

SOME OBSERVATIONS

*Pharmacographic & Repertographic*¹

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Introduction

Over the past several years, we have focused on Hahnemann's pharmacographic record with the aim to republish a modern, easily readable and most accurate reproduction.² Not wishing to add an inaccurate or superfluous work to the literature for our profession, we specifically undertook to examine every symptom listed by Hahnemann in each edition of his works, checking their rendering chronologically, from *Fragmenta...* (1805),³ through *Reine Arzneimittellehre* (RA, 1811-1833),⁴ into his *Die Chronischen Krankheiten* (CK, 1828-1839)⁵ where applicable,⁶ and as far as is possible, against the *original sources* cited by Hahnemann for those symptoms derived both from homœopathic contributors,⁷ and from the "old school."⁸

In this way we have all but completed several medicines,⁹ but have also looked at the greater number of other medicines in Hahnemann's pharmacographies, and those to which he contributes symptoms outside *Fragmenta*, RA, or CK.¹⁰

This process has allowed us to gain an appreciation as to the way Hahnemann proceeded in obtaining and rendering these records, and of the changes (if any) of the same symptoms over time.¹¹ We are now in a position to express with certainty that these works of Hahnemann (RA & CK), which together represent his life's work towards gathering the information necessary to apply his realisation of *omoion* as a general principle of therapeutics,¹² remain the most accurate and painstaking works of a single observer on *pharmacodynamics*,¹³ unparalleled not only in being borne of a fundamental shift from the paradigm of mainstream medical therapeutics and requiring the collection of theory-free ('pure') *substance effects*, but equally incomparable in terms of faithfully representing the information of other authors from which he liberally borrows objective data for the purpose of a strictly homœopathic application of medicines.

The nature of this work of Hahnemann, the necessary sifting of reports to remove the conjectures and imaginings of old school authors¹⁴ and to identify only the pure, definite, consistent (characteristic) effects of each substance which accorded with his own methodically conducted provings trials,¹⁵ as well his use of assistants at various times in compiling or finishing manuscripts in readiness for the printer,¹⁶ more especially the numerous and imprudent mistakes introduced by *Jahr* into the second edition CK,¹⁷ not to mention the sheer volume of information worked continuously over a prolonged period of time and without the aid of today's computers¹⁸ – all this provided many opportunities for error, and it is no surprise to have indeed uncovered a variety of (more or less significant) mistakes which we continue to address in our ongoing work – here are some examples of our findings.

Aconite (RA/MMP)¹⁹

In Dudgeon's English translation of Hahnemann's RA, the *Materia Medica Pura* (MMP), is listed the following symptom:

164 Vomiting, artificially excited, only temporarily restored the patient from his state of syncope. [*Bacon*]

But the original symptom of Hahnemann, consistently given from its first listing in *Fragmenta* (1805) through each edition of RA, chronologically, is:

<i>Fragmenta</i> 12:18	ab emesi artificiali symptomata pejora.
RA _I [33]	— Vom künstlichen Erbrechen verschlimmerten sich die Zufälle. (V. Bacon, a. a. O.)
RA _{II} (62)	— Vom künstlichen Erbrechen verschlimmerten sich die Zufälle. (Bacon, a. a. O.)
RA _{III} 164	— Vom künstlichen Erbrechen verschlimmerten sich die Zufälle [Bacon, a. a. O.]

this translates to: "From artificially induced vomiting, the condition worsened. [*Bacon*]"

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Hahnemann cites this symptom to a case of accidental poisoning reported by *Vincent Bacon*,²⁰ from which we provide the following excerpt:

“...when he found his illness come upon him with great Violence, he believed himself to be poisoned, and forthwith drank a large quantity of Oil, not less than a Pint in all, and after that he loaded his stomach with Carduus-Tea till he vomited; and though he threw up the greatest Part of his Supper, yet the Symptoms still increased;”²¹

The reader will realise that despite himself having induced the emesis of most of his gastric contents, this patient’s condition *continued* to worsen; hence the communication *intended* by Hahnemann (though poorly written)²² would better be given as:

MMH²³ “Despite artificially induced vomiting, his condition continued to worsen. [*Bacon*]”

So how can we now explain the *contradictory* alteration made by Dudgeon in place of the clearly stated original? It seems that he took the liberty to replace Hahnemann’s symptom, faithfully reproduced, with this subsequent part of *Bacon*’s account:

“Having nothing at hand but a Tea spoonful or two of spirit of *Hartshorn*, I forced open his Teeth with the Handle of a Spoon, and as his head was reclined, I poured the Spirit into his Mouth, which a little roused him, and first set him a Coughing, and next a Vomiting; I took the Advantage of the little Sense that was returned....”

But the reader will here appreciate the slight return of this patient’s sense is attributable to the effect of the *spirit of Hartshorn* (an aqueous form of ‘smelling salts’),²⁴ *not to the vomiting* (which itself gave no relief earlier). How can we excuse Dudgeon’s alteration of a Hahnemann symptom without disclosing it?²⁵

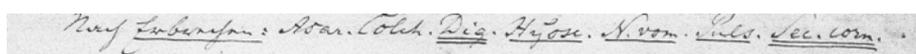
Aconite Repertography

α Let us now examine the repertorial representation of this symptom, starting with *The First Repertory* [TFR],²⁶ in this case (Acon. being a non-antipsoric) with Bönninghausen’s SRN;²⁷ therein we find only *four* instances of the rubric “vomiting *amel.*” – quite appropriately, *none of these list Aconite.*²⁸

We already know from Bönninghausen himself that his *Therapeutisches Taschenbuch* (TT, 1846)²⁹ was a direct extension of SRA (1833),³⁰ & SRN (1835), both of which were fully incorporated within TT. *So how then did Acon. come to appear under this contradictory rubric in TT* – thence copied into our mainstream repertoria.³¹

On re-checking the TT manuscript (this time knowing what we were looking for),³² we observed the following:

TTm420, Gebessert *Nach Erbrechen*: (amel. after Vomiting)



This entry shows the first medicine as “Asar.” and is indeed consistent with SRA. Yet *the same rubric in the printed TT* shows (p.361):

Nach Erbrechen: Acon. Colch. Dig. Hyosc.
N. vom. Puls. Sec. corn.

This mistake is thus seen to have occurred by the printer who *misread* the manuscript for typesetting – either the “Asar” was read as “Acon”, or perhaps the printer’s eye momentarily fell to another rubric on the same page listing “Acon” at the start;³³ when we compare the following rubric on the same page of the manuscript we see the written similarity of “Asar.” & “Acon.”, particularly to a glancing eye working at speed, and appreciate the ease with which a confusion could have been made.³⁴

TTm420, Gebessert *Nach dem Essen*: (amel. after Eating)



Moreover, we find clear evidence supporting the inclusion of *Asarum* under *vomiting amel.* in the following *primary* pharmacographic record from Hahnemann (MMP):

6 Incapacity for any work, and he can do nothing; his mental powers fail him (before each attack of vomiting, afterwards somewhat better); as a rule his reason is defective all throughout the medicinal disease. [*Rkt*]

120 (After the vomiting alleviation of the head symptoms). [*Rkt*]

We are left without doubt the rubric *amel. vomiting* wrongly listed “Acon.” instead of “Asar.”, and are unreserved in issuing a correction for our own TBR₂ (rubric 2218), and which is herein offered to other repertographers.

β Aconite is also listed under the following three rubrics in the *Mind* section of our most popular repertoria:

Light, desire for,³⁵ Darkness, *aggr.*,³⁶ Dark, fear of³⁷

Yet there are no such symptoms listed in the *source* (primary) pharmacographies, nor in those non-primary works appearing prior to Hering's *Guiding Symptoms*,³⁸ itself only mentioning "afraid in dark" noted *after a previous fright*. And Allen's *Encyclopædia* (AE)³⁹ lists only the following "verified clinical symptoms" [indicated by °]:

– 66 *Great timidity after a severe fright, afraid to go out unattended after dark, is unable to control his feelings of apprehensive fear,* °

– 67 *Fear of ghosts,* °

But these are *not* effects of provings – as clearly stated by Allen.⁴⁰ So let us now examine the facts, i.e. the *toxicological & methodical* (provings) *substance effects* as recorded in our *primary* pharmacography – the best, most accurate and reliable being (for Aconite) Hahnemann's RA (MMP):⁴¹

74 Verfinsterung der Augen (*Bacon*)
[Obscuration of vision].

75 Wiederholte Erblindung bei ungehindertem Sprachvermögen. (*Matthioli*)
[Recurrent blindness with undiminished power of speech.]

83 Neblig vor den Augen; sie sieht nicht recht, mit Schwindel-Gefühl. [AHH]
[Misty before the eyes; she does not see distinctly, with giddy feeling.]

81 Lichtsucht, Begierde in's Helle zu sehen (n. 3 St.)
[Eager for light, desires to look into the bright light (aft. 3h).]

84 Lichtscheu (n. 6 u. 12 St.) (Vermuthlich Wechselsymptom mit 81, so dass beides Erstwirkungen sind.)
[*Photophobia* (aft. 6 and 12h). (Probably an alternating symptom with 81, so that both are primary effects.)]

85 Scharfes Gesicht.
[Acute vision]

These symptoms, considered together, show that Aconite produced an *initial* (aft. 3h) dimness or obscuration of vision – the subject, frightened they would go blind, naturally sought out the light – "Licht-Sucht" (seeking light); this was soon followed (aft. 6 and 12h) by an *opposite* condition of photophobia,⁴² and even increased visual acuity.

To repeat, there exists, in our *primary provings record* for Aconite, *not a single symptom* of mind describing a desire for light, fear of the dark, or aggravation from darkness.⁴³

The mistakes of our non-primary repertographies,⁴⁴ then likely stems from a mis-interpretation (extrapolation) of Dudgeon's English "desire for light" – it seems later repertographers, without checking the *materia medica* itself, (mis-) took the 'desire' as a symptom of mind instead of an *amaurosis* ('optic nerve paralysis')⁴⁵ as was originally recorded.⁴⁶

Cuprum (CK/CD)⁴⁷

CK_{II} (1837, vol.3) lists the following symptom for Cuprum:

283 Schwäche und Lähmung der Hand (*Falconer on Bathwathers*).
[Weakness and paralysis of the hand.]

This symptom was taken by Hahnemann from Stapf's *Archiv...* (AHH, 1824, 3/1, contributed by *Franz*), s.165, which reads:

165 "Schwäche und Lähmung der Hand, von äusserer Anwendung. [Falconer on Bathwaters S. 93]"
[Weakness and paralysis of the hand, from external application.]

But this citation of Franz proved to be incorrect, as not only did we discover *none* of the observations contained in this (440 page) work *An essay on the Bath waters* (1772)⁴⁸ pertain to the effects of copper, but Falconer therein specifically writes (pp.290-291):

"There does not seem to be the least reason to suspect the presence of Copper in the Bath Waters... On the whole, we may rationally conclude, that this metal is not contained, in any form, in the Bath Waters"

This caused us to look into Falconer's *Observations and experiments on the poison of Copper*, London, 1774, wherein we subsequently found the following report (p.30):

"In the Medical Museum, a story is related of a person who lost the use of his hands by cleaning brass wire, which seemed to act by destroying the nervous power, as the internal, or flexor muscles of the hand, remained in a contracted state, as is generally the case in paralytic affections of the member."

It only remained for us to examine the original source as mentioned (most inadequately) by Falconer, which we located in volume two of *The Medical Museum*, London (2nd ed., 1781, pp.424-427), in an article by Samuel More, Apothecary, entitled *An Account of the Case of a young Man who had lost the Use of his Hands by cleaning Brass Wire*, wherein this author relates the case of Francis Newman, apprentice “Dyer in the Maize”.

This case, studied in full,⁴⁹ well describes a *parchment-like dryness of the skin* (xeroderma) of the palms resulting in contraction of the hand, with deep cracks that bled upon trying to force open the hands, and which well responded to *lubricating* ointments – it does not describe a neurological condition as was misunderstood by Falconer, clearly from hearsay accounts,⁵⁰ and had Franz himself checked the original report he may perhaps have thought twice about accepting this as a symptom of copper in the first place,⁵¹ and we are now bound to amend this symptom within our own MMH to reflect the original account:

MMH (Parchment-like dryness and hardness of the skin of the palms, drawing the hands closed, with cracks which bleed when the hand is forced open).*

* The parentheses is utilised here to indicate our remaining uncertainty that this symptom was the effect of Copper

We must also correct the citation to read:

More, S.: *An Account of the Case of a young Man who had lost the Use of his Hands by cleaning Brass Wire*, *The Medical Museum*, London, 1781, 2nd ed., pp.424-427.

Hahnemann’s (unusual) acceptance of this symptom from AHH may perhaps be explained by his inability to access the original account during this period,⁵² and, as presented in AHH, it was not an unexpected effect of cuprum which produces many neurological symptoms (including clonic spasms [334-344], rigidity [347], paralyses [359]).

Helleborus (RA/MMP)⁵³

MMP lists the following symptom under *Helleborus*:

87 Swelling of the tongue. [BÜCHNER, in *Samml. f. pr. Aerzte*, vol. 1, p. 3 *].

* Hughes appends the note: Observation – “Swelling should be “Trembling”

Let us now trace this symptom from its first appearance in volume 3 of RA_I (1817), into RA_{II} (1825):⁵⁴

RA_I [29] **Geschwulst der Zunge. [Bacher, in Samml. f. pr. Aerzte B. I. S. 3.]**

RA_{II} (65) **[65] Geschwulst der Zunge (Bacher, in Samml. f. pr. Aerzte. B. I. S. 3.).**

The first thing we notice is that Dudgeon’s translation of Hahnemann’s RA entry is accurate, but he has wrongfully changed the citation,⁵⁵ it seems he could not find this symptom in the place indicated by Hahnemann (the citation, given almost too briefly,⁵⁶ did contain a *small error*)⁵⁷ and *assumed* it referred to *Büchner* (who contributes eight symptoms to *Helleborus*).⁵⁸ The full and correct citation (to this German review), as intended by Hahnemann should read:

Bacher, Georges Frédéric:⁵⁹ Beschreibung seiner tonischen Pillen, in *Sammlung auserlesener Abhandlungen zum Gebrauche praktischer Aerzte*, Leipzig, 1774, vol.1, no.3, p. 170.

The report in this *Sammlung* translates as follows:⁶⁰

“From the sharp and adverse odour of this herb... I could readily perceive its volatile and harmful constituents. And when I tasted the fresh root, with slight chewing, I felt at once a sharp bitter and disgusting taste, but not so adverse, rather, when the cut root is left on the tongue three or four moments, one feels a pleasant trembling there.”

This review cites the original to “*Hautesierk*, Recueil d'observat. de méd. des hóp. milit. T.II. Paris 1772. p.434” (full title *Recueil d'observations de medecine des hopitaux militaires*, edited by R. de Hautesierk]), wherein we find (written in Latin) “*Pilulae Tonicæ*” by Bacher – we learn (p.435):⁶¹

“...the dried root is not so irritant, there follows a most pleasant oscillation, when the cut fibre touches the tongue for three or four moments.”

As we see from both the original (Latin) and its German review (*Sammlung*...), there is no reference to “swelling” of the tongue, but only to “pleasant oscillations” which the German translates to “Zittern” (trembling). But we had difficulty in comprehending how contact with the dried powder taken orally could effect a localised (& pleasant) motorneuronal *trembling* motion of the tongue – it seemed more likely the Latin meant a (sensory) *pleasant vibratory or tingling sensation*, as produced by sourish (acidic, sharp) sweets (e.g. *lemon sherbert* or *fruit tingles*).⁶² We then checked reports from other authors which confirmed our suspicions.⁶³

So whilst Hughes was right to point out that “swelling” was not correct, neither he nor the German translators (for *Sammlung*)⁶⁴ realised the *sense* of the Latin expression as we have now shown,⁶⁵ and from which we are bound to alter this symptom to read:⁶⁶

MMH Tingling of the tongue. [*Bacher*]⁶⁷

We cannot precisely explain how the symptom “Geschwulst der Zunge” (swelling of tongue) could have appeared in RA from the very first edition (RA_I [29]), though it was likely a mistake of Hahnemann’s copyist for RA_I.⁶⁸

Moschus (RA_{III}/MMP)⁶⁹

61 Lautes Knurren, ohne Aufhören im Bauche, ohne Blähungs-Beschwerden; es schweigt nach Tische und schon beim Essen [*Gss*]

[Loud incessant growling in the abdomen, without flatulent complaints; it is silent after a meal, and even whilst eating.]

This symptom, first given in RA_{II} (60), writes “...ohne Blähungsbeschwerden” (without flatulent complaints) – here Gross was trying to report that despite the very loud abdominal rumblings, there was no passage of wind (up or down), and no pain or distension. But Dudgeon (MMP) seems not to have realised this meaning, and assumed a mistake in the original German, proceeding to change this symptom to read:⁷⁰

MMP61 Loud rumbling without cessation in the abdomen, with flatulence sufferings; it ceases after a meal, and even while eating. [*Gss*]

Of course *there was no error* in the original symptom, making perfect sense when carefully read, and it has been here restored to its intended meaning for our MMH.

Concluding comments

This short exposé should not be mis-taken as an excuse to ignore our source pharmacographies in favour of the more ‘modern’ or ‘updated’ works – we remind the reader that these source works form the very basis upon which others have drawn their information (albeit since stretched & extended),⁷¹ and that despite such (often unavoidable) errors, these original sources comprise, by far, the most accurate and reliable information which has repeatedly (sur-) passed the test of clinical success since the very inception of our Homœopathy.

It is true however, that these few examples above-demonstrated represent only a very small fraction of the number of such observations we have so far been able to conclude, and the reader may appreciate the time required, over and above the work itself, to provide a written account in sufficient detail and in a proper sequence to demonstrate these findings for others to review critically,⁷² hence the necessity for us to limit this present communication.

Nevertheless, we trust this small article illustrates the real benefits, both literary and practical,⁷³ of a careful and thorough attention to our most invaluable primary pharmacographic sources, and it is here offered as a primer to encourage those unfamiliar with this type of approach to themselves undertake some examination of our pure pharmacography – and to hopefully stimulate the profession as a whole, our associations & institutions, our teachers & students, to take an active interest in pursuing such careful examination and renewal by establishing specific projects for this purpose.

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“And tho’ I know the antient Writers are by some Men superannuated; and modern and upstart Authors are only priz’d, yet certainly we employ our Time very well, when we consult the Fountains, and see what the first Instructors in Physick have discover’d to the World. It is the great Fault of the present Age, that they converse little with the old Writers;”

Thomas Apperley, *Observations in Physick*,
London, 1731, Preface, p.ix

Notes

¹ I have introduced these terms (Sydney Seminar, July 2005) towards defining our *standard nomenclature*.* *Pharmacography* (Gr. φάρμακο (*pharmaco*) = medicine, + γραφή (*graphy*) = writing) may be used in two ways: *firstly*, to describe the *process of constructing a written record on medicines* (a *materia medica*), and *secondly*, in reference to such record (in this meaning it is synonymous with the term *materia medica*). *Repertography* (L., *repertorium* (repository)) to describe the process of writing (constructing) a repertory.

* A most important but too often neglected topic is seen in the indefinite use of terms, and for this reason, as with the other sciences, our profession must define a standard nomenclature – the following sentiment perfectly captures the simplicity of attending to this matter:

“...it should always be remembered, that inaccuracy in words tends to produce inaccuracy in ideas, and that it is as easy to make use of a proper term as of an improper one.” (Andrew Duncan, *Medical Commentaries*, 1783, London, vol.8, p.295)

² It is a sad fact that our entire profession has not considered it necessary to renew the existing English language translations of Dudgeon (MMP, 1880) and Tafel (CD, 1896), which, understandably for works of this size and nature, introduced their own errors into our pharmacography:

R.Hughes & J.P.Dake (A Cyclopædia of Drug Pathogenesis, 1886, vol.1, xiii)

“No one who has not analysed a number of pathogeneses, as now existing in Jahr or Allen, can have any idea of the number of errors there are to correct – errors resulting sometimes from haste or misapprehension, but most commonly from working with second-hand material. The fact is that all bookmakers have been copying one from another, and accumulating faults as they have gone on; so that our symptom-lists are made of shoddy instead of new cloth.”

³ Hahnemann, S.: *Fragmenta de viribus Medicamentorum Positivis Sive in Sano Humanis Corpore Observatis* [Fragmentary observations on the positive power of drugs on the healthy human body], Lipsiæ, 1805. This small yet monumental work was the first to list substance effects from methodical trials (provings) which evidenced that *these effects are similar* to those for which those same substances had long been used effectively (discovered by chance). *Fragmenta* was written with this purpose in mind – to show the medical world that his induction of the general similars principle reported in 1796 (*Versuch über ein neues Prinzip ...*) was supported by the practices of these same substances in common medical use.

RA (see footnote 4 below) on the other hand, was written not to convince the medical world of the similars principle – but to provide those who sought to apply similars practically – i.e., it provided the information, in the detail necessary, for the homœopath – we can see this distinction in both the structure (layout of symptoms) as well the slight differences in the information given in the footnotes.

Fragmenta saw a Naples edition (1824), and an edition by F.F. Quin (London, 1834) – both in Latin. A more recent German translation by M. Wettemann, submitted for her *Doctoral Dissertation*, appeared in 2000. But there has not been any English translation of this important work. We evidence each of these works has introduced its own (more or less significant) errors.

⁴ Hahnemann, S.: *Reine Arzneimittellehre*, Arnold, Dresden & Leipzig, 1811-1833 (RA). The first edition RA (RA_I) was published during Hahnemann's third (and last) Leipzig period – 6 volumes, over ten years:

1 (1811), **2** (1816), **3** (1817), **4** (1818), **5** (1819), **6** (1821)

These all went through to a 2nd edition (RA_{II} 1822-1827), but only the *first two volumes* underwent a 3rd edition (RA_{III} 1830 & 1833).

RA_{III} was first translated into English by C.J.Hempel (1846), but this work was (rightly) condemned,* and a new translation was finally undertaken by R.E.Dudgeon, appearing in 1880 under the title *Materia Medica Pura* (MMP). When we speak of MMP, we refer to this Dudgeon translation of RA.

* We highly recommend the series of discussions on this topic which appear in the *Monthly Homœopathic Review*, vols. 7 (1863) & 8 (1864)

⁵ Hahnemann, S.: *Die Chronischen Krankheiten ihre eigenthümliche Natur und homœopathische Heilung* [The Chronic Diseases, their singular Nature and homœopathic Healing], Arnold, Dresden & Leipzig, 1828-30. This first edition CK (CK_I) appeared in four volumes:

1, 2, 3 (1828), **4** (1830)

The Second enlarged edition (CK_{II}) appeared in 5 volumes, 1835-1839:

1, 2 (1835), **3** (1837), **4** (1838), **5** (1839)

We now know that the second edition was completed by early October 1834 (Jahr was hired mid February – early October 1834 to compile the manuscript for the printer), but the actual publication was delayed, the first (theoretical) & second volumes being published in 1835 by Arnold (Dresden & Leipzig), whilst the remaining three volumes were published by *Schaub*, in Düsseldorf.

Hempel's English translation (1845-46), like his translation of RA, was also widely (& rightly) criticised, and a new translation, by L.H.Tafel, was published in 1896, under the title: *The Chronic Diseases, their Peculiar Nature and their Homœopathic Cure*. When we speak of the English translation of CK, it is this *Tafel* edition to which we refer [CD].

⁶ Only eight medicines listed in *Fragmenta* went through into volume 1 of RA (RA_I 1811; RA_{II} 1822; RA_{III} 1830): Acon., Arn., Bell., Cann., Cocc., Dulc., Op., Nux-v. Of these, only Dulcamara went through to CK_{II} (vol.3, 1837 – it did not appear in CK_I). Three medicines (Rheum, Ign., Puls.) went from *Fragmenta* through volume 2 of RA (RA_I 1816; RA_{II} 1824; RA_{III} 1833).

We also check entries against the provings fragments previously reported by Hahnemann in his foundational report *Versuch über ein neues Prinzip ...*, Hufeland's *Journal ...*, Jena, 1796, vol.2, pp.391-459 (In Search of a new Principle..., in HLW249-303), as well his *Apothekerlexikon*, Leipzig, 1793-1799.

⁷ Hahnemann's fellow contributors (*Provers' Union* [see table below]), comprising eight of his Leipzig students, cannot be further checked since their proving day-books are lost.

Contributor name	Abbr.	No. Medicines	No. Symptoms
<i>Franz, Karl Gottlob</i> *	[Frz]	37	1900
<i>Gross, Gustav Wilhelm</i> *	[Gss]	42	2380
<i>Hartmann, Franz</i>	[Htm]	28	880
<i>Hornburg, Christian Gottlob</i> *	[Hbg]	24	750
<i>Langhammer, Christian Friedrich</i>	[Lgh]	47	1600
<i>Rückert, Ernst Ferdinand</i> *	[E-Rkt]	8	100
<i>Stapf, Johann Ernst</i> *	[Stf]	43	1000
<i>Wislicenus, W.E.</i>	[Wsl]	25	840

* RA_I (1st ed.), vol.1 (1811), lists *no* other homœopathic contributions (i.e. none from the Prover's union). The five members marked being the first of Hahnemann's 'fellow-contributors', with their contributions listed under *Arsenicum*, RA_I vol. 2. (1816).

Aside from these *Provers' Union* contributions, we count over 25,000 symptoms from 68 other contributors of the *homœopathic* school (Ahner, Gersdorff, Gutmann, Hartlaub, Haynel, Kummer, Lehmann, Nennung, Schreter, Teuthorn, Wahle, etc.), either reported directly to Hahnemann,* or recorded in various books & periodicals of the time, as for example:

AHH *Archiv für die Homöopathische Heilkunst* (1822-43). Editor: E.Stapf until 1837, then with W.Gross 1837-43

AHK *Annalen der Homöopathischen Klinik*, 4 vols. (1830-33). Editors: Hartlaub & Trinks

AHZ *Allgemeine Homöopathische Zeitung* (1833 -). Editors: Gross, Hartmann, Rummel ... et al.

HTRA Hartlaub & Trinks: *Reine Arzneimittellehre*, 3 vols. (1828-31)

* By letter. Hahnemann would also often send a medicine sample to a colleague, and ask them to return any symptoms which they experienced from taking it, as may be appreciated from the following letters (in Haehl, R.: *Samuel Hahnemann, His Life and Work* [HHL], 1922, vol.2):

To Stapf (p.101):

“When I propose anything for proving, I will take care that it is nothing which will ruin health, and so prepared that it will not affect you too violently... I send you along with this some tincture of Helleborus niger, which I gathered myself. Each drop contains only one twentieth grain of the root. Any day you are well, and have no very urgent business, and are not eating any medicinal substance (such as parsley or horse-radish, etc.) with your mid-day meal, take one drop of this to eight ounces of water, and a scruple of alcohol (to prevent its decomposition during the time of using it), shake it briskly, and take one ounce before breakfast; and so every hour and a half or two hours another ounce, as long as you are not too severely affected by what you take. But should symptoms set in which I am not afraid of, you may take some drops of tincture of Camphor in one ounce of water, or more if necessary, and this will allay the symptoms.

After all the effects of the Hellebore have subsided, I wish you to try the effects of Camphor alone (it is a divine remedy). About two grains dissolved in a scruple of alcohol, and shaken with eight ounces of water, are to be taken four or six times a day, with similar precautions as the other.” (Leipzig, 3rd Sept. 1813)

“I thank you for the symptoms you sent me, some of them are of importance. Strive more to discover the exact expression for the sensations [complaints] which have arisen, and the changes in your well-being, as well as the conditions [of aggravation & amelioration] under which they appear.” (Leipzig, 17 Dec. 1816)

To Gersdorff (p.485)

“I enclose three small powders, each contains Natrum muriaticum ... and would like you to be so kind as to try them; take one every third day (leaving an interval of two days) until they begin to show a definite effect, and then discontinue. This proving on yourself would be very valuable to me.” (Köthen, 12 Jan.1829)

⁸ Hahnemann cites over 15,000 symptoms from around 1,400 old school sources (*Alston, Boerhaave, Cullen, Greding, Hunter, Stahl, Störck, etc.*), most being in Latin (*Acosta, Alberti, Albrecht, etc.*), German (*Ackermann, Aeppli, Baldinger, etc.*), English (*Aery, Alderson, Alexander, etc.*), French (*Alyon, Andry, Cagnion, etc.*); but some were in Swedish (*Bierchen, Kalm, Strandberg, etc.*), occasionally Italian, Spanish, Portuguese, etc. We have been collecting (*facsimile* copies of)* these originals for over 15 years and, with thanks to the IGM Bosch, as well the various libraries around the world, not to mention some reproductions by the profession itself, we now have the greater part of these sources in our possession.

* only a *facsimile* copy can guarantee any mistakes were not introduced by the process of republication

⁹ This work is largely a close collaboration between my colleague Bernhard Deutinger (a native German speaker) and myself – we initially examine the records separately and compare our findings at the end – in this way we remain as individually objective as possible: “*For true unanimity is that which proceeds from a free judgment, arriving at the same conclusion, after an examination of fact.*” (Francis Bacon, *Novum Organum*, 1st book, §77)

This time consuming process is further lengthened by the difficulty in finding and then accessing many of the original sources (some of Hahnemann’s citations are incomplete, unclear, or occasionally inaccurate), and then translate & comprehend each and every symptom, to check & clarify their meaning, contextually, and better comprehend their summary form as given by Hahnemann. *Our attitude is to change nothing unless demanded by the evidence* and then only when necessary for a better comprehension or clarification of the symptom.

¹⁰ Hahnemann contributes to many medicines outside his well-known RA & CK – here are only a few examples:

<i>Medicine</i>	<i>Publication</i>	<i>Hahnemann sx.</i>	<i>Total sx.</i>
Ant-tart.	AHH 1824 vol.3/2, pp.146-190	92	410
Cantharis *	<i>Fragmenta</i> (1805) HTRA 1828 vol.1, pp.63-126	20	95
Coffea	<i>Essay</i> (1803, in HLW) AHH 1823 vol.2/3, pp.150-172	127	199
Colchicum	AHH 1827 vol.6/1, pp.136-170	2	337
Copaiva *	<i>Fragmenta</i> (1805 = 12 H.sx. + 8 others)	12	20
Paris	AHH 1829 vol.8/1, pp.177-188	11	121
Sabadilla	AHH 1825 vol.4/3, pp.119-156	5	400
Sabina	AHH 1826 vol.5, no.1, pp.151-182	89	290
Valeriana *	<i>Fragmenta</i> (1805) Stapf’s Beiträge...(1836), pp.120-148	25 25	34 235
Viol-t.	AHH 1828 vol.7/2, pp.173-185	15	180
Viol-o.	AHH 1829 vol.8/2, pp.182-187	11	70
Vitex agnus castus	AHH 1831 vol.10/1, pp.177-188	14	131

* these three medicines listed in *Fragmenta* were not continued into RA.

¹¹ Such changes, for the most part, can only be detected by a careful and methodical examination which traces *each* symptom from its very first listing (whether from the ‘Old School’, Hahnemann’s pharmacography, AHH, HTRA, etc.), following through every subsequent edition – as may be seen with the following few examples from *Dulcamara*:

RA _I 1811	RA _{II} 1822	RA _{III} 1830	CK _{II} 1837	Comments
(64) Nasenbluten** (<i>Starke</i> i.d. Ausgabe von Carrère ü/ das Bitterstüb) **) Mehrmals von ihm beobachtet.	(55) Nasenbluten (<i>Starcke</i>)	81 Nasenbluten (<i>Starcke</i>)	88 Bluten der Nase. (<i>Stark</i>)	Footnote appended to RA _I (“observed several times”) <i>omitted</i> in RA _{II} (& etc.) – the mistake of Hahnemann’s copyist (in Köthen at that time). * GMM [†] 190 reproduces this same mistake.
—	(221) Ein ziehend reißender Schmerz an der Hinterseite des rechten Oberschenkels von seiner Mitte an bis ins Kniegelenke (n. 5/4 St.). (<i>Ahmer</i> aaO)	296 Ein ziehend reißender Schmerz an der Hinterseite des rechten Oberschenkels von seiner Mitte an bis ins Kniegelenke (n. 5/4 St.). (<i>Ar</i>)	316 Ziehendes Reissen von der Mitte der hintern Seite des Oberschenkels, bis ans Kniegelenk. (<i>Ahr</i>)	Time factor (aft. 5/4 h.) appended in RA _{II} & RA _{III} <i>omitted</i> in CK _{II} (we find numerous such examples of Jahr, without authority, removing the appended times). Jahr here also removed mention of pain (Schmerz) and altered the original describing that pain extending “... into the knee joint” to only “... to the knee joint” * GMM 737 reproduces these same mistakes.
—	(224) Brennend juckende Empfindung äußerlich auf den Oberschenkeln, die zum Kratzen zwingt (n. 7 St.). (<i>Wagner</i> aaO)	299 Brennend juckende Empfindung äußerlich auf den Oberschenkeln, die zum Kratzen zwingt (n. 7 St.). (<i>Wr</i>)	319 Brennendes Jucken an den Oberschenkeln – er muss kratzen. (<i>Whl</i>)	Time factor (aft. 7 h.) appended in RA _{II} & RA _{III} was <i>omitted</i> in CK _{II} Contributor mistakenly changed from “Wr” (<i>Wagner</i>) to “Whl” (<i>Wahle</i>) * GMM 813 reproduces these same mistakes.
—	(21) Das Kopfweh nimmt den ganzen Kopf nie ein, sondern nur eine ganz kleine Stelle, wo es sich als Druck wie mit einem stumpfen Instrumente artet.	28 Das Kopfweh nimmt den ganzen Kopf nie ein, sondern nur eine ganz kleine Stelle, wo es sich als Druck wie mit einem stumpfen Instrumente artet. (<i>Gß</i>)	37 Druck, wie von einem Pflöcke, innerer nur auf ganz kleinen Stellen des Kopfes. (<i>Gr</i>)	CK _{II} (<i>Jahr</i>) changes the expression from <i>blunt instrument</i> (stumpfen Instrumente) to <i>peg</i> (Pflöcke), and changes <i>small spot</i> (kleine Stelle) to <i>small spots</i> (kleinen Stellen). * GMM 62 reproduces these same mistakes.
—	(190) Absetzend reißende Stöße auf die äußere Seite des linken Schulterblattes. (<i>Ahmer</i> aaO)	256 Absetzend reißende Stöße auf die äußere Seite des linken Schulterblattes. (<i>Ar</i>)	273 Reissende Stöße auf die Aussenseite des rechten Schulterblattes, in Absätzen. (<i>Gr</i>)	CK _{II} (<i>Jahr</i>) changes left (linken) side to right (rechten) side. * * GMM 628 reproduces this same mistake.

HTRA 1828 vol.1	RA _{III} 1830	CK _{II} 1837	CD translations	Comments
34 Knurren im Bauche, als wollte Stuhlgang erfolgen, mit etwas Kreuzweh. (<i>Ng</i>)	152 Knurren im Bauche, als wollte Stuhlgang erfolgen, mit etwas Kreuzweh. (<i>Ng</i>)	186 Knurren im Bauche, als sollte Stuhl erfolgen, mit etwas Kreuzweh. (<i>Ng</i>)	186 Growling in the abdomen, as if a stool was coming, with some pain in the sacrum. [<i>Ng</i>]	The original <i>single</i> symptom, taken from HTRA34 into RA _{III} 152 thence CK _{II} 186 was not only <i>uplicated</i> at CK _{II} 178, but Jahr took the liberty of further adding ‘abdominal pain’ (Bauchweh) with the rumbling – the original clearly stating the pain was <i>only</i> in the sacrum. * * GMM 360/350 reproduces these same mistakes.
—	—	178 Bauchweh, als sollte Stuhlgang erfolgen, mit Knurren darin und Kreuzschmerz. (<i>Ng</i>)	178 Bellyache, as if a stool was coming, with rumbling and pain in the sacrum. [<i>Ng</i>]	

[†]GMM: *Materia Medica Revisa Homœopathiae* – Dulcamara, K-H.Gypser, 2007, Wunibald Gypser Verlag, Glees. It is a pity to observe our contemporary (albeit well-intended) works continue to overlook *original* sources.

Yet it is not sufficient to merely discover such changes or discrepancies – we must further seek to understand & explain, and where necessary for the sake of their clinical application, modify or correct those which, through reference to their specific *primary* source, we have with certainty determined require it.

¹² The medical world was previously well aware of the existence of a *similars* (Gr. ὁμοιον (*omoion*)) principle, although it had been generally seen as applicable in only a small number of specific cases.* It was Hahnemann who first declared this to the medical world (*Versuch...* 1796) as a *general principle* in medical therapeutics (*Lesser Writings* [HLW], p.267):

“In my additions to Cullen’s *Materia Medica*, I have already observed that *bark*, given in large doses to sensitive, yet healthy individuals, produces a true attack of fever, very similar to the intermittent fever, and for this reason, *probably*, it overpowers, and thus cures the latter. Now after mature experience, I add, not only *probably*, but *quite certainly*.” In this essay, Hahnemann first communicates his findings with examples illustrating the similarity between the proving/clinical effects of over 60 medicines in support of his general similars principle.”

* *Georg Ernst Stahl* (1660-1734) had himself realised *similars* as a general therapeutic rule, as Hahnemann points out (*Organon*, Introduction): †

“The rule generally acted on in medicine, says he, to treat by means of oppositely acting remedies (*contraria contrariis*), is quite false and the reverse of what ought to be; I am, on the contrary, convinced that diseases will yield to, and be cured by, remedies that produce a similar affection (*similia similibus*) - burns by exposure to the fire, frost-bitten limbs by the application of snow and the coldest water, inflammation and bruises by distilled spirits; and in like manner I have treated a tendency to acidity of the stomach by a very small dose of sulphuric acid with the most successful result, in cases where a number of absorbent remedies had been fruitlessly employed.”

† Hahnemann cites Hummelii, J.: *Commentatio de Arthritide...* Budingæ, 1738, §13, pp.40-42, wherein indeed we find this (Latin) account of Stahl by Hummelii. See also James McNaughton, *President’s Annual Address*, Feb.6, 1838, *Transactions of the Medical Society of the State of New York*, vol.4, 1838-40, p.8, who translates this same passage a little differently)

Yet it remained for Hahnemann alone to propose (in the same article of 1796) that the effects of a medicine can best be determined through *methodical* substance trials (*provings* [*Prüfungen*] as they were later termed) – moreover, Hahnemann tirelessly undertook and conducted such trials, unmatched in both quantity (for a single observer) & quality, either before or since.

¹³ By *pharmacodynamics* (Gr. φάρμακο (*pharmaco*), medicine + δύναμη (*dynami*), power) I mean the *health altering power* of a medicine, as revealed through *toxicologic* reports, and/or *methodical substance trials* as introduced by Hahnemann (provings).

¹⁴ This point is well iterated by Thomas Sydenham with the following words (Practice of Physick, Preface, in *The Whole works of Thomas Sydenham*, translated from the original Latin by John Pechey, London, 10th ed., 1734):

“For it can Scarce be imagined how many errors have been occasioned by an hypothesis, when writers,... have assigned such phaenomena for diseases as are nowhere to be found but in their own brains.... So that the Art which is now exercised, contrived by men given to quaint words, is rather the art of talking than of Healing.”

¹⁵ Hartmann writes (HHL, vol. 2, p.100):

“[Hahnemann] ... had previously proved the drugs upon himself and his family... He never took the symptoms which we gave him as true and faithful...”

¹⁶ The fact that Hahnemann used assistants to help compile his work is evident from a number of citation errors, as for example with the symptom under Ruta, RA(32), for which we have corrected the citation and given the following explanation:

Camerarius, Joachim (1500-1574): *Hortus Medicus et philosophicus*... Francofurti, 1588, pp.149-150. †

† RA_I [28] and consequently RA_{II} (32) wrongly cite “*El. Camerarius*, Horto Med.”

Elias Camerarius (1641-1695, grandson of Joachim) did not write any work entitled “Hort. Med.” Moreover, the two symptoms (see below)

Hahnemann derives from *Camerarius* are found on pp.149-150 of Joachim Camerarius’ *Hortus Medicus et philosophicus*...:

“Ruta adeo acris est, ut in Scotia quidam hortulanus ob copiosam rutam per aliquot dies erutam & putatam inciderit in erysipelas manuum & frontis.”
[Rue is so irritant, that in Scotland a gardener who pruned a large amount of rue derived erysipelas of the hands and forehead]

Hahnemann extracts the following symptoms from this source:

36 Erysipelas on the forehead. [C_{3,1}] (from plucking the plant)

192 Erysipelas on the hands from plucking the plant. [C_{3,1}]

Given Hahnemann found and faithfully represented this original information in *Joachim Camerarius*’ work, we must explain how it came that the mistake of “El. Camerarius” was entered into his RA_I [28]. It seems the most likely explanation is that Hahnemann’s copyist (the person responsible for compiling the manuscripts for the printer from Hahnemann’s working manuscripts and notes) must have assumed Hahnemann’s “Camerarius” was Elias Camerarius, and, as it were (wrongly), ‘completed’ the citation. We see other instances of such mistaken completion, as for example with *Benjamin Rush* cited for *Stramonium*, where the copyist interpreted Hahnemann’s “Philos. Transact.” as being that of the *Royal Society of London* (otherwise commonly cited by Hahnemann) when in fact, as we found from an extensive search, Hahnemann was citing (albeit too brief) the *Transactions of the American Philosophical Society*.

¹⁷ Jahr was employed by Hahnemann for the specific purpose of compiling a manuscript (for CK_{II}) intended for the printer. Hahnemann later complained to Bönninghausen that Jahr was too rushed, and always required close supervision (refer also HHL, vol.1, p.408). But Hahnemann met Melanie in October 1834, and, faced with the option of ‘check over the entire proof-sheets’ or ‘Melanie’ (around 35 years old – he was 79)... they were in Paris in June the following year (a fact alone which attests to his sound mental faculties). As a result, we find (too) many errors introduced by Jahr who took unauthorised liberties – altering symptoms & often rendering them less comprehensible or even useless, as well misinterpreting the phenomena of disease or significance of symptoms (he was not a qualified physician – having been dismissed from university for political activism, slimly avoiding prison). Here are some examples of his treatment of *Dulcamara*:

RA _{III} 1830, vol.1	MMP (Dudgeon)	CK _{II} 1837, vol.3	CD (Tafel)	MMH
37 Ruckweise herausdrückender <u>Schmerz</u> im Vorderkopfe, bei Bewegung schlimmer. (Ng)	37 Out-pressing <u>pain</u> in jerks in the sinciput, worse when moving. [Ng]	42 Ein ruckweises Herausdrücken im Vorderkopfe, schlimmer bei Bewegung. (Ng)	42 Pressing outward, by jerks, in the sinciput, worse on moving. [Ng]	Painful* pressing outward, by jerks, in the sinciput, worse on moving. [Ng]

* This symptom derives from HTRA 15, going therefrom into RA_{III} 37 – both write “Ruckweise herausdrückender Schmerz” (Jerk-like outpressing pain), but *Jahr* (CK_{II}) removed the ‘pain’, re-instated for our MMH.

RA _{III} 1830, vol.1	MMP (Dudgeon)	CK _{II} 1837, vol.3	CD (Tafel)	MMH
133 Links neben der Herzgrube ein stumpfer Stich, der schnell verschwand, kurz darauf wiederkam und dann nur allmählich verging (n.¼ St.).(Ar)	133 To the left of the scrobiculus cordis an obtuse stitch, that rapidly went off, returned again soon, and then went off gradually (aft.¼ h). [Ahn]	144 Ein stumpfer Stich in der Herzgruben-Gegend, links. (Ahr) [time factor omitted]	144 Obtuse stitch on the left side, near the scrobiculus cordis. [Ahn]	A blunt stitch at the left near the epigastrium, which quickly disappeared and soon returned, then gradually wore off (aft. ¼ h). [Ahn] *

* RA_{II} (89) and RA_{III} 133 indicated the time of aft. ¼ h., omitted in CK_{II} 144. *Jahr* further wrongfully acted to alter Hahnemann’s record in truncating this symptom so much as to render it less distinctive, and we have returned it to its RA form for our MMH.

RA _{III} 1830, vol.1	MMP (Dudgeon)	CK _{II} 1837, vol.3	CD (Tafel)	Comments
80 Es erfolgte ein so heftiges Nasenbluten, dass das Blut an 4 Unzen betrug. Es war hellroth, floss sehr warm aus dem linken Nasenloche, bei einem Drucke in der Gegend des grossen sichelförmigen Blutbehälters, welcher Druck auch nach dem häufigen Bluten anhielt [Ng.]	80 There occurred such a violent bleeding of the nose that the blood lost amounted to four ounces; it was bright red, flowed very warm out of the left nostril, with a pressure in the region of the longitudinal sinus, which pressure continued after the profuse hæmorrhage. [Ng]	89 Bluten der Nase, mit starkem Ergusse hellrothen, sehr warmen Blutes, unter einem Drucke in der Gegend des grossen sichelförmigen Blut-Behälters, der auch nach dem Bluten noch anhielt (Ng.).	89 Bleeding of the nose, with a strong flow of bright-red, very warm blood, with a pressure in the region of the longitudinal sinus, which pressure also continued even after the bleeding. [Ng]	RA _{III} mistakenly gave the volume of blood as 4 ounces – this <i>Nenning</i> symptom derives from vol.1 of HTRA (1828), wherein the amount of blood is stated as <u>8 ounces</u> (approx. 1 cup). <i>Jahr</i> truncates this symptom removing all mention of the blood volume entirely.*

* *Jahr* changed this symptom according *not* to his own experience (he was neither present at the proving, nor was he a practicing physician at this time) nor according to any authority (Hahnemann did not employ him to *alter* the meanings of symptoms), consequently omitting the significant description of the *amount* of blood loss and rendering the final listing less clear, less descriptive, and less adequate for the clinician charged to work this information into an accurate clinical application of *omoion* (similars).

We are thus left with no option but to replace this symptom with that from RA_{III} (corrected for blood volume), given as:

MMH Bleeding of the nose, so violent that the blood lost amounted to 8 ounces; it was bright red, flowed very warm out of the left nostril, with a pressure at the superior sagittal sinus that continued after the profuse bleeding had stopped. [Ng]

Without herein wishing to labour the point of Jahr's unauthorised and improper changes (which will however, for the record, be individually identified within our MMH), we are nonetheless fully aware of the need for documented evidence to support our critical position, and necessarily add the following comments from those better placed at that time, particularly the sentiment of Hahnemann who himself became increasingly displeased with the constant effort required to supervise Jahr, and later still, gave up on him as he would 'not accept any advice'. We read from his correspondence to Bönninghausen:

26 Dec.1834 (SHB*110)

"...Jahr had, after my sorting of the materials, only to copy them, and to abridge the longwinded symptoms of Ng [Nenning] and others, and since I worked everything through with him word by word, his hastiness and drivel could not create any damage; and he performed consequently quite well." **

* Stahl, M.: *Der Briefwechsel zwischen Samuel Hahnemann und Clemens von Bönninghausen...* [The correspondence between Samuel Hahnemann and Clemens von Bönninghausen...], Haug, 1997 (also: Dissertation [Med.], Göttingen, Univ., 1995).

** This was merely Hahnemann keeping a positive attitude, as we find too many errors introduced by Jahr which were clearly not seen by Hahnemann.

Bönninghausen also complains about Jahr's lack of accuracy (letter to Hahnemann 7 Aug. 1834 [SHB107-108]), and this characteristic of excessive hurriedness remained through Jahr's later works, as evidenced in Hahnemann's later letter to Bönninghausen:

27 May1841 (SHB137):

"The new 'Manuel' by Jahr is overloaded with useless ambiguous things – but he does not accept any advice."

Roth who translated Jahr's first *Handbuch* of 1834 into French, complains of the "deficiencies" of that work, in his letter to Hahnemann (23rd Aug. 1834, in HHL, vol.2, p.264):

"Many things have been printed with interlined [underlined] letters which are not proved; they are pure fiction or originate from mixtures and preparations, and not from simple medicines... There are numerous anatomical errors... errors of expression... terms which savour of the very worst allopathy, bad and false diagnoses..."

And so despite these errors being pointed out to Jahr repeatedly, his work did not improve, as seen by Hahnemann's own comments in his abovementioned letter to Bönninghausen on Jahr's later 'Manuel'.

¹⁸ We find simple organisational errors, as for example:

Foissac ...not named by Hahnemann as a contributor to *Nit-ac.*, *Petr.*, *Sil.*, although these medicines do list symptoms with his initials appended.

Wahle not named as a contributor to *Ars.* and *Sulf.*, although we find 18 and 15 symptoms (respectively) in these remedies with his initials appended. Conversely, *Wahle* is named as a contributor to *Sepia*, but there are no symptoms with his initials appended.

Franz named as a contributor to *Cuprum* (preamble), but we find no symptoms appending his name.

Conversely, *Franz* is not named as a contributor to *Cocculus*, but we find one symptom with his name appended.

Stapf named as a contributor to *Agaricus*, but there are no symptoms with his initials appended.

Conversely, *Stapf* not named as a contributor to *Nit-ac.* or *Nux-v.*, but therein we find 6 symptoms and 1 symptom (respectively) appended with his initials

Schréter... named as a contributor to *Mag-c.*, but there are no symptoms with his initials appended.

Rummel.... named as a contributor to *Mur-ac.*, but there are no symptoms with his initials appended.

Conversely, the following remedies do not name *Rummel* as contributing in their preambles, but we find a number of symptoms with his initials appended, viz: *Nat-c.*CK907; *Phos.*CK1266,1753; *Sep.*CK804; *Sil.*CK179,732,1008.

Such mistakes are likely the result of the medicine *preambles* not being updated to keep up with the changing lists of symptoms over the prolonged time Hahnemann was collecting and adjusting them in readiness for final publication.

Then we also note the *misnumbering* of symptoms in a number of pharmacographies, as for example:

Ambr.: RA wrongly numbered symptom 39 as 40, consequently, the total symptom count is actually 489, not 490.

This error was reproduced in all other editions of RA and its English translation MMP

Am.: RA wrongly numbered symptom 534 as 535, and consequently, all subsequent symptoms were out by one, giving a total of 637 ss., not 638.

This error was reproduced in all other editions of RA and its English translation MMP

Bry.: RA wrongly numbered symptom 531 as 530, consequently, the total symptom count is actually 782, not 781.

This error was reproduced in all other editions of RA and its English translation MMP

Chin.: MMP had altogether omitted (with consequent misnumbering) symptom *Chin.*RA(267) – rectified for our MMH

Merc.: RA misnumbered in *two* ways – symptom 896 was given as 895, and 1061 given as 1060, consequently, the total symptom number was actually 1266, not 1264. Added to this, symptom 1112 appeared duplicated under 1227, which duplicate has been removed for our MMH, bringing the final symptom number to 1265. These errors reproduced in all other editions of RA and its English translation MMP

Rhus.: RA had *three* numbering errors: *firstly*, symptom 115 was repeated under 122; *secondly*, symptom 134 was numbered as 135; *thirdly*, symptom 396 was numbered as 395. Consequently, the total symptom count is actually 975, not 976

¹⁹ Our *Pharmacogenesis** for Aconite is *Fragmenta* (1805); RA, vol.1 (1811,1822,1830 [all 3 editions]); AHH 1825, 4/1

* By *pharmacogenesis* (Gr. φάρμακο (*pharmaco*), medicine + γένεσις (*genesis*), birth, origin) I mean the origin of our pharmacography proper for that specific substance, from whence it was first written of for our purpose (pharmacography).

²⁰ The case of a man who was poison'd by eating Monkshood, or Napellus, *The Philosophical Transactions of the Royal Society of London* (1735), vol.38, no.432, p.287-291. This case, reported *Feb. 8th, 1732*, illustrates the severe toxicological effects of Aconite in a man who ate much of it mistakenly as part of a salad (resembled celery), and was close to death when Vincent Bacon arrived to treat him. It makes interesting reading (albeit sometimes difficult with the old spellings) and is herein reproduced in full:

"On *Monday* night last, being February the 5th, about Ten, I was called in hast to one *John Crumpler*, a *Silk-Weaver*, in *Spittle-Fields*; when I came into the Room, I found him lying on the Bed, his Head supported by a By-stander, his Eyes and Teeth fixed, his Nose pinched in, his Hands, Feet, and Forehead cold, and all covered with a cold Sweat, no Pulse to be perceived, and his Breath so short as scarce to be distinguished: Enquiring into the Case, I was told that he had been very well all Day, and about Eight had eaten a very hearty Supper of Pork, and a Sallad drest with Oil and Vinegar; and though he was very merry at his Meal, he began immediately after to find an Indisposition; I asked of what the Sallad was composed? And was answered, that there were in it nothing but common Sallad Herbs, all which they bought at a Stall in the Market, except the Celery, which they had picked out of their own Garden. Suspecting that he had been eating some poisonous Herb, I asked if he found in the beginning of the Disorder any inclination to Vomit? They said no, but that when he found his Illness come upon him with great Violence, he believed himself to be poisoned, and forthwith drank a large quantity of Oil, not less than a Pint in all, and after that he loaded his stomach with Carduus-Tea 'till he vomited; and though he threw up the greatest Part of his Supper, yet the Symptoms still increased; which made them send for me; but before I could get to him, things were come to the Extremity above described. Having nothing at hand but a Tea spoonful or two of spirit of *Hartshorn*, I forced open his Teeth with the Handle of a Spoon, and as his head was reclined, I poured the Spirit into his Mouth, which a little roused him, and first set him a Coughing, and next a Vomiting; I took the Advantage of the

little Sense that was returned, and continued plying him with Carduus-Tea, till he had vomited several times more, but I could not hinder his Swooning often between the Times of retching, though he gave him after each forty or fifty Drops of *Sal Volatile & Tinctur. Croc. aa. p.æ.* (which I had sent for) in a Glass of Wine; he at length began to find a Working Downwards, as he afterwards expressed himself, which was followed by a Stool; after which he vomited two or three times more, and then said his Head was so heavy, and his Strength and Spirits so exhausted, though his Stomach and Bowels were much easier, that he must needs lie down: His Pulse was then a little returned, though very much interrupted and irregular, sometimes beating two or three Strokes very quick together, and then making a stop of as long or a longer Time than the preceding Strokes altogether took up. Having observed that what he had last vomited was little more than the pure Carduus-Tea, I then gave him a draught made of *Aq. Epidem. Ther. Androm. Conf. Alkerme. &c.* and gave Orders to make him some Sack-whey to drink between whiles, sometimes alone, and in case of great Faintness, with some of the above-named Drops. It being near One o'clock, I left him, and calling to see him next on *Tuesday* in the Forenoon, found him much amended. He had lain awake, tho' still, an Hour or two after I left him, but being very cold and chilly, had a great deal of Covering laid on him, and then found a kindly Warmth come over his limbs, which was succeeded by a moderate Sweat, and then a quiet Sleep of four or five hours, from which he awaked very much refreshed; and when I was there, was capable of answering the Questions I asked him, I mean with regard to Strength; for his Senses had never failed him during the Swoonings. I wanted to see some of the Sallad, but was told that they had eaten all that they picked, and the rest was thrown upon the Fire, so that nothing could be seen but the Celery, which, being the Produce of their own Garden, the Boy who gathered it in the Evening before, was ordered to fetch some more of the same; ... But that this Company may be more certain, I have brought a Specimen of the Plant taken from the same Place this Morning, which the Boy says is of the same Kind which he gathered before, and the Patient upon biting it, declares to have the same Taste which he perceived on *Monday*. But it may be observed, that it was not then so much shot up into the Leaves as it is now; I desired him to give me an exact account of what Alterations he found in himself after eating it, and how they came on; He Said the first Symptom was a Sensation of a tingling Heat, which did not only affect his tongue, but his Jaws, so that the Teeth seemed loose; and his Cheeks were so much irritated, that the People about him, nay even his Looking-Glass, could scarce persuade him but that his Face was swelled to twice its proper size; this tingling Sensation spread it self farther and farther, 'till it had seized his whole Body, especially the Extremities; he had an Unsteadiness in the Joints, especially of the Knees and Ancles; with Twitchings upon the Tendons, so that he could scarce walk across the Room; and he thought that in all his limbs he felt a sensible Stop or Interruption in the Circulation of his Blood; and that from the Wrists to the Fingers ends, and from the Ancles to the Toes, there was no Circulation at all; but he had no Sickness or Disposition to Vomit till he took the Oil, &c. Afterwards his Head grew giddy, and his Eyes misty and wandering; next a kind of humming or hissing Noise seemed continually to sound in his ears, which was followed by the Syncopes above recited.

"There supped with him two Women the same Night; one of them happened to have a dislike to Celery, and therefore laid a-side all that she took for such; the other having before been out of order, and was not then perfectly recovered, eat but sparingly, but took this supposed Celery along with the other Herbs, and felt, and complained of all the same Symptoms, but in a less Degree than the Man had done. She would not be prevailed on to Vomit, but only took the Cordial-Draught above described. The man is quite well, but the Woman is still out of order.

"They say that there was not put into the whole Sallad, more than what grows on one of the Roots."

²¹ The significance of this part of the report is that, despite the vomiting being induced very quickly after the meal (from the suddenness and severity of the effects the patient realised he must have eaten something poisonous), and despite the fact he vomited out most of the meal, still, the neurotoxic symptoms continued increasing, the drug thus evidencing a central effect not restricted to the stomach (or *primae viae*).

²² The reason we may explain this as merely a sloppy shorthand rendering by Hahnemann is that it was, as it is now, a common practice to induce emptying of the gastric contents in order to remove (real or suspected) ingested poisons – the case itself, as the attentive reader will appreciate, was clear to report that the vomiting itself neither aggravated nor ameliorated the condition.

²³ *Materia Medica Hahnemannica* – this is the provisional title for the future publication of our ongoing work.

²⁴ The *spirit of hartshorn* (aqueous solution of ammonia) was prepared from the shavings of the Stag horn – a drinkable form of the *salt of hartshorn* (ammonium carbonate) commonly known as "smelling salts" – a pungent irritant – hence this patient was slightly roused from his stupor. Jonathan Pareira, *The Elements of Materia Medica and Therapeutics*, London, 1842, 2nd ed., vol.2, provides the following information (p.1885):

"The antlers of the stag are commonly called hartshorn... Though simply designated cornu (horn) in the London and Edinburgh Pharmacopoeia, their composition is very different to that of the horns of the ox or the sheep, and which are sometimes called *true horn*. The latter consists principally of coagulated albumen; Whereas hartshorn has the same composition as bone."

And in Wood, G.B. & Bache, F., *The dispensatory of the United States of America*, Philadelphia, 12th ed., 1869, we read (p.1526):

"By destructive distillation, the shavings yield an impure solution of carbonate of ammonia, which was formerly called *spirit of hartshorn*..."

Talking on the use of *Spirit of Hartshorn*, we read:

Reece, R., *The Medical Guide*, London, 13th ed., 1820, pp.14-15:

"This volatile liquor, taken from twenty to thirty drops in a glass of water, often affords immediate relief in cases of lowness of spirits, fainting, and hysteric fits. It may, likewise, in such cases, be rubbed over the temples, and applied to the nostrils."

Encyclopædia Perthensis, Edinburgh, 1816, 2nd ed., vol.11, p.95:

"...the spirit has all the virtues of volatile alkalis; it is used to bring people out of faintings by its pungency, holding it under the nose, and pouring down some drops of it in water."

²⁵ It was indeed surprising to find this from Dudgeon who has rendered such a good service to the English speaking homœopathic community by his translations of Hahnemann's works (MMP, RA, Organon [5th ed.], and other ["Lesser"] writings [HLW]). He should, if he had indeed thought Hahnemann's record was in error, have at least provided a note to say this particular symptom had been changed, as well the evidence upon which he had decided to change the original author's intention.

²⁶ As explained in our previous writings, SRA + SRN together form a single repertorial model to which we now refer jointly as *The First Repertory* (TFR).

²⁷ *Systematisch alphabetisches Repertorium der Homöopathischen Arzneien, Zweiter Theil enthaltend die (sogenannten) nichtantipsorischen Arzneien* [Systematic-Alphabetic Repertory of Homoeopathic Medicines, Part 2, containing the (so-called) non-antipsoric medicines], Münster, 1835.

²⁸ Gebessert, Nach Erbrechen:

12 Verstandesmangel (lack of comprehension):Asar.

31 Inneres Kopfweh (inner head):Asar.

120 Magen & Herzgrübe (stomach & epigastrium):Asar. Hyosc.

291 Gemeinsame Beschwerde (General complaints): ..Asar. Colch. Hyos. Sec-c.

²⁹ Bönninghausen, C.v.: *Therapeutisches Taschenbuch für homöopathische Aerzte, zum Gebrauche am Krankenbette und beim Studium der Reinen Arzneimittelehre* [Therapeutic Pocketbook for Homeopathic Physicians, for the use at the bedside and in the study of *Materia Medica Pura*], Münster, 1846.

³⁰ *Systematisch alphabetisches Repertorium der Homöopathischen Arzneien, Erster Theil enthaltend die antipsorischen, antisiphilitischen und antisycotischen Arzneien* [Systematic-Alphabetic Repertory of Homoeopathic Medicines, First Part containing the antipsoric, antisiphilitic and antisycotic medicines], 2 Auflage, Münster 1833.

- ³¹ As for example: Kent's *Repertory*, Schroyens' *Synthesis* (Mind, Unconsciousness, vomiting amel., & Generals, vomiting amel.); Zandvoort's *Complete Repertory* (Mind, Unconsciousness, vomiting amel.)
- ³² For the publication of our second edition TBR₂ we had spent around 18 months in comparing the TT manuscript (TTm) which Bönninghausen had neatly written for the printer, against the printed TT – rubric for rubric, entry for entry, and had still missed this error.
- ³³ As we have detailed with multiple examples in our TBR₂ frontispieces as well elsewhere in our lectures, this is precisely what is seen to have occurred some (few) times – usually realised and corrected by Bönninghausen.
- ³⁴ A fact we understand given we made this very same mistake in our own (careful and prolonged) comparison of TTm/TT entries for TBR₂ which consequently also lists the same error. Please note also that the TTm images provided here are magnified for the reader – the original size being somewhat smaller.
- ³⁵ Knerr, Kent, Synthetic, Synthesis, Murphy, Vermeulen (Synoptic MM, Prisma, + Repts.)
- ³⁶ Kent, Synthetic, Synthesis, Murphy, Vermeulen (Prisma)
- ³⁷ Knerr, Kent, Synthetic, Synthesis, Murphy, Vermeulen (Synoptic MM, Prisma, + Repts.)
- ³⁸ For example, Bönninghausen, *Eigenthümlichkeiten...* (1833); Lippe, *Textbook of MM*; Teste *The Homœopathic MM* (1854); Freligh, *Homœopathic MM* (1859); Reil, *A Monograph upon Aconite* (1860), etc.
- ³⁹ Allen, T.F.: *Encyclopædia of Pure Materia Medica*, 10 volumes, 1874-1879.
- ⁴⁰ 'Clinical verification' can refer to different things, and the mere removal of a symptom whilst a medicine is being taken is no proof of its homœopathicity – for a pain removed by paracetamol does not suggest it would produce similar pains. Hahnemann himself observes that a symptom which is even antipathic to the medicine prescribed may also disappear so long as the main characteristic symptoms are covered homœopathically – he writes (Organon, §67, footnote):
- "It does not follow that a homœopathic medicine has been ill selected for a case of disease because some of the medicinal symptoms are only antipathic to some of the less important and minor symptoms of the disease; if only the others, the stronger, well-marked (characteristic), and peculiar symptoms of the disease are covered and matched by the same medicine with similarity of symptoms—that is to say, overpowered, destroyed and extinguished; the few opposite symptoms also disappear of themselves after the expiry of the term of action of the medicament, without retarding the cure in the least."
- The type of "clinical verification" which is valuable for our purpose as homœopaths, is that which follows the administration of a medicine, itself *perfectly homœopathic* to the significant (*consistent* (characteristic)) symptoms of the case at hand – showing somewhat an *extension* of what is known from the provings (themselves often incomplete), adding value to the original proving and confirming what was already hinted at. And on the first page of his Introduction to AE, Allen does provide the following explanation for such entries:
- "To these must be added a very few symptoms which have never been observed as effects of drug action, but which have been so repeatedly verified clinically, that they clearly indicate the remedy; these are designated by a small cipher after the symptom."
- So Allen here indicates these symptoms were *removed in praxis* – i.e., Aconite, given in a case with symptoms for which it was otherwise well indicated, also removed those symptoms (not themselves produced in a proving or toxicology report). But Aconite – which is known to produce extreme fear, with restlessness, and apprehension of death (which indeed usually follows in toxic doses – these subjects *knew* they were poisoned, *knew* they would die, and were terrified by it). The 'fear of dark' reported in AE *is not separate to this general overwhelming fear of death* and cannot be taken in isolation as an indication for Aconite – a case presenting with a fear of ghosts or of the dark, but *without* a fear of impending death & panic & restlessness, *would not be a candidate for Aconite*.
- ⁴¹ Hahnemann's record remains the most accurate – notwithstanding the otherwise excellent monography on Aconite by Reil,* we here note our rejection of a number of that author's conclusions, where, for example, he wrongly pronounces the symptoms incorporated by Hahnemann from *Greding* as "altogether useless", and further misapprehends the significance of *van Helmont's* contributions – Reil simply fails to comprehend the possible importance of symptoms derived from medicinal overdose effects *on the sick* (albeit it requires a careful & meticulous observer), as we may readily see from the many numerous, significant, and clinically confirmed observations of *Bergius* (Cina), *Maclean* (Digitalis), & *Greding, Odhelius* (Stramonium), *Medicus, Vogel* (Moschus), etc. etc. – *all observed upon the sick*.
- * Reil, W., *Monographie des Aconit...*, Leipzig 1858
- ⁴² Such opposite changes which occur during the influence of the drug (i.e. during its' *primary* action) were termed *alternating* actions by Hahnemann. I refer the reader to my previous writings on *Primary & Secondary Reactions* (Homœopathic Diagnosis [DHD], Appendix) for a more detailed discussion on this too often misunderstood topic.
- ⁴³ An aggravation in the dark must be distinguished from the aggravation at night (*time*) seen in a number of symptoms in Aconite.
- ⁴⁴ *Non-primary* repertographies are those repertoria which use pre-existing repertories (& their rubrics) as their basis (they do not examine the *symptoms* in MM). By contrast, *primary* repertographies (e.g. Bönninghausen's SRA/SRN & TT) *rubricate* (convert symptoms into a rubric form) the information directly from our primary pharmacographies. Neither SRN nor TT list a rubric "fear of dark"; their listing for "Lichtsucht" (eager, or seeking, for light) is appropriately listed under *vision* (not a mind symptom), and "Dark aggr." is also not listed as a mind symptom.
- ⁴⁵ The term 'optic nerve paralysis' (*Sehnerven-Lähmung* in the German) was used to refer to any visual disturbance in the absence of obvious structural pathology of the visual apparatus (optics) – a neurogenic visual deficit.* Today the term used is "amaurosis" (Greek αμαυρόσις, blackness or darkening of sight).
- * We provide a long endnote to this relevant rubric in our TBR₂ detailing the great spectrum of symptoms which fall under the various stages of this diagnostic condition (at that time), by the celebrated G.J.Beer, in his *Lehre von den Augenkrankheiten* [Lectures on diseases of the Eye], Wien, 1817.
- ⁴⁶ This is even more exacerbated when we learn that the rubric "Mind, desires light," in the repertory *Synthesis*, attaches an audio file which elaborates the meaning of this rubric, and extrapolates its application even further, to a *desire for knowledge, enlightenment, information*, etc., adding the example of a patient merely asking "Doctor, what's wrong with me...".
- ⁴⁷ Our Pharmacogenesis for Cuprum is *Fragmenta* (1805), then AHH (1824, vol.3, no.1), thence CK_{II} (1837, vol.3).
- ⁴⁸ By "Bath Waters" is meant the naturally occurring hot mineral spring waters of the city of *Bath* (England).
- ⁴⁹ Only three volumes were published, between 1763-1764. A second edition of these volumes appeared in 1781, and it is this second edition which we have been able to access, and from which we read (pp.424-427):

"For the more readily explaining the following case it is proper to premise, that on drawing Brass Wire for the pin-makers, the frequent passing it through the fire to anneal it, covers it with a crust, which it is necessary to take off before they can make use of it; and for this purpose it is sent to the dyers, who letting it lie for some time in the liquor with which they have dyed what they call Saxon colours (which liquor is composed of water, oil of vitriol, alum, tartar, &c.) and then throwing it forcibly three or four times against the ground, the crust is by degrees broken off, and the Wire rendered bright and fit for use. The gratuity given this is generally allowed to apprentices; and in this work Francis Newman had frequently (at his leisure hours) employed himself, till about the month of August 1759, when the cuticle on the palms of his hands and the inside of his fingers became so hard and rigid, that he was no

longer capable of doing either this or any other business.

“For relief of this disorder he applied to the person who attends the family in capacity of apothecary, who gave him several doses of purging physic, but without success: he was next admitted an out-patient at St. Thomas’s hospital, where he attended six weeks or two months, but without receiving any benefit.

“Somebody then told him his complaint was owing to the scurvy (to which he had been subject) and he accordingly applied himself to several persons who advertise remedies for curing that distemper, and among the rest to Mr. Ward, of whom he had some pills, and once by mistake took two of them for a dose, which operated so violently, that every body in the family imagined he could not survive it; however, he still continued in the same condition: and now thinking that if he was admitted an in-patient in the hospital he should be more likely to obtain a cure, he got himself admitted; and was there about two months longer; at the end of which time he was discharged, but in no better condition than before.

“About a fortnight after this, and a twelvemonth from the beginning of his disorder, viz. August 10, 1760, the person who is foreman to Mr. Newman desired leave to write to me for my opinion of the case, which being very readily granted, he desired me, by letter, to come and see a young man who, as he expressed it, “had poisoned his hand with brass and oil of vitriol.

“When I first visited him, I found him with his hands quite stiff, and utterly incapable of any business whatever; and having already had so much advice, and taken so many medicines, he concluded his disorder was incurable, and that he should intirely lose the use of his hands, the skin on the palms of them (the right hand rather the worst of the two) having the exact appearance of parchment, full of chaps; and when I endeavoured by force to straighten the fingers, the blood started from every joint of them.

“After hearing the best account I could get of the cause of this complaint, I imagined that, as the disease had been contracted by his frequently dipping his hands into a violently acid liquor, the most probable method of relieving him would be, by the application of an emollient liniment mixed with an alkaline Jixivium [lye]; for this purpose I ordered as follows:

R : Ol. olivar. ℥ iv. [4 ounces]
Lixiv. salis alkalin, fix. ℥ ij. [2 ounces]
M. f. linimentum.

“With this he was ordered to anoint his hands frequently, especially going to bed; and to prevent the liniment being too soon rubbed off, constantly to wear a pair of gloves.

“About four days after I found the skin a little softened, and I could extend the fingers with less pain than before, and no blood issued upon my endeavouring to move them: this would have encouraged me to have continued the use of the same liniment; but as he complained much of its making his hands smart every time he used it (and indeed this was the first application among the many he had tried, that ever gave him any uneasiness) I concluded that the addition of some yolks of eggs might lessen the acrimony of the alkaline salt without at all abating the efficacy of the liniment; I therefore composed the liniment thus:

R : Ol. olivar. ℥ iv.
Lixiv. salis alkalin, fix. ℥ ij.
Vitel. ovor. n^o ij
F. linimentum.

“To be used as before. This mixture not giving him so much pain as the former, he had used it all in three days, and then coming to me for more, I found his hands still continue to mend; the skin that had grown hard scaling off, and a new flexible one appearing underneath; the chaps were many of them healed, and he began to have some use of his fingers. Encouraged by this success, he continued the sue of the last prescribed liniment; and as from his not having had the proper use of his fingers for so long a time, the joints of them had in a great degree lost their motion, I advised him alternately to clench his fist, and to stretch out his fingers many times a day.

“The disorder had been so long upon him, and (if I may be allowed the expression) had taken so deep root, that although he began very sensibly to amend from the first application of the liniment, yet it was full two months before I thought it adviseable to leave off the use of it; and then, to prevent a relapse, I gave him the following ointment:

R : Axung. porcin. ℥ ij
Vitel. ovi,
Ol. lavend. gutt. v [5 drops]
F. unguentum.

“With orders to anoint his hands with it every night going to bed. This ointment he has continued to use about a month, and is now perfectly restored to the use of his hands, and begins again to work at his business.

“During this course of anointing he took no internal medicines, except three doses of purging physic.”

We lastly discovered this article (identical except for a couple of grammatical differences) had originally appeared in the *Philosophical Transactions of the Royal Society of London*, 1761, vol.51, part 2, p.936.

⁵⁰ It seems the only explanation as to how the accomplished Falconer could have so misinterpreted this condition as neurological is that he himself did not read the original report, as is supported by his failure to provide specific reference to the volume and page wherein this report appeared.

⁵¹ Given the fact this patient was exposed both to an alloy of copper & zinc, and to the aqueous acidic cleaning solution into which he would plunge his hands in this process (these acids readily dissolve the copper), we must admit our uncertainty as to whether the resulting skin condition was due to the copper, and must indicate this uncertainty by way of parentheses (as used by Hahnemann).

⁵² Hahnemann resided in Köthen for the 14 years between 1821-1835, where availability of literature was more limited than during his earlier Leipzig (the ‘fountain of knowledge’) years. We see for example that Hahnemann, during his *Torgau* period (1805-1811) cites William Alexander’s *Experimental Essays* (1768) for Camphor (*Fragmenta*, 1805), whilst during his later Köthen period he cites the German translation of Alexander’s work *Medizinische Versuche und Erfahrungen* [Medical Experiments and Experiences, 1773] for Kali-n (vol.4 of CK_{II} 1838).

⁵³ Our Pharmacogenesis for Helleborus is *Fragmenta*, RA, vol.3 (1817, 1825 [2 editions only]); HTRA 1828 (vol.1).

⁵⁴ RA originally *listed* (in the familiar head-to-foot schema) Hahnemann’s observations first, followed by the observations of others (indicated by placing the symptom number in parentheses – square brackets “[]” in RA_I; curved “()” in RA_{II}). This means the numbers do not correlate with those of MMP which followed the RA_{III} example and arranged all symptoms together in a single head-foot sequence.

⁵⁵ Dudgeon has here again made an *alteration* without indicating he had done so.

⁵⁶ We must keep in mind the need to save time and space (printing was expensive then) in such constant work – at that time the citations were often given in brief, but those in the field knew these works – the problem is that today, it makes our work a little harder when we search for some titles themselves so incomplete that their discovery is made via other citations in a variety of disparate literature.

⁵⁷ The “B.I.S.3” (Band 1, Seite 3 = vol.1, page 3) printed in RA_I (and copied without correction into RA_{II}) should thus have read “Band 1, Heft 3” (“vol.1, no.3”) - this mistake was likely the result of Hahnemann’s assistant (copyist for RA_I) having “completed” so to speak Hahnemann’s truncated reference “B.I.3” – the assistant assuming the second number to refer to the page. We have a number of other such examples which support this idea. But what is certain, is that Hahnemann knew this source, and could not have made such a mistake.

But in any case, this mistake, and the article referred to by Hahnemann, could have been discovered by simply looking at the entire volume as we ourselves did to discover Bacher's contribution.

⁵⁸ Hahnemann recruits eight symptoms into Helleborus from Büchner, as reported in Stegmann's *Diss. De Salutari Et Noxio Ellebori Nigri Eiusque Præparatorum Usu*, Halæ, 1751, pp.22-23.

⁵⁹ From *Orfilla** (amongst many others) we learn that an alkaline extract of Helleborus niger formed part of the famous *Tonic Pills of Bacher*.
* Orfilla P.: *A General System of Toxicology*, translated from the French by J.A. Waller, 1821, London, vol.2, p.11.

⁶⁰ The original writes (*Sammlung...*, pp.171-172):

Aus dem scharfen und zugleich widrigen Geruche sowohl des Krauts, als der Wurzel, konnte ich die flüchtigen und schädlichen Theilgen, so darinnen befindlich seyn müssen, leicht errathen. Und als ich die frische Wurzel kostete, empfand ich sogleich, bey einem leichten Kauen, einen bittern scharfen und eckelhaften Geschmack nicht so widrig, vielmehr empfindet man ein angenehmes Zittern auf der Zunge, wenn man sie drey oder vier Augenblicke zerschnitten auf derselben liegen läßt.

“Aus dem scharfen und zugleich widrigen Geruche sowohl des Krauts, als der Wurzel, konnte ich die flüchtigen und schädlichen Theilgen, so darinnen befindlich seyn müssen, leicht errathen. Und als ich die frische Wurzel kostete, empfand ich sogleich, bey einem leichten Kauen, einen bittern scharfen und eckelhaften Geschmack nicht so widrig, vielmehr empfindet man ein angenehmes Zittern auf der Zunge, wenn man sie drey oder vier Augenblicke zerschnitten auf derselben liegen lässt.”

⁶¹ The original writes (*Recueil d'observations*, p.435):

exemplò leviorè saltem masticatione sese manifestat; exsiccata radix non adeò molestè stimulat, quin imò blanda oscillatio subsequitur, ubi fibra concisa spatio trium vel quatuor momentorum linguæ incubuerit.

“...exsiccata radix non adeo moleste stimulat, quin imo blanda oscillatio subsequitur, ubi fibra concisa spatio trium vel quatuor momentorum linguæ incubuerit.”

⁶² A similar effect (though perhaps more irritant) is seen with other poisonous substances when taken or ‘tested’ with the tongue – e.g. Aconite, Agaricus, Dulcamara, Veratrum, etc.

⁶³ Lewis, *The New Dispensatory*, London, 1753, p.138:

“The taste of Hellebore [black] is acrid and bitter. Its acrimony, as Dr. Grew observes, is first felt on the tip of the tongue, and then spreads immediately to the middle, without being much perceived on the intermediate part: on chewing it for a few minutes, the tongue seems benumbed, and affected with a kind of paralytic stupor,^[*] as when burnt by eating anything too hot.”

[*] This description explains the meaning of another Helleborus symptom (citing *Grew*),* MMP83 “Insensible stiffness of the tongue.”

* Nehemiah Grew, *The Anatomy of Plants*, London, 1682

Grew (Lecture 6, *A Discourse of diversities and causes of Tastes chiefly in Plants*,) describes several ‘sorts’ of tastes – we read (p.280):

“12. §. *Stupefacient*, as in the *Root of Black Hellebore*. Which being Chew’d, for sometime retained upon the *Tongue*; after a few minutes, it seemeth to be benum’d and affected with a kind of *Paralytick Stupor*; or as when it hath been a little burnt with eating or supping of any thing too hot.”

Alston, C.: *Lectures on the Materia Medica*, London, 1770, vol.1, pp.458-459:

“The taste is penetrating, and though neither very bitter, nor very hot, yet it leaves a lasting impression in the mouth, and as it were stupefies the tongue.

“The root of black Hellebore being chewed, and for some time retained upon the tongue, after a few minutes it seemeth to be benumbed, and affected with a kind of stupor; or as when it hath been a little burnt with eating or supping any thing too hot” *Grew on Tastes*.”

Wood, G.B.: *A treatise on therapeutics and pharmacology or materia medica*, Philadelphia, 1856, vol.2, p.552:

“... a peculiar principle has recently been discovered, called *helleborin*, which is white, crystallizable, bitter to the taste, with a slight tingling effect on the tongue... the root is violently acrid, producing, when applied to the skin, inflammation and even blistering; but this property is much diminished by drying, and is lost by time.”

Pereira, J.: *The Elements of Materia Medica and Therapeutics*, London, 1857, 4th ed., vol.2, part 2, p.680:

“Helleborine [extract] ... is bitter to the taste, producing on the tongue a tingling sensation.”

Good, J.M., Gregory, O., Bosworth, N.: *Pantologia, A new cyclopaedia*, London, 1913, vol.5:

“The root is the part of the plant medicinally employed: its taste, when fresh, is bitterish and somewhat acrid: it also emits a nauseous acrid smell, but long kept, both its sensible qualities and medicinal activity suffer very considerable diminution.”

⁶⁴ Perhaps a better translation into the German may have been *Prickeln*.

⁶⁵ G.F. Bacher was a French physician from Thann in Upper Alsace – perhaps this particular Latin communication (in *Recueil d'observations de medecine ...*), in a language not his mother tongue, was the source of this difficulty – the term “oscillatio” being ultimately misunderstood.*

* This was one of the main reasons why Latin was eventually abandoned as a universal literary language in favour of the native tongue, which afforded authors the freedom and accuracy of their native expression, and allowed skilled Latin translators to best render their text for a wider readership.

⁶⁶ We need not add the descriptor “pleasant” since this is dependent on the dose – the larger or more potent doses producing a more irritant acidity. It is precisely this type of *discovery* which rewards the effort and fuels the continuance in this seemingly unending work.

⁶⁷ It is not necessary to record in this symptom the fact that the tingling was, in the case cited, “most pleasant” – the pleasantness or otherwise of this sensation being dose-dependant – as we see with the larger doses which result in a insensibility & rigidity of the tongue, as noted by Lewis above (note 61).

⁶⁸ It is not possible to accept this as Hahnemann’s direct mistake, as he knew this work of Bacher sufficiently to recruit it for his Helleborus pharmacography, and this therefore must have been a mistake of his copyist, who also made the citation error noted. Nevertheless it does show that Hahnemann did not himself discover this error.

⁶⁹ Our Pharmacogenesis for Moschus is RA, vol.1 (1811,1822,1830 [all 3 editions]); HTRA 1831 (vol.3); HH (1833).

⁷⁰ Again, as with the case evidenced for Aconite, without appending a note to the reader to say he had altered the symptom.

⁷¹ We regret here to observe that much of the modern work in this regard is too often unsatisfactory, or unscientific, or even *un-homœopathic* – as seen in the evidence of those *thinking* themselves ‘homœopaths’ yet who prescribe substances (material & immaterial) *without provings or toxicologies*, or upon some imagined similarity. We here refer the reader to our article *Homœopathy in Fact* (2012)* wherein we have provided some examples of this type of practice *falsely* attaching itself to anything *homœopathic*.

* (at http://www.vithoukas.com/images/stories/Articles_by_other_authors/GD_Law_article_Response_10_April_2012_complete.pdf)

⁷² We welcome the findings of any error we may have made in this work, as this only serves to further rectify and improve our materials in this greatest of all medical science (& art).

⁷³ The most significant practical benefit from this type of in-depth exploration of our pharmacographic sources, too lengthy a subject to do it justice here, is especially obtained in the form of a *time-sequential and contextual* appreciation of substance effects – as Hahnemann himself states it (§130):

“... the experimenter learns the order of succession of the symptoms and can note down accurately the period at which each occurs, which is very useful in leading to a knowledge of the genius of the medicine...”

* * *

τέλος

Richard Mead

Medical Precepts and Cautions
(Tr., T. Stack), London, 1755, 2nd ed., p.viii

“... the very nature of my design compelled me to take notice of the errors of other physicians; but I have been very careful... to do it with the same equity with which I would desire to have my own faults corrected.”