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JAHR'S NEW MANUAL

OF

HOMŒOPATHIC PRACTICE.

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EDITED, WITH ANNOTATIONS,

BY

A. GERALD HULL, M. D.

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INTRODUCTION.

I.

The General Design and Composition of this Volume.

In placing before the public the second volume of our work, which, like the first, has been revised and entirely remodelled, we are compelled to express our regret that the greater part of the French Physicians have attached too much importance to the old Repertory, which we had annexed to the German edition, merely as a simple appendix and alphabetical register. Estimating the Materia Medica and the summaries of the Text (1st vol.) as the only basis on which investigations should be established, our design has been by no means to furnish absolute indications, but only to give instructions for making just researches. This Repertory has been arranged to be employed in common with the summaries of the Text, Materia Medica and other practical works of Homœopathia, but not *in place* of them; whence it is, among the indications given, that we have frequently exceeded the Text, in recording many symptoms which its concise summaries did not contain, but which have been collated from other Homœopathic works. In consequence of this a partial discrepancy has arisen between the two volumes of our work, which, nevertheless, will not incommode those who are at all familiar with the sources from whence we have derived our information, but which ought to be vexatious to those whose knowledge of Homœopathic works does not extend beyond our Manual. A complaint has, also, been occasionally urged, without reflection, that whenever an accurate correspondence existed between the Text and the Repertory, the latter should not have been altered, which would, to the extent, only afford a convenience to the student of pathogenesis, while it would be quite unsuited, in

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itself, to answer as a sure guide to those who have no previous knowledge of the Materia Medica.

On this account, however desirous we have been to harmonize the two volumes of this work, we have deemed it essentially important to give this a form, which would render it more useful to beginners than were the *fragmentary* indications of the old Repertory, and in every respect a most unerring guide. We have, therefore, placed at the head of each chapter, and under the title of CLINICAL REMARKS, the *Indications in detail* of each of the prominent drugs to be consulted in respect to the different forms of disease; and, regarding these indications as the most essential part of this Manual, we have taken all possible pains to arrange them in such a manner that, in the greater number of cases, the old Repertory can be entirely dispensed with, while the student can, in his researches, pass directly from the *Clinical Remarks* to the *Summaries of the Text*.

Thus it is that the old Repertory forms, in reality, a kind of supplement to this new edition, which will prove of utility to the physician in particular cases, but to which we ascribe only a secondary importance in the definite choice of a medicament. This Repertory has been revised with equal care, and enriched with all the new symptoms of the Text; and it will be generally observed that it is infinitely in advance of the prior edition in preserving the correspondence of the two volumes. In the mean time, the exact terms of the Repertory will not be always found in the Text, as it is the *sense* and not the *letter* of the expression that has guided us in its registration, and as we have frequently compiled many synonymous expressions in a single article. It will be frequently observed also, that a symptom of the Repertory which is not recorded in the corresponding chapter of the Text, will be found in another chapter, and making part of another group of symptoms; and in other cases still, when the pathogenesis of a medicament appears to contain no *direct* trace of a symptom recorded in the Repertory, it will suffice to read it with attention to ascertain the *indirect* reasons which were sufficient for its registration. Frequently, also, may these reasons be found clearly indicated in the CLINICAL REMARKS of this *second* volume, where we have sometimes added details which, resulting from the totality of symptoms, would have proved but useless repetitions in the Text. In conclusion, the more the reader familiarizes himself with the contents of our work, the more he will find the indications of the

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Repertory to correspond with the rest, especially as the Text embodies them essentially as to *sense*.*

As to the distribution of material in the Repertory, we have adopted as many CHAPTERS as there are *Articles* in the Text, and have pursued the same order by making each CHAPTER of the Repertory correspond to an *Article* of the *Summary*, commencing with the *General Symptoms*, *Skin*, *Fevers* and *Mind*; after which follow the special organs in their accustomed order.

In our second edition, we had arranged in each Chapter, both the *Nature of the Sensations* and *Conditions* under one alphabetical order; but in this we have concluded to separate each of the articles under a particular alphabetical order, so that *four sections* will be ordinarily found in each chapter: 1, CLINICAL REMARKS, 2, SYMPTOMS, 3, CONDITIONS, and 4, CONCOMITANT SYMPTOMS. As to the manner in which we have handled our material in each one of the sections, a judgment can be formed by examining attentively any one of the chapters; and, in our additional remarks, we only offer some general commentaries on the contents of the Chapters, as our explanations would never cease were we to enter upon all the details of our conception.

II.

THE SPECIAL ARRANGEMENT OF THE REPERTORY.

1. CLINICAL REMARKS.

The essential part of this Repertory, as we have before

* It is quite an easy matter to find errors in the mechanical part of a work such as our Repertory of Symptomatology; but whoever should essay to make a similar work would precisely understand the difficulty of avoiding them all. This applies to an original work; but when it becomes necessary to harmonize with the French Text, a Repertory founded on the expressions of the German Text, the preplexities augment enormously. The only mode of remedying it would be to compose an entirely new Repertory on the French Text, which we should undoubtedly have done had we believed a practical advantage would have been derived at all in proportion to the time and labour it would have required. But when correcting the German Repertory, we perceived at a glance that its recomposition on the French Text would only bear on some expressions *vague in themselves*, and therefore determined to consecrate our time to more essential amendments, such as CLINICAL REMARKS, &c.

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stated, consists in the CLINICAL REMARKS which are to be found at the head of each Chapter. We had, at one time, the intention of uniting them all in alphabetical order at the beginning of the volume; but, on the other hand, considering the advantage that would flow from a union of *Diseases* and the *Symptoms* they represent, in the same chapter, we preferred to register the articles on diseases in the corresponding chapters of the Repertory. This arrangement, it is true, is so far inconvenient as this, that the diseases are not classed after any regular plan, having neither scientific nor strictly alphabetical order. But as the power of finding each article is the most important consideration, we have very much modified the inconvenience resulting to practice from our arrangement, by giving at the end of this volume an *alphabetical register* of all the articles which are to be found in the *Clinical Remarks* of the different chapters, and besides, have repeated the name of the affections for every place where it is to be sought, by referring to the chapter where they are treated.

In the composition of the Clinical articles we have generally followed the arrangement of *Haas*, *Ruoff*, and *Rückert*; but instead of giving, as these authors have done, a mere compilation of isolated facts, of which a precise counterpart would rarely occur in practice, we have endeavoured to furnish for the employment of each medicament, *general data*, applicable to almost every case where a drug might be indicated. The sources from which we have derived these data, have been the *Clinical cases* published by the various authors of our school, as well as the practical result given by HAHNEMANN, Hartmann, Hering, &c., joined to the indications *our own experience* has disclosed. At the same time, we have considered it useful to exceed these clinical observations, and to indicate, besides the medicaments already tested by experience, others which might be occasionally consulted in extremities. But to avoid error we have, in quoting the doubtful drugs, added the word *perhaps*, that we may be clearly understood to advise that our opinion should be confirmed by further experience.

The plan we have adopted of treating these articles is, in reference to all, as uniform and simple as possible. We ordinarily commence with an *appercu* of the principal medicaments against the affection in general; then follow the medicines against the varieties of this affection and the causes which have produced it; and finally we conclude by establishing the particular indications for the employment of each medicament cited. In this last part we have

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almost always founded many categories of medicaments for consultation by constantly using the first with more details than the following, and by frequently referring the residue to the pathogenesis of medicaments or to other analogous medicines, in order to escape all confusion.

Those who may compare our *Clinical Remarks* with the articles contained in the works of Haas, Ruoff and Rückert, will perceive, at the first glance, that, besides a large number of details, we have contributed a much greater number of articles and more perfect indications. At the end of the volume we have also added an entirely new essay on cases of poisoning and drug diseases, especially profiting by the excellent indications given by Hering on this subject. In the mean time it would be a great error to suppose that we had exhausted all pathology in our articles. On the contrary, we have only desired to treat of those maladies which are most frequent and most known, leaving it to time and to experience to furnish other and more accurate indications.

The finished practitioner, in reading our articles and the indications we have given for the choice of medicaments, will frequently find, without doubt, that we have said nothing new to him, and that, in truth, any physician thoroughly acquainted with the characteristic symptoms of medicines could dispense with these articles, or even compose those which would be preferable. This is indeed but too true; and if our labours only concerned those physicians who are alike accomplished in a knowledge of the Homœopathic Materia Medica and Medicine in general, we should have been more careful in the construction of our articles, or should have abstained altogether from the publication of this Manual. But those, for whom we have written this work are principally neophytes in Homœopathia, who, without having had the time as yet to make long and laborious studies in the Materia Medica, have been obliged to use it, and to select a suitable remedy from among a number of which they do not know any one sufficiently well. In indicating to them for each affection, the name only of twenty or thirty medicines, how is it possible that they should recognize the cases in which one should be chosen more than another? It may be said to them that this should be the remedy which, by its symptoms, best corresponds with the indications of an individual

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case; they incessantly demand: *But what are the symptoms which, in such or such a case, indicate such or such a medicament?* To refer them, in a final answer, to a comparison of the symptoms of all the medicines would be, we confess, the most convenient expedient for us, but not the most expeditious for them, who, in an urgent case, could not delay the choice to the pursuance of the profound studies the predicament might demand. For them, a labour which groups the most suitable medicaments, with their principal symptoms, for each affection, is a veritable guide, as indispensable to them as it may appear superfluous to the initiated practioner.

It will be unquestionably urged, that the contribution of such aid to beginners is the lending of too much assistance to idleness and ignorance, and that such measures must estrange new adepts from serious and profound studies. As for ourselves, we have too good an opinion of the French physicians who embrace our doctrine, to believe that, when they have once commenced their investigations, they will fail to free themselves of such imputations by appropriate and scientific studies. But if it occur, that there are those who reject serious occupation, and prefer to live on the reflections of others, we think it safer even to furnish *them* with detailed indications than to suffer them to select at hap-hazard from among medicaments with which they are superficially acquainted. Man is usually fond of instruction, but he does not always love to be occupied with matters the practical importance of which he does not comprehend, especially when the labours they demand are long and numerous. To encourage rather than to alienate them from labour will be most readily accomplished by clearing away the first difficulties of study, and making them perceive the necessity of it by examples.*

Besides, on examining our articles closely, and using

* In expressing these ideas, we are by no means ignorant that there are men who not only think, but still *proclaim* that any ignoramus can practice Homœopathia provided he can spell the symptoms of a Repertory, and who think to find a mechanism, through the aid of which the appropriate drug can be obtained by taking for each symptom the sick complains of, the name of a medicament. These people, it is true, are very sorrowful apparitions along the horizon of Homœopathia; but, by the grace of God, they are rare exceptions, and no person need confound them with the serious and enlightened who practise our art. No one need fear that they will ever form a school among judicious intellects.

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them frequently, our readers will be convinced that we have by no means entertained the idea of preparing a work which the first comer might open to find at once, without trouble or reflection, the needed and appropriate remedy, as if it were a book of ready made calculations. The indications we have given have been intended to put the practitioner on the right path, but not to save him the trouble of pursuing his journey; and all our remarks, far from answering for every case, would frequently leave him undecided unless he should have recourse, in the last required analysis, to the entire pathogenesis of the medicaments, or even in case of necessity, to the original Materia Medica. But the advantage which these instructions give, is the power of distinguishing, in a given case, some two or three medicaments for detailed consultation; for such assistance, among twenty or thirty drugs, must necessarily diminish very much protracted research. Finally, the *Clinical Remarks* contain a summary of the most characteristic symptoms of the medicaments, still more concise than those of the Text, and principally of those which most particularly refer to the affection of which it treats, and it is especially for this reason that they require completion through the ulterior details of the Text every time that it is necessary to make a final decision among the two or three appropriate medicaments.

Another objection arrayed in judgment against us has been that, in our *Clinical Remarks*, we have taken for our point of investigation the *pathological names*, which are opposed to the principles of our school. To this we answer: "*ce n' est point l'habit qui fait le moine*," if we may be allowed the use of a proverbial expression that best conveys our meaning. It is of little importance in the choice of a remedy, whether we take for our point of investigation the name of a simple symptom or a prominent symptom, or finally, of a group of symptoms, provided, that the *single name* of neither one nor the other, but the *totality of symptoms*, only be allowed to decide the choice. But it would be even preferable in making our researches to select a *name*, which at least represents certain forms of possible suffering, than to imitate certain ultra purists, who, while they shun every form of *investigation* through the agency of a pathological name, have not the least hesitation in *deciding absolutely* by a single name, and frequently badly selected, of an isolated sensation which is always chosen with much difficulty if well done. No, indeed! when the father of Homœopathia raised his objections to the abuse

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of *pathological names*, his intention was to communicate to the physicians that he attached no importance to the *word* or to the *name*, but to the *sense* and the *spirit* of the subject; and the best proof we have to offer is, that Hahnemann, himself, makes use of these expressions whenever he desires to indicate by a single word a certain form of affections; thus we find everywhere throughout his writings that he utters these words: *Cholera Phthisis*, Hæmorrhoids, Amenorrhœa, &c., without fear of committing the slightest indiscretion. But even if it were otherwise, the more we are convinced *that the name is unessential to the subject*, the more we ought to assent that these names should be used to indicate in a general manner what could be consecutively determined and individualized; moreover, when they would serve, as in this place, to facilitate to the physicians of the old school access to our science, and to offer to them points of investigation with which they are already familiar. The greater part of the names we have used only designate the prominent symptom and not the conjectural cause of the malady, and in such a manner that those, who reproach us, would be equally compelled to erase from our vocabulary a large number of expressions which we are constantly using to distinguish simple symptoms.

2. Symptoms of the Repertory.

In the *second section* of each chapter will be found the Symptoms, literally named, which were arranged in the old Repertory under the title of *Nature of the Sensations*. We have placed them, as before, in alphabetical order, although we do not regard this distribution as the best; but every other classification that we, have attempted presenting equally serious faults and inconveniences, we have deemed it preferable to preserve that form to which the community is already accustomed. To avoid the inconvenience which the alphabetical order presents, in separating that which by its nature ought to be united, we have frequently referred from one expression to another in order to compare their synonymes. As to the subdivisions of the chapters, we have considerably diminished them in this edition, in such a manner that, in every chapter corresponding to an article of the pathogenesis of the medicaments, will now be found all the symptoms arranged in single alphabetical order. Thus in the chapter on Fevers, for example, where formerly *chills*, *heat*, &c. formed separate subdivisions, it will

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be found in the present edition that the *chills* are arranged under the letter C, *heat* under H, &c., and that in *affections of the head*, *vertigo* and *stupefaction* are placed under their respective capitals among other symptoms of the head, &c. Our design in adopting this order has been to simplify the researches as much as possible.

Many of our friends have expressed a desire to see in the Repertory, as in the Text, the clinical symptoms distinguished from the others; but the execution of such a plan requires six classes of different characters to designate the medicines underlined and not underlined in each of the three classes of symptoms that we have established, and the distinction of medicaments, by means of signs placed at each abbreviation, menacing to enlarge the volume of this work too extensively, we have renounced this project, and have done it with less regret, since the *Clinical Remarks* placed at the head of the chapters render this distinction almost superfluous.

In respect to the distinction of medicaments by Italic characters, we had at one time the intention of abandoning it, observing that it was as likely to lead to error as to the selection of a good remedy; *for how frequently does it not happen that the totality of symptoms is such* that a medicament not underlined may answer better than any other, although it may appear less in relation with the symptom that should by this rule be regarded as the prominent one. And in the majority of cases, all the medicines which have the same characteristic symptom, have in this respect absolutely the same value, since the totality of symptoms only can give a preference of one over the other. Thus it is, for example, that *Coffee* has no more value than *Aconite*, *Arsenic* or *Chamomilla* for *anger* or *discouragement* from slight suffering; the choice is here to be decided by the other symptoms which characterize the case. If then, notwithstanding the objections, we have preserved the distinction of Italic letters, it has been with respect to symptoms where there was a mass of designated medicaments, in order to meet those sooner for whom the symptom is most confirmed, than those for whom the symptom is most characteristic; a shade the observation of which may sometimes be useful, without, in the mean time, meriting too much attention, if the symptoms of the drug have been well observed.

The Italic characters of the Repertory must not be confounded with those of the Text, seeing that two different principles have dictated them. The object of the Text has been to compare and distinguish the symptoms of the same

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medicament by themselves, while that of the Repertory has been to compare and distinguish the medicaments which have the same symptom. Take for illustration any medicament the symptoms of which number a hundred, and suppose that it presents *two* cases of *comatose sleep* and *one* of *sleeplessness*, we should, of course, put the first symptom in Italics; but if afterwards, in the Repertory, we compare this medicament with others, in which the observations of this symptom are infinitely more confirmed, such as *Opium*, *lachesis*, &c., we must necessarily give it an inferior rank, until renewed observations progress to confirm it in the same manner. Thus it will happen that medicaments will be frequently found in the Repertory in ordinary characters, the symptoms of which are printed in the Text in Italics, and *vice versa*.

In comparing a section of *Symptoms*, with that of *Clinical Remarks*, articles will be frequently found registered in both sections. They are those which, according to the manner of viewing them, can be considered just as much *Diseases* as simple *Symptoms*, such for example as Debility, Sleeplessness, Coma, &c. Having treated these articles in each place in different aspects, it need not cause surprise that a much larger number of medicaments will be constantly found among the *Symptoms* than under the *Clinical Remarks*.

3. The Conditions under which the Symptoms appear.

We have been frequently requested to record the circumstances, immediately beneath the symptoms to which they belong. The idea is quite natural, and if we had well settled expressions in our vocabulary of symptomatology, nothing would be more convenient, nor more easy to execute. But when considering the great mass of synonymous expressions such as, for example, *cramplike*, *contractive*, *constrictive*, and *drawing* pains, *anguish*, *inquietude*, *anxiety*, &c., *dyspnœa*, *difficulty of respiration*, &c., we found that we should be absolutely compelled to repeat each condition for each one of the synonymous expressions, or refer constantly from one to the other, which would fatigue the reader in his researches and augment the volume of this work at least one third. These difficulties, it is true, would not in the mean time hinder the execution of the thing, if it were absolutely necessary; but it is equally evident, in the greater number of instances, that a condition which exists

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for one kind of pain or labour of respiration, or every other kind of suffering, can be regarded as existing also for every *like kind* of suffering in an organ. Thus may a *rending* toothache, which the *Mercury* produces be aggravated *at night from the heat of the bed*, as would a *lancinating* toothache, &c. But the difference that presents itself is, that neither the same pains in the different *organs*, nor the different *kinds* of phenomena in the same organ, necessarily show themselves under the same conditions; so that it would be entirely false to suppose that a medicament which produces, for example, *pains* of the stomach *at evening* will also produce in the evening the *vomiting* peculiar to it; and whilst it produces *pressive* pains of the stomach at evening, it can be reputed also to produce at the same period the *cramp-like* pains of the stomach contained in its pathogenesis.

On this account no one condition will be found for every kind of separate pain, but always for the entire class of phenomena, such as *Cephalalgia*, *Vertigo*, *Pains in the Stomach*, &c., in general, when many expressions will be frequently noticed, such as *Feebleness*, *Lassitude*, *Fatigue*, Prostration, &c., which we have reunited to indicate the totality of conditions. In the *General* symptoms, *Affections of the Skin*, *Fevers*, *Sleep*, *Mind*, &c., we have preferred to indicate the circumstances in sub-order to the suite of symptoms; whilst in the greater part of the *particular organs* it has appeared most advantageous to us to indicate them separately, and to register in sub-order the phenomena to which they belong.

In our first edition we had separated by sub-divisions the *Aggravations* and *Ameliorations*; but in this we have found it more convenient to arrange both in sub-order of the condition to which they belong, in indicating by the abbreviations Am. or Amel. the medicaments which have ameliorated in this condition; whilst those which have aggravated or have appeared under the same condition have been placed beyond this condition, either without any particular indication, or with indication of the symptoms which aggravate it or which appear under this condition. As to the distinction between *Aggravation* and *Apparition* of symptoms, it appears to us the more superfluous, when we have not observed it in the Text, and when experience has appeared to us to prove, what has scarcely an exception, that a condition which aggravates a symptom can also provoke it, and *vice versa*.

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4. Concomitant Symptoms.

We have ordinarily followed the *conditions* of each chapter, with an alphabetical registration of the symptoms of other organs which accompany the phenomena of this question; such, for example, as *Nausea*, *Colics*, *Fainting*, that attend *Vertigo*, *Cephalalgia*, &c., which may be found in the Concomitant Symptoms of the chapter of the *Head*, and consecutively for the other organs. In the mean time the utility of this section is not as great as it would seem at the first glance, and perhaps it would have been better to have omitted it, so far as it concerns the beginner, who, in neglecting to reflect, might frequently be led into error. Take, for example, a *tooth-ache* which is attended with great *Aggravation*, while *the residue of the symptoms indicate* Aconite; the beginner, in looking for this combination among the concomitant symptoms of *Tooth-ache*, and not finding the *Aconite*, will he not necessarily address himself to some other medicament he finds registered? And yet the *Aconite* would be perfectly indicated, since it produces, in general, a great *aggravation* to the slightest pain, and during general sufferings. But the simple reason why he did not find this registered among the medicaments which have *Aggravation* with tooth-ache, is that no such precise local combination exists, and that if we were to introduce into each section of the Concomitant Symptoms all the combinations that reason and good sense indicated, we ought to repeat the entire Repertory in each one of the sections, an essay, in fact an absurdity, that would be without a parallel.

It ought only to be with the most profound precaution that we should use the indications which are to be found in the *Concomitant Symptoms*, not that the medicaments there registered may be inexact in themselves, but because they may not be sufficient, and because, to be perfectly sure of the fact, we ought to complete the combinations by all the rest of the symptoms of the other organs. It is only in a case where the rest of the symptoms accord equally well, that we should give a preference to that with which the combination sought for is perfect; but when any one of the medicaments having this combination does not accord entirely, we should not hesitate to address ourselves to another which shall comprise the totality of symptoms, even when it may not offer them exactly in the combination required.

Nothing can be more absurd than a desire to practise

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Homœopathia according to the mere single indications of a Repertory. It is absolutely impossible to choose the medicaments well without having a sufficiently general knowledge of the pathogenesis of each of them, in order to make thousands and thousands of combinations that the Repertory does not indicate, and which it could not indicate unless its boundaries were enlarged for the reception of all imaginable eventualities! Also the combinations we have given in the *Clinical Remarks* will not suffice at all for every case; all that they can afford, as also the *Concomitant Symptoms*, is to aid in placing the beginner in the right path; but he should stop by a sure aim at the first step, and remain to familiarize himself with the Materia Medica itself, and to vivify, by the spirit of pathogenesis, the dead letter of the Repertory.

III.

Instructions for using this Repertory.

Having concluded our remarks on the design and composition of the second volume of our Manual, it is almost superfluous to add any further particular instruction for its use, the more especially, as those who have acquired the principles of our doctrine and a knowledge of the Materia Medica, know themselves, better than we can teach them, how they ought to apply this second part. And as to those, who, ignorant of the rudiments of Homœopathia, without ever having seen the Organon, or *Materia Medica*, or any other work which treats of our doctrine, would nevertheless practise according to our Manual, the best instruction in the world can do them no good; the Repertory will be of no more service to them in selecting the appropriate remedy than the best Vocabulary, with every possible explanation, would enable a person to comprehend *Tacitus* or *Cicero* who knew nothing of the grammar or genius of the Latin language. If then, we be tempted to make a few comments on the practical use of our Manual, it is more with the intention of making them comprehend the spirit in which it has been composed than to induce neophytes to practice Homœopathia in a manner both mechanical and divested of all reason.

The *Clinical Remarks*, in our estimation, should form the basis on which our first researches ought to be established, and in the greater number of acute diseases they

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will be found sufficient to enable the practitioner finally to select two or three medicaments for detailed examination. Having established a Record of symptoms from an examination of the patient, the practitioner should directly look to the *Clinical Remarks* to ascertain whether the CAUSE of the malady may be *Cold*, *Loss of fluids*, &c., or whether the KIND of *Affection* may be Rheumatism, Intermittent Fever, or Typhoid, *Syphilis*, *Ring-worm*, &c., and then, by a careful survey of the registered medicaments, he can readily select those which best accord with the affection he desires to treat. Having distinguished, in this manner, two or three medicines which appear to merit a preference, he can next have a recourse to the *Text* to ascertain which medicament entirely corresponds with the *totality of symptoms*. Thence, in very marked acute cases, he will most frequently and readily reach the most suitable medicament.

In *chronic* diseases, and in *Affections* of which the *seat* and *kind* are doubtful, the subject, it is true, is ordinarily more complicated; and frequently cases will be presented where the *Clinical Remarks* do not afford sufficient indications to distinguish, at once, a small number of medicaments for consultation, according to the mode of having recourse to the symptoms of the Repertory. To abridge the researches as much as possible, in this instance, the practitioner should take only two or three salient points in the table of symptoms, such, for example, as the *Cause* which engenders the malady, the salient *pathognomonic symptom*, the *extraordinary condition* under which the symptoms are aggravated or ameliorated, or, finally, the characteristic *concomitant symptom*. By investigating the medicaments which correspond to each one of these three points, we shall soon reach, in the majority of cases, a sufficiently limited number to carry out our ulterior researches in the *Text*.

The difficulty does not always consist in finding what we seek: the essential point is to find what we ought to seek; and this has always proved a stumbling block to beginners. Nothing, in fact, can be more difficult than establishing a perfect correspondence between the symptoms of the patient and those of the medicament. It is generally said that the *characteristic* symptoms ought to accord; but what are the characteristic symptoms? What are the essential points to which we should direct our attention? Is it the *cause* which produces the malady? Are they the *pathognomonic symptoms*? The *organ wound-*

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ed? Or, indeed, the *conditions* under which the symptoms manifest themselves, or the *general symptoms* which accompany the *local symptoms?* Is it the *kind* of pain or its *seat?* In our opinion, no one of these points alone is essential; but the whole together, and each one according to its value. The *cause*, in conjunction with the *local* and *pathognomonic symptoms*, indicates the kind or family of medicaments we ought to consult; the *conditions* and *concomitant* and *general symptoms* distinguish that which is specific to any given case. In the mean time, it will not be less true to say that the *general* and *accessory symptoms* with the *conditions* indicate the kind of medicaments to be consulted, among which the *cause* and *local* and *pathognomonic symptoms* consequently distinguish the specific for a given case. But to whichever side we go, we shall equally reach the same conclusion, provided, in the research for the medicament, we consider every point in an impartial manner.

Frequently, and in the greater number of cases, we have trouble in finding a medicament which corresponds in every respect, while we discover many others which accord in a single point, so that it remains to us to know to which of these the preference must be given. We promptly reply, that it should be undoubtedly given to that which best agrees with the individuality of the case, that is, with those symptoms which distinguish a given case from every other case of the same disease. Whence it follows that a medicament, which does not include all the pathognomonic symptoms of an affection, but which refers, in general, to the organ injured, and, in particular, to the accidental or constitutional *individual* symptoms of the sick, should be preferred to that which has all the *local* and *pathognomonic* symptoms, but which does not refer to the *individual* symptoms at all. Experience confirms this reasoning every day; and if one reflects that the greater part of local affections follow an anterior alteration of the vital economy, which decides the preference in accidental or individual symptoms, he can readily explain how frequently a medicament which appears to relate only to some extraordinary symptoms, and which also appears to have no correspondence with the malady, has produced cures as radical as they were unexpected.

When the *cause* which has engendered a malady is not known, the *accidental and individual symptoms* should be retraced with the greatest possible resemblance to the symptoms of a medicament; whilst, on the contrary, the

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cause being evident, and the specific antidote being known, as, for example, *Arnica* against *mechanical injuries*, *Mercury* against *syphilitic* affections, &c. We can frequently substitute this for characteristic symptoms, provided it is always the particular character of the cause which is evident in the individual symptoms of an affection. Now, as the same cause will frequently affect different individuals in many different manners, according to their age, constitution, habits and other peculiarities, which are not always the effects of a *single* cause, but also those of the individual constitution which is reflected in the *individual* symptoms, for this reason, in all the cases of the known cause we should be assured by a comparison of the symptoms of the absolute *fitness* of the medicament in question. This precaution is entirely indispensable in every instance where it is most of an antidote against the pathogenetic cause.

The *proportionate* resemblance of the symptoms forms another point which should command our attention in the choice of a medicament. We have before said that the *cause*, *organic lesion* and *pathognomonic* symptoms indicate the kind or family of medicaments to be consulted, while the *accidental* and *individual symptoms* enable us to find that which, in a given case, was the true specific. But that this may become as true in practice as in theory, it is yet required that the individual symptoms of the medicament correspond precisely to the individual symptoms of the malady. For the sake of illustration, take an example of *phlegmonous angina*, with a tendency of the tonsils to suppurate, and characterized, as to a salient symptom, by *burning pains of excoriation*. *Belladonna*, *Mercury* and *Cantharides* may be indicated in such a case, since they relate to the pathognomonic symptoms, such as swelling, inflammatory redness of the parts affected, difficult, painful or even impossible deglutition, &c. *Belladonna* and *Mercury* may also cover the symptoms of *burning* (or smarting) *pain* of *excoriation:* but the only medicament applicable to this case is the *Cantharides*, since neither the *Mercury* nor *Belladonna* have this symptom in a manner as decided as we suppose it to be in our example, while the *Cantharides* produces, not only in the throat, but also in all the internal organs, *burning pains* of excoriation as one of its most distinctive symptoms. On the contrary, in another angina of the same pathological nature where, in addition to burning or smarting pains of excoriation, the most prominent symptom is an *excessive salivation*, we

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should be in great error to suppose *Cantharides* still indicated, because it also answers to salivation ; for here the *Mercury* commands the preference, inasmuch as the *salivation* is a more decided peculiarity of it than of the *Cantharides*, and also because the salivation is in this case the predominant symptom.

From these examples the reader can perceive how perfectly impossible it is for him to do justice to Homœopathia in contenting himself to turn over the leaves of a Repertory to establish the choice of a good medicament, and how perfectly indispensable to that result is a knowledge of the entire *Materia Medica*. In very many cases, advantage cannot be taken of the cases of concrete combinations which the Repertory indicates ; but, on the contrary, it will be necessary to make new combinations, founded on the general character of the medicament, or on the analogies given in another organ than that in which the symptom is sought, and frequently great risk will be run of committing the most serious errors by searching mechanically for the symptoms of disease in the Repertory. In our introduction to the studies of the Materia Medica (*Journ. de la Doctrine Hahnemanienne, No.* 3), we have reported an error of this kind, where *Nitric acid* was chosen against raideur *in the back in consequence of cold*, for the single reason that the Repertory represented this symptom literally, whilst the combinations made in the spirit of reason would have indicated *Rhus toxicodendron*. If we wished, we could multiply by the hundred, the mistakes we have known committed through the mechanical use of our Repertory ; but it answers our design to signalize them in a general manner, in order to prevent beginners, and especially those who only see a mechanical labour in the researches of the medicaments, from encountering the numerous shoals on which they can be wrecked.

The final advice we have to offer in regard to the profitable use of the Manual is, summarily, *to study, especially, the pathogenesis of the medicaments*, in order to acquire a general idea of their total character, and if, as is almost inevitable, the practitioners who embrace our doctrine are obliged to use the Repertory before being sufficiently familiar with the pathogenesis to appreciate the data it contains : that then, at least, they do not decide before comparing the symptoms of particular organs with the *General Symptoms*, instructing themselves at the same time by the indications of the *Clinical Remarks*, and as

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much by *General Affections* as by particular diseases; and that, moreover, they never apply any medicament without being still assured, by the study of pathogenesis, of a *perfect resemblance* of its individuality with that of the disease. In thus using, always simultaneously, the *three essential parts* of our work, *Clinical Remarks*, *Repertory*, and *Pathogenesis*, he will not only defend himself from a multitude of deceptions, but will attain, in course of time, the power of omitting every guide, by confining his researches to the pathogenesis of the first volume.

We desire to say, in regard to the composition and practical utility of this second and last volume of our work, that we have endeavoured to render it as useful as possible to the practitioner. To imagine it a perfect work, or one that left no room for improvement, would be a delusion far from a compliment to our resources or energies. Such an idea has never been entertained by us. On the contrary, no person is better acquainted than ourselves with the defects of this work, and how much could be still done to render it what it ought to be; but no person knows better than ourselves all the difficulties opposed to its execution; and no person can better judge than we can, just to what point it is impossible to satisfy for the moment all the exigencies of practice; and all the difficulties which, even in a more extended work would not have been easy to surmount, have been considerably augmented by the limited form of this Manual, which shackled our progress at almost every step. Convinced of the impossibility of the enterprise, we have abandoned the idea of having succeeded in any respect for the general satisfaction. All that we demand is, that others will consider the efforts we have made, and the path we have been obliged to tread in a science which is only in its infancy. To have contributed, as much as was in our power, to facilitate to beginners access to the practice of our doctrine is our sole ambition; to soon see another more competent than ourselves put forth a better work is our sole desire!

G. H. G. JAHR.

Paris, October 15, 1840.

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DIVISION OF THIS VOLUME.

INTRODUCTION.

I.—On the Design and Composition of the Repertory in general.

II.—On the Arrangement of Material in particular.—1. On Clinical Remarks.—2. On the Symptoms of the Repertory.—3. On the Conditions.—4. On the Concomitant Symptoms.

III.—On the Manner of using this Manual.

REPERTORY OF SYMPTOMATOLOGY AND THERAPEUTICS.

Chap. I.—*General Affections.*—1. Clinical Remarks.—2. Symptoms.—3. Conditions.—4. Concomitant Symptoms.

Chap. II.—*Affections of the Skin and External Organs.*—1. Clinical Remarks.—2. Symptoms.

Chap. III.—*Sleep and Dreams.*—1. Clinical Remarks.—2. Symptoms.—3. Concomitant Symptoms which occur during sleep, or disturb the sleep at night.—4. Dreams.

Chap. IV.—*Febrile Affections.*—1. Clinical Remarks.—2. Febrile Symptoms.—3. Concomitant Symptoms.

Chap. V.—*Moral Affections.*—1, Clinical Remarks.—2. Symptoms.

Chap. VI.—*Affections of the Head, including Vertigo and symptoms of the Scalp.*—1. Clinical Remarks.—2. General Symptoms.—3. Parts affected.—4. Conditions.—5. Concomitant Symptoms.—6. Scalp.

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CHAP. VII.—*Affections of the Eyes and Sight.*—1. Clinical Remarks.—2. Symptoms of the Eyes.—3. Symptoms of the Sight.—4. Conditions.

CHAP. VIII.—*Ears and Hearing.*—1. Clinical Remarks.—2. Symptoms of the Ears.—3. Symptoms of Hearing.—4. Conditions.

CHAP. IX.—*Nose and Catarrh.*—1. Clinical Remarks.—2. Symptoms of the Nose and Smell.—3. Coryza.—4. Concomitant Symptoms of the Coryza.

CHAP. X.—*Face, including the Lips and Chin.*—1. Clinical Remarks.—2. Symptoms.

CHAP. XI.—*Teeth and Gums.*—1. Clinical Remarks.—2. Symptoms of the Teeth.—3. Symptoms of the Gums.—4. Conditions.—5. Concomitant Symptoms.

CHAP. XII.—*Affections of the Mouth, Tongue,* &c.—1. Clinical Remarks.—2. Symptoms.

CHAP. XIII.—*Affections of the Throat.*—1. Clinical Remarks.—2. Symptoms.—3. Conditions.

CHAP. XIV.—*Appetite, Taste,* &c.—1. Clinical Remarks.—2. Symptoms.—3. Suffering after Meals.

CHAP. XV.—*Stomach with Nausea, Vomiting,* &c.—1. Clinical Remarks.—2. Nausea, Vomiting, &c.—3. Symptoms of the Stomach and Scrobiculus.—4. Conditions of the pains of the stomach.—5. Concomitant Symptoms of the pains of the Stomach.

CHAP. XVI.—*Abdominal Affections.*—1. Clinical Remarks.—2. Symptoms of the Hypochondria.—3. Symptoms of the Hypogastric region and Anus.—4. Conditions.—5. Concomitant Symptoms.

CHAP. XVII.—*Stool and Symptoms of the Anus and Perineum.*—1. Clinical Remarks.—2. Stools.—3. Conditions.—4. Concomitant Symptoms.—5. Symptoms of the Anus and Perineum.

CHAP. XVIII.—*Urinary Organs.*—1. Clinical Remarks.—2. Urine.—3. Conditions.—4. Concomitant Symptoms.—5. Symptoms of the Urinary Organs.

CHAP. XIX.—*Sexual Organs of the Male.*—1. Clinical Remarks.—2. Symptoms of the Sexual Organs.—3. Sexual Functions.

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CHAP. XX.—*Sexual Parts of the Female and Maladies of Infants.*—1. Clinical Remarks.—2. Symptoms of the Parts.—3. Sexual Functions.—4. Concomitant Symptoms.—5. Symptoms of the Breast.—6. Diseases of Infants.

CHAP. XXI.—*Affections of the Respiratory Organs.*—1. Clinical Remarks.—2. Symptoms of the Larynx. 3. Cough.—4. Conditions.—5. Concomitant Symptoms.

CHAP. XXII.—*Lungs and Heart.*—1. Clinical Remarks.—2. Respiration.—3. Symptoms of the Lungs and Heart.—4. Conditions.—5. Concomitant Symptoms.—6. Exterior of the Chest.

CHAP. XXIII.—*Back, Loins, Neck,* &c.—1. Clinical Remarks.—2. Symptoms.—3. Conditions.

CHAP. XXIV.—*Superior Extremities.*—1. Clinical Remarks.—2. Symptoms.—3. Conditions.

CHAP. XXV.—*Inferior Extremities.*—1. Clinical Remarks.—2. Symptoms.—3. Conditions.

CHAP. XXVI.—*Drug Maladies and Poisons.*—1. Antidotes.—2. Drug Maladies and Poisons.

GLOSSARY OF SOME OF THE TECHNICS USED IN THIS WORK.

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Mr. William Radde, 322 Broadway, has been appointed Agent of The Central Homœopathic Pharmacy, at Leipsic, the medicines of which we feel assured by experience can be safely trusted. Our friends should be careful to procure such only as are authenticated by the seal of this distinguished association.

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REPERTORY

OF

HOMŒOPATHIC SYMPTOMATOLOGY,

WITH CLINICAL REMARKS.

CHAPTER I.

INTERNAL GENERAL AFFECTIONS.

SECTION I.—CLINICAL REMARKS.

[ABSCESS (INTERNAL).—*A tumor containing pus.*

For ACUTE or PHLEGMONOUS abscess the remedies are: *Ars. asa. bell. bry. cham. led. hep. mez. phos. puls.* and *sulph.*

For CHRONIC or COLD abscess may be selected: *Asa. aur. calc. carb-veg. con. hep. jod. laur. lyc. mang. merc-cor. merc-sol. nit-ac. phos. sep. sil. and sulph.*

Special indications point to the following remedies:

ARSENICUM, when there are: violent pains and insufferable *burning* during the febrile stage; *chills, fever, and consecutive sweat*, with secretion of offensive matter during the second period; muscular prostration, trembling, sleepless restlessness and termination in *gangrene.*

ASSA FŒTIDA, when the abscess is characterized by: *discharge of discoloured and thin matter;* heightened sensibility of it and the surrounding parts; and insufferable pain to the touch.

BELLADONNA, when there are: pressing, burning, stinging and rending pains; *curdled, flaky matter;* especially in abscess of the LIVER.

BRYONIA, when the tumor *alternates in colour from red to white*, with tension and heat of the skin.

LEDUM is most useful in the early stage of abscesses when the tumors are painfully distended, stinging, and throbbing.

MEZEREUM is prominently indicated: in abscesses that

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originate in *fibrous and tendinous structures*; or in the misuse of *Mercury*; and are attended by stinging and throbbing pains in the ulcer and its border.

PULSATILLA, when the abscess *bleeds easily*, with stinging and cutting pains; or violent *itching*, burning and stinging in the periphery of the abscess; peculiarly when the veins are *varicose; or after violent and long enduring inflammations*; and when the areola is quite red.

RHUS has been of service: in abscesses of the axillary and *parotid glands*; when the tumors were very painful to the touch; with stinging and gnawing pains; and discharges of *ichorous matter*. ED.]

ADENITIS.—*Inflammation of glands.*—See GLANDS.

ANASARCA.—*Dropsy of the cellular system.*—See *Chap.* II.

ANÆMIA.—*Exhaustion of blood.* The best medicines in general are: *Calc. carb-v. chin. cin. fer. hep. kal. lyc. lach. merc. natr. natr-m. n-vom. phos. phos-ac. sep. sil. staph. sulph. verat.*

If this state arise from debilitating losses, whether of blood or any other humours, the most eligible medicines are: *Chin. n-vom.* and *sulph.* or else: *Calc. carb-v. cin. phos-ac. staph.* and *sulph.*

When caused by VIOLENT ACUTE DISEASES, recourse may be had to: *Calc. carb-v. chin. hep. kal. natr. natr-m. n-vom.* and *veratr.*

☞ See also: CHLOROSIS, WEAKNESS, SCURVY, &c.

ANEURISM.—*A pulsating tumor formed of an artery.* The medicines, which have been hitherto employed most successfully, are; *Carb-v. lach.* and *lyc.* and also: *Guaj. pulsat.* and *sulph.*—In some cases recourse may be had to: *Calc. caust.* and *graph.* or else to: *Amb. arn. ars. fer. natr-m. zinc.* [Also to: *Kali-carb.* ED.]

APOPLEXY.—See *Chap.* VI.

ARSENIC (Effects from abuse of).—See *Chap.* XXVI.

ARTHRITIS or GOUT.—The medicines which have been found most efficacious in arthritic affections, are generally: *Acon. ant. ars. bell. bry. calc. caus. chin. cocc. coloc. fer. guaj. hep. iod. led. mang. n-vom. phos. phos-ac. puls. rhod. sabin. sass. sulph.* and in some cases perhaps: *Canth. chel. cic. colch. con. daph. dulc. men. merc. stann. tart.* and *thuy.* [Also: *Arn. cin. ran-b. ran-sc. staph.* ED.]

For ACUTE arthritis, the principal medicines are: *Acon. ant. ars. bell. bry. chin. fer. hep. n-vom. puls.* [Also: *Berb.* ED.]

For CHRONIC arthritis, besides the preceding: *Calc. caus. coloc. guaj. iod. mang. phos-ac. rhod. sass. sulph.*

For arthritis VAGA, principally: *Arn. mang. n-mos. n-vom. puls.* or else: *Asa. daph. plum.* and *rhod.*

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Arthritic NODOSITIES require especially: *Agn. ant. bry. calc. carb-v. graph. led. n-vom. rhod.* and *staph.*, or perhaps *Aur. dig. lyc. phos. sabin. sep. sil. zinc.* [Also: *Carb-an.* ED.]

Arthritic *contractions* are often relieved by: *Bry. caus. guaj. sulph.; and calc. coloc. rhus. sil. thuy.* may be also employed.

Recourse may be had to the same medicines against arthritic PRECURSORS and METASTASES: but the PRECURSORS will be often successfully combated by *nux-vom.* and recent METASTASES by *bellad.*—*See*, also, ARTHRITIC CEPHALALGIA, OPHTHALMIA, &c.

In arthritic affections of persons addicted to SPIRITUOUS LIQUORS: *Acon. calc. n-vom. sulph.* may be preferred, or else: *Ars. chin. hep. iod. lach. led. puls.*

For those who live on too SUCCULENT food, principally: *Ant. calc. iod. puls.* and *sulph.*

For persons who WORK IN THE WATER, especially: *Calc. puls. sass.* and *sulph.*; or also: *Ant. ars. dulc. n-mos.* and *rhus.*

☞ As to particular indications which may direct to the choice of any individual medicine, it is necessary, especially in CHRONIC ARTHRITIS, to attend to the TOTALITY OF THE CONSTITUTIONAL SYMPTOMS, to the state of the stomach, intestines, lungs, brain, &c. For the different pains and other symptoms which accompany ACUTE ARTHRITIS, *See* and *compare* RHEUMATISM.

ARTHROCACE.—*Ulcer in the cavity of a joint-bone.*—*Coloc.* and *phos-ac.* have been principally recommended against that morbid state, which sometimes accompanies chronic inflammations of the joints. Perhaps: *Calc. hep. sil.* and *sulph.* may be also employed.

ASPHYXIA or APPARENT DEATH.—Homœopathic medicines may be administered in almost all cases, either by putting some globules on the tongue of the patient, or by dissolving them in water, and applying them in the form of a clyster. It is clearly understood that mechanical aid ought not to be neglected, but phlebotomy, which in the majority of cases only injures, ought to be avoided.

[In those cases of Asphyxia (more properly defined a pulseless state) in which there is apoplexy of the lungs, accompanied by laborious breathing, venesection is not only admissible, but absolutely required by sound experience and true medical philosophy. Vide my Examiner, vol. II., art. Bloodletting, by Dr. Gray. ED.]

If asphyxia be caused by a fall, *arn.* may be used, especially if the patient has not been bled. In the contrary case, or if considerable loss of blood has been occasioned

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