Mr. Peggotty, "except when the tide's pretty nigh out. They can't be born, unless it's pretty nigh in, not properly born, till flood. He's (speaking of a sick man) a going out with the tide. It's ebb at half arter three, slack water half an hour. If he lives till it turns, he'll hold his own till past the flood, and go out with the next tide."*

As we are indebted to the people for a number of the most valuable observations in medicine and other things, no matter how rude and inaccurate they may sometimes present themselves, I thought it worth while, in this case, to look for myself, as opportunity would present, and try to find out whether or no this saying might be applicable to Philadelphia. As Philadelphia is situated on the Delaware, the tide of which stream reaches some thirty miles above that place, I at first took, as a basis for my observations, the tides of the Delaware, as recorded daily in the papers. This, however, gave no affirmative result, and, indeed, could not; for the tides in the Delaware take place at quite different hours from the tides on the sea shore; and even there exists, according to nautical observations, a great difference in the time of their occurrence at different places, owing to the hooks and nooks, bends and bows of the adjacent shore and the bottom of the sea. If then tide, birth, and death were in some connection with each other, I had to lay another basis for my observations, in short, I had, in each particular case, to find out the exact hour and minute at which the tide at Philadelphia would commence, *if there were no local obstacles to retard it*.

This was done in the following manner: The *flood* commences at the moment when the moon passes over the meridian, or, as the almanacs say, when the moon is *south*, and continues until the moon reaches half way to the other side

* "'A parted even just between twelve and one; e'en at turning o' the tide.'" —Shakspeare, King Henry V., Act ii., Scene 3.