

Phileas P. Wells

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"The original sin is not being able to wait for a thing." - W. Gross.

Whether, indeed, impatience be really the parent of *all* practiced sins in homoeopathic prescribing may perhaps be questioned. But it may not be questioned that it is one of the most frequent causes of mistakes and disappointments. It is so natural to be in haste to realize the fruits of our expectations in relief of the pains of our patients and improvement of their state generally, that waiting for these is often more than a weariness; and if these be long delayed, the disposition to do something more, or different, hoping for a better or more speedy result, is often quite irresistible. If we have made our selection of the remedy, already prescribed, with due reference to the requirements of the law of cure which we recognize, this temptation to a too early change of remedy, or to add others to it, in the hope of a better result, should be resisted with the utmost firmness from the beginning. To be *sure* of the right selection of the remedy first given is the one great and first duty of the prescriber, and when he has done this, he should let it alone, that it may accomplish its work without interference, either from anxiety on the part of the prescriber, or the presence of other drugs or appliances which may modify or destroy its legitimate action. To fortify this firmness in the beginning, let him remember this, that for the development of the visible curative action of drugs given to the sick, *time* is required; and further, that different drugs vary greatly in the length of the period necessary for this; with some it is minutes, with others, hours, days, or weeks. Further, that till the lapse of this required period, nothing of good can come to the patient by substitution or addition of other drugs to that already given; this being the specific for the case in hand. That it is so we here take for granted. For failing to be this, rules for its administration are useless, indeed they are impossible. For the further strengthening of the timid, let it be borne in mind that as with drugs, so with diseases. These often, before they yield to the curative impression of the drug, must have time before they respond in ease or convalescence. That different forms of disease, and often different manifestations of the same disease, require different periods; some only a brief, others a longer time. And these periods of time, during which we are looking anxiously for visible improvement, often long delayed, are a necessary part of the experience of a cure. And this further and chiefly, that during this period, the drug given, it being the specific, is not necessarily inactive because results of its action are not yet externally visible. This is the period of *latent medication*. It is a necessary part of every true homoeopathic cure. The duration of this period is determined by the nature of the morbid cause, and the profoundness of the impression it has made on the organism, on the one hand, and on the other by the susceptibility of the organism to medicinal impression. In cases of croup, for example, relief is often found at the expiration of a few minutes after the dose has been given; in typhoid fever, on the other hand, not till after days. During these days of anxious watching, the action of the drug, although invisible as to any external signs of recovery, is nevertheless potent in effecting the process of cure. The susceptibilities of the organism are so far depressed by the impost of the

morbific cause, that they only respond in visible improvement after repeated impress of the curative. These repeated impressions are not fruitless in the process of the cure because traces of their activity are invisible. They are expended, for the time, in recovering the depressed forces from the power of the morbid cause, till they may be able to effect the desired visible manifestations of returning health. The remedy being the true specific, is from the beginning actively operative in bringing about the result it is its mission to accomplish, and therefore the necessity of obedience to the rule which nature and law have established, viz., that it be let alone to accomplish this necessary part of the process of cure. It is for no conceivable reason or pretence to be interfered with, by the interposition of other drugs, or resort to whatever of suggestion from our own anxieties or those of others. It being the specific, it is therefore the best possible remedy for the case, and hence to substitute another for it, is to give one which is something less than the best. To interpose another with it, is to endanger the legitimate action of the specific, subjecting it, it may be, either to total destruction, or to such a modification of its true effects as may seriously embarrass the future treatment of the case, and perhaps even to convert a case which is curable, when left to the undisturbed action of its specific, to one which, after this pernicious interference, is wholly beyond the control of the most carefully selected remedy. If the specific be the best remedy, and it fails, then that which is no specific, and therefore not so good, cannot bring us success. It and all others will necessarily fail.

If these views are correct, then it follows that mere delay in the appearance of visible curative effects is not a valid reason for changing the selected remedy in a case under treatment. It may be the best of reasons for revising the choice of our remedy, but never for its change, unless another which is *more like* is found.

This part of latent medication was well seen in a case of typhoid fever which was treated by the writer many years ago. The patient was a young man, twenty years of age, a clerk, of country birth, having been a resident of Brooklyn but a few months. He was first seen and prescribed for on the third day after the attack had confined him to his boarding-house. Previous to this illness he had always been robust, enjoying perfect health. He was found perfectly deaf, in a muttering delirium, talking constantly to himself, not at all noticing his surroundings, or giving the slightest heed to endeavors to arouse him to answer questions. He was in an imaginary world, quietly interested in it, and busy with its images, while he was wholly separated from and lost to all that was real about him. He was sleepless, but quiet, except he made constant efforts to reach and grasp imaginary objects in the air. There was a constant jerking of the tendons of both upper and lower extremities; his evacuations were involuntary, the stools were brown, liquid, offensive; the tongue was dry, hard and brown, the lips dry, and the gums covered with dark sordes; skin hot and dry, except at times there was a slight hot perspiration. This was the condition of the patient as early as the third day of the attack. I had never seen so formidable an array of symptoms, developed so early, in any case of this fever. The prognosis was unfavorable. It was the practice of the writer, at this early period of his homoeopathic experience, to carry his *Materia Medica* with him in his daily rounds to the sick, and at the bedside of the patient, after getting his symptoms as clearly and completely as possible, then to study it, that he might find, if possible, the *most like* which cures. He thus visited and studied this case of fever and the *Materia Medica* twice each day for fourteen days. The first study was a careful and protracted one, and the remedy was selected only after each drug, which in its record carried symptoms similar to those of the case, had been examined. That one was chosen which had most of the symptoms, and these, in its record, the most strongly expressed, that is, that which was *most like*. This was given with the clear conviction that the *best* chance for the life of the patient was in this one drug, and that this was but a poor one. In the evening after the first visit he was no better. Careful study only confirmed the remedy. This was continued for fourteen days, and always the same sad disappointing "no better." It

was in the earlier days of the treatment of this case, and after repeated sadness because there was no amendment, and therefore repeated temptations to try some other drug, that this temptation was overcome by the thought that if this remedy, which is *most like*, and therefore the best, fails, what reason is there to hope for better results from that which is *less like*, and therefore not so good? It was this that through that succession of heart-aching studies held the prescriber to the one chosen remedy, though it brought no visible improvement for so many days.

The results justified both the choice of the remedy and the adherence to it through this protracted period of what perhaps cannot be better named than *latent medication*. That there was such a fact was not then recognized. That there *is*, all enlightened practical experience will now testify. On the fourteenth day the whole train of symptoms cleared away, and in so remarkable a manner as to suggest the passing of a cloud from before the sun. The convalescence was brief and perfect. The whole case was a useful lesson to the attending physician, illustrating and enforcing the value of our fundamental rule for the right administration of our law, the right selection of the remedy, and then adherence to it through whatever of time or discouragement till it ceases to be the one *most like* to the symptoms we are treating.

The disastrous effects of a violation of this rule by a change of remedy, for any other reason than greater similarity, is illustrated by the following case, also of typhoid fever: The patient was a man fifty years of age, of robust frame, who had before his present attack enjoyed general good health. Two or three weeks before he fell sick he buried his wife, to whom he was strongly attached. At the beginning of his illness he told his family he was going to die, and persisted in this as long as he retained his consciousness. He came under my care from that of a friend, whose duties at the time called him from home. It was the tenth day of his illness. He was now in unconscious delirium, talked incessantly of dead bodies or dead persons, coffins, funerals, and matters related to these. He could be aroused to answer questions, but immediately returned to his sad talk and fancies. He had a brown, wasting diarrhoea, which was passed involuntarily, being but slightly offensive. The tympanitis was great; the abdomen sensitive to pressure over the whole extent; the tongue dry, brown, and hard; the mouth dry, and the lips and teeth covered with sordes. The case was carefully studied, and the remedy chosen. Prognosis unfavorable, and chiefly because of the delirium dwelling on death, dead bodies, funerals, etc. Cases of this kind had all died in the previous experience of the writer. Notwithstanding this unpromising state of things the first prescription was followed by improvement in the first twenty-four hours, which continued to progress till the delirium, involuntary discharges, tympanitis, dry tongue, and sordes had disappeared, and the case was promising recovery from all these untoward symptoms, as a break in my uniform experience of fatal termination of such cases. There was one fact only which seemed to call for special attention or anxiety, - *he would not take food*. His refusal was constant and positive. The fear of exhaustion from this cause led to a change of medicine, with the hope that this might remove the one, and seemingly the only, impediment to recovery. The expedient failed. He refused food till death relieved him of its necessity. After death it was a matter of regret that the remedy first given, which had already done so much for the patient, had not been trusted for the removal of this one remaining symptom, which was ultimately fatal, notwithstanding the change. It could not be, and cannot be, otherwise than that the question should arise: Was not the death due to this unsuccessful change?"

(P. P. Wells, M.D., Brooklyn, N. Y., Latent medication, Transactions of the thirty-third session of the American Institute of Homoeopathy, held in Milwaukee, Wisconsin, June 15, 16, 17, 18, 1880, p. 308-313)

1883 - Hahnemann's Chronic Miasms

„If these sources of chronic diseases are remembered in the teachings, literature, or practice of modern Homoeopathy, it is oftener than otherwise that a sneer or an attempt at unseemly ridicule may be passed on the first of this series, *psora*, while the second, being too often too apparent to the senses of even the most stolid observer, is allowed to pass in silence, and the third, less obtrusive to the senses, may be safely said to have been permitted to fall into forgetfulness. *Sycosis*, as a basic cause of chronic diseases, can hardly be supposed to have place in the thoughts of the average modern Homoeopathist, especially of those who have most to say of Hahnemann's "fallacies" and "errors."

The first natural inquiry, when one thinks of this neglect, is - Are those who thus sneer at and neglect these teachings of the great founder of our school of practice more successful in their endeavors to cure chronic diseases than was Hahnemann, or than have been those who have accepted them and made them the basis of their prescriptions for these so commonly fatal maladies? The conviction that these gentlemen have little or no success in this part of their practice is the ready answer that intrudes itself upon us. Indeed, it could hardly have been otherwise in any attempt to cure these maladies by homoeopathic means and methods, the fundamental principles of the homoeopathic philosophy of these diseases being so entirely discarded or ignored.

As to the discarded *psora*, Autenrieth - no homoeopath, but a *professor of pathology* in the Tübingen school - went even further than Hahnemann in his assertion that external repelled eruptions were transferred to internal organs and surfaces, and that *he had seen them there* in their original forms many times, though he protected himself from charge of heresy, from his fellows of the old school, by the assurance to them that this fact had nothing whatever to do with the genesis of chronic disease taught by the founder of Homoeopathy, and added that "this, like all else that had come from that source, was mere empty air." Notwithstanding this hedging assurance of the Professor, we think most intelligent minds, after acquaintance with Hahnemann's teachings of *psora* as a source of chronic disease, will at once agree that Autenrieth's discovery goes far in confirmation of those teachings. This discovery of the old-school Professor demonstrates, or he is mistaken, the actual presence in internal organs and on internal surfaces of the very translated eruptions which Hahnemann says are causes of so many of the important diseases with which we have to contend.

Those of our school who have been most successful healers of chronic diseases have accepted this view of the origin of a large class of those maladies which they have successfully treated, and the best of these were ready to ascribe their known successes to a recognition of this genesis, though the ignorant and the silly were at the same time so free with poor wit and mistimed sneers at the expense of this fundamental teaching of the master, and though others who had only partially come to a knowledge of homoeopathic truth were at the same time seemingly nervously careful to have it understood they "were not weighted down" with this or other elements of homoeopathic philosophy.

The third of Hahnemann's chronic miasms, *sycosis*, has been less considered and less opposed and perhaps less understood than *psora*. It was considered by Boenninghausen, probably the most successful prescriber for chronic diseases the world has known, to be but little, if any, less important than the first. This great master had studied this miasm in its origin and effects of the human organism as no other man has, and the result was he cured its ravages in the organism as no other man has. His studies of the *materia medica* in its relations to this miasm and its effects were most profound and exhaustive. ⁽¹⁾ He recognized the fact that the most careful "scrutiny of page after page of symptoms" by the "experienced practitioner" will "not be able in all cases to make the most exactly fitting choice of a remedy" in absence of a just

view of the anamnesis of the case in hand. This is often, as he regarded it, indispensable to a right selection of the curative agent.

(1) *Vide Am. Hom. Review*, vol. III, p. 241, *et seq.*

The following case beautifully and perfectly illustrates this fact:

The writer was called to a consultation in the case of C. S., aged five months, June 15th, 1859. The child was large, plump in form; indeed, as to figure might be taken as a model. She was perfectly healthy at birth, as were her parents then and before. Her first complaint was developed immediately after her *vaccination*. This showed itself in the form of eczema in folds of her fat limbs and neck. These were all red and raw, oozing a colorless, thick, slightly sticky and slightly offensive fluid. This eruption was followed by an attack of croup after two or three months, and this by "Miller's asthma" immediately after, the croup seeming to pass into this last, sometimes so troublesome a malady. The parents, having, a year or two before, lost a little boy by this disease, became alarmed, and I was consequently called in consultation on the case. The spasmodic disease was soon controlled and there remained visible only the eczema. But there was much more which was not visible, as was shown the first time she took a cold, to which she seemed more than commonly inclined. She had a return of the croup, and this passed into Miller's asthma, as before, showing she had not been cured radically. As before, the attack was apparently overcome and the child was well again, except her eczema. This, in the attack of croup and asthma, became dry, and the oozing only returned when the spasmodic affection was relieved. The third attack of this kind followed, again from cold, and the child now became my patient.

Notwithstanding the best prescriptions of remedies and hygiene I could make, the child would take cold and repeat the experiences above mentioned till she was near two years old, when it was suggested that change of air, scene, and circumstances might be of service in healing the child of this chronic disposition to taking cold. The suggestion was accepted, and she was taken to Newburgh, N. Y., and placed under the care of my friend, the late Dr. Dunham. She took her cold there and went through her former troubles, as she had at home. Dr. D. treated her spasms with Chlorine water ⁽²⁾ successfully, and she returned to her city home at the close of the summer, as it was hoped, cured. It was not so. She soon took cold, had croup and asthma as before. The spasms were relieved by Chlorine water, and were seemingly cured, but the attacks were repeated at intervals, and not less severely, till she had grown to the age when she ran about the nursery on her feet.

(2) *Vide Am. Hom. Review*, vol. III, p. 370.

One day, when I called at the house, the mother said, "Doctor, what makes Lottie walk so?" She put the child on the floor, and as she walked she limped when she stepped on her right foot. She complained of pain in the hip-joint if the head of the femur were pressed into the socket or rotated, or if pressure were made on the great trochanter. The child was stripped, and the buttock of the affected side was flattened very perceptibly by atrophy of the great gluteal muscles - there was no doubt of having serious disease of the hip-joint to deal with. This was prescribed for as well as I could in the still imperfect knowledge of the case - for it was imperfectly understood, though it had been so long under my care. The prescription was hardly better than a failure.

Now there was one fact in the case which, as it turned out, had received less attention from both Dr. Dunham and myself than it should. This was a thin, green, closely adherent scab on the right temple. The mother was told to have this removed at our next morning visit. This was done, and the key to the whole case was disclosed by a nipple-like wart, something more than an eighth of an inch in length, oozing the same sticky fluid as the eczema had been all this time discharging. This *oozing wart* was at once recognized as the representative of the original cause of all the troubles the poor child had endured. With this view a new study of the

case was made, and the remedy found which had all the symptoms of the case, *including this oozing wart*. A powder in which were a few pellets of that remedy was dissolved in half a goblet of water, and of this a teaspoonful was given every six hours. The cure of the case was so prompt and perfect, including the hip disease and the eczema, that no second powder was required for its completion. ^[1]

For a proper understanding of this case, Boenninghausen and Wolf's observations of the vaccine disease should be remembered; that each, after a forty years' observation, had come to the same conclusion - that the vaccine virus was the concrete sycotic cause; that introduced into the human organism it had the power to produce all the fearful train of diseases expressed by the term *Sycosis*; that the *wart* is the external specific representative of the internal sycotic condition. It will be further remembered that this child was perfectly healthy, even more than commonly strong and robust, up to the time of its vaccination; then began the long train of evils which caused her so much of suffering and her parents anxiety and her doctor of study and perplexity; that when her recurring attacks were apparently cured, the *child* was only partially cured by remedies only like a part of her sick condition, one most essential part being omitted in gathering the symptoms, and, of course, in selection of the remedies employed in treating these paroxysms; that as a result of this omission the unrecognized element progressed in its invasion of the organism, making deeper inroads upon it till destruction so important as that of the hip-joint was threatened, which had already become much diseased. The sycotic cause and condition were singularly overlooked by Dr. Dunham and myself, and it was only when this was apprehended that the true remedy was found and the cure was made promptly and perfectly. It appears, on looking at the history of the case and its partially successful treatment before this condition was apprehended, that if this had not happened the joint would have been destroyed, if not even the life of the child, after great and long suffering.

The above is a true picture of a case taken from life. The existence, importance, potency, and origin of this third chronic miasm could hardly be more clearly demonstrated than it was in this case; its origin from vaccination (*vide* Boenninghausen and Wolf); its potency in the often inveterate and always troublesome eczema, in the croup, laryngismus stridulus, and the disease of the hip-joint; its importance in the sufferings and threatened life of the little patient. We say this case demonstrates these facts and also the powers of the truly antisycotic remedy, when found and administered in accord with the requirements of homoeopathic law.

If one is disposed still to deny the antisycotic element in the ultimate remedy prescribed, and to say the partial results which followed prescriptions in the croup and spasmodic attacks were owing to careless prescribing, and that the cure would have been effected in the beginning if the truly homoeopathic remedy had been given irrespective of the sycotic element of the case, let him remember Dunham did his best, without considering this element, and Dunham was neither a weak man nor a careless prescriber; let such an objector show a better or a more careful, and then find all the fault with him and the other prescribers for the case he feels compelled to.

The result of the last prescription demonstrates the verity of the miasm, sycosis, and the power of the antisycotic remedy. It will not, I think, be doubted by any candid and intelligent homoeopathist, in view of the partial results of prescriptions from one so truly a master in prescribing as Dunham, that, wanting the antisycotic given at last, the case would have terminated fatally. This, when given, wrought a prompt and perfect cure.

In view of such evidence as this case presents, is it not pitiful that there are those who claim to be recognized as representatives of homoeopathic philosophy and practice, and yet talk of Hahnemann's chronic miasms as "errors," "fancies," and "fallacies," and publicly boast they are not "weighted down," by these or kindred elements of our philosophy, but seem to rejoice

in such freedom as ignorance and conceit can give them? They even affect to look down on the venerable old master and the glories of his discoveries as matters far beneath their standpoint of professional philosophy - these men, whose only professional importance is derived from a name they have misappropriated from him. Is it not pitiful?"

[1] Note: The remedy was Hepar sulphuris - *vide* The Homoeopathic Physician vol. 5 (1885), p. 75

(P. P. Wells, M.D., Brooklyn, Hahnemann's Chronic Miasms, The Homoeopathic Physician vol. 3 (1883), p. 174-179)

1885 - Pursuit of Knowledge under Difficulties

"Who is our guide, and where shall we find him?" - The Homoeopathic Physician Vol. V, p. 74.

"The embarrassment felt by the writer of the above quotation has been more or less the experience of us all, at some time in our professional career, when before bewildering examples of sickness we have been called on to relieve. Which of the many drugs showing symptoms in their pathogenesis like those of our case shall we give for the cure? How shall we decide? And for an answer we have turned to what this, that, and the other have written, and perhaps, after all, we have been left, like him who wrote the above, to the unsatisfactory inquiry - "Who is our guide, and where shall we find him?"

The first answer we have to this query is, if by this "who" you mean to ask for the man who is to relieve you of your difficulty, *there is no such man*, and therefore he is to be found *nowhere*. In a little different phrase the inquiry may be better expressed, perhaps, and thus: Where and who is the man who will do this, work, for me? Don't ask any more, for he can never be found. This world is so made up, and especially this homoeopathic world of ours, that each man in it must do his own work, or it is likely to be left undone. If for this he yields to the impulse and incurs the habit of running to his neighbor to do it for him, he may escape a present embarrassment, but he has gained no more, but rather has less, strength with which to encounter the next. This path is only a direct way to personal and professional imbecility.

There is a guide, but it is not found as a man, but only in the form of a law, and is found, if at all, only in the *Organon of Homoeopathic Medicine*. The most perfect acquaintance with this law, and the most loyal and constant obedience to it in all clinical duties, is our most perfect emancipation from the embarrassment which seems to have pressed so heavily on our searcher for a "guide." Let him be assured that with proper patience and perseverance he can find this, and find it equal to all his needs. In order to realize this result, he is never to resort to methods outside of law which may tempt by promise of "short and easy" ways to relief and cure, or to any departure from the instructions of this law. This resort to spurious means (palliatives), because apparently their use is to be less a trouble than to find the true specific under the guidance of law, if practiced, is the most perfect hindrance to finding the "guide" this embarrassed one is seeking. Law so disregarded and transgressed, the finding of the "guide" is simply impossible. The transgressor is sure, in the end, to find himself not only "almost lost," but utterly so.

The last embarrassment which oppressed this seeker he gives in this manner:

"The patient complained of cold heels, which sweat offensively and profusely in summer. I looked in my guides in vain for the thread. * * * I received my *Medical Advance* * * * and Dr. H. N. Guernsey gave Bar. c, Graph., Kali c. Nit. ac, Sep., Thuja, and Selen., with offensive and profuse sweat of the feet, while Lippe gives Sil. only, and Allen Sil. and Graph."

Now, surely, if one takes repertories as "guides," and stops at them, there is enough to puzzle any man. Repertories are only indices pointing, not necessarily to the specific remedy, but rather to portions of the *Materia Medica* which are to be consulted and studied that this may be found. And then if, under the guidance of law, he has been taught by this not to stop at the

facts of cold heels and sweating feet, etc., but with these to gather all the aberrations in the functions of his patient's life from that standard balance we call health, and then to see whether either of these drugs named, or some other, has greatest likeness to this *whole*, he is safe, when he has found this, to accept it as the specific for his case. Anything less than this is only leaving clinical duties partially performed, and this can only often end in disappointment and failure. A practice based on repertories is always weak, uncertain, and unsafe. The practical habit of always referring the repertorial mention of drugs to the *Materia Medica* record for verification should always be cultivated and never be permitted to fall into neglect. It gives strength to duty, and crowns duty with success. Don't stop on the repertory, and don't be discouraged if on going from the repertory to the *Materia Medica* you sometimes fail to find in this last any justification of the mention of the drug for the needs of your present work. This happens oftener than it should, and oftener in large works which have been too hastily prepared, and in this is a chief reason why search for a specific remedy should never stop at them.

But this inquirer has other difficulties, which he expresses thus:

"Now, it seems to me that it is not an eliminated *Materia Medica* that we want, but one containing just this class of symptoms which enables just such men as Guernsey, Lippe, Kent, Bayard, etc., to master their knotty cases. A repertory and *Materia Medica* with this class of information would be an acquisition. Take the case of Dr. Kent, in which he cured the spasms of the face. My armamentarium is silent upon such fine discriminations. If anyone in the profession can put those who are novices in possession of just this class of information it will be a star in their crown. The work accepted by Drs. Dake and Hughes may be useful to some, but I cannot see how it would be useful in such cases as those referred to."

This difficulty has come from a mistaken view of the facts in the case. We do not suppose the gentlemen named use different repertories or *Materia Medica* from those in possession of this writer. It is not a difference of books, but a different use, probably, of the same books which enables these prescribers to deal successfully with cases which to this writer are perhaps sometimes "knotty." The information by which they are guided to their successes, and which this writer so earnestly desires, is, no doubt, all in his own possession. The difference is, these gentlemen know where and how to find it. This the writer has not yet learned. He need not be discouraged therefore. These gentlemen had to *learn* the lesson before they knew it. This knowledge comes to no one "by nature," except to the Dogberries, and they do not make the best practitioners of specific medicine. This knowledge only comes as a result of hard work, and much of it. And this, persevered in, will bring it. This work, and not new books, is what is wanted.

"* * * * is a writer I love to read after, and yet he so frequently leaves out the key to his case, etc., * * * * do not forget we need clear-cut work, showing out like Dr. Kent's reports."

"Clear-cut work " is good, and the more of it the better. But the mistake of this writer is in his desire that someone else shall do this work for him. The successful prescribers whom he names have each done this for himself, and hence their successes. No man could have done it for them, and therefore they stand with us to-day with their present acknowledged ability as specific prescribers. If it could have been done for them by another, the result would have been to leave them afterward the same needy weaklings they were before they were helped, no stronger for the next difficulty by reason of strength acquired by using their own powers in overcoming that just passed. The conclusion of this is a principle of universal application and importance, viz.: No one can do another's man's work for him and not at the same time do him a fundamental injury.

As to the Doctor who "leaves out the key to his case," we think we know something of his motives and plans when he writes, and it has been no part of these to do, in carrying these out, this other man's work. It has been more his object in what he has written of practical Homoeopathy to show what *can be done* under its guidance in the first place; and, in the second,

to show *how it is to be done* by the other man himself. In the case referred to by this inquirer for a "guide," the object was to demonstrate an important principle in pathology - the fact of the sycotic miasm, and the necessary recognition of this and of the means adapted to its removal before the hitherto partial successes in the treatment of this case could be followed by a complete cure, and also to show how this sycosis was introduced into the life of this child. ^[1]

[1] *vide* P. P. Wells, Hahnemann's Chronic Miasms, The Homoeopathic Physician vol. 3 (1883), p. 174-179

These were the objects of this paper, and on reading it again we do not perceive anything is wanted or "left out" which could have made the showing more complete. If the inquirer had found his "guide," he would very likely have shown the "key to the case" was not the drug which cured it, but the *oozing wart* which disclosed a knowledge of the relationship of the drug to the cure, and also the sycotic nature of the case cured. The *key* was not left out, it was only not recognized by our seeker of a "guide." It was no part of his intent to give, in the report of this case, a model to be imitated by others in treating cases they may regard as similar to this. This idea of advantage to anyone from reporting cases as models for imitation is wholly misleading and mischievous. It was a consciousness of this which dictated withholding the name of the drug which cured the case so satisfactorily. This was to this inquirer, apparently, "*the key to the case*" he missed. It was a matter of no importance as to the objects of the paper.

We are under obligation to this inquirer for the opportunity he has given us to express our views thus briefly of the relative duties of teacher and pupil. It is no part of the duty of the teacher, either by the pen or from the rostrum, to do the work of the learner for him. He has done his utmost and the best possible when he has shown the neophyte how to do it for himself. To set the pupil to observe and compare facts with his own powers, and show him how this is to be done, and then by the same powers how to select for himself the required curative, under the guidance of these facts and laws - here, in a nutshell, is the whole duty of the true teacher, and herein is all of good the pupil can receive from him. Of course, this is said of the teacher of practical Homoeopathy and of the pupil who is seeking a knowledge of its philosophy and the art of its application in practical healing."

(P. P. Wells, M.D., Pursuit of Knowledge under Difficulties, The Homoeopathic Physician vol. 5 (1885), p. 117-121)