

# NOTES ON MOSCHUS PHARMACOGRAPHY <sup>1</sup>

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## *Proem* [προοίμιο]

This short discourse presents some of the known pure<sup>2</sup> effects of *Moschus Moschiferus* Linn. (Musk-deer),<sup>3</sup> recorded by Hahnemann in his *Reine Arzneimittellehre* (RA).<sup>4</sup> As with our monograph on *Digitalis*,<sup>5</sup> we here show some of our ongoing research & findings towards the *Materia Medica Hahnemannica* (MMH) project,<sup>6</sup> and highlight the mistakes, both unavoidable & otherwise evident in our pharmacographic works & repertoria, and which call out for correction to those of us committed to accuracy in our tools & efficacy in their application. It is much hoped to encourage others within this profession to take up a similar careful scrutiny and make known their own findings to help consolidate & grow our knowledge-base, with certainty.



## *Moschus*

Despite its long historical use,<sup>7</sup> as fragrance,<sup>8</sup> and medicine,<sup>9</sup> we find a relative paucity of distinctive information on its *specific effects*, hence great uncertainty in prescribing and significant variance in therapeutic outcome;<sup>10</sup> yet it was highly regarded in spasmodic and *ataxic* conditions,<sup>11</sup> especially by earlier writers of the old-school,<sup>12</sup> even used as a remedy against insanity.<sup>13</sup> But this invaluable medicine gradually fell into disuse largely due to its great demand and expense,<sup>14</sup> and the especially large doses employed.<sup>15</sup> This led to frequent adulteration<sup>16</sup> (hence its noted unreliability),<sup>17</sup> and to substitutes,<sup>18</sup> such as *artificial musks* (*Moschus artificialis*, *M. factitious*),<sup>19</sup> and even so-called *vegetable musks*.<sup>20</sup>

For this reason Hahnemann accepted only a few fragments from existing accounts, recruiting only 40 symptoms from 31 old-school authors. Yet *Moschus*' therapeutic potential was evident by the striking nature and violence of its effects, especially on sensitive subjects prone to hysteria (*Boerhaave*,<sup>21</sup> *Cartheuser*,<sup>22</sup> *Fuller*,<sup>23</sup> etc.), and by the numerous accounts of serious effects (even fatalities) arising from exposure to the mere odour (*Bartholin*,<sup>24</sup> *Boyle*,<sup>25</sup> *Hoffmann*,<sup>26</sup> etc.). So Hahnemann well apprehended its value & included *Moschus* in the first edition of his RA (RA<sub>I</sub> vol.1, 1811), even before he had the opportunity himself to conduct *methodical substance trials* (provings),<sup>27</sup> on the healthy,<sup>28</sup> and by 1822 (for RA<sub>II</sub>), he had added the results of his provings to more specifically *define* the effects of this substance.

## *Pharmacogenesis* <sup>29</sup>

Our pharmacogenetic pathway for *Moschus* as it appears within Hahnemann's RA is as follows:<sup>30</sup>

RA<sub>I</sub> (39 ss) ...0 Hahnemann (H); 39 from old school (o.s.) sources (some ss. multiple authorities)<sup>31</sup>

RA<sub>II</sub> (152 ss) ..2 H; 40 o.s. ([6+7] = (12); (126,136) added) + 111 homœopathic school [*Stf.* 28; *Gss.* 74; *FrH.* 9]<sup>32</sup>

RA<sub>III</sub> (152 ss)...2 H; 40 o.s. + 111 homœopathic school [*Stf.* 28; *Gss.* 74; *FrH.* 9]

These provings for *Moschus* from Hahnemann and his fellow homœopathic school observers were conducted between 1811–1822 (RA<sub>I</sub> – RA<sub>II</sub>), and whilst Hahnemann continually experimented with ever-smaller doses *in prescribing*, he did not generally recommend the advantages of potentised substances *in provings* until the 5<sup>th</sup> edition *Organon* (1833),<sup>33</sup> long after he had left *Leipzig* and the immediate contact with his *Prover's Union*.<sup>34</sup> It should therefore not come as a surprise to learn these symptoms contributed by *Gross* (74 ss) and *Stapf* (28 ss) were observed from *two grains* of Musk (i.e. *not from potency*),<sup>35</sup> and whilst not stated there, it is unlikely Hahnemann and his son Friedrich used very different preparations given Hahnemann set the dosages for these trials.<sup>36</sup>

Indeed the *formative substance trials* (provings) for our materia medica were made using regular preparations in non-infinitesimal doses, as may readily be seen by looking at Hahnemann's contributions in *Fragmenta*, where he states the preparation used, as for example:

Aconitum	Fr.1	succus herbae totius in sole inspissatus .....	[juice of the whole plant thickened in the sun]
Arnica	Fr.17	spirituosa pulveris radices, radices pulvis.....	[spirituous powdered root, root powder]
Belladonna	Fr.25	succus herbae totius in solis calore inspissatus..	[juice of the whole plant thickened in heat of the sun]
Camphor	Fr.47	Camphorae pulvis et solutio in spiritu vini.....	[camphor powder dissolved in wine]
Cantharis	Fr.57	pulveris tinctura.....	[tincture of the powder]

We should also keep in mind Hahnemann’s intention, at the outset, was to verify (or falsify) the various (often conflicting) reports of substance effects from other authors – to record only *valid* and *reliable* information. This would require using similar preparations and dosages whilst carefully controlling other variables to allow direct comparison and extension from what was then known.<sup>37</sup> This fact alone evidences the distinct separation between the foundational *omoion* (similar) which alone defines and distinguishes *what is* and *is not* Homœopathy, and the subsequent (though necessary)<sup>38</sup> development of *potentisation* (so-called ‘ultra-dilutions’), and this demands our attention when seeking to design trials of proof and efficacy.<sup>39</sup>

*Homœopathic school*<sup>40</sup>

Most of the symptoms included our pharmacography for Moschus derive from observers of the homœopathic school, as seen in the adjacent table (Table 1).

Lost to the allopath is the *distinguishing* detail provided in these contributions, made by those *intent on*, and *trained* (by Hahnemann)<sup>41</sup> to seek out and express clearly the effects of this substance, without their prevailing confines (then as now) of undifferentiated generalised classification, and thereby supply the distinguishing information *not available outside such methodical provings*. In the case of Moschus, whereas the old-school (*Cartheuser*<sub>1</sub>) reports merely *vertigo*, the homœopathic school adds definition with *modalities* (slightest movement of head<sub>3</sub> and stooping<sub>4</sub> [*Stf*]) and *concomitant* nausea<sub>5</sub> [*FrH*]; and whilst the old-school (*Morgenstern*<sub>49</sub>) reports merely *stomach pain*, the homœopathic completes this symptom, adding the nature of pain (tense-pressing<sub>53</sub> [*Stf*]; tight burning<sub>48</sub> [*FrH*]), the concomitant (anxiety at chest<sub>52</sub> [*Gss*]), and modalities (inspiration<sub>52</sub> [*Gss*]; after the midday meal<sub>48</sub> [*FrH*]).

*Old-school* (allopathic)

Moschus is one of only two medicines in Hahnemann’s pharmacography first published in RA<sub>1</sub> (i.e. not included in *Fragmenta*) comprised (initially) solely of symptoms from the old-school.<sup>42</sup> Of the 31 old-school authorities cited by Hahnemann, only *Cullen* and *Wall* were originally in English.<sup>43</sup> The following table (Table 2) lists all old-school authors cited by Hahnemann, and the total number of their symptoms recruited:

Table 2

*Cited old-school sources*

Except for *Sanctorius* for whom we have only obtained secondary reports, we have ourselves directly examined each of the remaining cited authorities, as well (preferentially) their original precursors (e.g., *Boyle*) where Hahnemann had access only to a later translation.<sup>44</sup>

<i>cited source</i>	<i>ss</i>	<i>cited source</i>	<i>ss</i>	<i>cited source</i>	<i>ss</i>	<i>cited source</i>	<i>ss</i>
[B <sub>10</sub> ] Bartholin	1	[F <sub>28</sub> ] Fuller	1	[P <sub>6.1.9</sub> ] Pelargus	1	[S <sub>76</sub> ] Sylvius	1
[B <sub>31</sub> ] Boecler	1	[H <sub>26</sub> ] Hemman	1	[P <sub>14</sub> ] Piderit	4	[T <sub>16.1</sub> ] Tralles	6
[B <sub>32.1.1</sub> ] Boerhaave	1	[H <sub>42.1.5</sub> ] Hoffmann	4	[R <sub>8</sub> ] Reil	1	[V <sub>6.1</sub> ] Vogel	2
[B <sub>43</sub> ] Boyle	1	[L <sub>33</sub> ] Löseke	1	[R <sub>19.3</sub> ] Riedlin	1	[W <sub>4</sub> ] Wall	1
[C <sub>10</sub> ] Cartheuser	4	[M <sub>22</sub> ] Mead	1	[R <sub>25</sub> ] Rolfinck	1	[W <sub>13.3.1</sub> ] Wedel	2
[C <sub>34.1</sub> ] Crantz	1	[M <sub>23</sub> ] Medicus	1	[S <sub>4</sub> ] Sanctorii *	1	[W <sub>17.2</sub> ] Weikard	1
[C <sub>36</sub> ] Crell	1	[M <sub>27</sub> ] Mercurialis	1	[S <sub>22</sub> ] Schröck	6	[W <sub>29</sub> ] Whytt	1
[C <sub>40.4</sub> ] Cullen	2	[M <sub>45</sub> ] Morgenstern	5	[S <sub>36.1</sub> ] Sennert	1	* unavailable directly	

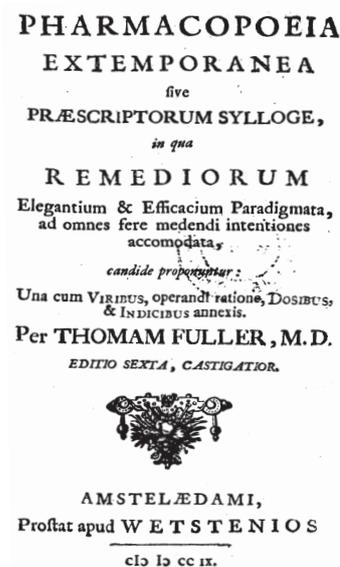
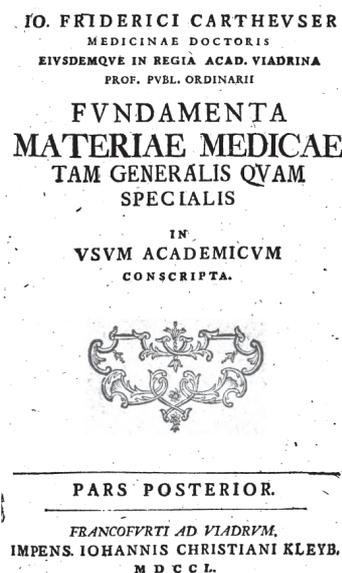
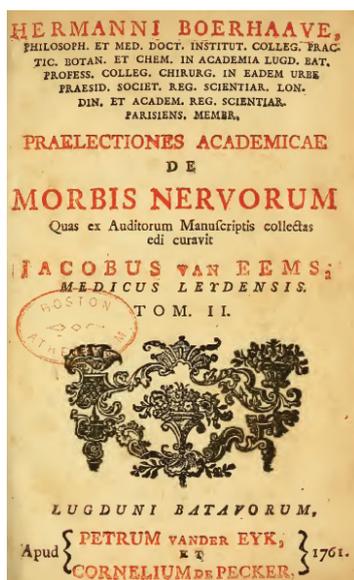
Table 1

*Homœopathic school contributors to Moschus*

By *prover* is meant either trials on themselves, or supervising such trials on others (i.e. acting as ‘proving master’) – hence we see the numerous female symptoms reported by male ‘provers’

<i>prover / proving master</i>	<i>ss</i>
[H] Samuel Hahnemann (1755-1843)	2
[FrH] Friedrich Hahnemann (1786 - ??)	9
[Stf] Johann Ernst Stapf (1788-1860)	28
[Gss] Gustav Wilhelm Gross (1794-1847)	74

The effects observed from excessive or cumulative doses, or from exposure of hypersensitive subjects (as in hysteria/hypochondriasis),<sup>45</sup> as observed by *Boerhaave*,<sup>46</sup> *Cartheuser*,<sup>47</sup> *Fuller*,<sup>48</sup> etc. help to extend and complete our knowledge beyond the normal ethical constraints of methodical human trials.<sup>49</sup>



Violent symptoms, otherwise beyond the intention of any controlled proving trial, help shape our understanding of the entire drug effects by providing a context within which the more subtle effects (as from provings) may be placed and comprehended. We mention for example the extreme mobilisation of blood (*Sanctorius*<sub>26</sub>, *Piderit*<sub>144</sub>) with precipitation of menses (*Bartholin*<sub>70</sub>, *Schröck*<sub>69</sub>, *Vogel*<sub>37</sub>, confirmed by our own *Stapf*<sub>70</sub> adding also the preceding dragging urging sensation),<sup>50</sup> violent (even fatal) hæmorrhages (*Piderit*<sub>117</sub>, *Boecler*<sub>36</sub>, *Mercurialis*<sub>37</sub>, *Schröck*<sub>36</sub>); and hysterias (*Riedlin*<sub>81</sub>, *Sennert*<sub>80</sub>, *Wedel*<sub>80,82</sub>). Amongst the old-school authorities we here include the observations of Jörg in his *Materialien*,<sup>51</sup> from which 46 symptoms were recruited into Moschus by *Hartlaub and Trinks* (HTRA).<sup>52</sup>

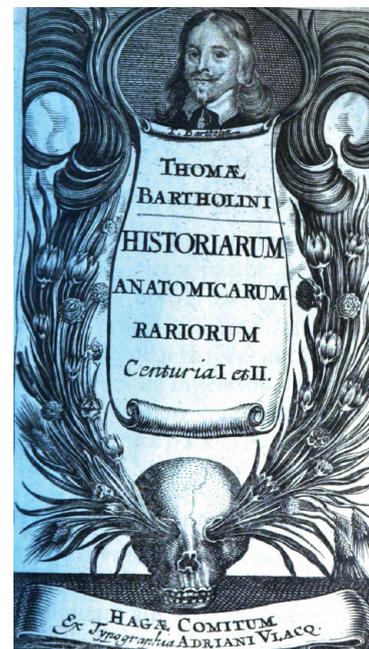
So let us examine some of the striking effects of Musk upon the human organism from the old-school sources<sup>53</sup> recruited by Hahnemann.<sup>54</sup> We will list each symptom as it appeared from the first volume of RA<sub>I</sub> through RA<sub>II</sub> & thence RA<sub>III</sub> as well the rendering in MMP, and then our own MMH:

### 1. Bartholin

- RA<sub>I</sub> [17] Ausbruch des Monatlichen [vom Geruche] (R.A.Vogel, hist. Mat. med. S.356 und Bartholin, Epist. med. Cent. II. 87)
- RA<sub>II</sub> (69) Ausbruch des Monatlichen, schon vom Geruche. (*Vogel*, a.a.O. – *Th. Bartholin*, Epist. med. Cent. II. S. 87)
- RA<sub>III</sub> (70) Ausbruch des Monatlichen, schon vom Geruche. [*Vogel*, a.a.O. – *Th. Bartholin*, Epist. med. Cent. II. S. 87]
- MMP70 Occurrence of the menses from the mere smell. [VOGEL, 1.c. – TH. BARTHOLIN, *Epist. Med.*, Cent. ii. p.87.]
- MMH70 Onset of the menses from the mere smell. [V<sub>6,15</sub>; B<sub>10</sub>] <sup>55</sup>

The careful reader will have noticed the citation change in RA<sub>II</sub> which added an “S” (*Seite*, page) before the number 87. But we could find no such symptom in Bartholin’s *Epistolarum Medicinalium* [Medical Letters],<sup>56</sup> and after much searching, traced the correct source to Bartholin’s *Historiarum Anatomicarum Rariorum* [rare anatomical histories],<sup>57</sup> wherein, at *historia* 87, Bartholin describes the menstrual flow recommenced in a woman given Moschus for hepatic abscess with concomitant amenorrhœa:<sup>58</sup>

“A Malmesbury-born woman with suppressed menstruation, complained repeatedly of pain from a huge swelling on the right side under the ribs, around the hepatic region. The opened ripe abscess discharged a bloody pus, the ulcer completely healed, the menses flowed again and she was healthy. The smell of Moschus alone provoked a return of the suppressed menses in a Naples woman seized with two hated abscesses.”



This observation, together with the effects reported by multiple other observers (both homœopathic & old-school),<sup>59</sup> reveal the extreme mobilisation of blood produced by Moschus, as from *Piderit*<sup>144</sup> “Increases to the extremest degree the movement of the blood”, which effect extends to engorgement and stimulation of the sexual organs, as we see with the following entries of both *Vogel* and *Weikard*:

## 2. Vogel

- RA<sub>I</sub> [18] Erreger Geschlechtstrieb. (Vogel, hist. Mat. med., S. 356 – Piderit, Pharm. rat., S.268)  
 RA<sub>II</sub> (66) Erreger Geschlechtstrieb. (Vogel, hist. Mat. med., S. 356 – Piderit, Pharm. rat., S.268)  
 RA<sub>III</sub> (67) Erreger Geschlechtstrieb [Vogel, hist. Mat. med., S. 356 – Piderit, Pharm. rat., S.268]  
 MMP67 Excitation of the sexual desire. [Vogel, hist. Mat. med., p. 356 – Piderit, Pharm. rat., p.268]  
 MMH67 Excitation of the sexual desire. [V<sub>6.1</sub>; P<sub>14</sub>]

Let us here turn to the account from *Vogel* together with a further source we have found, which should provide as much entertainment for the reader as it has in my lectures. The full citation is given in our MMH as:

- V<sub>6.1</sub> Vogel, Rudolph August (1724-1774): *Historia Materiae Medicae*, Lugduni Batavia & Lipsiae, 1758, p.356

Therein we find the following account (p.356):<sup>60</sup>

“*Th. Bartholinus* noted (Cent. 2, hist.87), merely the odour of moschus provoked the menses, and *Brassavolus* states, that if the male member is annointed with the heated oil of moschus, it incites women to sex and to various and extraordinary movements of the buttocks.”

And the following most fascinating report in the *Dictionnaire des sciences médicales* confirms Moschus’ reputation as a stimulant of sexual performance:<sup>61</sup>

“*Borelli* (centuria 2), says that he knew a man who rubbed his penis with musk before coitus; he engaged and remained united to his wife as dogs are with their females. It was necessary to give him a large number of enemas, in order to soften the part and to obtain separation of the two individuals. *Diemberbroeck* confirms this singular property of musk by an observation analogous to this: here it was necessary, in order to separate the spouses, that a great deal of cold water be thrown onto them. *Schurigius* mentions a similar case.”

## 3. Weikard

- RA<sub>I</sub> [19] Rege Begattungskraft [in einem abgelebten Greise] (Weickard, med. pract. Handbuch.)  
 RA<sub>II</sub> (67) Rege Begattungskraft, bei einem abgelebten Greise. (Weickard, Med. pract. Handbuch. Heilbronn und Rothenb. 1798, 1799) \*  
 \* (Anm. 65, 66, 67) blose Erstwirkungen  
 RA<sub>III</sub> 68 Rege Begattungskraft, bei einem abgelebten Greise. [Weickard, Med. pract. Handbuch. Heilbronn und Rothenb. 1798, 1799] \*  
 \* 66, 67, 68 blosse Erstwirkungen  
 MMP68 Exalted sexual power in a weak old man. [WEICKHARD, Med. Pract. Handbuch, ... 1798, 1799] \*  
 \* 66, 67, 68 merely primary effects  
 MMH68 Increase of sexual power in a weak old man. [W<sub>17.2</sub>] \*  
 \* *purely* primary effects  
 Note: The English translator *RE Dudgeon* rendered “blosse Erstwirkungen” as “merely primary effects”. But these three symptoms (ss.66,67,68) report an *increased sexual desire & ability* – a significant *primary* effect of Moschus, and it was difficult to comprehend how the footnote could relegate it to an insignificant “merely” when Hahnemann himself repeatedly stressed the only symptoms worth considering in deciding our diagnosis are the *primary* (see *Organon*, §137; HLW454, 475, 518, etc.). We therefore restored Hahnemann’s intended meaning by rendering the German *blosse* as *purely* primary effects.

RVDOLPH-AVGVST. VOGEL  
 MEDIC. DOCT. ET PROFESS. GOTTING.  
 HISTORIA  
 MATERIAE MEDICAE

AD  
 NOVISSIMA TEMPORA PRODVCTA  
 IN VSVM ACADEMICVM.



Lugd. Batav. & Lipsiae  
 A P V D E L I A M L U Z A C  
 MDCLLVIII.

Bermischte medicinische  
 S c h r i f t e n

von  
 M. A. W e i k a r d  
 fürstl. sächs. Leibarzt



Erstes Stück  
 Frankfurt am Main  
 in der Andreäischen Buchhandlung  
 1778.

Whilst we have been unable to obtain the cited *Handbuch* volume for 1798-99, we did find this specific account in the first volume of Weikard's *Vermischte Medizinische Schriften* [mixed medical writings]:<sup>62</sup>

“A cheerful gentleman, nearly 80 years of age, finally developed a weakness in his eyes and ears. I suggested these were due to old age, and hence made no great promises. ... Internally he took Moschus mixed with sugar. What a happy joyful smile emerged from the old face when he saw me again. He told me, with delight, one effect of the moschus, which he had not again expected in his life. He had not had intercourse for three years, and since then the male member had become so small, or so retracted, that he really believed it to be lost. Now, with the use of Moschus, the member once again had grown to a normal size. ...” (pp.44-45)

From this report we evidence the striking action of Moschus in enlarging (engorging) the penis and increasing the *sexual power* in an 80 year old man whose penis had gradually shrunk over the previous 3 years (to the point he feared it disappearing!) with an inability to perform any sexual intercourse.

#### Instructional case – ‘Tantrums’ in a child

MD, female child, aged 2½ years: Presented 2<sup>nd</sup> February 2001 with allergic reactions to dairy products (especially milk) – there appears a fiery-red ‘angry’ rash on the face, especially about the mouth (perioral dermatitis), and child “chucks a tantrum”, kicks, screams, and is just uncontrollable, which settles by eating (not dairy). I considered the following TBR<sub>2</sub> rubrics:<sup>63</sup>

##### Repertory 1

Tabulation of TBR<sub>2</sub> rubrics (repertorial symptom summaries) recruited at the initial consultation

Tantrums dairy allergy - initial	Rep 2	Rep 3	Rep 4	Rep 5	Rep 6	Rep 7	The Bönninghausen Repertory 2.1		
Rubrics							Nat-c.	Sep.	Calc.
1810 Modalities - From Foods & Drinks - Milk							3	4	4
183 Regional - Head - Face - Appearance - Eruptions (efflorescence, exanthema) - mouth, about the							3	4	3
1901 Modalities - From Situation & Circumstance - Eating - after - amel.							4	2	2

A quick check of the recorded physiological effects of *Natrum carbonicum* in Hahnemann's work *The Chronic Diseases* (CD)<sup>64</sup> revealed support in the facial eruptions about the mouth (ss.220, 231, 233), as well ill-humour and even furor (ss.38, 42, 46, 52, 53), and the initial prescription was made (2<sup>nd</sup> Feb. 2001):

02 Feb.01 Rx: *Nat-c. 30 (L) o.m.*<sup>65</sup>

01 Dec.01 (10 months later) *Worse* (hence the parent's hesitation and delay in returning) – within 2-3 weeks of starting remedy child became very aggressive, even without taking any dairy – started biting people, and other children.

This response may have indicated an aggravation (too frequent dose repetition) or otherwise incorrect.<sup>66</sup> I again examined the provings record of *Nat-c.*, and realised the following *significant contradiction* (reported by the reliable *Schréter*)<sup>67</sup> to the child's condition which was *settled by eating*:<sup>68</sup>

362 After the midday meal [Mittag-Essen], peevish, cross, ill humoured, neither satisfied in the room, nor in the open air; this diminished toward evening. [*Srt*]

363 After meals, at noon and in the evening, very cross, for several days. [*Srt*]

364 After the evening meal [Abend-Essen], especially after drinking copiously [reichlichem Trinken], very ill humoured, with pressure in the scrobiculus cordis, the liver and splenic region. [*Srt*]

365 After breakfast [Frühstücke], when he had hardly eaten a sufficiency, pressure in the stomach and ill-humour (26th d). [*Srt*]

It became clear this medicine was not homœopathic to the case and I needed to re-evaluate. The mother also now reported the child had developed almost constant snuffles without real discharge (TBR<sub>2</sub> 578 [dry coryza]):

Rx: *Bell 30 (L) o.m.* (every morning)

05 Jan. 02 Better. Tantrums less. Rash only slight. Rx: *Bell 30 (L) alt.d.* (every second day)

02 Feb.02 All good. Behaviour much better. Rx: *Bell 30 (L) alt.d. to continue.*

16 Mar.02 Going well. Rx: *Bell 30 (L) alt.d. to continue.*

20 Apr.02 Going well. Rx: *Bell 30 (L) alt.d. to continue.*

01 Jun.02 *Behaviour* the problem: aggressive and very stubborn – won't be influenced to do other's suggestions. Also, mother has noticed urine is very sharp and offensive over the past few weeks, smells just like ammonia; this symptom, together with the episodes of such uncontrollable even violent behaviour, and on the back of the extended relief from *Belladonna*, lead to the following repertorisation:

Rx: *Mosch. 30 (L) o.m.*

Tantrums - review at 2nd consult.	Rep 2	Rep 3	Rep 4	Rep 5	Rep 6	Rep 7	The Bönninghausen Repertory 2.1					
Rubrics							Mosch.	Iod.	Nit-ac.	Calc.	Dig.	/
474 Systemic - Urinary - Urination (micturition) - Urine - Odour - ammoniacal							3	1	3	1	1	
1101 General - Generals - Spasms (cramps, convulsions) - hysterical (convulsions)							3	3	1	1	1	
2285 Concordances - BELL.							4	3	3	4	2	

06 July 02 “Temperament is fantastic” Child is responsive, nice, and now even listening to the suggestions of others.

Rx: *Mosch. 30 (L) alt. d.*

Patient was continued on the same remedy and potency, in gradually diminishing frequency, until early 2003; by the end of that year the parents (also my patients) reported she continued well – mood was good and allergies had not returned. This patient again returned to see me in March 2017 (aged 18 years), accompanied by the parents, for her social anxiety when meeting new people; neither the tantrums or allergies had returned. She is still under treatment (but not with Moschus).

### Case Discussion

It is always important to try and verify a repertorial inclusion through reference to original sources. The ammoniacal urine superadded to the original behavioural disorder pointed out only five likely remedies. I was already aware that Hahnemann did not observe ammoniacal urine under the effects of Moschus, but we do find this symptom reported in Jörg's *Materialien* (observed by Otto, pp.293-294):

“Around 8 am, July 16th, upped the dose to 8 grains, and he soon developed a moderate dullness of the head which went into a slight headache after 1 hour. In the forenoon hours, this condition was accompanied by such a distraction that prevented working ... The excretions were normal, but the sweat did not smell of musk and just as little the urine, but the latter had a penetrating and very pungent ammoniacal odour. Also, the faeces of the alimentary canal again smelled sweet insipid, but not of musk.”

The next thing to explain is my use of rubric 1101 *hysterical convulsions*, which could only have been made following a close study of its meaning at the time of Hahnemann & Bönninghausen – in short, the terms *hysteria* (in the female) and *hypochondriasis* (in the male) were seen as synonymous, and ‘hysterical spasms’ were severe erratic (ataxic) *fits* (spasms, convulsions) over and above what could be explained by the pathology. The behaviour of this child during their worst episodes of uncontrollable violent outbursts, with mobilisation of blood to the head and inflammatory eruption of the skin of the face, resembled this description. Now Hahnemann's pharmacography for Moschus lists only two symptoms mentioning hysteria, viz.:

123 Hysterical sufferings. [S<sub>22</sub>; S<sub>36.1</sub>; W<sub>13.3.1</sub>; S<sub>76</sub>]

125 Hysterical affections, even in males. [R<sub>19.3</sub>]

But these summary terms, easy for the casual eye to pass over, are *pregnant with meaning*. Thus we learn the brevity in Hahnemann's pharmacographic works was not intended to *teach* the effects of a medicine, rather, to remind us of those effects already studied more widely, as with the examples of *Boerhaave*, *Cartheuser*, *Fuller*, et al. (and given in our footnotes), to understand their full meaning and significance.

*Recapitulation:* This child's response to the initial incorrect prescription (*Nat-c.*) was to aggravate the violent behaviour and disconnect it from dairy intake, thus subordinating that modality. The next remedy prescribed (*Bell.*), produced an initial (5 month) improvement, but itself became less effective over time (physiological tolerance), and its continued use resulted in a new symptom (ammoniacal odour of urine), one unknown in the effects of *Belladonna*. This new symptom,<sup>69</sup> considered together with the episodes of uncontrollable violent behaviour, revealed the final remedy in the series to be *Moschus* – there is a *process* which must be adhered to in practice, from initial case taking, to homœopathic diagnosis (prescription), through case management with each follow-up prescription, right to the end when either a ‘cure’ or at least an improved steady-state may be declared.

### Closing remarks

Whilst some within our profession have criticised Hahnemann's pharmacographies, most notably *D.D.Roth* (Paris)<sup>70</sup> & *F.Langhein* (Darmstadt)<sup>71</sup> who vigorously promoted *purging* what they had (mis-) apprehended as useless symptoms,<sup>72</sup> the closeness of our own examination of this material has provided a solid foundation upon which to conclude that Hahnemann's pharmacographies remain to this day unmatched in their accuracy of reporting the *consistent effects* (characteristics)<sup>73</sup> of substances, with remarkable fidelity to the original sources cited,<sup>74</sup> in which thesis we are happy to note we stand in good company.<sup>75</sup>

Indeed, Hahnemann evidences a singular ability to *sift* through volumes of material (in their original language),<sup>76</sup> often unclear, conflicting, verbose with irrelevancies and embroiled within hypothesis; to then extract and organise the *certain pure effects* of a substance, as further confirmed by his own close observations and provings trials.



## Notes

- <sup>1</sup> *Pharmacography* (Gr. φάρμακο [pharmaco], medicine, + γραφή [graphy], writing) – one of a series of terms proposed (Sydney Seminar, July 2005) as part of a *standard nomenclature*. The term *pharmacography* 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*). Herein we limit ourselves to the medicines contained in RA & CK, and their precursor (*Fragmenta*).
- <sup>2</sup> By “pure” is meant *conjectureless* (real) – devoid of the theoretical or fanciful notions as to action or effect.
- <sup>3</sup> Hahnemann provides the following directions in his RA preambles:
- RA<sub>I</sub> “Der versüsste Salpetergeist zieht die kräftigste Tinktur aus dieser thierischen Substanz.”  
[The sweet Salpeter spirit [Spiritus nitri dulcis, sweet spirits of nitre] extracts the strongest tincture from this animal substance]
- RA<sub>II</sub> “Die in einem hinter dem Nabel des im gebirgichten Asien wohnenden moschusthieres (*Moschus moschiferus*) befindlichen, behaarten Beutel anzutreffende, salbenartige Substanz wird getrocknet zu dem grünlichen, käuflichen *Moschus*, welcher fein (etwa mit Milhzucker) zerreiben in dem Verhältnisse von 10 Gran zu 200 Tropfen Weingeist, nach mehrtägigem Umschütteln zur Tinktur ausgezogen wird.”  
[The ointment-like [greasy] substance contained in the hairy bag situated behind the navel of the [male] musk deer (*Moschus moschiferus*) [Asian Musk Deer], inhabiting mountainous Asia, is dried to greenish commercially available musk, finely ground (e.g. with lactose) in the ratio of 10 grains to 200 drops, then extracted after several days of shaking the tincture]
- Note the omission in RA<sub>II</sub> to mention the alcoholic composition into which the ground (lactose-musk) powder is to be macerated in the ratio of 1:20. This note remained unchanged into RA<sub>III</sub>
- The following is one of numerous such comments on the quality of musk:
- Pinkerton, J., *A General Collection of the Best and Most Interesting Voyages and Travels in all parts of the World*, London, 1811, vol.7, p.214 (An Account of the Travels of two Mohammedans through India and China, in the ninth century (tr. From the Arabic by Abbe Renaudot):
- “But the musk of Tibet is far preferable to that of China for two reasons; first, in Tibet this creature feeds on aromatic pastures, while in China he has nothing to subsist him but what is common; secondly, the inhabitants of Tibet preserve their bladders or cods of musk in the pure natural state, while the Chinese adulterate all that come into their hands. They dip them also into the sea, or else expose them to the dew; and having kept them some time, they take off the outward membrane, and then close them up; ... In Tibet there are men who make it their business to collect this musk, and are very ready in knowing it; and having found it, they carefully collect it, and put it up in bladders, and it is carried to their Kings. This musk is most exquisite, when it has ripened in the bladder of the creature which bears it. It surpasses all others in goodness, just as fruit is better when it is gathered ripe from the tree, than when it is pulled green.”
- <sup>4</sup> Hahnemann, S.: *Reine Arzneimittellehre* [RA]. RA<sub>I</sub> (first edition) published in 6 sequential volumes over the ten years 1811-1821; RA<sub>II</sub> (2<sup>nd</sup> edition) 1822-1827; RA<sub>III</sub> (3<sup>rd</sup> edition) 1830 (vol.1) & 1833 (vol.2) only. *Moschus* did not appear in *Fragmenta* (1805). R.E. Dudgeon’s *Materia Medica Pura* (MMP) are the English language edition of Hahnemann’s RA.
- <sup>5</sup> Dimitriadis, G.: *Digitalis purpurea, a pure pharmacography*, 2017, Hahnemann Institute Sydney. This monograph reflects the singular work of our MMH in tracing each symptom to its original (old-school) source, and providing those original accounts, English translated for the first time where necessary, so that the reader may apprehend the contextual meaning of the recorded symptoms.
- <sup>6</sup> *Materia Medica Hahnemannica* [MMH] is the preliminary title for our ongoing (as yet unpublished) pharmacographic work to correct and revive Hahnemann’s RA & CK for the English language.
- <sup>7</sup> Refer King, A.H., *The Musk Trade and the near East in the early Medieval Period*, Dissertation for PhD., Indiana University, 2007.
- Chardin writes (Sir John Chardin’s *Travels in Persia 1673-1677*, London, 1720, vol.2, p.151):
- “The *Indians* make great Account of this Aromatick Drug ... They use it in Perfumes, in their Medicinal Epithems, and Confections, and in all Preparations which they are accusom’d to make, in order to awaken the Passions of Love, and confirm the vigour of the Body. The Women make use of it to dissipate the Vapours, which rise from the Matrix into the Brain, by carrying a Bladder of it at their Navel, and when the Vapours are violent and continual, they take the *Musk* out of the bladder, and inclose it in a little piece of single Holland, made in the fashion of a small Bag or Purse, and apply it to the Part, which Modesty will not permit me to Name.”
- The Penny Magazine*, London, 1836, vol., p.226:
- “The introduction of musk into the *materia medica* appears to be due to the Arabians, by whose writers the animal producing it is first distinctly mentioned, having been described, as Daubenton states, by Serapion in the eighth century;”
- Eberle, J., *A Treatise of the Materia Medica and Therapeutics*, Philadelphia, 1834, vol.2, p.141:
- “Aetius is the first who mentioned this substance as an article of the *materia medica*. Since his time it has been generally regarded as a very important remediate article.”
- According to Eberle, Aëtius (Byzantine Greek physician, mid 5<sup>th</sup> – mid 6<sup>th</sup> centuries) of *Amida* (today’s *Diyarbakir*, Turkey) was first to mention Musk.
- <sup>8</sup> The potency of this fragrance has been described as offensive when fresh and undiluted:
- Tylon, E., *Tajacu, seu Aper Mexicanus Moschiferus, or the Anatomy of the Mexico Musk-Hog*, *Philosophical Transactions*, Oxford, 1683, vol.13, no.153, p.379:
- “... *Musk* itself when fresh, and green, and in large quantities, are no ways agreeable, but very offensive to the smell; as many have observed, ...”
- Whytt, R., *Observations on the Nature, Causes, and Cure of Those Disorders which have been commonly called Nervous Hypochondriac, or Hysterical*, Edinburgh, 1765, p.369
- “Altho’ the smell of musk is offensive to many, yet I have scarce ever found it disagree with the stomach.”
- In terms of perfumery, the use of musk has a long history:
- Akasoy, A., *Islam and Tibet – Interactions along the Musk Routes*, 2016, New York:

“In conclusion, musk was the most important aromatic substance used in the early medieval Near East. Arabic literature contains much data on the different varieties of musk, giving information on the lands which exported it. There was also a fair understanding of the nature of the animal which produced it, even if this knowledge was surrounded with fanciful elements. Once musk came to be imported into the Near East it was adopted for use in perfumery in ways which were completely new. Arabic perfumery used musk in high percentages in compounds unlike those prepared in India, or China, for that matter. The almost ubiquitous use of musk in Arabic perfume formulas of all types testifies to its importance as an enhancer in compounds which were not primarily musk based; the use of musk as an enhancer is widely attested in Asia. The only type of musk which is specifically mentioned in the perfume formulas is Tibetan musk, and we can assume that it was the standard type of musk used in Arabic perfumery. Most of the perfumes used in the daily life of those outside of the aristocracy cannot have contained musk in these vast quantities because of the cost, but small amounts of musk made it into their perfumes. Those perfumes which were more affordable were designed to mimic the musk perfumes as closely as possible, but given the ingredients easily available, these imitations can only have fallen short of the real thing.”

Sell, C.S., *The Chemistry of Fragrances*, 2<sup>nd</sup> ed., Dorchester, 2006, pp.96-98:

“The natural musks were always very expensive and their macrocyclic structures presented synthetic challenges, which were not conquered, even on laboratory scale, until the pioneering work of Ruzika (1926). It was therefore of major importance to the fragrance industry when, in 1888, Baur discovered the nitromusks. He had actually been working on explosives and noticed that the product of t-butylation of trinitrotoluene (TNT) had a pleasant, sweet, musky odour. The compound was named Musk Baur, although the alternative name, Musk Toluene, eventually became more common. ... The nitromusks became the main contributors of musk notes in perfumery and maintained that position until the middle of the twentieth century.”

<sup>9</sup> Mitchell, T.D., *Materia Medica and Therapeutics*, Philadelphia, 1850, p.536:

“Musk has always been classed with stimulants and antispasmodics. The ordinary adult dose varies from three to five grains. It is employed in various *nervous affections*, as *hysteria*, *singultus*, &c. &c. It is capable of exerting a happy influence on the subsultus tendinum of low fevers, and has been very highly praised in cholera, for its agency in checking vomiting. It is administered in form of bolus, julep, and injection.

I never employed it more than once for any medicinal purpose; and am much inclined to believe that it will not long be esteemed a very important aid in practice.”

<sup>10</sup> The variance of treatment outcome is directly proportional to the variance in knowledge of specific effect – itself very much lacking in allopathy, as seen in the following diversity of opinion:

Cox, J.M., *Practical Observations on Insanity*, London, 1806, 2<sup>nd</sup> ed., pp.133-134:

“Musk, though, highly extolled, I have never seen relieve a single maniac by removing any of the characteristic symptoms of this complaint, though, in combination with some of the other powerful antispasmodics, it has contributed to diminish the hallucination, altering the subjects of the mental attention by its sedative and diaphoretic powers.”

Brookes, R., *General Practice of Physic*, London, 5<sup>th</sup> ed., vol.2 (of 2), p.144:

“Twenty-five Grains of Musk given at a Dose has been found to be beneficial in the worst Kind of Madness.”

The failure of the old-school to understand that substance effects require methodical substance trial on the healthy, hence their failure to institute such trials, resulted in a lack of knowledge as to the *specific* effects of substances. Therefrom, they classified substances broadly (sudorific, purgative, antispasmodic, etc.), and would readily substitute one substance for another (depending on cost and availability) in concocting a prescription. Hence we read this or that or another medicine was tried in a case, before perhaps stumbling upon something effectual:

*London Medical Gazette*, 1836, vol.17:

“In an epidemic of scarlet fever, attacking children of all ages with great severity, and in which belladonna, hyoscyamus, prussic acid, musk, &c. were tried in vain, M. Wolffsheim had recourse to nicotiana. He gave it in the shape of a powdered extract, in doses of from a quarter of a grain to two grains, three or four times a day, according to the age of the patient. In some cases where there was a slight arterial reaction, he added a little mercury, and golden sulphuret of antimony where there was difficulty of expectoration. The results were very satisfactory. Fifty patients under this treatment became convalescent in eight days; and no narcotism was experienced even by the youngest subjects.” (p.992)

“As to treatment nothing satisfactory can be said. I have seen derivatives, counter-irritation, purgatives, mercurial frictions, &c. tried, but it must be confessed, all without success.” (Andral, *Diseases of the Nervous System*, p.205)

*The Lancet*, London, vol.1 for 1833, p.48:

“The acetate of morphia, tried in vain in several cases, in conjunction with other remedies, was successfully used in one case which was treated with that medicine alone. The patient was admitted April 11th, and marked convalescent April 16th. In another case, after Dr. Stevens’ saline treatment had been tried rather with an aggravation than an abatement of the symptoms, recovery followed the use of morphia, and carb. and tart. of soda, alone.”

The following report illustrates the “groping in the dark” approach to medical therapeutics of the old-school – no principle to guide them in all similar cases (the very reason Hahnemann was induced to abandon the practice of medicine several times throughout his career, until he, at last, realised the general principle of *omoion*):

*The Medico-Chirurgical Review and Journal of Medical Science*, London, vol.3 for 1822-1823, pp.220-221

“*Nux Vomica*, A patient had a paralytic affection of one side for some years. The nux vomica (in doses of 25 grains of the powder, three in the 24 hours) was given by Dr. Birkbeck, with the effect of producing violent contractions of a painful and involuntary nature, in the muscles previously paralyzed. The dose was therefore reduced to fifteen grains, which agreed well with the patient, and the paralysis was apparently cured.

Many years ago, Dr. Marcet treated a patient in Guy’s Hospital (who had been paraplegic for several years) with the nux vomica. The patient so far recovered under this treatment, as to be able to walk about tolerably well. The same remedy, however, was tried by the same physician in two or three other instances of a similar kind, but without success.”

<sup>11</sup> Many writers mention the wonderful effects of Musk in the treatment of *ataxia* (Gr. *αταξία*, without order, irregular) or *ataxic phenomena* meant when there is evidence of excessive neurological activity (as in nervous hyper-excitation states, hysteria, etc.), beyond what is normally expected in similar pathology – the following account is a nice overview of such neuronal hyperactivity:

Trousseau, A. (Tr. Cormack, J.R.), *Lectures on Clinical Medicine*, Philadelphia, 1870, vol.3, A Treatment Of Pneumonia Complicated With Delirium, By Preparations Of Musk, pp.355-360)

“In the first place, Gentlemen, let me remark that musk is a medicine which I seldom employ in the treatment of pneumonia. ... It is in the forms of pneumonia accompanied by delirium which were called *ataxic* and *malignant* by the old writers, that this treatment takes an important part. ... What ought we to understand by the expression *ataxic pneumonia*; or, to speak more accurately, what is *ataxia in pneumonia*? ... Nervous disorders, delirium in particular, supervening in the course of diseases are insufficient to constitute ataxia. ... there is a species of low delirium, attended by a want of harmony between the different symptoms, and a predominance of nervous phenomena bearing no evident relation to the inflammation of the lung. Under the influence of antiphlogistics or antimonials, this ataxic state increases. Were we to judge only by the diagnostic signs derived from stethoscopic and plessimetric examination, we should say that the pneumonia is not serious, and yet the vital power, prostrate and disorganised, collapses suddenly, and the patient dies. This is ataxia—this is malignity. ... What occurred in the case of our patient of bed 24 St. Bernard’s ward? From the second day of her pneumonia, this woman was delirious, though the local affection remained very limited in situation, and did not pass beyond the second degree. The respirations rose to 88 in the minute, although the pulse was only 84. The ataxia was evident: the indication for giving musk was precise. ...”

Stille, A., *Therapeutics and Materia Medica*, Philadelphia, 1860, vol.2, p.125-126:

“In *febrile affections*, distinguished by *ataxic* rather than typhoid symptoms ... when the nervous is more deranged than the vascular system, in *febris nervosa versatilis* rather than in *febris stupida*, musk is indicated; ... It usually presents itself after the more active and open symptoms that mark the invasion of the attack, while the pulse is moderately strong and full, the countenance animated, and the vitality of the skin unimpaired. The eye is then observed to grow dull, the hearing becomes impaired, the breathing more anxious and sighing, the speech feeble and stammering; there is a mild muttering delirium rather gay than sombre, floccitation, muscæ volitantes, and hiccup; the tongue is tremulous, and may be brown and dry, smooth and polished, or uneven and pasty; there is subsultus tendinum and twitching of the facial muscles and of the lower limbs; the skin is hot, dull, dirty, dry, and harsh, or else covered with a profuse sweat; and the pulse is small, frequent, tremulous, and irregular. This state tends to pass into coma or collapse, in either of which musk would be as unavailing as improper; but to counteract the symptoms which have been described, nothing acts with more promptness or certainty. This is doubtless the state which Cullen had in view in the following passage:—

“... wherever the symptoms of strong spasm appear, where there is a *delirium*, *subsultus tendinum*, and *convulsive motions* without the irritation being remarkable, and where we presume the disease to be in the nervous system, there musk has been of considerable service.”

Let us read some of the reports on the wonderful efficacy of musk in such disorders termed ‘nervous’:

Dickson, S., *Fallacies of the Faculty*, London, 1839, Lecture 9, pp.279-280):

“For myself, I place it in the same rank with quinine and arsenic in the treatment of what are termed the purely nervous affections. It is generally recommended in books to begin with ten grains; – in my hands a much smaller dose has been attended with the best effects in numerous cases. But a great deal depends upon the purity of the drug. I lately succeeded with Musk in a case of intermittent Squint, which successively resisted quinine, arsenic, prussic acid, and iron. A married lady who always became the subject of Epilepsy when pregnant, but had no fits under other circumstances, consulted me in her case: I tried every remedy I could think of without any advantage whatever; I then gave her Musk, which at once stopped the fits. The dose in this case was four grains.”

<sup>12</sup>“Old-school” is the term used by Hahnemann in referring to the existing mainstream (allopathic) medical practice, in contrast to the emergent new (homœopathic) school. Once Hahnemann had coined the term Homœopathy (Gr. ὁμοιον [*omoiōn*], similar), he then coined the term allopathy (Gr. ἄλλος [*allos*], other than) to refer to all practices *other than* the homœopathic.

<sup>13</sup>From J. Marshal (A Letter from the East Indies... giving an account of the Religion, Rites, Notions, Customs, Manners of the Heathen Priests commonly called Bramines [Brahmans], *Philosophical Transactions*, London, 1702, p.738) we read:

“When they have any mad men amongst them, they take them and put them into a close Room, just big enough to hold them, and almost smoke them to death with Musk and cold Smells, which soon brings their brains into their right temperature, and so recovers them, &c.”

<sup>14</sup>The expense of true Musk leading to its adulteration and finally disuse altogether, as is seen from the following comments:

Duncan, A. (Junior), *The Edinburgh New Dispensary*, Edinburgh, 7<sup>th</sup> ed., 1813, pp.188-189:

“The very great price of musk has given rise to many modes of adulterating it. To increase its weight, sand, and even particles of lead, are introduced through very small openings into the bags. The real musk is frequently abstracted from the bag, and its place supplied with dry blood, coarsely powdered, or some mixture with asphaltum. These adulterations are to be detected by discovering that the bag has been opened. The presence of blood is also known by the fetid smell it emits when heated sufficiently, and by the formation of ammonia, when rubbed with potass. Asphaltum is known by its shining fracture, and melting on hot iron, while musk is converted into charcoal. But there are even artificial bags filled with a composition containing some real musk. These are in general thicker, and covered with longer hair, and want the internal brown membrane which lines the real musk-bag.

Dickson, S., *Principles of the Chrono-Thermal System of Medicine, with the Fallacies of the Faculty*, London, 4<sup>th</sup> ed., 1845, Lecture 10, p.175):

“Were it not for its expense, Musk would doubtless be more extensively used in the practice of medicine.

Waring, E.J., *Practical Therapeutics*... Philadelphia (from 2<sup>nd</sup> London edition), 1866, p.428:

“Cullen regarded it as the most powerful antispasmodic in the *Materia Medica*, and, when obtained pure, it is doubtless a remedy of great efficacy; but its high price causes it to be so extensively adulterated, that as it is met with in commerce, it can rarely be employed with the certainty of obtaining a proper and uniform effect.”

King, A.H., *The Musk Trade and the near East in the early Medieval Period*, Dissertation for PhD., Indiana University, 2007:

“Musk has always been an expensive item... During the 1990’s a kilogram of musk absolute sold for nearly \$700,000”\*

\* This figure approximates to \$20,000 per ounce of musk – by way of comparison, the price of Gold at that time was around \$350 per ounce]

Perplexing it is also to find the twisted sophistry (false reasoning) of some old-school authorities, who, without comprehending *there can be no perfect substitute for a specific medicinal substance*, call into question the ethics of the pharmacist who would choose stock of such expensive items as Musk, rather than offer a cheap substitute. We read:

*The Lancet*, London, vol.2 for 1830, p.797

“The interests of the druggists have been also promoted of late, by the administration of the most costly articles in the materia medica. Musk at forty shillings an ounce, has been given to in and to out patients! Is it not either a very *old*, or a very *novel* practice to administer musk to patients who have not much amiss with them? Are its medical virtues such that there is no substitute for it? If its beneficial effects are as great as its price, why do we hear so little of its administration! Are the members of the medical profession ignorant of its preeminent virtues? The phosphorus doctor is perhaps experimenting again. Is all this sanctioned by “The Expense Committee” which was forming some months ago?”

It is no wonder, with a general ignorance of its specific effects (& uses), and such suspicion as to motives within the medical fraternity, Moschus became increasingly disregarded by practitioners:

Christison, Sir Robert, *A Dispensatory, Or Commentary on the Pharmacopœias of Great Britain*, Edinburgh, 1842, p.648:

“Musk was long considered a powerful stimulant, tonic and antispasmodic, and was administered as a remedy of last resort in typhoid fever and other diseases of nervous exhaustion—to such patients as could afford it But it is now scarcely ever prescribed.”

Nevens, J.B., *The Prescriber's Analysis of the British Pharmacopœia*, London, 1864, 2<sup>nd</sup> ed., p.216:

“Moschus. Dose, gr. ii to gr. x. It is very seldom used, and might very well have been omitted from the Pharmacopœia.”

<sup>15</sup>From the following description (of *Tavernier's* travels) we learn that each musk bag (pod) contains less than 8 grams of pure musk:

*The Penny Magazine*, London, 1839, vol.8, p.226

“... he states that during one visit to Patana he [Tavernier] bought sixteen hundred and seventy-three musk-bags, which weighed two thousand five hundred and fifty-seven ounces and a half, or of pure musk four hundred and fifty-two ounces.”

Musk was typically prescribed in doses of 5 – 20 grains (0.33 – 1.3 grams) or more, multiple times daily, which meant the killing of a musk-deer for each 6-16 doses (one pod (8 gm) per male deer).<sup>\*</sup> Far worse, given hunters do not determine the sex of the animal beforehand, many more are killed in the process of obtaining the male.

<sup>\*</sup> There are other methods of collection whereby the deer is not injured, as for example in India (musk-deer farms), where the musk is extracted from the animal held in a lying position. Subsequent extractions are again collected after 3-4 years. (Sahoo, K.N., et al., A life saving medicine made by a vanishing species, *Indian Journal of Traditional Knowledge*, 2005, vol.4 (2), pp.132-138)

In stark contrast to these quantities, our *potentised ultradilute* preparations represent such small quantities, that a single gram (collected without killing the animal), prepared to the 30<sup>th</sup> centesimal potency ( $10^{-60}$ ), could provide sufficient medicine to supply all seven billion ( $7 \times 10^9$ ) of our population, each with  $10^{60}/7 \times 10^9$  ( $1400 \times 10^{48}$  (or 1400 *octillion* (long scale)) individual prescriptions – such is the *efficiency of accurate* homœopathic application.

<sup>16</sup>On the commercial adulteration of Musk in order to meet demand, and to lessen the cost, we read:

Sir John Chardin's *Travels in Persia 1673-1677*, London, 1720, vol.2, p.152

“I add, that there is not a Drug in Nature, that is more easily counterfeited, nor more subject to Adulteration. There are several of these Bags or Purses, to be met with, which are no more than barely the Skins of the Animals, and fill'd with their Blood and a little Musk, to give it the Scent, and that are not the Purses which the Wisdom of Nature has plac'd near the Navel, to receive that wonderful and Odoriferous Moisture. As to the true and genuine Bladders themselves, when the Huntsman does not find them full, he squeezes the Body of the Animal, that the Blood may run into it, and fill it up; because 'tis a receiv'd Opinion, that the Blood of Musk, and even the Flesh it self, smells well. The Merchants afterwards put Lead, Bulls-blood, and other Things, into it, to add to the Weight.”

Hill, J., *A History of the Materia Medica*, London, 1751, p.861:

“There is scarce any Drug so liable to be sophisticated as Musk: Almost all that we meet with is so; but a nice Observer will soon find which is least so. The Indians adulterate it on the Spot with Blood, which drying among it, becomes much of its Colour, and acquires so strong a Scent from it, that it may pass alone for Musk with many People. Sometimes also they mix a blackish friable Earth with it; after it comes into Europe, there are People also who know so well how to adulterate it, ... “

Hunt, F., *The Merchant's Magazine*, New York, 1847, vol.16, p.511

“Dr. Neligan, the lecturer on *materia medica*, in the Dublin medical school, has discovered the means of detecting the adulteration of musk, by the aid of the microscope. This gentleman states, as we learn from the British Critic, that owing to the high price and great demand for musk, which, as is now generally very well known, is the secretion from the male musk animal, the *moschus moschiferus*, and that it is generally imported into the British market from China, in the natural bags of the animal, by wholesale London druggists, by whom it is retailed to the trade, many of them finding it very much adulterated, prefer purchasing the unopened bag; this precaution, however, is often found not a sufficient protection against fraud, as spurious musk bags are very common, and so well prepared by the ingenious Chinaman, that even the most experienced eye is often unable to distinguish the true from the false. It appears that the Chinese, finding a greater demand for musk than they are able to supply with the genuine article, squeeze out some of the secretion, which is fluid in the recent state, and mix it with, it is believed, the dried blood of the animal; this compound, which presents the same physical characters as true musk, they put into small sacs made of pieces of the skin cut off from other parts of the animal's body, and prepared with the usual ingenuity of this people, so much so, indeed, as almost to defy detection with the naked eye. The method hitherto adopted for detecting this sophistication, has been the peculiar position of the hairs, which are arranged in a circular manner around the orifice in the genuine musk pod. The means which are now proposed to detect the fraud, depend on the microscopic character of the hairs, which grow on the sac of the musk animal, and which differ very remarkably from those of the false sacs which are met with in commerce. On placing hairs from both under the microscope, it will be seen that those from the natural sac of the animal are furnished in the interior with distinct, regular, color cells, while in hairs taken from other parts of the animal's body, those cells appear to be obliterated, as is generally the case in this and the allied tribes of animals.”

Cooley, A.J., *A Cyclopaedia of six thousand practical receipts...* New York, 1851, p.438:

“The musk of the shops is generally adulterated. Dried bullock's blood, or chocolate, is commonly employed for this purpose. The blood is rendered dry by heat, then reduced to *coarse* powder, and triturated with the genuine musk in a mortar along with a few drops of liquor of ammonia; it is then placed in the empty pods, or put into bottles, and sold as grain musk. The writer of this article has seen many pounds of dry blood thus employed, and sold for musk.”

<sup>17</sup> On the unreliability of Musk due to its adulteration, we read:

*The Philosophy of Medicine: or, Medical Extracts...* London, 1800, 4<sup>th</sup> ed., vol.3, p.603:

“While I am mentioning the doses of musk, it is proper to remark, that these will depend upon the quality of it, which is at different times in very different condition. Whether this is owing, as has been alledged, to a more imperfect condition in the original musk, or to an adulteration frequently practised upon it, I cannot certainly determine; but certainly such differences do occur, and I have therefore very often found it to be an ineffectual medicine. I judge of it always by the strength of its odour, and in proportion to this only to be an effectual remedy. I was once called to a patient in the night-time, under violent head-ach and delirium arising from gout, for which I ordered fifteen grains of musk, but without giving my patient patient any relief. In the morning, however, the disease continuing the same, as I had learned where some good and genuine musk was to be had, I ordered a like dose of this, and thereby obtained the immediate relief of my patient. From many such instances of the difference of musk, I must inculcate upon all practitioners, that genuine musk is a very powerful medicine, and that they should not doubt of its efficacy on any occasion, without their being certain that the failure was not owing to the imperfect state of the drug. I must add, that the imperfect state of musk is not compensated by a larger dose.”

<sup>18</sup> Such is the inadequacy of the allopathic system in imagining there can be medicinal surrogates. Yet there remained some amongst the old-school who would admit the *near* irreplaceability of Moschus, as for example:

Duncan, A. (Junior), *The Edinburgh New Dispensatory*, Edinburgh, 7<sup>th</sup> ed., 1813, p.189:

“Musk is said to be a medicine of very great efficacy, and for which, in some cases, there is hardly any substitute. When properly administered, it sometimes succeeds in the most desperate circumstances.”

Johnson, J. (Ed.), *The Medico-Chirurgical Review and Journal of Medical Science*, London, vol.40, 1844, p.511:

“Musk is unquestionably one of the most potent, and least fallible, antispasmodics that the Pharmacopœia contains: the only drawback to its general use is its expense. Fortunately Assafœtida, Galbanum, and good Castoreum may very generally be substituted for their more costly analogue. In all cases of nervous agitation, unconnected with plethoric and inflammatory excitement, this class of antispasmodic medicines may be used with advantage.”

Let us recall Hahnemann’s words on this common practice of ‘substitution’ (*On Substitutes for Foreign Drugs*, 1808, in HLW505-511):

“He who is ignorant of the whole range of properties of the one drug, and likewise of the individual powers of the other which is to be used as its substitute, will certainly find it an easy matter to substitute the one for the other! Hence we see that apothecaries, because they have no more than a superficial acquaintance with the one and the other drug, in respect to their power of altering the organism, find it so easy when their own interests are concerned, to substitute the one for the other in making up their prescriptions. ...

Succadanea [substitutes] of the medicines that are not chemical, but that act specifically, which shall be perfect substitutes for others, there are not and cannot be, for one medicine is not the same as another, ...”

<sup>19</sup> On the artificial Musk (allopathic replacement for Moschus), we read:

Wood, G.B., & Bache, F., *The Dispensatory of the United States of America*, Philadelphia, 1839, 4<sup>th</sup> ed., p.1157

“MUSK, ARTIFICIAL. *Moschus Factitius*. This is prepared by adding, drop by drop, three parts of fuming nitric acid to one of *unrectified* oil of amber. The acid is decomposed, and the oil converted into an acid resin, which must be kneaded under pure water, until all excess of acid is removed. The substance which remains is the artificial musk, and is of a yellowish-brown colour, viscid, and of an odour which recalls that of musk. It reddens litmus, dissolves sparingly in water, and more freely in alcohol. ... (*Berzelius Traité de Chim.* vi. 714)

King, J. *The American Dispensatory*, Cincinnati, 1875, 10<sup>th</sup> ed., p.532

“Musk is now scarcely ever prescribed, both on account of its high price, and the extreme difficulty of obtaining a pure article, as nearly all the musk of the shops, at the present day, is an artificial or factitious article.”

<sup>20</sup> The following researches were driven by the search for musk alternatives, given the expense of the *large* doses of the old-school (*Association Medical Journal*, London, 1855, p.260):

“Certain plants are known to possess an odour similar to that of musk; and the researches of M. HANON were undertaken to determine whether similarity of odour in this instance were accompanied by a similarity in physiological properties. The plants employed with this view by M. Hanon were the well-known *odoxa moscatellina*, the *malva moschata*, and the *mituulus moschatus*. From the flowers and leaves of the two latter, principally, he obtained by distillation the musky essential oil, or “vegetable musk”. In doses of two or three drops, it acted as an energetic excitant on the intestinal tube and encephalon, producing vertigo, cephalalgia, dryness of the pharynx and oesophagus, epigastric weight, and eructations. Of these symptoms, the headache is alone persistent; and the action upon the nervous centre is manifested by a general and considerable depression and drowsiness, and at length by sleep, which lasts for five or six hours. In chlorotic and nervous persons, nervous agitation and some vomiting may occur. The pulse remains pretty nearly normal. The analogy is yet more remarkable between vegetable and animal musk in a therapeutical point of view; the former producing equal beneficial effects with the latter in various hysterical affections, spasms of the pharyngeal and respiratory muscles, hysterical tympanitis, and in the nervous symptoms which are exhibited in typhoid affections and asthenic pneumonia. The dose recommended by M. Hanon is from two to four drops in the twenty-four hours. He considers it to be quite adapted as a substitute for animal musk, to which it does not yield in antispasmodic virtue. (*Journal de Pharmacie*, etc, Jan. 1854.)

<sup>21</sup> Boerhaave, Hermani (1668-1738): *Praelectiones academicae de Morbus Nervorum* [Academic lectures on nervous diseases] manuscripts collected and published posthumously by his student Jacobus van Eems, Lipsiæ, 1761, vol.2, *De Paralysi*. p.744. Boerhaave, speaking of the sweet odour of musk penetrating the house, writes (p.744):

“... potest ita afficere nervos, ut simulae ejus odor percipitur, mox orientur dirissimi spasmi, imprimis in hypochondriacis & hystericis; ergo miram habet efficacem in systema nervosum; hinc quum in Paralysi indigemus tremoribus concutientibus, quo Hippocrates & Aretaeus adeo commendant, Moschus certe princeps est.”

[... It can affect the nerves at the same time that its odour is perceived, the most cursed spasms soon arise, especially in the hypochondriacs and hysterics, is therefore wonderfully effective for the nervous system, and is certainly the leader in tremors and shaking Palsy, as Hippocrates and Aretaeus so recommend.] \*

\* Note here the Latin writes in hypochondriacs & hysterics – at that time, this was considered the same affection, but when afflicting men, termed *hypochondria*, when afflicting women, *hysteria* (for it was seen to arise from dysfunction of the uterus in females). Hahnemann here changes these terms to refer generally to “women and men”.

- <sup>22</sup> Cartheuser, Johann Friedrich (1704-1777): *Fundamenta Materiae Medicae*, 1750, Sectio 12, Caput 49, §6. Therein we read (pp.379-380):  
 “Cruorem fluidum nerveum, ceterosque humores mirifice expandunt, et forti hac expansione persaepe capitis dolorem, vertiginem, lipothymiam, apud plethorica inprimis subjecta, provocant, immo, solus odor eorum multis, tam masculini, quam foemini sexus, hominibus, maxime autem foeminis hystericis adeo adversatur, ut eundem citra animi deliquium, summamque anxietatem, diu perferre nequeant:...”  
 [The blood and other fluids amazingly expand, and this often provokes strong headaches, vertigos, syncopes, especially with plethoric subjects, in fact, in many from the odour alone, both the male and female sex, but especially hysterical women, ... great anxiety, can not bear it for a long time...]
- <sup>23</sup> Fuller, Thomas (1654-1734): *Pharmacopœia Extemporanea*, 1701. We read (p.302):  
 “Conducunt Vomitionem, Singultum, Leipothymian, nonnunquam & Hystericam passionem patientibus. Moschi Zibethique odor Hypochondriacae Suffocationi obnoxias Mulieres repentina Syncope exanimat;...”  
 [Excites vomiting, hiccough, syncopes, sometimes hysterical sufferings. Hypochondriacal women liable to choking & sudden syncope, were killed from the Civet-like odour of Musk.]
- <sup>24</sup> Bartholin, Thomas (1616-1680): *Historiarum Anatomicarum Rariorum*, Hagae, 1654, cent. 2, historia 87, p.285. Bartholin’s report is given elsewhere in the article.
- <sup>25</sup> Boyle, Robert (1627-1691): *Essays of the strange subtilty, great efficacy, determinate nature, of effluvioms...*, London, 1673, chapter 6, pp.37-38. Hahnemann cites the Latin edition of Boyle’s work *Exercitationes de atmosphaeris corporum consistentium; deque mira subtilitate, determinata natura, et insigni vi effluviurum* Genevæ, 1680, wherein we read (cap. 6, p.53):  
 “Novi hominem egregium, peregrinatorem, firmæ sed perquam sanguineae temperiei, qui violentos ex odore moschi percipit capitis dolores.”  
 [I know an excellent man, a pilgrim, firm but very hot blooded, who gets violent headaches from the odour of Moschus]  
 But we prefer always to examine the original English edition of Boyle, entitled *Essays of the strange subtilty, great efficacy, determinate nature, of effluvioms...*, London, 1673, wherein we read (Chapter 6, pp.37-38):  
 “I know a very eminent person, a Traveller, and a man of a strong constitution, but considerably Sanguine, who is put into violent Head-aches by the Smell of Musk. And I remember, that one day being with him and a great many other men of note about a Publick Affair, a man that had a parcel of Musk about him, having occasion to make an application to us, this person was so disordered by the smell, which to most of us was delightful, that in spite of his Civility he was reduc’d to make us an Apology, and send the perfumed man out of the room, notwithstanding whose recess this person complained to me, a good while after, of a violent pain in his Head, which I perceived had somewhat unfitted him for the Transaction of the Affair whereof he was to be the chief manager.”
- <sup>26</sup> Hoffmann, Friedrich (1660-1742): *Medicinæ Rationalis Systematicæ*, Halæ, 1727, vol.3, p.92, §10. From Hoffmann we read (p.92):  
 “... effluvia stupendae quanquam sunt exiguitatis, quae ex suaveolentibus, moscho, zibetho & floribus iasmini exhalant, attamen tanta efficacia pollut, ut feminam, cuius nervi enormibus anomalis contractionibus assueti sunt, id est, quae secundum veterum loquendi modum sensibilissimæ est indolis, vehementissime affligant, syncopen inferendo, usum vitae ad tempus suspendant, corpus humi prosternant, vel graves anxias & suffocatorias pectoris oppressiones & spirandi angustias concitent...”  
 [... excessively injurious, excites a severe syncope, life is suspended, the body prostrate on the ground, severe anxiety with suffocating oppression of chest and difficult breathing...]
- <sup>27</sup> Hahnemann initially used the term *Versuch* (within our context meaning *trial* or *experiment*) but later came to use the term *Prüfung* to refer *specifically & only to substance trials on the healthy*. A more detailed account on Hahnemann’s use of Prüfung is given in our *Homœopathic Diagnosis...* (HISydney, 2004), Appendix 1.
- <sup>28</sup> By healthy we mean to say *relatively* healthy, for few (if any) could claim *perfect* health. Hahnemann writes:  
 “... as the experimenter cannot, any more than any other human being, be absolutely and perfectly healthy, he must, should slight ailments to which he was liable appear during these provings... place these between brackets, thereby indicating they are not confirmed, or dubious.” (*Cases illustrative of Homœopathic Practice*, in HLW76)
- <sup>29</sup> *Pharmacogenesis* (Gr. φάρμακο (*pharmaco*), medicine + γένεσις (*genesis*), birth, origin) refers to the origin of our pharmacography proper for that specific substance, from whence it was first written for our purpose. We refer the reader here to our earlier article *Pure Pharmacography* (HISydney) which illustrates our study of substance effects from primary sources by way of brief example with Digitalis.
- <sup>30</sup> An additional 46 symptoms were published by Hartlaub C.G.C. & Trinks C.F., in their *Reine Arzneimittellehre*, Leipzig, 1831, vol.3, pp.285-307. These symptoms were recruited from the observations of J.C.G., Jörg’s *Materialien zu einer künftigen heilmittellehre durch Versuche der Arzneien an gesunden Menschen* [Materials for a future Materia Medica through experiments with medicines on healthy people] Leipzig, 1825, pp.285-307. For Moschus, Jörg recruits himself and 8 others for this substance trial [Güntz, Kneschke, Martini, Otto, Siebenhaar, Frau Ch., (45 year old female) *kleine Th.* (12 year old girl), Theodor Jörg (his 14 year old son)], all experimented using the crude substance mixed with water, with magnesia and water, or with sugar.  
 Jörg (who remained a staunch allopath), intended to observe the effects of drugs “nach Hahnemann” (i.e., through *methodical experiment on the healthy*), but his work is generally made inadequate especially by his confounding dosage regimes (timing & repetition), and by his use of mixtures (e.g., *Moschus-Magnesia, Digitalis-Magnesia*). But despite having *imperfectly* followed Hahnemann’s provings methodology, Jörg received general praise from the medical profession (in contrast to his (homœopathic) predecessor):  
 “This work of Professor Jörg’s has been much praised by writers on therapeutics in Germany, France, and England... it should not be forgotten, his experiments were made after those of Hahnemann, ... had there been no Hahnemann, there would have been no Jörg, and yet the latter is deemed by medical writers as worthy of the highest praise, while the name of the former, if mentioned at all, serves but as a foil to Jörg’s renown.” (*British Journal of Homœopathy*, 1845, 3:9; pp.44-50; 110-119)  
 Nevertheless, Jörg’s provings were, in places, sufficiently well conducted, and a number were incorporated by Hahnemann into his own pharmacographies (*Ign., Dig. Iod., Kali-n.*).
- <sup>31</sup> Hahnemann had well apprehended the validity of the widely reported and effects of Moschus as to include this medicine in RA prior to being able to add the observations of his own experiments. And these were confirmed and extended later, with the help of his Prover’s Union [during his Leipzig University lectureship], increasing the number of symptoms from 39 to 152.

<sup>32</sup> Symptom count: RA<sub>II</sub> (12) was a composite of RA<sub>I</sub> [6 + 7] (reducing the old-school symptom number from 39 to 38) and RA<sub>II</sub> added 2 symptoms from the old-school: (126) from *Schröck*, and (136) from *Crell*, bringing the final number of symptoms to 152 (one of 9 *FrH* symptoms being shared with one from the old-school).

<sup>33</sup> In the 4<sup>th</sup> edition *Organon* (1829) Hahnemann merely states (§120) the same doses used in regular practice are to be used in provings: “Die zur gehörigen Ausführung des Versuchs geschickte, bereitwillige, gesunde Person nimmt zu dieser Absicht früh nüchtern eine solche Gabe der zu prüfenden Arznei, als man in der gewöhnlichen Praxis in Recepten gegen Krankheiten zu brauchen pflegt.”

[... the healthy person takes the medicine to be tested in such a dose as usually given for illness in recipes of ordinary practice]

Though in a footnote to the very next aphorism (§121) Hahnemann mentions his most recent observations that highly attenuated and potentised doses excite more symptoms:

“In neuern Zeiten fand ich es zweckmässiger, der Versuch-Person nur jeden Morgen nüchtern, wenn die Gabe des vorigen Tages nicht schon viele Symptoms erregt hatte, eine, wo nöthig, stärkere Gabe des zu prüfenden Arzneimittels einnehmen zu lassen und in den neuesten Zeiten nur kleine, aber hoch verdünnte und hoch potenzierte, weil deren Kräfte am vielfachsten entwickelt sind.”

[In recent times I found it expedient, if the dose of the previous day had not excited many symptoms, each morning on an empty stomach, to give, where necessary, a larger dose of the medicine being tested, and most recently only small, but highly diluted, and highly potentised doses, because their powers are most widely developed]

Most interesting in this development of Hahnemann’s posology was this very realisation of a double advantage to dilution + succussion (potentisation), that is, that not only may aggravations be diminished (when prescribed properly), but the efficacy may be at the same time augmented, as Hufeland himself has acknowledged (Richard Haehl, *Samuel Hahnemann, His Life and Work* [HHL], London, 1922, vol.2, p.433):

“To have increased the activity by increasing the points of action, by dissolving with fluids, or by long continued trituration is undoubtedly a service for which we ought to thank Hahnemann, since he first drew our attention to it.”

By examining his pharmacography through the various editions of RA, we learn that by 1830 Hahnemann recommends *all* medicines be prescribed in the ‘decillionth development of power’ (30<sup>th</sup> potency), i.e. for both volumes of RA which saw a third edition (vols.1 & 2; 1830 & 1833 respectively). And even before 1830, Hahnemann conducted provings in potency, as evidenced for example in his letter to Gersdorff of 1829 (in Haehl, R.: *Samuel Hahnemann, His Life and Work* (Tr. Wheeler, M.L.), London, 1922, vol.2, p.487):

“I enclose three small powders, each contains Natrum muriaticum  $\overset{\text{X}}{\text{X}}$  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. ...” \*

\* Note here: The symbol  $\overset{\text{X}}{\text{X}}$  denotes a dose of 3 globules of the 30<sup>th</sup> or *decillionth* (‘X’) potency.

So by the time of his publication of the 5<sup>th</sup> edition *Organon* in 1833, Hahnemann’s understanding of provings methodology and shift to using *potentised substances* was complete.

<sup>34</sup> Hahnemann moved from his 3<sup>rd</sup> and final stay in Leipzig to Köthen (1821-1835), before leaving for Paris (with his 2<sup>nd</sup> wife, *Melanie*), arriving there, after a journey of 2 weeks, on 21<sup>st</sup> June 1835.

<sup>35</sup> The preparations of Moschus used by *Gross* and *Stapf* are noted on the first of their symptoms contributed:

2 He has a feeling in the head like vertigo. [*Gss*] †

† From 2 grains in powder

3 On the slightest movement of the head, giddy swaying before the eyes, as if something moved rapidly up and down (immediately, merely from smelling). [*Stf*] ‡

‡ From 2 grains rubbed up with sugar, and water, given in three doses in two days

<sup>36</sup> Even in his correspondence we see how Hahnemann controls the preparation and dose for these provings trials, as evident in the following letter from Hahnemann (1813 letter to Stapf, in Richard Haehl, *Samuel Hahnemann, His Life and Work* [HHL], London, 1922, vol.2, p.101):

“I send you along this some tincture of pure *Helleborus niger*, which I gathered myself. Each drop contains 1-20<sup>th</sup> of a grain of the root. Any day when you are well, and have no very urgent business, and have not eaten any medicinal substance (such as parsley) at dinner, take one drop of this to eight ounces of water, and a scruple of alcohol (to prevent its decomposition), shake it briskly, and take an ounce of it while fasting; 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 severe symptoms set in, which I am not afraid of, you may take some drops of tincture of camphor in an 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, taken four or six times a-day, with similar precaution as the other.”

<sup>37</sup> We have already established Hahnemann’s approach for substance trials was to give a conservative dose of the preparation as was normally used in practice – precisely what he did when testing *China* (1790) upon himself where he used a regular therapeutic dose of the standard preparation.<sup>1</sup>

<sup>1</sup> In his formative 1790 experiment, Hahnemann took a hefty therapeutic dose “...I took, for several days, as an experiment, four drams [around 8 grams]\* of good china twice daily.” (Richard Haehl, *Samuel Hahnemann, His Life and Work* [HHL], London, 1922, vol.1, pp.36-37)

\* Cullen writes (*A Treatise of the Materia Medica*, Edinburgh, 1789, vol.2, p.97):

“From all these observations I am satisfied, that the giving of a large dose of bark immediately before the time of accession is the most proper practice: but as the dose must not be under 2 drams of pale bark, so there are some stomachs which will not bear even that quantity, or larger that might be necessary. It is commonly, therefore, convenient to give smaller doses, but to give them every hour for some hours near to the times of accession.”

We further get an idea of his changing posology from the recommendations given in the preambles to a number of remedies (and can follow these over time through the various editions of RA/CK) – we refer the reader to our article *Homœopathic Posology*, available from our *Hahnemann Institute Sydney* website.

<sup>38</sup> As Hahnemann's accuracy in prescribing the most similar medicine (similimum) increased, so did the tendency for aggravation from too large a dose, and this drove his experimentation further and further into the ever-diminishing dose. Already, in the 1<sup>st</sup> volume of RA<sub>1</sub> (1811), Hahnemann tells of the effectiveness of Moschus in very small doses in the tonic spasms often seen in hypochondriacs (Moschus preamble):

“Man wird grosse Heilkräfte von ihm erfahren in dem gespannten, tonisch krampfhaften Zustande der meisten hypochondrischen Personen, wenn man ihn nicht, wie bisher, in grossen, sondern in ganz kleinen, homöopathischen Gaben bei ihnen wenigstens als Zwischenmittel gebrauchen wird, in nicht geringerer als 1000facher Verdünnung seiner Tinktur.”

[One will experience its great healing powers in the tense, tonic spasmodic conditions of most hypochondriacal persons, if it be used not, as hitherto done, in large, but in very small, homoeopathic doses, at least as an intermediate remedy, in no less than a 1000-fold dilution of its tincture]

<sup>39</sup> The singularity of our pursuit is always with respect to *omoion* (hence *omoiopathy* [Homœopathy]), and it is fundamentally important to remember that a *test* for the validity of Homœopathy must be designed around evidencing the fact that symptoms can be removed by substances known to produce similar effects – *irrespective of potency or dose*, as Bönninghausen well reminds us (BLW306):

“... Similia similibus, does not say anything about the size of the dose...”

It is thus a matter of great concern to see so much effort poured into evidencing effects of ultra-dilutions, even of mixtures of substances which have not undergone provings in that combination – with not even a thought for the fact that a *proof of Homœopathy* can only be made in reference *solely* to its singular basis of *omoion*. To test Homœopathy requires testing for *similars* – to show the positive effect of substances known to have produced effects similar to those in the disease to be treated. And the most effective test is one which removes the “noise” of our developed posology, by using moderate (non-infinitesimal) doses; this would eliminate the greatest stumbling-block of the modern scientist who simply cannot trust *method over reason*, and is hence blinkered by the “implausibility” of our posology.

<sup>40</sup> Note: subscript numbers appending an observed effect refer to the MMP symptom number.

<sup>41</sup> Hartmann's account of the *prover's union* work illustrates the carefulness with which he proceeds (Richard Haehl, *Samuel Hahnemann, His Life and Work* [HHL], London, 1922, vol.2, pp.99-101):

“I went to Leipzig University at eighteen years of age (1814) and after the first quarter was introduced to Hahnemann's more intimate circle of pupils, by the oldest friend of my childhood, Homburg. ... Unlearned as we yet were in medicine, and still more so in the proper method of proving drugs, there was nothing left for him – Hahnemann – but to teach us first, and to instruct us minutely in the course we were to pursue, in every respect; this he did in a few words, yet in the clearest and most perceptible manner, as follows:

The human body in the years when it has attained a development nearly complete, is the least exposed to sickness from transient influence, or from the deprivation of its accustomed food, because the powers of life existing in their integrity overpower any injurious effects from such causes before they can make any progress; hence, in the case of young persons, a long preparatory course is not necessary before proving a drug; a resolute determination alone is requisite to avoid everything which may tend to disturb the process.

During such a proving he absolutely forbade coffee, tea, wine, brandy and all other heating drinks, as well as spices, such as pepper, ginger, also strongly salted foods and acids. He did not forbid the use of the light white and brown Leipzig beer. He cautioned us against close and continued application to study, or reading novels, as well as against many games which exercised not merely the imagination, but which required continued thought, such as hazard, cards, chess, or billiards, by which observation was disturbed and rendered untrustworthy. He was far from considering idleness as necessary, but advised moderate labour only, agreeable conversation, with walking in the open air, temperance in eating and drinking, early rising; for a bed he recommended a mattress with light covering.

The medicines which were to be proved he gave us himself; the Vegetable in the form of essence or tincture – the others in the first or second trituration. He never concealed from us the names of the drugs which were to be proved, and his wish that we should in the future prepare all the remedies whose effects we had while students conscientiously tried, fully convinced us that in this respect he had never deceived us. Since he for the most part had previously proved the drugs upon himself and his family, he was sufficiently acquainted with their strength and properties to prescribe for each prover according to his individuality, the number of drops or grains with which he might commence, without experiencing any injurious effects. The dose to be taken was mixed with a great quantity of water, that it might come in contact with a greater surface than would be possible with an undiluted drug; it was taken early in the morning, fasting, and nothing was eaten for an hour. If no effect was experienced in three or four hours, a few more drops were to be taken; the dose might even be doubled, and the reckoning of time was to begin from the last dose; the same was the case where the drug was to be taken for the third time. If, upon the third repetition, no change was remarked, Hahnemann concluded that the organism was not susceptible to this agent, and did not require the prover to make any further experiments with it, but after several days gave him another drug to prove.

In order to note down every symptom which presented itself, he required each one to carry a tablet and lead pencil with him, which had this advantage, that we could describe with precision the sensation (pain) which we had experienced at the time, while this precision might be lost if these sensations were noted down at some subsequent period. Every symptom that presented itself must be given in its connection, even though the most heterogeneous symptoms were thus coupled together; but our directions were still more precise; after every symptom we must specify in brackets, the time of its occurrence, which time was reckoned from the last dose. It was only when one or two days had passed without the occurrence of any symptoms that Hahnemann supposed the action of the drug to be exhausted, he then allowed the system a time to rest before another proving was undertaken. He never took the symptoms which we gave him for true and faithful, but always reviewed them once with us to be sure that we had used just the right expressions and signs, and had said neither too much nor too little. At first it often happened that there were errors, but these became fewer with every proving, and finally there were none at all. At least with those who understood the importance of the matter, and who therefore took these provings sufficiently seriously. In this matter I could always pride myself, and can therefore even now rely firmly upon my own symptoms.

It is an art of its own, this proving of medicines, and it is not as easy as it appears, because it requires a particular kind of attention to grasp properly the symptoms which could only be felt faintly, and these are often just the most important, the really characteristic ones, and of much greater significance than those which set in more violently. The former set in as a rule only after small, delicate doses, while the latter owe their onset to the stronger doses ...”

And from Hahnemann himself we read the following account which affords a glimpse not only of the procedures, but of the truth-seeking intention and solemnity with which he undertook these provings trials (HHL, vol.2, pp.102-103):

“I gave the medicines prepared by myself for this purpose in higher or lower dynamisations, in larger or smaller doses, as everyone could take without being too exhausted by it. Most of the symptoms as one will see, where the name of the prover is not mentioned,

have been observed by me, or by members of my family, to whom I gave the remedy myself. The medicines were usually taken dissolved in a larger or smaller quantity of water, once or twice daily, or less frequently, in order to become acquainted with the effects of the medicines in every respect. The chief thing was, always to see that the provers should be free from erroneous diet and mode of living, as healthy as possible, and keen to explore the high truths which we are expecting to find, with a strong sense of conscientious honesty, without expecting the slightest worldly advantage, not even to hope for the honour of being publicly mentioned as a prover. They were mostly well-known friends and hearers of my lectures. Each one of them was interrogated daily, or every two or three days, on the symptoms experienced by them, partly in order to enquire if any one of them had previously experienced similar sensations (that this might be put in brackets when printing as not altogether due to the medicine), partly that the exact character of his sensations and observations might be compared with the words written down, and perhaps afterwards be able to choose with his consent more definite expressions. All the important secondary considerations of any value were mentioned at the same time together with the symptoms under which they occurred; I drew the attention of each of them, beforehand, to such conditions.”

*Note:* Hartmann’s account spoke of the period of the *Prover’s Union*, comprising Hahnemann’s students at Leipzig University (1812-1821), at which time they were given the substance to prove in used the substance in “...essence or tincture” or “in the first or second trituration”. But at the time of Hahnemann’s account (dated 1839) he was using potencies in provings (as recommended in his 5<sup>th</sup> ed. *Organon*, 1833), as he writes above “higher or lower dynamisations, in larger or smaller doses”.

<sup>42</sup> Only two medicines appeared listing no symptoms from the homœopathic school at their first publication (RA<sub>1</sub>), viz.:

Mosch. (1811, vol.1): 39 ss. old-school, 0 ss. Hahnemann [H]

Aur-fulm. (1818, vol.4): 3 ss. old-school, 0 ss. [H]

<sup>43</sup> The two English-language authorities recruited by Hahnemann for our Moschus were *Cullen* and *Wall*. But we were here able to find English editions of *Boyle* (by Boyle himself) and of *Mead* (Transl. *Stack*) from which to excerpt herein. The remaining works cited by Hahnemann had to be translated afresh.

<sup>44</sup> It was not uncommon at that time for publications (articles, journals, books) in one language to appear subsequently in another. Yet Hahnemann cites the original sources wherever he had access (depending on his location at the time) – thus we see he cites the original *English* accounts when referring to *Baylies* under *Belladonna* (RA<sub>1</sub> [212]), *Conium* (RA<sub>1</sub> [1]), and *Digitalis* (RA<sub>1</sub> [81]), but for *Arsenicum* (RA<sub>1</sub> [37]) he cites *Baylies* in a German review (*Sammlung Auserlesener Abhandlungen zum Gebrauche praktischer Aertze*, 1782, vol.7). In the case of Moschus, he cites the later (Latin) edition of *Boyle* [B<sub>43</sub>], and (German) of *Whytt*, for which authorities we were able to obtain and use the originals (English).

<sup>45</sup> Women were held to be of hysterical *disposition* (Gr. υστέρη [yistéra] = uterus), hence we read (*A Complete History of Drugs* (Anon. transl. from the French) London, 1748, 4th ed.):

“The Use of Musk is not very frequent in Physick, because it is very improper for Women...” (p.15)

“People are afraid of it now, because it raises the Vapours, especially for Women. ... They apply it to the Womb, to allay the Vapours,\* especially for Women.” (p.16)

\* Many conditions were thought to arise by ‘malignant vapours’ disturbing the animal spirit, as may be seen in Nicholas Culpeper’s *A Directory for Midwives*, London, 1693. Generally it was synonymous with hysterical fits (see Purcell, J., *A Treatise of Vapours, or Hysterick fits*, 2<sup>nd</sup> ed., London, 1707).

We must here also remind the reader, as we have clarified elsewhere and multiply, in Hahnemann’s time, the same disorder, when afflicting men was termed *hypochondria*, when afflicting women, *hysteria* (in females it was seen to arise from dysfunction of the uterus). But unlike what is misunderstood today by hysteria, Hahnemann writes the following (*Organon* §96, footnote):

“A pure fabrication of symptoms and sufferings will never be met with in hypochondriacs, even in the most impatient of them—a comparison of the sufferings they complain of at various times when the physician gives them nothing at all, or something quite unmedicinal, proves this plainly:—but we must deduct something from their exaggeration, at all events ascribe the strong character of their expressions to their excessive sensibility, in which case this very exaggeration of their expressions when talking of their ailments becomes of itself an important symptom in the list of features of which the portrait of the disease is composed. The case is different with insane persons and rascally feigners of disease.”

We further refer the reader to an interesting modern account by C.S.North, *The Classification of Hysteria and Related Disorders: Historical and Phenomenological Considerations*, *Behavioural Sciences*, 2015, vol.5, pp.496-517, wherefrom we read:

“The above history documents that in American psychiatry by the middle of the twentieth century, the syndrome of hysteria was firmly established and was defined as multiple recurrent unexplained physical symptoms presenting in many different organ systems ...” (p.501)

“Remarkable overlaps of clinical features among patients with dissociative, somatoform, conversion, and borderline personality syndromes have been described elsewhere ... Patients with these disorders have been variously described as having in common a female preponderance ...” (p.508)

<sup>46</sup> [B<sub>32.1.1</sub>] Boerhaave, Hermann (1668-1738): *Praelectiones academicae de Morbus Nervorum* [Academic lectures on nervous diseases] manuscripts collected and published posthumously by his student Jacobus van Eems, Lipsiæ, 1761, vol.2, *De Paralysi*. On p.744 of this work from Boerhaave, speaking of the sweet odour of musk penetrating the house, we read:

“... potest ita afficere nervos, ut simulæ ejus odor percipitur, mox oriantur dirissimi spasmi, imprimis in hypochondriacis & hystericis; ergo miram habet efficacem in systema nervosum; hinc quum in Paralysi indigemus tremoribus concutientibus, quo Hippocrates & Aretæus adeo commendant, Moschus certe princeps est.”

[... It can affect the nerves at the same time that its odour is perceived, the most cursed spasms soon arise, especially in the hypochondriacs and hysterics, is therefore wonderfully effective for the nervous system, and is certainly the leader in tremors and shaking Palsy, as Hippocrates and Aretæus so recommend.]

Hahnemann derives the following single symptom into Moschus from this account:

122 The most violent convulsions in women and men. [B<sub>32.1.1</sub>] \*

\* Note here the Latin writes in hypochondriacs & hysterics – at that time, this was considered the same affection, but when afflicting men, termed *hypochondria*, when afflicting women, *hysteria* (for it was seen to arise from dysfunction of the uterus in females). Hahnemann here changes these terms to refer generally to “women and men”.

<sup>47</sup>[C<sub>10</sub>] Cartheuser, Johann Friedrich (1704-1777): *Fundamenta Materiae Medicae*, 1750, Sectio 12, Caput 49, §6. We read (pp.379-380):  
 “Cruorem fluidum nerveum, ceterosque humores mirifice expandunt, et forti hac expansione persaepe capitis dolorem, vertiginem, lipothymiam, apud plethorica inprimis subjecta, provocant, immo, solus odor eorum multis, tam masculini, quam foemini sexus, hominibus, maxime autem foeminis hystericis adeo adversatur, ut eundem citra animi deliquium, summamque anxietatem, diu perferre nequeant:...”

[The blood and other fluids amazingly expand, and this often provokes strong headaches, vertigos, syncopes, especially with plethoric subjects, in fact, in many from the odour alone, both the male and female sex, but especially hysterical women, ... great anxiety, can not bear it for a long time...]

Hahnemann derives the following four symptoms from this account, for Moschus:

- 1 Vertigo. [C<sub>10</sub>]
- 13 Headache. [C<sub>10</sub>; S<sub>22</sub>; R<sub>25</sub>]
- 126 Syncopes. [H<sub>42.1.5</sub>; C<sub>10</sub>; M<sub>22</sub>; P<sub>6.1.9</sub>; F<sub>28</sub>]
- 151 Great anxiety. [H<sub>42.1.5</sub>; C<sub>10</sub>]

<sup>48</sup>[F<sub>28</sub>] Fuller, Thomas (1654-1734): *Pharmacopœia Extemporanea*, Amstelædemi, 1709. From Fuller we read (pp.219-220):

“Conducunt Vomitionem, Singultum, Leipothymian, nonnunquam & Hystericam passionem patientibus. Moschi Zibethique odor Hypochondriacae Suffocationi obnoxias Mulieres repentina Syncope exanimat;...”

[Excites vomiting, hiccough, syncopes, sometimes hysterical sufferings. Hypochondriacal women liable to choking & sudden syncope, were killed from the Civet-like odour of Musk.]

From this account Hahnemann incorporates the following symptoms into Moschus:

- 126 Syncopes. [H<sub>42.1.5</sub>; C<sub>10</sub>; M<sub>22</sub>; P<sub>6.1.9</sub>; F<sub>28</sub>]

Fuller himself published an English edition (London, 1710 – as he writes “forced to it” for the “publick Good”). Therein we read:

“Most Hysteric Women, and many Hypochondriac Men, cannot away with the smell of Musk, for their Animal Spirits being of too fine and rare a Texture, are greatly agitated with such strong Odours; and so running into inordinate Motions, easily produce Spasms in the Plexas Nevosi, and internal Viscera.” (p.319)

“The Smell of Musk and Civet makes Hypochondriac and Hysteric Persons swoon away; ... Musk exagitates the Blood after a potent manner, and mightily refreshes the Spirits.” (p.345)

<sup>49</sup>From Hahnemann we read (1813 letter to Stapf, in Richard Haehl, *Samuel Hahnemann, His Life and Work* [HHL], London, 1922, vol.2, p.101):

“When I propose any substance for proving, I will take care that it is nothing that will ruin health, and so prepared that it will not affect you too violently; for we are not entitled to do injury to ourselves. ...”

The theoretical opposition by *Hughes, Langheinze, Reil, Roth, Trinks*, and even *Dudgeon* (to a lesser degree) of symptoms collected upon patients is rejected. Many of our most important observations toxicological, as is seen with Aconite, Belladonna, Colocynthis, Conium, Digitalis, Hyoscyamus, Spigelia, Stramonium, etc. When one is entirely familiar with a disease and can identify it precisely, they are able to readily distinguish new, substance-induced symptoms not belonging to that disease, and confirm this by stopping & again resuming the substance to observe those effects return with each re-dosing. Hahnemann writes (*Organon*, §142):

“But how some symptoms of the simple medicine employed for a curative purpose can be distinguished amongst the symptoms of the original malady, even in diseases, especially in those of a chronic character that usually remain unaltered, is a subject appertaining to the higher art of judgement, and must be left exclusively to masters in observation.”

<sup>50</sup>Whilst the paradigm of the old-school, blinkered by preconception of plausibility, blinds it to perceiving (& reporting) the *definition* required to differentially apply the observed effects of substances with individual case-specific accuracy, the homœopathic school readily examines and recruits all determinate factual reports of substance effects, whatever their source.

<sup>51</sup>J.C.G., Jörg’s *Materialien zu einer künftigen heilmittellehre durch Versuche der Arzneien an gesunden Menschen* [Materials for a future Materia Medica through experiments with medicines on healthy people], Leipzig, 1825, pp.285-307. Jörg (who remained a staunch allopath) intended to observe the effects of drugs “nach Hahnemann” (i.e., through *methodical experiment on the healthy*), but his work is generally made inadequate especially by his confounding dosage regimes (timing and repetition), and by his use of mixtures (e.g., *Moschus-Magnesia*, *Digitalis-Magnesia*). For Moschus, Jörg recruits himself and 8 others for this substance trial [*Güntz, Kneschke, Martini, Otto, Siebenhaar, Frau Ch.*, (45 year old female) *kleine Th.* (12 year old girl), *Theodor Jörg* (his 14 year old son)], all experimented using the crude substance mixed with water, with magnesia and water, or with sugar.

<sup>52</sup>Hartlaub C.G.C. and Trinks C.F., *Reine Arzneimittellehre* [Pure Materia Medica] Leipzig, 1831, vol.3, pp.285-307.

<sup>53</sup>The following old-school case (albeit a ‘lucky-hit’ prescription) illustrates the value of Moschus in such nervous (ataxic, spasmodic, hysterical) disorders, whilst at the same time provides a glimpse into the physician’s arrogant patient-blaming for their refusal to comply with distasteful and ineffectual methods then in vogue (hence Hahnemann’s abandonment of such harmful *non-science*): Parsons, J., A Remarkable Instance of the Happy Effect of Musk, in a very Dangerous Case, *Philosophical Transactions of the Royal Society of London*, 1746, vol.44, pp.75-78:

“Mr. *Darlington*, who lodges at the *Cheshire Cheese* below *Charing Cross*, a Man of a robust Habit of Body, was taken ill about the beginning of *December* last of a *Rheumatic Fever*, attended with the Loss of the Use of his Limbs, excessive Pain in every Part, and Swellings in his Knees and Hands, with all the other symptoms usual in this kind of Fever: Besides which he cough’d up grumous Blood, and had a Pain which was very violent in his right Side, from a Fall against the Edge of a Table, a few Days before he was seiz’d with this Fever, which render’d his Case the more dangerous.

During the first ten Days he was attended by his Apothecary only; who, finding him grow worse, proposed a Physician, who was accordingly called in, and order’d a Bleeding, with such other Remedies as he thought necessary: This, I understood, was the second time he had been let Blood. But the Patient by this time was so averse to taking Medicines, that he did not duly follow the Method ordered by this Gentleman, and at length absolutely refused to take any more, and so discharged the Doctor on the fourth Day of his Attendance.

On the fifteenth Day of his illness he sent for me, having been formerly concerned for some of his Family. I found his Symptoms had increased, and his Disease gaining Ground apace. I had him let Blood immediately, which was one third Part Size, and order’d it to be

repeated, and put him under such a Regimen as the State of his Case then required; but as soon as I was gone, he refused to comply with my Prescriptions also. I express'd my concern for his obstinate temper, and left him on my fourth Visit.

Thus were eighteen Days passed, and his Case growing more desperate every Day. I heard no more of him till five Days after, which was on the twenty-third Day of his Disease, when I was intreated to visit him again, and found him most miserably afflicted with two of the most dangerous Symptoms that can appear at the end of such a dangerous Distemper; viz. a long *Intermission* of his *Pulse* every third or fourth Stroke, and a most fatiguing *Hiccup*, which struck him violently about ten times in a Minute.

His Case was now deplorable and desperate (thro' his own Folly), and what I was almost ready to give up, especially as he was then very weak and delirious: However, willing to assist him, and calling to Mind the accounts of the *Musk* some time since communicated to the Royal Society [Wall's account (1744) W<sub>4</sub>], was resolved to have recourse to it here. Accordingly I directed a Draught, consisting of an ounce of strong Cinnamon water, two Drams of compound Piony water, and fifteen Grains of *Musk*, with orders to increase the Dose of Musk to twenty Grains, and repeat the Draught every six Hours. . . I also told his Wife to give him a Glass of Sack, as often as he would have it; and at the same time caused three blistering Plaisters to be laid on his Neck and Arms, which, among other things, he had refused before.

In four Hours after the first Draught the intermitting Pulse was alter'd to a very calm regular one; but the Hiccup continued with the same Violence, till he had taken the fifth Draught; and then returned only once in 6 or 7 Minutes.

His Senses were now restored, and he grew cheerful and easy, and said he would take no more of any kind whatsoever: But, being unwilling to cease the Exhibition of a Medicine which bid so fair for his recovery, I gave him a Glass of Sack, into which the sixth Draught was privately pour'd, which took away his Hiccup intirely.

The next Day he had an Appetite to eat, and was indulged by his Wife with a large Chicken, a great deal of Bread, and a Pint of Beer and Ale, which he ate greedily: this overcharged his stomach, and brought on his Hiccup again, which fatigued him much, before I visited him in the afternoon. I then directed a purging Draught immediately, which emptied him well, and conquer'd his Hiccup, and every other bad symptom.

Next Day I found him well, limited his Diet for a few Days, with Directions to repeat his Purge once more, after three Days; and in a fortnight he went abroad.

The blisters might perhaps conduce, in some measure, to do him Service; but as the Man was so many Days ill, and reduced to a Condition very little, if at all, better than that of a dying Man, I believe the *Musk*, rather than the blisters, was the medicine that restored him: for I have often seen the latter applied in a greater Number in vain, even when the symptoms were not so seemingly desperate as in the Case before you. He took near one hundred and five Grains of Musk in about thirty Hours; but I can't say he either slept or perspired more than ordinary on it."

<sup>54</sup> It is not here my intention to provide a complete monography of this important medicinal substance – but these few examples aim to illustrate the value of studying the recorded effects of substances even when they exist outside of our own Homœopathy – for these effects, reported faithfully and accurately, may be readily applied homœopathically.

<sup>55</sup> For MMH we have replaced the old school author citation with a specific code in order to improve readability by removing the clutter of often lengthy citations. This also allows detailed citations to the original literature, and to further append notes and excerpts as a true reference work for the clinician to study at their leisure.

<sup>56</sup> Thomæ Bartholini's *Epistolarum Medicinalium* [Medical Letters], Hafniae, 1763 comprises two *Centuria*, each of which contains 100 *Epistola* [letters], and this single volume is numbered consecutively, hence "Cent.II" commences on page. 417, and we also checked *Epistola* 87 which also did not treat of Moschus.

<sup>57</sup> Our MMH citation is: Bartholin, Thomas (1616-1680): *Historiarum Anatomicarum Rariorum*, Hagae, 1654, cent.2, historia 87, p.285.

<sup>58</sup> The original Latin of *Bartholin* reads (*Suppressus Mensium fluxus* [supressed menstrual flow], historia 87, p.285):

"Suppressis mulieri Malmogianae menstruis evacuationibus, ingens sub costis spuriis dextri lateria oriebatur tumor circa hepatis regionem, de cuius dolore saepius antea fuerat conquesta. Aperto abscessu maturo pus effluxit cruentum, percuratoque ulcere, sana vixit et voto deinceps mensibus fluentibus. Neapoli feminam duobus abscessibus occupatam invisit, quae ex solo moschi odore menses suppressos provocavit."

This sequence of mis-citations provides clear evidence Hahnemann had *assistants* (compilers) who assumed and 'completed' so to speak the (sometimes too) brief citations of Hahnemann – in the first instance RA<sub>I</sub> [17], wrongly giving the work as "Epist. med.", and then, for RA<sub>II</sub> (69) wrongly *assuming* the "87" referred to a page number when it referred to the case-history (historia) number. What is certain, however, is that Hahnemann himself knew (and had extracted from) the correct source he cited.

But let us now consider the note appended by *Richard Hughes* to Bartholin in this symptom for MMP:

MMP70 Occurrence of the menses from the mere smell. [VOGEL, l.c. – TH. BARTHOLIN, *Epist. Med.*, Cent. ii. p.87.<sup>4</sup>]

<sup>4</sup> Observation of effect of odour. [note appended by *Hughes*]

For we know this symptom was *not at the place cited*, so why did *Hughes*, without even checking the source, add his own note – as if to add something confirmatory from his own examination of the original – merely a *pretence* of thoroughness.

<sup>59</sup> See especially ss.26, 36, 37, 71, 72, 117, 144

<sup>60</sup> The original Latin of Vogel reads (*Historia Materiae Medicae*, Lugduni Batavia & Lipsiae, 1758, p.356):

"Solum moschi odorem menses prouocasse annotauit TH. BARTHOLINUS cent. II. hist. 87. Et BRASSAVOLVUS asserit, quod, si moschus cum oleo quodam componeretur, eoque virile membrum vngeretur, mulieres adeo in venerem proritet, vt variis & inusitatis motibus clunes moueant."

<sup>61</sup> We read from the *Dictionnaire des sciences médicales*, Paris, 1813, vol.4, p.177:

"Borelli (cent. 2), dit avoir connu un homme qui se frotta le membre viril de musc avant le coït; il l'exerça et resta uni à sa femme comme les chiens le sont avec leurs femelles. Il fallut lui donner une grande quantité de lavemens, afin de ramollir les parties et obtenir la séparation des deux individus. Diemerbroeck confirme cette singulière propriété du musc par une observation analogue à la précédente: ici il fallut, pour séparer les conjoints, qu'on leur jetât beaucoup d'eau froide. Schurigius fait mention d'un cas analogue produit par la même cause."

<sup>62</sup> The original German account reads (*Vermischte Medizinische Schriften*, 1778, part 1, pp.44-45):

"Ein munterer Herr, welcher nahe an achtzig Jahr ren war, bekam endlich eine Schwäche an Augen und Ohren. Ich leitete diese Fehler vom Alter her, Mund machte überhaupt keine große Versprechungen. Ich gab zum Scheine einige äußerliche und innerliche Mittel.

Innerlich nahm er den Bisam mit Zucker verrieben. Welche heitere Freude lächelte einstens aus dem Gesichte des Alten, da er mich wieder sah! Er erzählte mir mit Entzücken eine Wirkung vom Bisam, die er in seinem Leben nicht wieder vermuthet hatte. Drei Jahre lang hatte schon der Alte keinen Beyschlaf geübet, und seitdem war ihm das männliche Glied so klein geworden, oder so zurückgegangen, daß er es wirklich ehestens ganz zu verlieren glaubte. Nun auf den Gebrauch des Bisams war auf einmal das Männliche wieder zu einer gewöhnlichen Größe herfürgekommen. Was das für ein wirksamer Bisam war !”

<sup>63</sup> Dimitriadis, G., *The Bönninghausen Repertory – therapeutic pocketbook method*, 2010, HISydney.

<sup>64</sup> Hahnemann, S., *Die chronischen Krankheiten*, 2<sup>nd</sup> ed. 1835-1839 [CK<sub>II</sub>], translation by L.H. Tafel (1896) as *The Chronic Diseases, Their Peculiar Nature and Their Homœopathic Cure*.

<sup>65</sup> L. *omne mane: every morning*. It is not my intention here to detail the methods of homœopathic pharmacy and dispensing.

<sup>66</sup> The too frequent repetition of doses (in sensitive subjects) may act cumulatively to trigger spill-over effects – this may be checked against the known effects of the substance. In this case, the hurtful (to others) behaviour has been seen in *Natrum carbonicum* (MMH ss.38-53):

38 Ill-humoured, discontented and almost inconsolable. [*Lgh*]

39 Peevish, but disposed to work. [*Lgh*]

40 Peevish mood, almost constant, up to the 30<sup>th</sup> day. [*Srt*]

41 Out of humour and solicitous. [H]

42 Peevish [Verdriesslich] and cross [ärgerlich], no one can do anything to suit her (5<sup>th</sup> d). [*Ng*]

43 Cross (aft. 24h). [H]

44 Cross, without cause. [H]

45 Crossness, in the evening (aft. 10h). [H]

46 Cross, irritable [reizbares] disposition. [H]

47 She is annoyed and gets passionate about trifles. [*Srt*]

48 Peevish and cross, dissatisfied with all the world; he could have kicked himself; he would rather not live at all; at the same time solicitous about the future, so that he is ready to despair. [*Srt*]

49 Mood inclined to anger [zum Zorn geneigte Stimmung]. [H]

50 Extremely irritable to anger, with cheerful disposition. [H]

51 Very sensitive, in the forenoon, as after an annoyance (aft. 2d). [H]

52 Furious [Zornig], disposed to quarrel and fight, and cannot bear any contradiction (11<sup>th</sup> d). [*Ng*]

53 So much irritated by an ordinary provocation, that he speaks with the most vehement violence until he is exhausted. [H]

Moreover, the incorrect (though close) remedy may also trigger a reaction to trigger an aggravation of existing symptoms or even new symptoms never-before suffered by the patient if they be sufficiently susceptible to the action of that substance.

<sup>67</sup> *Gustave Adolph Schrëter* contributes around 1200 symptoms to 15 medicines in Hahnemann’s pharmacographies, viz:

*Agar*. [40], *Alum*. [151], *Amm-c*. [31], *Ars*. [6], *Borx*. [432], *Calc*. [10], *Iod*. [61], *Kali-n*. [95], *Lyc*. [3], *Mag-m*. [55], *Nat-c*. [151], *Nat-m*. [141], *Phos*. [33], *Rhus*. [5], *Sars*. [24]

One way of checking the quality of a contribution is through the clinical verification (e.g., indicated by an increase in grading in Bönninghausen’s TT (now TBR in the English language). In the case of *Schrëter*, who contributed most of the symptoms for the remedy *Borax* (432 out of 460 ss), we evidence a great confirmation of symptom CD ss.4,5 which describe the subsequently well confirmed *fear of downward motion*, and which therefore re-inforces the validity of *Schrëter*’s contribution (at least for *Borax*). A brief account of *Schrëter*’s life will be found in HHL, vol.2, p.497.

<sup>68</sup> Whilst we *Nat-c*. is listed under both *amel.* and *aggr. after eating* (in high grade), the improvement is with respect to symptoms of digestion and languor, whilst the aggravation after eating pertains to disturbances of mood – the exact opposite of the patient whose mood settles after eating (non-dairy).

<sup>69</sup> Hahnemann himself guides us in this circumstance (§170):

“Hence in this as in any other case where a change of the morbid state has occurred, the remaining set of symptoms now present must be inquired into ... another homœopathic medicine, as appropriate as possible to the new state now before us, must be selected.”

<sup>70</sup> *David Didier Roth* (1808-1885) attempted so-called “purification” of *Dulcamara* (HV (1863) vol.14, p.180) *Plumbum aceticum* (HV (1863) vol.14, p.420), *Cantharis* (HV (1863) vol.14, p.430) To get an idea of the mindset and ‘findings’ of D.D.Roth, let us read from the following editorial review of David Wilson’s *How far is Hempel to be trusted as a Translator of Hahnemann’s works?* (*British Journal of Homœopathy*, London, 1863, vol. 21, pp.468-469):

“Dr. Roth states here, that with the provings of Langhammer, Apelt, Hromada, N-g, F. Hahnemann, Gersdorff, and others, he concludes he has already detected 16,140 erroneous, or at least doubtful symptoms in the *Materia Medica*. Of Nanning (N-g) he speaks as follows: “The symptoms of Cajetan Nanning ought on no account to remain in the *Materia Medica*.”

The following comment from *Hahnemann* to *Gersdorff* will suffice to illustrate that Roth’s remarks are to be entirely rejected (Richard Haehl, *Samuel Hahnemann, His Life and Work* [HHL] London, 1922, vol.2, p.485):

“I have used my few leisure hours to tabulate your important symptoms on charcoal, and to put them in their right order in my book, and I have only just finished this task—you have sent me so much material of great interest collected with much trouble and *sacrifice on your part*. Accept my best thanks for it. The consciousness of having done good for the art will be your reward. You are accurate and the information agrees with much which I already possess. ...”

We further remind the reader that, next to Hahnemann himself, *Nanning* contributes the greatest number of symptoms to Hahnemann’s pharmacographies (around 5,500) – given Hahnemann recruited only those symptoms with which he agreed (see *Hartmann*’s account, HHL, vol.2, p.99), this puts entirely to rest any suspicions for the symptoms appearing in RA or CK.

The reader may better sense the morbid mentality of *Roth* from his lengthy article “On Hahnemann’s Merits, Errors, and Critics” (*British Journal of Homœopathy*, vol.30, 1872, pp.61-101), wherein, in trying to defend his antipathy to Hahnemann and the mounting opposition he faced from *Hering* et al., thoroughly deludes himself into accusations of senile dementia against Hahnemann (for his use of high potency):

“We trace the so-called high dilution to a delusion by which he was infected in his advanced years through his blind disciples.” (p.86)

<sup>71</sup> *Langheinz* attempted so-called “purification” of *Opium* (HV (1863) vol.14, p.201, thence *British Journal of Homœopathy* [BJHom], 1864, vol.22, p.17) and *Moschus* (HV (1863) vol.14, p.305, thence *BJHom*., *ibid.*, p.177)

<sup>72</sup>Such authors as these show their pre-positioning when approaching this topic – their analyses, albeit detailed, were in advance ill-perceived and therefrom wrongly concluded. Their lack of real comprehension conjoined with a sense of self-importance made it easy to dismiss and seek to remove symptoms which they deemed useless or unreliable. Let us follow some of their comments:

*David Didier Roth* (1808-1885) we read (Studien der Arzneimittellehre [Studies of Materia Medica], *Homöopathische Vierteljahrschrift* [HV] (Homœopathic Quarterly), Leipzig, 1861, vol.12, pp.65-66):

“Ja wohl hat Gross recht, denn nicht einzelne, Hunderte, ja Tausende von symptomten figurieren in der Arzneimittellehre, die gar nicht den Arzneiwirkungen der geprüften Mittel angehören.”

[Gross is right, for not single, *hundreds*, yes *thousands* of symptoms appearing in the materia medica are not the effects of the medicines tested]

*Friedrich Langheinz* (Critical examination of the opium symptoms in Hahnemann’s *Materia Medica Pura*, *British Journal of Homœopathy* [BJHom] London, 1864, vol.22, p.17):

“The purity of the *Materia Medica Pura* as the basis of all Homœopathic practice has for years been a frequent subject of controversy. On the one hand Homœopathic physicians and writers have more or less positively asserted that many symptoms of *M. M. Pura* are *anything but* “pure.” The purification of that work has been considered as a thing demanded by necessity; and in many quarters (as far as I know, chiefly by Dr. Roth, of Paris), steps have been taken to carry out this idea.”

*Langheinz*’s error here stems from his failure to comprehend that by “pure” is meant *conjecture-free*, in complete contra-distinction to the MM of the old-school wherein *theoretical speculation* formed the main pillar upon which prescriptions were made. This is seen in his following comment (*ibid.*, p.18):

“According to H., the pure effects of medicines can in no wise be ascertained by observations on the sick.”

That Hahnemann did never and could never hold such a position is plainly evident from even a cursory look through Hahnemann’s pharmacographies, wherein we find a significant number of symptoms derive from medical overdose on *patients* treated with that substance (as for example plainly evident with *Ant-c.*, *Cina*, *Dig.*, *Iod.*, *Op.*, *Stram.*, *Verat.*, etc.).

What *Langheinz* so readily misunderstood, is that Hahnemann directed, as a perfect approach, *methodical* substance trials on the (relatively) healthy (provings) – ideal, controlled trials. Hahnemann not only did not discount off-hand the existing toxicological records, but sought them out and recruited those which he judged to be valid. So the suggestion by *Langheinz* that all such effects obtained on the sick are ‘impure’ and must be purged, shows his utter ignorance as to definition, which would have us discard the numerous and invaluable symptoms obtained from just such records.

Moreover, even in sickness, the careful observer could distinguish new symptoms from those of the existing disease – unexpected symptoms never before associated or seen with the illness being treated, and hence conclude it was the therapeutic agent which produced it. And Hahnemann himself states just that (RA<sub>III</sub>, vol.1, Vorrede, p.5; MMP (Dudgeon), Author’s Preface, p.2):

“Among the observations from extraneous sources in the following pages are some which were observed in patients; but as these were the subjects of chronic disease whose morbid symptoms were well known and were not confounded with the new effects caused by the medicine taken—at least GREDING seems to have carefully avoided doing so—these observations are not altogether valueless; at all events, they serve occasionally to confirm similar or identical symptoms that may appear in pure experiments on the healthy.

As regards my own experiments and those of my disciples every possible care was taken to insure their purity, in order that the true powers of each medicinal substance might be clearly expressed in the observed effects. They were performed on persons as healthy as possible, and under regulated external conditions as nearly as possible alike.

But if during the experiment some extraordinary circumstance from without happened which might even be supposed to be capable of altering the result—for example, a shock, vexation, a fright, an external injury of considerable severity, dissipation or over-indulgence in something or other, or any other circumstance of importance—from that time no symptom that occurred in the experiment was registered; they were all rejected, so that the observation should contain nought that had a suspicion of impurity about it.

If some little circumstance happened during the experiment, which could hardly be expected to interfere with the effects of the medicinal action, the symptoms subsequently noticed were inclosed within brackets as not certainly pure.”

Let us read again the pathological mindset of *Langheinz* who would have us dismiss the acceptance of Moschus by Hahnemann and throw it out of our materia medica in its entirety (The Musk Symptoms of the Pure Materia Medica, *ibid.*, p.199):

“Of all the symptoms in the Pure Materia Medica ascribed to Musk, criticism can allow but few to be reliable; most of them should be rejected at once, and not a single one of them fulfils the requirements of the present conditions of science.”

One has to wonder at the impudence of this man, who, based on misconception, seeks to eliminate symptoms simply because he fails to comprehend them – as for example his dismissal of *tetanus* (Mosch.RA<sub>III</sub> 93, 120) merely because he mistakes the meaning of tetanic contraction (maximal muscular contraction; *rigidity*) rather than the disease in which such contraction is characteristic (tetanus)! And from a man who admits his own ignorance of provings methodology:

“It is not my intention to present a new proving of Musk, I consider our knowledge on the subject insufficient for the purpose, and I believe that the examination of its physiological effects must be left to a better informed future.”

There are so many errors in the arguments and examples given by *Langheinz*, as to question how it is possible anyone so detailed in his investigations (as he indeed was), could fail (as indeed he did) to comprehend the value of the symptoms (and their fragments) which were so painstakingly collected and reported by Hahnemann, and others (even of the old-school)? The only conclusion to be drawn is that his increasing zeal to *reduce* the MM to symptoms he could himself verify (*yet without undertaking provings*), overtook any proper judgment, that the data itself blinded him to its meaning – similar to what *Drysdale* concludes (On the Allopathic and Homœopathic use of Specifics, *British Journal of Homœopathy*, London, 1867, vol.25, p.443):

“Langheinz, in his extreme desire for impartiality as a critic, goes, I think, too far.”

Now we mention here *Richard Hughes*’ position on this matter with respect to the “value” of Musk as a therapeutic agent (*A Manual of Pharmacodynamics*, 2nd ed., 1868, p.405):

“There is a proving of Moschus in the Mat. Med. Pura. Dr. Langheinz’s analysis of this pathogenesis, which you may read in vol. xxiii of the ‘British Journal’ shows it to be of little value. ... I use the 2nd and 3rd dec, dilutions of the tincture. I believe that the odour of this medicine is of importance to its action, and that pilules and globules of it are useless.”

Not only does *Hughes* ‘believe’ that it is the odour alone which has therapeutic effect (perhaps he imagines the same about *Asafœtida*, *Camphor*, etc.) he also readily accepts *Langheinz*’s ill-determined conclusions.

<sup>73</sup> We have shown in our previous and lectures that a characteristic is something which typifies (consistent with), and that amongst characteristics we need search for those which help to further distinguish (i.e. *distinguishing characteristics*) the single medicine for the case.

<sup>74</sup> Human error aside, despite the occasional incompleteness of, or unavoidable mistakes in citation which we find, Hahnemann was prolific in his use of citation (more so than many of our present authors), seeking always to provide the evidence of his inclusions.

<sup>75</sup> We do not here wish to burden the reader with too much material, but its importance, even today, warrants some input from our learned colleagues of past, sufficient to provide a historical context and dispose of this matter properly:

David Wilson, Fragmentary Remarks, *The Monthly Homœopathic Review*, London, 1863, vol.7, p.502:

“I am quite aware that Dr. Roth of Paris and others are trying to purge the *Materia Medica* of supposed errors; but I also know that Dr. Constantine Hering of Philadelphia does not agree with these gentlemen in their labours, and I would rather defer to the solid judgment of a mind like Hering’s than to that of critics destitute of his vast knowledge both as a prover of drugs and immense experience as a physician. Dr. Roth, in his list of remedies from which he would expunge so many thousands of symptoms, omits *Gratiola* and *Paris Quadrifolia*, to which Ng. contributed respectively 514 and 79 symptoms. In fact, were Dr. Roth’s demolition accepted, the *Materia Medica* would be in a nutshell. I can answer him by numerous cures effected through the remedies to the selection of which I was led by the very symptoms he expunges! ...”

Carroll Dunham, Retrospect, *American Homœopathic Review*, New York, vol.5, 1865, p.61:

“The disposition early shown to expurgate the *Materia Medica*, as it was called, and to exclude from it most of the subjective symptoms, reducing each proving to a collection of objective phenomena, led to the re-provings of drugs by the Austrian Society. This labor was unquestionably undertaken for the purpose of showing that Hahnemann had been very loose and unguarded in compiling his *Materia Medica*, and that many symptoms therein contained were untrustworthy. By the admission of the Austrian provers themselves, the result was a complete vindication of Hahnemann. The effect on the school at large was an increased respect for Hahnemann, and a greater confidence in his teachings and provings.”

Carroll Dunham, An address delivered before the Cayuga County Homœopathic Medical Society, in *Transactions of the Homœopathic Medical Society of New York*, 1866, vol.4, pp.174-178:

“Hahnemann gave us a *Materia Medica Pura*, in which the slightest effects of drugs, not merely those which could be observed by a looker-on, but also modifications of sensation, thought and emotion, perceptible only to the prover, were carefully recorded in such a way as to make the effects of each drug most clearly distinguishable from those of every other. A cry went up at once from the ranks of the old school, against the puerility of these alleged provings, and the absurdity of prescribing for serious diseases on the strength of such “trivial” symptoms. It was affirmed that subjective symptoms of which the majority of each proving consists, are almost valueless to the prescriber as an indication for treatment. A great many homœopaths were deeply moved by these allegations and proceeded in various ways to expurgate the *Materia Medica*, striking out the subjective symptoms and seeking the characteristics only in the few objective symptoms which the provings contain. The injurious influence thus exerted on the practice of homœopathy throughout the world has been almost inexpressibly great!

The disposition early shown to expurgate the *Materia Medica*, as it was called, and to exclude from it most of the subjective symptoms, reducing each proving to a collection of objective phenomena, led to the re-provings of drugs by the Austrian Society. This labor was unquestionably undertaken for the purpose of showing that Hahnemann had been very loose and unguarded in compiling his *Materia Medica*, and that many symptoms therein contained were untrustworthy. By the admission of the Austrian provers themselves, the result was a complete vindication of Hahnemann. The effect on the school at large was an increased respect for Hahnemann, and a greater confidence in his teachings and provings.

The studies of *Materia Medica* by Dr. Roth, which are now appearing in the *Vierteljahrschrift*, have a similar object; they are monuments of industry, and will certainly do much good; chiefly, however, in a direction the very opposite of that in which their author intends them to operate. Dr. Hering has already exposed the inaccuracy of many of Roth’s criticisms on Hahnemann’s provings; but the very barrenness of the state to which he would reduce the *Materia Medica*, making it a mere collection of objective symptoms of results of pathological actions, deprived of all the characteristic individuality which subjective symptoms give, shows to the intelligent student, that such a *Materia Medica* can never meet the needs of the prescriber. A similar result attended the labors of the compilers of the so-called “*American Materia Medica*,” which appeared in the *North American Journal*, but came to an end, we believe, at the time of the secession of its chief fabricator, Dr. Peters. The revulsion from these attempts to eviscerate Hahnemann’s *Materia Medica* has been a powerful agent in the reaction we speak of.”

Constantine Hering, *Materia Medica with Pathological Index*, Philadelphia, 1873, vol.1, pp.39-40:

“In the history of our school, the so-called criticisms of *Materia Medica* take up a large space, and it is of importance that our younger colleagues should know all about them. ... Hahnemann’s *Materia Medica* was attacked by the old school from 1805 up to the time when our enemies commenced to try to kill us by silence. The Anti-Hahnemannians, beginning among the Homœopathic school, in 1830 repeated nearly all objections made by the old school, adding but a few equally absurd. In Vienna, the old school doctors commenced a series of provings on the healthy, in order to refute Homœopathy. They failed and had to give up. In Vienna the homœopaths commenced a long and very valuable series of re-provings, in order to refute Hahnemann. They failed and had to give up.

Watzke, a very learned and gifted man, was forced to acknowledge the greater effect of the so-called smaller doses. The re-proving of *Colocynthis* and *Aconite* in 1844, of *Argentum* and *Thuja* in 1846, of *Bryonia* in 1847, and *Nat. muriaticum* in 1848, had corroborated nearly every symptom in Hahnemann’s provings, it being the same when the famous provings of *Sulphur* were published in 1857, the same with *Clematis*, the same with *Cyclamen*, the same with *Lycopodium* and *Opium* in 1862, and the same with *Agaricus* in 1863. Watzke was forced by facts to acknowledge already, in 1848, that the potencies caused more symptoms on the healthy and made more cures of the sick, and exclaimed, “Alas! I am sorry, but so it is! ...”

In the year 1839 the silence was interrupted in the tenth volume of Clotar Muller’s Quarterly [*Homöopathische Vierteljahrschrift*], by the “Studies” of Dr. Roth in Paris. They were received with great clapping of hands. Assuming an apparent intimacy with even the minutiae of our *Materia Medica*, and feigning the greatest carefulness, he filled sheet after sheet with reprinted symptoms, drawing the most absurd conclusions, and showing in every way his ignorance and want of a truly scientific education. He adopted all the tricks of the French novelists, imitated the manner of Feuilletonists, straining the attention of readers by sudden stops, and by giving a host of promises as if the most wonderful results for science would surely follow.”

Constantine Hering, letter, *The Hahnemannian Monthly*, Philadelphia, 1874, vol.9, pp.376-377:

“Our “ingenious gentleman, Don Quixote” (Roth, in Paris) and his true follower, (Langheinze), the Sancho Panza among the anti-Hahnemannians, have tried their very best, and what have they gained by it? They will be the laughing stock of the next age. It was proved that the recommendation of Dulcamara in some complaints arising from colds, was based on an erroneous quotation, but alas! too late. Every practitioner had an overwhelming number of cures in favor of Hahnemann’s remark. If they had succeeded in striking out all that they considered unnecessarily quoted, they might have prevented all those cures; but now we stand like the owners of rich mines, and laugh at the strikers.”

<sup>76</sup>We find cited works in Latin, German, English, Dutch, Swedish, French, Italian, Portuguese (and perhaps others which do not come to mind at this present moment).

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“... the Materia Medica... has been too much neglected, and continues to be over-run with errors... ancient prejudices and mistakes being adopted by the most modern writers, and not a little improved by pretended experiments, or real experiments misapplied.”

Charles Alston

*Lectures on the materia Medica*  
London, 1770, vol.1, Lecture 1, p.2

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M A T E R I A M E D I C A :  
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