

HOW TO PRACTISE HOMEOPATHY

An Essay reprinted from "The Prescriber"

By

JOHN H. CLARKE, M.D.

Author of "A Dictionary of Practical Materia Medica,"
"Clinical Repertory to the Dictionary of Materia Medica," &c.

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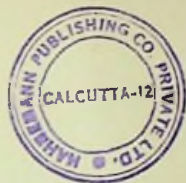
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HOW TO PRACTISE HOMŒOPATHY

THE completion of my *Dictionary of Practical Materia Medica* and its *Clinical Repertory* since the last edition of the *Prescriber* appeared, enables me to give more full directions to my readers than I could before as to the best way to approach the study and practice of homœopathy. I have therefore decided to add to the former introductory portion of the *Prescriber* a separate essay, which I think will prove useful alike to the student who is desirous of acquiring the homœopathic art and to the practitioner who has had to be content hitherto with fragmentary implements.

The *Prescriber* was originally designed to put into convenient and accessible shape all the more salient indications for the use of homœopathic remedies from the *clinical point of view*. This is the approach which naturally first invites those who have been drilled in the practice of the ordinary schools. But homœopathy can never be properly practised by means of a clinical Index or Repertory (such as the *Prescriber* is in essence) unaided by other works. The homœopath must have his foundation authority always ready for instant reference. This authority is the Homœopathic *Materia Medica*.

It is of the greatest importance that a clear conception should be formed at the outset as to what the Homœopathic *Materia Medica* is. It is so unlike anything known by the name in the old school, that it is a pity, as I have pointed out below, that a different name could not have been found for it. The homœopathic *materia medica* consists of a *Register of Symptoms*.

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It is the *Scmiology of Drugs*. For the practice of homœopathy we must know the symptoms which each drug has produced, and we must have these so arranged that they can be found instantly for any required region of the body. Hahnemann arranged them, for each of the remedies he tested, in a definite anatomical order, and this arrangement is the foundation of the order in which the symptoms are given in all works on the subject compiled since his day. This is named technically in homœopathy "The Hahnemannian *Schema*."

The homœopathic materia medica thus consists of a *schematic arrangement of the symptoms produced by each drug*, together with amplifications from the observed action of remedies in practice.

When I commenced the practice of homœopathy I found no little difficulty in the fact that the works on Materia Medica were too numerous and too scattered to be readily accessible. The only book which gave a comprehensive idea of the remedies contained in the homœopathic materia medica was Dr. Hughes's *Pharmacodynamics*; but this work, whilst giving much information about homœopathic remedies, is in no real sense a homœopathic materia medica at all: it contains no *Symptom Register* of the remedies it speaks about, and yet, for better or worse, it has had to do duty for a materia medica for many practitioners; and as its form is like that of the materia medicas of the old school, it has appealed very strongly to new converts.

It was the consciousness that something more was needed that impelled me to undertake the compilation of my *Dictionary of Practical Materia Medica*, which after sixteen years of labour saw the light. In this work I have given, as Hahnemann has done, the Symptom Register (or Schema) of each drug, which is the foundation of the work. In addition, I have given an introductory essay on each drug which enables the

reader to apprehend its main characteristics. At the head of each remedy, under the heading, "CLINICAL," I have given a list of the principal diseases in which it has been used in practice. At this point I have linked the work to the *Prescriber*. Among the names of diseases given under this heading in the *Dictionary*, I have printed in italics those under which, in the *Prescriber*, the indications for this remedy will be found.

In the introductory article prefixed to the Symptom Register, or Schema, of each remedy, I have been able to condense the history of the work it has accomplished. In this way the *Dictionary* illustrates and illuminates the Schema and makes the study of the individual symptoms much more easy and interesting than it otherwise might be. Thus it comes about that the *Dictionary* comprises a whole library of clinical experiences which could only be reached otherwise by the expenditure of much time, labour, and research. Moreover, a great deal of it could not be found at all; since it was gathered by myself in conversations from the great clinicians whom it was my privilege to know.

It has been a source of very great satisfaction to me that the work was immediately recognised on its appearance, by those best able to judge, as filling a place that had long remained unoccupied. On the other hand, the force of old habit is so strong that many who had contentedly settled down within the limits of older works have not seen the necessity of enlarging their borders and accepting the liberty which is within their reach. This is one reason why at this juncture I think it essential to draw attention to the way in which the study and practice of homœopathy may and should be approached.

There are many ways in which the practice of homœopathy may be approached; some find one way more suited to their genius, some another. But I am writ-

ing now primarily for those who use the *Prescriber*, and will therefore take the approach by way of a Clinical Repertory.

I will suppose that my reader is one who has become convinced of the truth of Hahnemann's law, and of the efficacy of his method, and who wishes to avail himself of the power it puts into the hands of one who can use it; and I will suppose, further, that the *Prescriber* has been put into his hands as a ready instrument by means of which he can put its precepts to the test. With this book at his elbow he will be able to find, in a case of any disease, the remedies that are most generally appropriate, with their differential indications. In most cases he will be able to find a remedy which fits with tolerable closeness of similarity the case in question, and will thus be enabled to prescribe. But it will sometimes happen that the differential symptoms named in the *Prescriber* are not sufficient to enable a choice to be made with due certainty. In that case if reference is made to the *Materia Medica*, the actual symptoms of the different remedies can be studied in full, and compared with each other.

At this point it is necessary to mention the *Clinical Repertory to the Dictionary of Materia Medica*. This is a "Clinical" Repertory and much more besides, as I shall explain later. But it is different from the *Prescriber* in two respects: it names far more remedies under each heading, and it gives no differential indications. In the *Clinical Repertory*, under each rubric, the remedies mentioned in the *Prescriber* will be found printed in italics, and those not mentioned therein, in Roman type. It is thus a complement of the *Prescriber*, giving a greatly extended list of remedies under each rubric, and reference to the *Dictionary of Materia Medica* will supply the necessary information to enable

the practitioner to make a choice among them. The *Prescriber* and the *Clinical Repertory* together provide as complete an approach as is possible, I think, to homœopathic practice, from the clinical aspect.

But, after all, this is only a limited approach—that is, it is an approach to a limited area of the field. It is the glory of Hahnemann that he liberated medical practice from its bondage to the names of diseases. Every case of disease is a problem in itself—presenting a new combination of morbid phenomena; the symptom-lists of the homœopathic materia medica presenting the possibility of finding similar combinations under one or other of the remedies named. Clinical repertories form one out of many of the means of fitting the remedy to the case.

THE COMPARATIVE VALUE OF SYMPTOMS

Before proceeding farther it will be well to make clear that some symptoms or disease-manifestations are of much more value than others from the point of view of selecting the remedy; and it often happens that those symptoms which are of the greatest value in correctly naming the disease, are of the smallest value in diagnosing the remedy. It will be noted throughout the *Prescriber* that in distinguishing one remedy from another great attention is paid to the *Times* and *Conditions* under which the various symptoms are better or worse—ameliorated or aggravated. (The sign “>” is used to indicate amelioration, and the sign “<” aggravation). This point is often of more consequence than the actual symptom itself. And yet these characteristics would give little or no help in the diagnosis of the *disease*.

Perhaps it may help in understanding the differential value of symptoms and their *Conditions* or modalities

if I instance a case. Miss T., 60, consulted me on October 7, 1908, about a pain which had troubled her more or less for twenty-five years. It affects the *right side* of the head and right cheek. In the temple are violent sharp shoots of pain. In the cheek it is a sudden pain, burning as if on fire. It is *worse* while eating; *worse* by touch; *better* after eating. It is *worse* if the patient is chilled; and is sometimes *worse* at night.

In dealing with a case like this it does not assist us much whether we name the affection "neuralgia," "neuritis," or "Tic douloureux"—we must deal with it on the strength of its characteristic symptoms.

The first point of importance to note is the *locality* of the pain—it is *one-sided*, the side affected being the *right*.

The next point is—it is a *sudden* pain—violent, sharp, shooting, and burning. In this instance the nature of the pain is of importance on account of the peculiarity of *suddenness*.

The next point is the *condition*—aggravation by *chewing*, by the least *movement* or *touch*; and the last point—aggravated *at night*.

If this patient had applied to an old-school practitioner all these details would have been useless to him; all he would have needed to base his prescription on would have been the word "neuralgia." It would have signified nothing, so far as his prescription went, whether it was right side, left side, or both sides. It would not have mattered what made it better or what made it worse, or what time of day it came on. To the homceopath these are everything.

Turning to the *Prescriber*, under the heading of "Neuralgia" will be found a number of remedies affecting the right side of the head and face, and among them this: "Sudden pains, especially of right side

of the head and face, < by the least movement or touch, eating or speaking; < 4 to 8 p.m.. *Lyc.*" *Lycopodium* 200 was prescribed, and two months later the patient wrote to say "the pain was relieved in a most wonderful way."

There are other ways in which this remedy might have been found besides consulting the *Prescriber*: it could have been found by the ordinary symptom repertories, and it could have been found by reference to the *Materia Medica* itself. The fact that the pain was on the *right side* of the head and face was enough to make any one but slightly acquainted with the homœopathic *Materia Medica* look up *Lycopodium*; and a reference to the headings HEAD, FACE, and TEETH would quickly reveal its appropriateness. It is impossible to carry all the symptoms of the *Materia* in one's head, but it is quite possible to remember a very large number of the characteristic symptoms and modalities (or Conditions) of the chief remedies. And after all, the best repertory any one can have is in his own memory. Only it must be possible to supplement it whenever required. Every remedy has a number of symptoms and modalities which are GENERAL in respect to it. That is to say, they qualify a very large proportion of its manifestations. So that when the practitioner meets with them in a patient he will be able to select the remedy even if the *particular* symptoms are not in precise correspondence.

And it is the same with patients. Many patients have GENERAL conditions which belong rather to themselves than to the particular complaint they may be suffering from, and when these are present they are often of greater importance from the prescribing standpoint than the actual symptoms of the disease. For instance, if the cardinal symptoms of *Sulphur* crop up in a patient—sinking at the pit of the stomach at 11 a.m.;

aggravation of the symptoms at night in bed; hot hands and feet, burning on the soles, must put them out of bed to find a cool place—*Sulphur* will be the remedy for the patient, no matter what the nature of the disease may be.

Under the heading "CHRONIC DISEASES" in the *Prescriber*, I have indicated how this knowledge may be made use of in selecting remedies. In this way the *Prescriber* is something more than a mere clinical repertory—it is a repertory of *localities*. Under the different organs and parts of the body named will be found the remedies which have a specific relationship to them. Further, under the heading MIND will be found some leading *mental* symptoms and states, the presence of which, complicating bodily diseases—or, concomitant with them, as it is technically called in homœopathy—will point to the remedy to be selected.

I will now relate another case in illustration. J. P., 58, a coachman, was sent to me by his master on May 10, 1910. He had had severe domestic trouble, and was suffering from great mental depression, and, in addition, there was pain in the head. The pain was situated in the vertex, and was greatly aggravated if he was in the least worried.

The second of the five sections into which the *Clinical Repertory to the Dictionary of Materia Medica* is divided is a repertory of CAUSATION. It is often of great importance to know the *cause* in which every state has originated. The effects of a chill, physical injury or mental shock correspond to different remedies, and the knowledge of the *cause* is often an important guide in finding the remedy. On turning to this part of the *Clinical Repertory*, under the heading "Worry" will be found among the remedies *Ignatia*. As this patient had had much worry and as his complaint was aggravated by worry, *Ignatia* 30 was given.

But it did no good. The reason of this failure was this—although worry was an exciting factor in the case it was not the fundamental cause. The complaint belonged to the patient himself. The condition now was: head bad; pain at vertex; comes any time; feels it for a time after getting into bed; very low spirited. Hands and feet warm and moist.

On referring to the description of different constitutions under CHRONIC DISEASES in the *Prescriber*, it will be found that this patient corresponds to *Sulphur* in some of these characteristics: hot, perspiring hands and feet; low spirits; night aggravation. On referring to *Sulphur* in the *Materia Medica*, under section HEAD it will be found that *Sulphur* has numerous pains referred to the vertex. On these indications *Sulphur* 30 was prescribed, with very speedy relief to all the symptoms.

But the improvement only went a certain way and then ceased. What next? There is a section of the CLINICAL REPERTORY which I think I use more than any other, and which I fear most of my readers have not learned to use, or feel the want of—it is the section of CLINICAL RELATIONSHIPS.

In the olden days when homœopaths had fewer remedies to commit to memory, each remedy was known much more intimately than it is at present. It was not only known as an entity in itself—it was known in its relations to its friends. For example, if *Belladonna* had relieved a case of inflammatory or congestive trouble and then ceased to help, the old homœopaths would know that one of the nearest relations to *Bell.*, and one of its best friends, is *Mercurius*. And they would naturally think of *Mercurius* before any other to prescribe in the case. In my Repertory of CLINICAL RELATIONSHIPS I have given in tabular form a list of all the relations of remedies so far as recorded. This shows

at a glance which remedy follows any remedy well—which are followed well by it, which are compatible, which are complementary, which inimical, and which antidotal. These lists are not to be regarded as complete or exclusive, but as far as they go I find them most helpful and suggestive. And whenever I meet an instance in which one remedy helps out the action of another in a marked way I enter it on my list for future use, and this I advise my readers to do likewise.

This by the way. My patient now remarked that although he was much better in himself, he still had the pain in his head and it was *worse when he had his hat on*.

Referring now to the *Prescriber* under HEADACHE, it will be found that *Lycopodium* has a headache at the vertex which is *worse when covered*. Turning now to the CLINICAL RELATIONSHIPS of the CLINICAL REPERTORY it will be found that *Lycopodium* is one of the remedies which is compatible with *Sulphur*. *Lycopodium* 30 was now given, with complete relief of these symptoms. The patient's livery hat was heavy, so it was particularly trying in his employment.

The relief in this case continued for several months, when an attack of influenza brought back the old trouble. When the influenza was cured, the old head pain remained and *Lycopodium* only partially relieved it. What was next to be done? Turn once more to the Repertory of CLINICAL RELATIONSHIPS under the reference, LYCOPODIUM. Among the remedies given as "complementary"—that is to say most closely related in action and helping out each other—is *Chelidonium*. A reference to the *Materia Medica* will show a close similarity between the two remedies in their symptoms and Conditions. *Chelid.* 30 was given, and this completely relieved the patient.

Returning now to the former patient, Miss T., who

suffered from neuralgia. In her case also *Lycopodium* failed on one occasion to control the pain, and here again the complementary remedy, *Chelidonium*, came to its aid and removed the whole trouble, and further illustrated the use of a repertory of Clinical Relationships.

In each of these cases *pressure* was a condition of aggravation. It is necessary to be able to reduce to its common denomination on the instant any symptom which a patient presents to you. Patients must not be expected to describe their sensations in the bald language of the repertories. A patient will be more likely to say "The pain is much worse when my hat is on," than he will to say "The pain is aggravated by pressure." In the same way a patient with right-sided sciatica will be more likely to say, "I can't bear to lie on my right side," than he will to say "The pain is aggravated by pressure." But it comes to the same thing, and many a case of right-sided sciatica with this modality have I cured with *Lycopodium*.

THE CLINICAL REPERTORY

Together with the *Prescriber* the CLINICAL REPERTORY forms, I believe, the most complete repertory from the clinical aspect which exists in homœopathic literature, if not the most complete possible. When the *Prescriber* fails to indicate the remedy required for any case, on turning to the same heading in the *Clinical Repertory* a large number of remedies not mentioned in the *Prescriber* will in most instances be found. For their special indications it will be necessary to turn to the *Materia Medica* and compare them one with another. In compiling the *Materia Medica* I was able to save much space, and consequently save my readers much trouble, by placing at the head of each article a list

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of the diseases to whose symptoms the drug corresponds. The necessity for much repetition was thus avoided, since the leading indications for any remedy are available in any disease, whatever may be its name, when these are prominent in a patient. But the list, nevertheless, gives a good idea of the range of the drug's action; and when the whole of these lists came to be indexed, as it is in the *Clinical Repertory*, it afforded at once a valuable approach to the *Materia Medica* from the clinical side and a greatly enlarged clinical instrument as compared with the *Prescriber*. It would be beyond the scope of the work to attempt to give the differential indications for each remedy in the *Clinical Repertory* as is done in the *Prescriber*; just as it would be beyond the scope of the *Prescriber* to have included all the remedies named in the *Clinical Repertory*. But the lack of differential indications in the latter is no real loss, since the *Materia Medica* supplies them for ready reference and the study of the *Materia Medica* entailed in the use of it is pure gain. *There is no road to the practice of homœopathy—whether it is the clinical road or the symptomatic road—which does not entail close and constant study of the Materia Medica.*

I have already referred to the CLINICAL RELATIONSHIPS section of the *Repertory* and some of its uses. In homœopathic practice it is often necessary to modify or arrest the action of a remedy which has been administered. The means of doing this will be found in the *Antidote* column of this section. When more antidotes than one are given, the one which corresponds most closely to the symptoms of the case which it is desired to put an end to will be selected.

The late Dr. R. T. Cooper found great assistance in his practice from utilising the natural relationship of remedies. For instance, when he had given with good effect

a remedy belonging to a certain botanical species and the good action came to an end, his next choice was often a remedy from an allied species, which would carry on the action. In the *Repertory* these will be found for instant reference under the section of *Natural Relationships*.

The *Repertory of Causation* I have already mentioned: this may be also used as a limited *Repertory of Aggravation*. Causation and Aggravation are not identical, but they frequently overlap.

The other section of the *Clinical Repertory* is the *Repertory of Temperaments, Age, and Sex*. In the selection of a remedy it often makes a great difference whether a patient is young or old, stout or spare, male or female, fair or dark, nervous or lymphatic. In this section of the *Repertory* all these points will be found indexed for ready reference.

I may mention a practical point which I have found a great time-saver. Wherever possible I block out on the front edges of my *Repertories* the different sections. In this way I am able to find with great ease the part I want to refer to without great turning over of pages.

THE DICTIONARY OF PRACTICAL MATERIA MEDICA

I should like to add here a few words in regard to my *Dictionary of Practical Materia Medica*. I do not offer it to the exclusion of any other author's work, but I do offer it as the most complete and perfect presentment of the homœopathic *Materia Medica* for the student and practitioner. It is the fruit of years of labour to combine within the compass of a single work the material needed for daily practice, arranged in such a form that all the sections of the information included are readily accessible and do not obscure each

other. In my work it will not be found that one "cannot see the forest on account of the trees." The introductory part of each article gives the reader in the shortest compass possible, a picture of the whole drug with the history of the work it has done. So that the work is just as useful for the student as it is for the practitioner. I have seen it stated in lists of works recommended for students that my *Materia Medica* is a valuable book of "reference"—meaning by this that it is a book to be referred to now and then. It is more than that: it is a book for reference every hour of the working day; it is a book for the study and the prescribing desk. It was compiled, first and foremost, for my own personal needs in practice—just as the *Prescriber* was—and I offer it as the greatest labour-saving and labour-rewarding *materia medica* for student and practitioner which we possess at the present day. With the *Dictionary of Materia Medica*, the *Clinical Repertory*, and the *Prescriber* it is possible to practise homœopathy—with works which only *describe* remedies without giving their actual symptoms this is not possible.

BENNINGHAUSEN'S POCKET BOOK

The above-named three works I offer as a *minimum* stock in trade for the practitioner who wishes to do justice to his work. But I no less strongly urge on him to obtain other works as soon as ever he is able to introduce them into his armamentarium. And first among these is von Benninghausen's famous *Pocket Book*. The full title of this work is *Therapeutic Pocket Book for Homœopathic Physicians to use at the Bedside and in the Study of the Materia Medica*. This is, in a sense, the parent of all our Repertories and an analysis of the *Materia Medica*. The most convenient edition is Dr. T. F. Allen's, for it is in reality a "pocket"

book.* This work carries analysis and generalisation as far as these can be carried, and forms a symptom index of the *Materia Medica* that is beyond price. My work has been to approach practice from the clinical side. Bœnninghausen's work approaches it from the symptomatic side. His *Repertories* of "Sensations" and of *Aggravations* and *Ameliorations* have been of enormous service to many generations of homœopathic practitioners and will be to many yet to be born. I urgently advise every reader to procure a copy and to read and reread Bœnninghausen's *Preface*—and, incidentally, I may say the same in respect to the prefaces of my own works. It will materially increase the usefulness of the works to those who possess them. I will take the liberty of quoting here a passage of Bœnninghausen's *Preface*, which may give my readers a stimulus in their study of the *Materia Medica* :—

"In using the *Pocket Book* at the bedside," says Bœnninghausen, "much depends upon whether one is entirely a beginner, or is already somewhat skilled in homœopathy. But he who knows nothing whatever must, indeed, make a most careful search for everything without exception. The more he knows, the less he has to look for, and, finally, only to use it here and there to help his memory. This may be best shown by an example : this I have taken for the purpose from my most recent practice, wherein the choice of the remedy was not difficult, and at first seemed very easy, though, through lack of attention a mistake might very easily have been made. This case may serve for a beginner in homœopathy to try his own skill.

* Dr. Boger's large work, *Bœnninghausen's Characteristics and Repertory*, contains Bœnninghausen's characteristic *Materia Medica* as well as the *repertories* of all his works combined into one. It is a most valuable compilation, but it has not the portability and compactness of the *Pocket Book*.

“ E. N. of L., a man of about 50 years, of a blooming, almost florid complexion, usually cheerful, but during his more violent paroxysms inclined to outbreaks of anger with decided nervous excitement, had suffered for a few months with a peculiar kind of violent pain in the right leg after the previous dispersion allopathically of a so-called rheumatic pain in the right orbit by external remedies, which could not be found out; this last pain attacked the muscles of the posterior part of the leg, especially from the calf down to the heel, but did not involve the knee or ankle-joint. The pain itself he described as extremely acute, cramping, jerking, tearing, frequently interrupted by stitches extending from within outward; but in the morning hours, when the pain was generally more endurable, it was a dull burrowing with a bruised feeling. The pain became worse towards evening and during rest, especially after previous motion, while sitting or standing, particularly if he did it during a walk in the open air. While walking the pain jumped suddenly from the right calf into the left upper arm, if he put his hand into his coat-pocket or his breast and kept the arm quiet, which was relieved by moving the arm, and then the pain suddenly jumped back again into the right calf. The greatest relief was experienced while walking up and down the room and rubbing the affected part. The concomitant symptoms were sleeplessness before midnight, frequently recurring attacks in the evening of sudden flushes of heat with thirst without previous chill, a disagreeable fatty taste in the mouth, with nausea in the throat, and an almost constant pressing pain in the lower part of the chest and pit of the stomach as if something there was forcing itself outward.

“ No skilful homœopathist who is perfectly familiar with the action of his remedies will long remain in doubt as to the correct remedy in this case, with so

complete and accurate a picture of the disease, for all these symptoms together correspond to a single one, which is thoroughly homœopathic; but the beginner will be obliged to look for nearly every symptom and only after long search will he find the one most fit among the concurrent remedies. Between these two extremes of knowing and not knowing, lie many degrees of partial knowledge, which require a more or less frequent consultation of the book.

“One person, for example, knows that the pains repeatedly changing from place to place, with the fatty taste in the mouth, the sleeplessness before midnight, and others of the symptoms mentioned belong especially to the action of *Pulsatilla*, but he is not sure whether the remaining symptoms also belong to it, and he will not, if he acts conscientiously, spare the trouble to compare these latter; but he will soon see that *Pulsatilla* is not the correct homœopathic remedy, because, in addition to the mental symptoms there are others which are not similar, but, indeed, are directly contradictory to it.

“Another person who has studied more the peculiarities of the pains distinctly remembers that *China* corresponds to the paralytic and bruised pains as well as to the jerking tearings, and the stitches from within outward and to the pains jumping from place to place. In addition, he believes that also symptoms like sleeplessness before midnight, the aggravation during rest, as well as the relief from motion and rubbing, together with the flushes of heat with thirst, correspond to this drug, but because he does not know, he also must consult the books; and he will soon meet with contradictions, just as the previous one did, and he will see clearly the unfitness of *China* for the case.

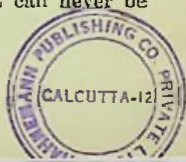
“Neither of these two, however, ever think of administering to the patient a remedy whose curative power

in this case is so improbable; but as conscientious homœopathic physicians they will look further and compare, and by the help of this book they will soon find, without great difficulty, the only really indicated homœopathic remedy.

“But even a third physician, educated in homœopathy, one who recognises the contra-indications of *Pulsatilla*, *China*, and other concurrent remedies, does not know sufficiently that *Valeriana* corresponds to the chief symptoms, and in order to be perfectly sure about this rather infrequently used remedy, he will quickly look up the few doubtful symptoms, and convince himself that this drug among all the known medicines, is the best adapted to this case, as was proved by the result; for after a single very small dose exhibited in a high potency in water, the whole trouble, with all the concomitant symptoms, was completely removed in three days.”

I leave my readers, after perusing this case, to make up their minds to which of Bœnninghausen's degrees of knowing and not knowing they will belong.

In conclusion, I will repeat that there is only one road by which success in homœopathic practice may be attained, and the name of this road is—**WORK**. It is only hard application, intelligent and unremitting, that can ensure success in the mastery of the infinity of details comprised in the homœopathic materia medica. The result is worth all the labour and very much more besides; but I would seriously warn off at the outset all who think they will find in homœopathy a royal road to the cure of the sick. It is possible by the improvement of our instruments to make the practice of homœopathy less arduous than it is at present, but like every other great and good work it can never be made easy.





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THE PRESCRIBER

A Dictionary

OF THE

NEW THERAPEUTICS

WITH AN ESSAY ON

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BY

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