

The rejected cases; with a letter to Thomas Wakley on the scientific character of homeopathy / by John Epps.

Contributors

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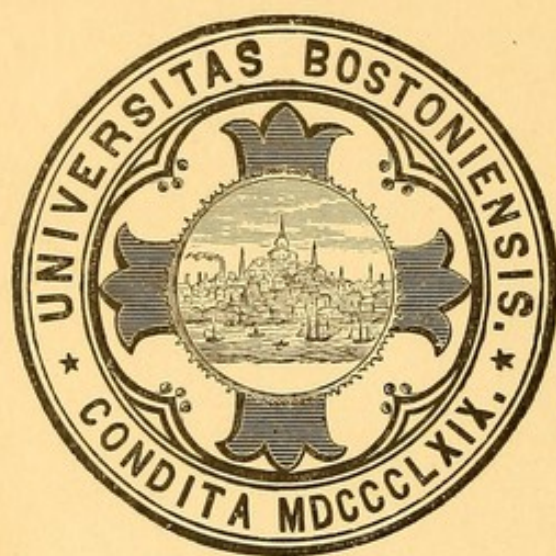
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THE
REJECTED CASES,

BY
JOHN EPPS, M.D.

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BOSTON UNIVERSITY
School of Medicine.



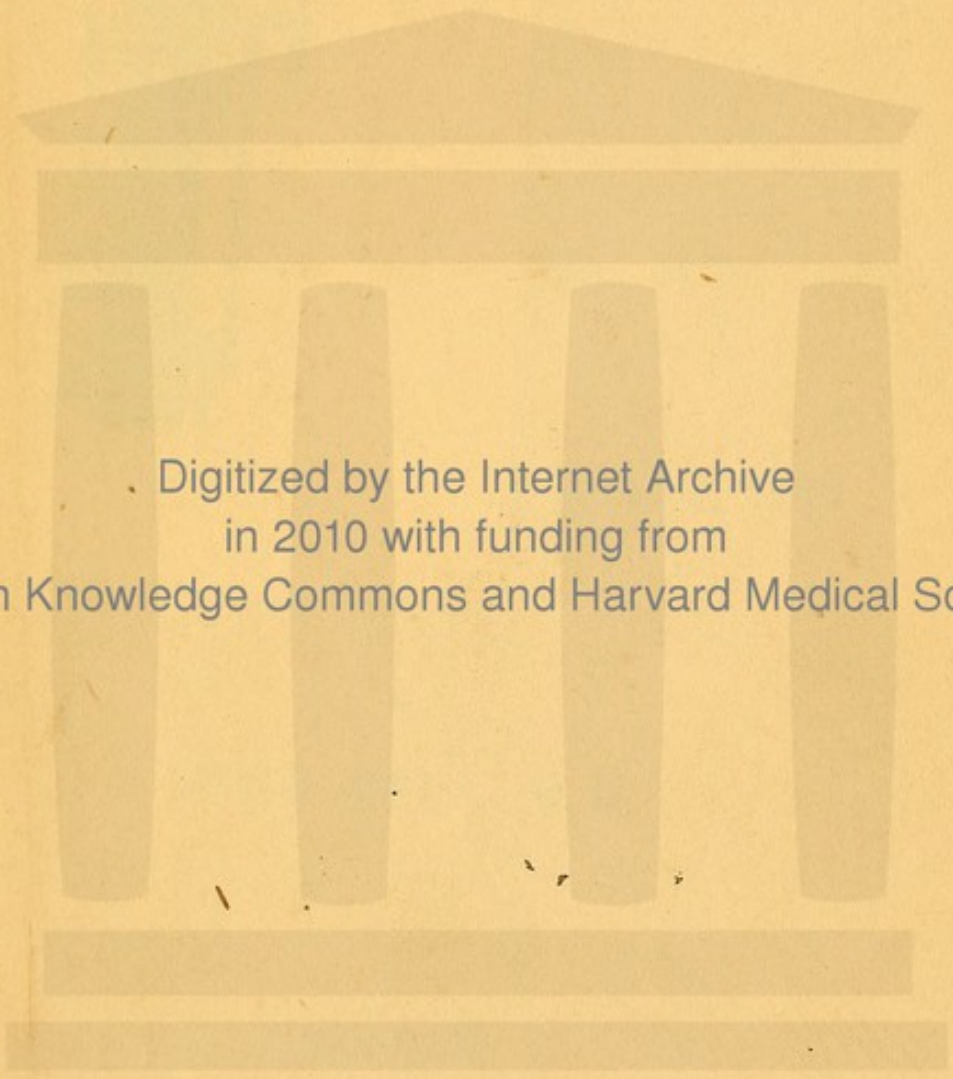
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THE
REJECTED CASES;

WITH
A LETTER

TO
THOMAS WAKLEY, Esq., M.P.

ON THE
SCIENTIFIC CHARACTER OF HOMŒOPATHY.

BY

JOHN EPPS, M.D.

LONDON:
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AND THE BOOKSELLERS.

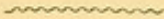
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INTRODUCTION.



OF the cases published in this book, four were sent to the editor of the *Lancet*, in the belief that the most professional mode of communicating medical results is to present them, in the first instance, to the profession. The fifth case, also, was sent to the same gentleman; and the sixth case (not mine) was published in the *Lancet*, as a report of the University College Hospital.

The fifth case was inserted, and is referred to in the subjoined letter, from the gentleman who is the sub-editor of the *Lancet*; the four first were refused insertion, as will also appear from the subjoined.

9, CAMBRIDGE SQUARE, HYDE PARK,
November 9th, 1844.

DEAR SIR,

I have been requested by Mr. Wakley, in returning your communications, to express how much he regrets his inability to insert them in the *Lancet*. Although he entertains himself opinions far different from those which you uphold, he would willingly have given your cases a place, had it not been for the determined opposition of the subscribers and readers of the *Lancet* to any thing in the shape of homœopathy. When your case of hæmatemesis, [the fifth case referred to above,] was inserted last winter, we received an avalanche of letters from all parts of the country, couched in such terms as to make it next to impossible for us to insert any further communication of the kind. Mr. Wakley's personal regard for yourself has induced him to hesitate about returning your cases; but he has, at last, felt it imperative upon him to do so, and he has particularly desired me to convey to you his great regret at being compelled to take this course.

I remain, Sir,

Very truly yours,

HENRY BENNET, M. D.

Sub-Editor.

Being thus shut out from the channel which I have always looked upon with preference, I felt it to be my duty to appeal, through such other

channels as are available, to the profession and to the public.

To their calm and dispassionate judgment these rejected cases are referred. The interest connected with the whole is, in my mind, great ; the majority are cases deemed hopeless, and, till homœopathy was tried, were to all appearance truly so. Homœopathy realised a cure in these cases—namely, in a case of a person bed-ridden for twelve years, and now active ; in another case of a person who had been suffering from an abdominal tumour for nearly fifteen years, perfectly cured ; and in a third case of a person, sixty-four years of age, belonging to an apoplectic family, seized with *coma*, who has been restored to perfect power.

I thought that the editor of the *Lancet* would have been glad to insert such interesting reports ; and even though that gentleman has declined, it appears to me that he ought to have inserted them. For the grounds of such opinion, and also for the reasons which have led to the belief

that homœopathy is the only, and consequently the true science, in reference to medicines and their beneficial application to the cure of diseases, the reader is referred to the following letter to the editor of the *Lancet*, which forms an introduction to the cases themselves.

TO
THOMAS WAKLEY, ESQ., M.P.,
EDITOR OF THE LANCET.

MY DEAR SIR,

Your refusal I regret. For your courteous mode of expressing it, I thank you; and, in thus thanking you, repay the courtesy.

I repeat, I regret your refusal. And why? Your Journal is described, on its title page, as "THE LANCET, *Journal* of BRITISH AND FOREIGN MEDICAL AND CHEMICAL SCIENCE, CRITICISM, LITERATURE AND NEWS." It is, at least, so its title asserts, a *jour-nal*; a *day* record of the events of medical science—yes, even of medical news; and, that such extent is implied in your Journal's title is stated by yourself in the following editorial remarks:—

"A well conducted medical journal, being bound to present to its readers a *kind of mirror of the medical*

opinions of the day, cannot be answerable for the scientific views contained in the non-editorial articles which it publishes.”*

Such is your Journal’s title, and such is your view of a well conducted medical journal; and having such a title, you, as its journalist, having such views, were bound to insert communications. You may ask, What! all communications? No, not all: but all medical *facts*, illustrating a new or making more intelligible an old, truth, if such be genuine and of good authentication.

Refusal of admission into the pages of a Journal of so wide an embrace as yours can be with propriety exercised only on three grounds; first, that the stater of the facts is not a man of veracity, and that consequently a fair doubt may exist as to the said-to-be facts being facts; second, that the stater is not qualified to form a judgment, and that, hence, though a man of truth, his conclusions are not to be regarded; and third, that the facts stated are not interesting or useful.

In regard to the first ground of refusal—*that the stater of the facts is not a man of veracity*, the only remark needed is this, that I feel that such would not be with *you* the ground of refusal in reference to *me*.

* Lancet, 1844, Vol. I. page 163.

As to the second ground of refusal, *that the stater of the facts is NOT QUALIFIED TO FORM A JUDGMENT*, I have the belief, that *this* would not be a ground of refusal by you in my case. Many, however, having, from being misguided, associated homœopathy with folly, have put down homœopathists as men of no mental training. It may therefore be proper and just to detail the training which, in this given case, has been gone through, in order that the presumption, that the training has been of an appropriate character, may be justified; and, that, by consequence, the person trained *is* qualified to form a judgment.

After a school education of seven years, four of the seven having been spent at one of the chief grammar schools of the kingdom, I was apprenticed to a metropolitan medical practitioner for a period of five years. (It is a pleasure to record that my master guided my studies most sedulously). During that apprenticeship I studied diligently; attending lectures on the various branches of medical science during the two last years, a privilege then not frequently granted. To these two years a third year was added, so that I enjoyed three years of *public* medical lectures and of anatomical and practical education in London. After this period, the University of Edinburgh became my *alma mater*; where, after three years' uninterrupted residence, I graduated, having ob-

tained honours in the three classes where honours were given; the third being exhibited (in those days a rare bestowal) in a gold medal for an essay on the virtues of plants belonging to the natural family of the *ranunculaceæ*; this fact tending to establish the direction of the mind, even at that time, to the investigation of the virtues of medicines. After graduation (my thesis "De Insania" proclaiming as the best basis, on which the scientific treatment of the insane could be founded, the science of phrenology, a science as much contemned by the then deemed heads of the medical profession as homœopathy is now), I returned to the metropolis, in which I was engaged thirteen years as a Lecturer on MATERIA MEDICA and BOTANY, and for *ten* of the thirteen on CHEMISTRY as well, having received many pleasing testimonies from the examiners of my students in the branches of medical science taught by me of the excellence of the instruction imparted to them. I have further for fourteen years filled the office of medical director in a highly important institution, and have, in all these conditions, been so placed, that knowledge and that especially of *remedies* was, so to speak, forced almost continually upon me.

These facts are, it is likely, well known to yourself; their statement has been called forth by the circumstance, that men, who have not had even the amount of medical education herein detailed, have endeavoured to arrest the

progress of homœopathy by maintaining that homœopaths are quacks; that I, as one of that small band, am a quack; and further, that because my feeling of self-respect would never permit me to join, as a *licentiate*, the London College of Physicians, that I am an *irregular* practitioner, a phrase to persons unacquainted with the peculiarities of the constitution of our medical bodies, conveying the meaning of uneducated—one chosen to be a physician out of due time, and brought into medical being in a wrong way.

This statement of facts, it will I trust be seen, has been made not simply to tell what the person, called John Epps, has studied, but what a *physician* PRACTISING HOMŒOPATHY, had gone through, previously to embracing homœopathy; and thereby an antidote will be provided to the calumnious statement, which, in reference to this, men, who ought to know and act better, are, it is to be regretted, so diligently, and, in many cases, fraudulently, engaged in spreading. Indeed, the sum of the whole of this statement in reference to the second ground of refusal to insert the medical facts communicated, is this: since his fifteenth year, a physician, *educated in the old system of medicine*, but now practising homœopathy, has been diligently engaged in the studies connected with his profession; his mental powers have been in a state of continual activity; and as it is not usual that mental

faculties benumb by active training, or that the powers of judgment become weakened by the practice, connected with the perpetual presentation of objects, on which these powers find exercise, there is some ground for the assurance, that an increase of years has not in his case caused a decrease of mental ability or a vitiation of the powers of judgment. Twenty-seven years' medical education, of which twenty have been directed to the *practical* exercise of the profession, do, in some degree, justify the idea of the existence of a capability to judge of medical facts.

And when to this can be added, that you have even recently deemed communications from that physician worthy of insertion in your journal, there need exist no hesitation in believing, that your refusal now to give his communications place is not because you think he is incapable of judging as to the existence of the facts, which may be presented to him, and which he deems it desirable to communicate.

In regard to the third ground of justifiable refusal to insert medical facts in a journal professing such objects as the *Lancet*—namely, *that* THE FACTS STATED ARE NOT INTERESTING, the best refutation of this will be the cases themselves. Indeed, the statement made by Dr. Bennet, that the case of hæmatemesis,* “which you did insert,†

* Case V. page 51.

† *Lancet*, Vol. I. 1843-4, page 542.

caused you to be overwhelmed with an avalanche of letters [what a blessing is the penny postage!] from all parts of the country," demonstrates, that that case by itself had so much interest connected with it as to make itself a mark for others to strike at.

Having thus detailed the grounds, on which a journalist is justified in refusing the insertion of medical statements, and having shown that these grounds do not apply to the facts forwarded to you by me, I shall now detail one reason, which appears to me imperatively to have called for your insertion of them.

It unfortunately has happened, that you, as Editor of the *Lancet*, have denominated homœopathists as quacks, and have denounced homœopathy as quackery.* As you have thus cast a stigma on homœopathists and a slur on homœopathy, does it not seem just, that I, as a homœopathist, should seek, and, that you, as an anti-homœopathist, should give, a field, in which truth and error could be put in opposition; that you should allow the homœopathist to show in the journal, carrying the

* You have done worse than this: you have designated it as a *fraud*; thus attaching *moral turpitude* to the advocacy. After referring to HYDROPATHY, you add, "But it has a fellow *fraud*, and that imposture comes as a proper pendant to the other. We allude to homœopathy."—*Lancet*, 1843, Vol. II. page 314.

imputation, that he is not a quack, and that homœopathy is not a quackery. You were not obliged to denounce homœopathy, you might have left it alone; but, having once thrown down the gauntlet, you ought to have been ready to meet him, who is willing to take up your glove. The medical profession would then have beheld the contest, not of *words* but of *facts*—not of *hypotheses* but of *carefully compiled* CASES, and would have decided. It would have been an approximation to that of which you are so admirant, a *national concours*. But you, my dear Sir, say “No,” and sincerely do I regret that negation; it will be chronicled against you centuries hence.

You thus compel me to claim your attention to the remainder of this letter, in which I hope to demonstrate, that homœopathy is not quackery, and that homœopaths are not quacks; and if, in the demonstration, it be proved, that your system is the quackery, and those practising it are the quacks, such demonstration will afford merely another verification of the old adage, “they, who live in glass-houses, should not throw stones.”

You, my dear Sir, must be aware that *quackery* and *science* are antagonistic terms; they exist as antipodes. To say anything *is* a quackery is to say it is *not* a science; and to assert any thing *is* a science is to assert it is *not* a quackery. Holding with Cicero, “omnis enim quæ a ratione suscipitur de aliqua re institutio, debet a definitione

proficisci, ut intelligatur, quid sit id, de quo disputetur”;* it may be well to define the sense, in which the word *science* is used in the maintaining that homœopathy is the only science in medicine—practical medicine, medicine applied to use.

The examination of the volume of creation demonstrates, that a GOD of ORDER has, as such, left the traces of his character thereon. The regularity of phenomena leads the mind at once to infer a *cause* for such regularity; and in searching for that cause, by a careful linking of the phenomenon *consequent* with the phenomenon *antecedent*, man has been, is, and hereafter, in future inquiries, will be, led to the discovery of such a fixed connexion between these phenomena, that he has felt, still feels, and will feel compelled to use some term as expressive of such connexion, and “LAW” is the term he has used, and so uses.

Thus he finds that *caloric*, applied to a body, causes that body to *occupy a larger space*. Repeated experiments with various bodies still farther demonstrate, that expansion is the *consequent* of the application of the *antecedent* something, caloric. He sees the connexion; says, the caloric is the *cause* of the expansion; and deduces at length as a *law*, fixed in the universe, CALORIC EXPANDS BODIES.

By an identical process of observation and reasoning,

* De Officiis, Liber. I. Caput ii.

man discerns other laws ; and these laws, relating to any one great department of the physical creation, constitute, when grouped together, a SCIENCE, a *sciens*—a knowing of what the Creator has done—has fixed : so that science is nothing more or less than the laws of the universe fixed by the Creator, the knowledge of these being obtainable by *induction*, a process much talked about, but, it is to be feared, from the care required in its following out, little practised.

If these views be correct, it must follow, that all science is *certain* ; CERTAINTY is its feature, constitutes its beauty, and is the stamp with which Heaven marks all Heaven's doings.

Mark the results arising from the certainty connected with the law of *gravitation*—

“From one sublime genius, from NEWTON, more light has proceeded than the labour of a thousand years preceding has been able to produce. The true theory of the movements of the heavenly bodies, the law which regulates the fall of bodies—that is, gravitation—has become the parent of innumerable discoveries. Navigation, and, in consequence, commerce and industry, immediately felt its influence, and every individual of our species has derived, and will continue to derive, as long as mankind exists, incalculable benefits therefrom, both intellectual and material.”*

* Leibig, Lecture, pp. 3 and 4, Lancet, Vol. I. 1844.

Why have such benefits arisen? Because of the certainty connected with the law.*

Again, mark the results of the law which JENNER discovered: the law that a disease of a *like* nature—namely, cow pox, is successfully resistive, that is, *prophylactic* to another disease, similar, but oftentimes fatal—namely,

* One of the most interesting and striking results, connected with the certainty of science, is presented in the following facts, recorded in Chambers's Edinburgh Journal—

“Among the extraordinary scientific operations to which the observatory has contributed its aid, was that of instructing the officers of the corps of Royal Engineers, who were appointed to trace the Canadian boundary; one portion of which, a straight line of a distance of 70 miles, was to connect two defined points. The country through which this line was to pass is described as surpassing in its difficulties the conception of any European. It consists of impervious forests, steep ravines, and dismal swamps. *A survey of the line was impossible*; a plan was therefore arranged by the astronomer royal, founded on a determination of the absolute latitude and difference of longitude of the two extremities. The difference of longitude was determined by the transfer of chronometers, by a very circuitous route, from one end to the other; after which the necessary computations were made, and marks laid off for starting with the line from both extremities. One party, after cutting more than 42 miles through the woods, were agreeably surprised on the brow of a hill at seeing before them a gap in the woods on the next line of hill, which opened gradually, and proved to be the line of the opposite party. On continuing the lines till they were abreast of each other, *their distance was found to be 341 feet*, a difference which arose in an error of *only a quarter of a second* of time in the difference of longitude. The performance of this operation reflects the highest honour on the officers engaged. Transits were observed, and observations made, on whose delicacy everything depended, when the thermometer was lower than 19 degrees below zero, and when the native assistants, though paid highly, deserted on account of the severity of the weather.”

SMALL POX. Before Jenner's discovery, the truly noble Lady Mary Montague* demonstrated, that the introduction into the system, by inoculation, of the *identical* malady, small pox, was less injurious than the spontaneous attack of the disease itself; but Jenner demonstrated how superior in this point of protection without danger, is the *like*, compared with the *identical*; in other words, that the *homœopathic* method—the *like-disease* method—the “*similia similibus*”—the introduction

* “Lady Mary protested that in the four or five years immediately succeeding her arrival at home, she seldom passed a day without repenting of her patriotic undertaking; and she vowed she never would have attempted it if she had foreseen the vexation, the persecution, and even the obloquy it brought upon her. The clamours raised against the practice, and of course against her, were beyond belief. The faculty all rose in arms to a man, foretelling failure and the most disastrous consequences; the clergy descanted from their pulpits on the impiety of thus seeking to take events out of the hands of Providence; and the common people were taught to hoot at her as an unnatural mother who had risked the lives of her own children. We now read in grave medical biography, that the discovery was instantly hailed, and the method adopted by the principal members of that profession. Very likely they left this recorded; for, whenever an invention or a project—and the same may be said of persons—has made its way so well by itself as to establish a certain reputation, most people are sure to find out that they always patronised it from the beginning, and a happy gift of forgetfulness enables many to believe their own assertion. But what said Lady Mary of the actual fact and actual time? Why, that the four great physicians deputed by government to watch the progress of her daughter's inoculation, betrayed not only such incredulity as to its success, but such an *unwillingness to have it succeed*—such an evident spirit of rancour and malignity, that she never cared to leave the child alone with them one second, lest it should in some secret way suffer from their interference.”

of a *like* poison, cow pox, is equally prophylactic, and a thousand-fold less injurious than the *identical* method, the introduction of the identical poison itself—small pox. No slight practical evidence this of the superiority of the principle of homœopathy! What certainty Jenner has afforded to society by the discovery of this law! A man *vaccinated** can, unblanched, look small pox in the face; can dare a pestilence. As the instrument of bestowing this power on man, a power becoming such only by its being derived from the application of a law, Jenner's name is immortal.

These illustrations have been brought forward to show, that certainty is the child of science; not because science *per se* produces certainty, but merely because science is the will of the Creator, existing in relation to certain phe-

* "How was the still greater discovery of the immortal Jenner received—Vaccination? Like every other discovery—with ridicule and contempt. By the Royal College of Physicians, not only was Jenner persecuted and oppressed; but long even after the benefits which his practice had conferred upon mankind had been universally admitted, the pedants of that most pedantic of bodies refused to give him their license to practise his profession in London; because, with a proper feeling of self-respect, he declined to undergo at their hands a schoolboy examination in Greek and Latin. Even religion and the Bible were made engines of attack against him. From these Errhman of Frankfort deduced his chief grounds of accusation against the new practice; and he gravely attempted to prove from quotations of the prophetic parts of Scripture, and the writings of the fathers of the church, that Vaccination was the real *Anti-Christ*."—DICKSON'S *Fallacies of the Faculty*.

nomena, producible or produced, discovered and chronicled in orderly arrangement.

The corollary, deducible from these views, is, WHERE THERE IS *no* CERTAINTY THERE IS *no* SCIENCE.

Now, my dear Sir, have you certainty, either in the *theory* or in the *practice* of the healing art?

By "*you*" in this query, I beg to state, once for all, I mean not you personally, for I believe you do not practise; but you, the representative of the old system treatment—the allopathic, the antipathic, the palliative, the depletive, the counteractive, the purging, the bleeding, the leeching, the blistering treatment.

I repeat the question, *do you have any fixed rule in the use of remedies?*—that is, have you, in the use of remedies, any rule of which certainty is the feature?

It was said in olden time, "Oh, that mine enemy had written a book!" You have written a book; from your Journal I shall obtain answers to my query.

Answer the first:—

"*If* the practice of medicine *is to be* redeemed from the reproach of uncertainty, which *is* at present attached to it,—*if*, as a *science*, medicine is to rank with other departments of natural knowledge, it must be by having all its various branches advanced, without exception."

* Lancet, page 125, Vol. I. 1844.

You acknowledge, then, that uncertainty *is* at present attached to the practice of medicine; you acknowledge that it wants something to enable it "to be redeemed." It is not as yet redeemed from the reproach of uncertainty.

The second answer will give additional proof that this reproach of uncertainty attaches truly to the old system of medicine and its practice. You herein detail the matters, which, in your opinion, are necessary to be known before such redemption can be effected.

"It is not sufficient that the most minute examination of the tissues of the body and its organs, by the most improved microscopes, should render our knowledge of morbid changes occurring in disease perfect. If we could attain to a complete interpretation of physical signs and the fullest etiology, (that is, the causes of diseases,) still, without a knowledge of the elementary constitution of the materials of the body, of the aliments, of the chemical changes these aliments and materials undergo in the processes of life, and ere they are cast out of the body in the excretions, our pathology must necessarily be imperfect. Nay, it is still necessary that we should study these excretions further, and trace the *chemical changes* they are subject to under the *influence of remedial agents*, and until they are resolved into such forms as they ultimately take after having served the purposes of the economy. And, moreover, parallel with our chemico-pathology must be our *investigation* into the *nature* and *operations* of *remedial agents*. It is, perhaps, not saying too much to aver that there is not a single agent employed in medicine, about which

there is not at present some point to be decided by a more elaborate chemistry. Scarcely is there one remedy known to be such, save empirically, the effects of which on the chemical constitution of the fluids, of the solids, of the secretions, are not, *almost*, if not *altogether*, unknown." (*Lancet*, Vol. I. 1844, page 225.)

Such is your second answer ; and as you must acknowledge that these matters, necessary, according to you, to be known to redeem medicine from the charge of uncertainty, are not known, your answer plainly is, we must submit to the reproach of uncertainty.

Your third answer occurs in an essay, in which you notice the wants of physiologists and pathologists.—

"We want, too, to know of *what our remedies* consist—and *what changes* they pass through in their uses—the part they take as compounds—or what functions their components severally perform in the innumerable chemical processes, the decompositions and recompositions of organic substances, incessantly going on within a living organism—ALL THIS IS *almost*, IF NOT *altogether* unknown."

What an immense number of matters are almost, if not altogether unknown to you. How with all this ignorance can you have certainty ?

But your fourth answer is still more decided. In an essay, prefacing some remarks on the *hyoscyamus niger* or *henbane*, are the following observations. Referring

to a previous essay, parts of which are the answers first and second, already quoted, you proceed—

“No less haziness and uncertainty hangs around all our *vegetable* remedies, especially those, which are indigenous to this country. The compilers of systems of *materia medica* and dispensatories are, after all, but compilers. They cannot be expected to verify the statements they make, [Why not? J. E.] but there is *not one* that we are acquainted with who has fairly given the *authorities*, upon which his accounts of the effects of vegetable remedies are stated. [Yet this uncertainty is satisfactory to medical men of the old system. J. E.] *Nothing therefore is more difficult than to discriminate between conflicting opinions*, and no part of medicine, as it is known and practised, is so badly represented in books.” But now, my dear Sir, notice what you state next: “If the natural philosopher or scientific chemist turns from his own science to *therapeutics*, he would be led either to *abandon his confidence* in the *uniformity* and *stability* of the *laws of nature*, or to infer that the *spirit of modern science* has *not yet animated* the *practical physician*.”*

Here is a choice: that such is the state of uncertainty in regard to the *use of remedies in DISEASE*—that is, *therapeutics*, that an unprejudiced mind is left to the necessity of giving up his faith either in the laws of nature or in the *science* of the physician. The physician will not expect nature to give way for him; and therefore,

* Lancet, 1844, Vol. I. p. 454.

it is to be concluded, that your system will allow itself to be placed in the category of things uncertain, and consequently unscientific.*

And does not another and more painful question occur to the mind—namely, if such be the uncertainty in reference to the weapons, with which you combat diseases, what, is to be expected, will be the *RESULT of the conflict?* The answer, I stay not to seek.

But, my dear Sir, you not only have not certainty, but you *CANNOT* have certainty in your system. It is impossible with your present modes of proceeding in the treatment of disease to attain to certainty, and, if so, it is impossible for you to be scientific.

* I have limited myself to quotations from yourself; but you may be consoled in these statements of uncertainty by the statements of Bichat, with whose fame as an anatomist and physiologist you are well acquainted :

“There is not in the *Materia Medica*—that is, the history of *remedies*—any general system; but this science has been by turns influenced by those who have ruled in medicine. The incoherent assemblage of opinions themselves incoherent, it is perhaps, of all the sciences, the best representation of the caprices of the human mind. What do I say? It is not a science for the methodic mind; it is a shapeless assemblage of inexact ideas; of observations often puerile; of deceitful means; of formulas as absurdly conceived, as they are fastidiously collected. It is said, ‘the practice of medicine is disheartening.’ I say more—it is not in any respects that of a reasoning man, when we draw the principles in a great measure from our *Materia Medica*.”—BICHAT, *Anat. Gen. Consid. Gen.* Tom. I. page 46.

Besides the character of certainty, science has the feature of SIMPLICITY.

Simplicity has been named the soul of science; the most scientific experiments are stamped with simplicity; the most truthful in chemistry are beautiful from their simplicity.

A chemist wishes to *produce water*. He introduces into an exhausted glass receiver given volumes of oxygen and of hydrogen, and fires the gases by an electric spark. Water is formed. This is simple; and, because simple, the truth, that water is a compound of oxygen and of hydrogen, appears with clearness. But, suppose the chemist to attempt, and even to be able to form water by allowing, besides the oxygen and the hydrogen, other gases to enter the receiver, would he be able to draw any certain conclusions, under such circumstances, respecting the water formed?

The introduction of numerous elements is the introduction of uncertainty.

Now have you simplicity in the practice of medicine? Have you, in other words, simplicity in the *administration of medicines to the sick*?

Where is the physician under your system whose practice is simple;—that is, who uses *one medicine at a time*? In your second answer, page xxi, you point out that it is

necessary in order to bring medicine to a scientific position, that the "chemical changes in the excretions and the secretions, induced by medicines, must be known;" but this knowledge would be immensely difficult to realize, even when one medicine only is acting on these excretions and secretions; but how can the changes be ascertained, when three or four are acting at one time?

How, besides, can you tell what are the effects of any one medicine, when you administer three or four medicines at one time? It is true that you may intend to effect this by one, that by another, and that by a third; but how do you know that such effects are produced, each by each, when the three are mixed together? You *cannot* know, you cannot reach certainty. And why? Because you leave simplicity.

To demonstrate that your experiments are of necessity unsatisfactory—that they cannot have certainty to result from them, the following cases, quoted from your Journal will serve.

"TETANUS.—Mr. Solly records, in the *Medical Gazette*, a case of this disease which terminated favourably. The patient was admitted into St. Thomas's Hospital, having, about seventeen days previously, received a lacerated wound of the little finger of his left hand. The symptoms of a severe attack of the disease were well marked, and the patient was discharged cured, in about nine weeks from the date of his admission. In reference to treatment it is quite impossible to say anything

definite. The patient was admitted under Mr. Green, and treated by Messrs. Travers, Solly, and South, conjointly and separately. Opium, Indian hemp, tobacco, turpentine, blisters, brandy, &c., were administered *ad infinitum*. The spasms seemed to abate after some doses of the hemp had been given, but Mr. Solly is not disposed to place much reliance on this, as a large blister was, at the same time, applied along the spine.”—*Lancet*, 1844, Vol. I, p. 163.

The next case is EPILEPSY.

“CURE FOR EPILEPSY.—M. Lemoine has successfully treated three cases of Epilepsy by the administration of the following mixture:—Liquor ammoniæ—twelve minims, syrup of orange flowers—one ounce, distilled water of linden flowers—two ounces, and distilled water of cherry laurel—half an ounce—for a mixture.”

This is followed by a statement of the three cases.

“The active principles in M. Lemoine’s formula, are the ammonia and the prussic acid in the laurel water. The quantity of the latter, however, is so small, that we cannot attribute to it much influence over the morbid state of the economy. Ammonia, as nearly every other medicine, has been tried repeatedly in the treatment of this dire disease, and has failed. Still we are so utterly powerless in most cases of epilepsy, that no remedy, which is brought forward as a successful therapeutic agent, should be dismissed without having been tried in the manner in which it is stated to have succeeded.—*Révue Médicale*.”*

* *Lancet*, Vol. I. 1844, p. 8.

A third case may be selected. Its reference is to NEURALGIA. It is recorded by Dr. Edward Binns:—

“— Leslie, a joiner and cabinet maker, has suffered many years under *neuralgia*, in its most aggravated form; none of the usual remedies afforded any relief. He was *bled* at Christmas, to fainting, since which period, his attacks have been less frequent and less severe. After venesection, he was treated with *arsenic* (Fowler's solution) and *citrate of iron*. He is now, comparatively speaking, free from neuralgic attacks; but the disease, I regret to say, is not radically extirpated.”*

These three cases, I have selected from the volume (Lancet, 1844,) now before me; but from the volumes of your Journal hundreds of cases, presenting the same uncertainty, might be gathered without difficulty; in fact, the difficulty would be not to find them.

Can any one draw any certain conclusion as to the remedy, that effected the cure in any of these cases?

In reference to the case of “tetanus,” it is stated, “the spasm seemed to abate after some doses of hemp had been given,” but it is added, “Mr. Solly is not disposed to place much reliance on this, as a large blister was at the same time applied along the spine.”

Mr. Solly was right in not deducing—and why? Because, while two means are in use, and a benefit results,

* Lancet, Vol. J. 1844, p. 699.

who can tell to which the effect is to be ascribed? Now, had these leading surgeons, Travers, Solly, and South, recognised the simplicity of science, they would have used one remedial agent at a time, and thus have made their observations useful. All that we learn is, that certain remedies were given, and that a case of tetanus recovered. Yet these men are scientific surgeons, and nevertheless do not know how to experiment medically; they know not, or at least do not adopt, the way to arrive at certainty.

So in the case of epilepsy—what was the remedy which cured the patient? Can you tell, or can even M. Lemoine himself?

And, in like manner, in the case of neuralgia—did the arsenical solution, or the bleeding, or the citrate of iron, do the good? Can Dr. Binns tell?

Do facts like these, which teach nothing, allow the system which produces them to be called scientific?

Liebig remarks, "Every question, clearly and definitely put, has been clearly answered. It is only when an inquirer has no precise idea of what he seeks, that he remains unanswered."* Can any one get a clear, a definite answer to the question put in reference to the cases of tetanus, epilepsy, and neuralgia—namely, what

* Lancet, Vol. I. 1844, page 5.

was the curative agent? The answer is, No; and if "no" be the answer, science could not have been the basis of the questioning of those diseases by remedies; and he who does not put his question clearly and definitely has no right to claim that he is scientific.

As long, then, as you, my dear Sir, question disease as to what is its remedy, by numerous remedies, embodied, as it were, in one questioning, you *cannot* get an useful answer. Leaving simplicity, you leave science, and leaving science, you lose certainty.

Your *doings* have uncertainty in their nature; your *faith*—that is your theory, must be uncertain too.

Is the present practice of medicine founded upon any fixed principle in regard to the *theory* of treatment? If so, what is it?

Not noticing the dismal discrepancies between the various theories of disease itself, (I say, dismal, because as all action comes from opinion, every unsound theory sacrifices its victims,) look at the contradictions in the practice.

Dr. James Johnson, one of the most judicious of the old-system practitioners, recommends, in his "Diseases of Tropical Climates," as the *basis* of all successful treatment, "bleeding and calomel." Dr. Dickson asserts that "bleeding and calomel are the most *deadly enemies* in a tropical climate.

In a certain hospital, it is rumoured, that large sums have been expended annually on *sarsaparilla*, in the face of the curious fact, that several physicians of the same establishment compare its effects to a *decoction of hay*.*

Dr. James Johnson, in reviewing the conduct of the indiscriminate prescribers of *creosote*, *iodine*, &c., observes, "The patrons of the new remedies would seem, in their experiments, to proceed on the principle of that hospital physician who ordered his clerk to *bleed* the south ward, and to *vomit* the north."

Mr. Simpson, in a letter published in your Journal, thus writes respecting typhus fever—

"Having seen a great number of cases of the worst kind of typhus fever, in Belfast, Dublin, Edinburgh, and London, and having seen all kinds of treatment tried with nearly the same average success, I was at a loss to account for such contradictory results. I had always heard the subject reasoned on in a mathematical manner, and, of course, *expected precise consequences* to given premises—namely, if (as one party say) you have ten cases of typhus fever, and don't bleed, you are sure to lose the half of them; but if you do bleed, you will, to a certainty, save nine of them. The advocates of the other system make the same calculations with the same confidence as to the results. To my surprise, I found the *one party nearly as successful as the other*."

* Black's "Principles and Practice," page 11.

And this, my dear Sir, is your system of medicine, and this you deem scientific.

Dr. Maunsell, in reference to the celebrated Dr. Armstrong, and his treatment of malignant scarlet fever, remarks, "For such practitioners we know of no better advice than that of the judicious Huxham, at least to peruse the *sixth* commandment."*

But perhaps the most lamentable proof of the want of science, and the consequent want of certainty of principle in your system of medical practice, is exhibited in the fact, that the talented physiologist, Dr. Marshall Hall, recommends what he calls "trial bleeding;"—in other words, bleed a man to try whether or not it does him good. If it does him good, all well; if not,—it does not

* The uncertainty of opinion regarding the most common of diseases, or, perhaps, more correctly stated, the most common concomitant of most diseases—namely, fever, is thus attested by Dr. Bostock :—

"Let us apply these remarks to the case of fever, the disease which has been styled the touchstone of medical theory, and which may be pronounced to be its opprobrium. At the termination of the last century, while the doctrine of Cullen was generally embraced, typhus fever was called a disease of debility, and was of course to be cured by tonics and stimulants. No sooner was it ascertained to exist, than bark and wine were administered in as large doses as the patient could be induced, or was found able, to take. No doubt was entertained of their power over the disease; the only question that caused any doubt in the mind of the practitioner was, whether the patient could bear the quantity that would be necessary for the cure. To this treatment succeeded that of cold affusion. The high character and literary reputation of the individual

do him good. And it is not unlikely that he who *tries bleeding to see if it will do good*, would designate as a quack the physician who never gives a medicine without the knowledge, that its curative power depends upon a fixed law—the law that medicines cure diseases by the power they possess of inducing in the human organism *similar*, but not *identical* conditions.

Let us now step to the other side of the Atlantic, and listen to that eminent physician, of your system, Dr. Rush of Philadelphia.

“It seems to be one of the rules of faith in our art, that every truth must be helped into belief by some persuasive fiction of the School. And I here owe it to the general reader to confess, that as far as I know, the medical profession can scarcely produce a single volume in its practical department,

who proposed this remedy, its simplicity and easy application, the candid spirit which was manifested, and the strong testimonials which were adduced by its contemporaries, bore down all opposition, and we flattered ourselves that we had at length subdued the formidable monster. But we were doomed to experience the ordinary process of disappointment; the practice, as usual, was found inefficient or injurious, and it was, after a short time, supplanted by the use of the lancet. But this practice was even more short-lived than its predecessors; and thus, in a space of less than forty years, we have gone through three revolutions of opinion with respect to our treatment of a disease of very frequent occurrence, and of the most decisive and urgent symptoms. Are we then to conclude that all medical treatment is of no avail?—that it is all imaginary or deceptive? We should feel most unwilling to be compelled to form such a conclusion.”—DR. BOSTOCK, *History of Medicine*, page 68, *Cyclopædia of Practical Medicine*.

from the works of Hippocrates down to the last-made textbook, which, by the requisitions of an exact philosophy, will not be found to *contain nearly as much fiction as truth.*"

And he adds further—

"Upon these points, and bearing in mind that we have now in medicine the recorded practice of more than two thousand years—let the reader refer to the proceedings of the medical profession during the prevalence of the so-called "Asiatic cholera," and he will find their history everywhere exhibiting an extraordinary picture of prefatory panic, vulgar wonder, doubt, ignorance, obtrusive vanity, plans for profit and popularity, fatal blunders, distracting contradictions, and egregious empiricisms."

No homœopathist would have ventured to say anything so severe.

But to return. What means that phrase, now so common, "Fallacies of the Faculty"? Dr. Dickson, the author of those "Fallacies," is strong, you must allow; but he is so, in part, because that which he attacks is weak, and in part, because there is some truth in him.

He has been fortunate enough to recognise *a* form of the homœopathic principle—namely, that medicines cure diseases by the power they have of producing symptoms similar. The *one* form of this principle, recognised by him, is, that the phenomena of disease present a *periodicity*, or what, a little amplified, he calls a CHRONOTHERMAL condition; and that certain medicines have a peculiar

power of producing symptoms corresponding to those which certain diseases exhibit ; and, consequently, if given, cure those diseases. This writer has discovered—perhaps it would be more correct to say, has fallen upon, a part of the great whole. That part is true, but it is true *only as a part* ; and the glory which he felt in the discovery of this part has narrowed his mind so as to shut out the whole ; and he, in the weakness thus induced, has lowered himself to misrepresent, and then to attack, the system of homœopathy, in the truth of which, in the particular direction in which he is successful, his strength to be successful lies. He mistakes a *time* homœopathicity for a *general* homœopathicity ; he is so enraptured with the beauty of the *leg*, that he cannot turn off his view to contemplate the symmetry of the perfect *body* ; he lauds a part, but vilifies a whole. But still he is strong against the uncertainty of your system ; and his strength is in a lock which he has snatched from the Samson of homœopathy.

Well might Adam Smith, the author of that text-book used by all men who wish to understand the economy of a nation—namely, “The Wealth of Nations,” say, on viewing the system of medical practice in his day, “The great success of *quacks* in England has been altogether owing to the real *quackery* of the *regular* practitioners.”

Adam Smith, it may be said, lived many years since,

and medicine, in its practice, may have improved since. You maintain that such is the case, and that no such discrepancies exist now, as existed then, in medical practice. The following are your words:—

“One of the apparently strongest arguments, brought forward by unbelievers in the powers of medicine to prove their assertions, is the *great diversity in the practice* of medical men. But this argument is merely specious, and will not bear the slightest scrutiny. It is more especially in the treatment of *inflammatory* and *febrile* diseases that this diversity exists, and in these diseases, precisely, the indication is one which may be attained by a variety of means. DEPLETION is the *indication*, and depletion may be *equally* produced by the action of local bleeding, of large blisters, of purgatives, of diuretics, or of diaphoretics: thus we find, that the physicians who, in the treatment of pneumonia, in England, rely partly on bleeding and partly on purgatives; in France, entirely on bleeding, or on the application of large blisters; in Germany, partly on bleeding and partly on critical evacuations, urinary or cutaneous;—all arrive at the same end—the depletion of their patient, though by different methods.” *Lancet*, Vol. I. 1844, page 165.

Such is your solution of the discrepancy. I acknowledge that candidly I could not believe my sight when I read it. I looked whether the book before me was the *Lancet*. It was.

What do you tell the world? DEPLETION is *depletion*, and as all practitioners deplete, all agree. You, the

editor of a scientific medical journal, declare, that depletion of *blood* is virtually the same, in relation to its effects on disease, as depletion by an increased flow of *urine*, by an increased discharge of *perspirable* fluid: "Depletion may be *equally* produced," are your words. In other words, to remove a more than usual quantity of urine, secreted from the blood, is curative, upon the same principle as the removal of a given quantity of the blood itself; and that to draw away half a pint of serous fluid, by means of a blister, is curatively the same as drawing away half a pint of the blood itself. Shade of John Hunter! "the blood is the life thereof."

Why, my dear Sir, Morrison and Holloway, as far, at least, as inflammatory and febrile diseases are concerned, will claim to be your pupils: they deplete; "all arrive," say you, "at the same end—the depletion of the patient, though by different modes. How Holloway and you could have quarrelled is really extraordinary. You should meet and mutually acknowledge, as Peachum to Lockit in the Beggar's Opera, "Brother, brother, we have both been in the wrong."

This depletion view presents the most decided proof of the want of science in your system.

Looking at this—looking at the facts already recorded—looking at your answers to the questions already proposed,—need we wonder that at the meeting of the

British Association for the *Advancement* of SCIENCE, held in 1844, a proposal was made to the Committee to *extinguish the MEDICAL SECTION* of the Association; and what is more, that this proposal came from gentlemen, "to whose labours," you yourself testify, "the profession owes so much;"—"that they were at the head of the movement which is attempting to banish medicine, *as a science*, from the British Association."*

These gentlemen are honest; they see that the Association meet for *science*, and finding that medicine is *not* a science, (they know not homœopathy,) deem it has no business there. "They who are favourable to the change, assert, first, the present inefficiency of the medical section, and, secondly, the NON-SCIENTIFIC character of medicine."

Need we wonder, in reference to this state of the medical section, and the non-scientific character of medicine, that when it was proposed at the Association, to cause the science embracing the investigation of the *physical characters of nations*, or *ethnology*, to be a graft on the medical section, the ethnologists made a spirited remonstrance against being thus grafted on the medical section, which, to use the words of a writer in Chambers's Edinburgh Journal, "has always been felt as a *withered branch* of the Association."

* Lancet, page 78, Vol. II. 1844.

Do you, my dear Sir, want any more evidence?

A vulgarism, though truly expressive, states, however, that "two blacks will not make a white;" and it is not less true, that to prove your system unsound, does not cause the one, advocated by me, to be sound. In other words, that the old system of medicine is unscientific, and consequently uncertain, in reference to the physician, and perilously uncertain in reference to the patient, — does not make homœopathy scientific or certain to the physician, or safe to the patient.

I shall therefore now attempt to prove to you that
HOMŒOPATHY IS A SCIENCE.

Homœopathy presents certainty, in presenting a *law*.

It teaches that a law regulates the action of medicines on diseased bodies: this law being, "DISEASES ARE CURED MOST QUICKLY, SAFELY, AND EFFECTUALLY, BY MEDICINES WHICH ARE CAPABLE OF PRODUCING SYMPTOMS SIMILAR TO THOSE EXISTING IN THE PATIENT, AND WHICH CHARACTERISE HIS DISORDER.

It maintains that this law is *universal*; that all medicines acting curatively, have acted, do act, and will for ever act, in accordance with the principle embodied in this law; in fact, that all medicines are *specifics*—each one being specific to the given disease, of which, if taken by a healthy person, it produces the resemblance.

This clear, well-defined law gives certainty, and pre-

sents simplicity. It affords the foundation on which the homœopathist builds. It affords the mariner's compass, which enables him to steer clear of all the quicksands which the misdirected ability of Cullen, Boerrhave, Brown, Clutterbuck, Broussais, Armstrong, and others, have thrown up, to the destruction of medical navigators, and of the crews with which they were entrusted.

The homœopathist ensconces himself in this one point. He cannot be charged with beating about the bush. He stands upon an unity. He has no loophole of retreat. He gives his opponent the knowledge of his vital part. Disprove the law, and homœopathy is undone.

But in thus propounding his principle he feels his strength to be, that his foundation is in a law of the Creator—a law, the discovery of which arose from careful deduction, resulting from a happy coincidence which affected the mind of Hahnemann;* even as a happy coincidence affected the mind of Newton, and led to the discovery, by deduction, of the law of gravitation.

Having this law, we need not be troubled, in our curative proceedings, by the contending opinions and never-ending inquiries respecting counteraction, revulsion, stimulation, depletion, palliation, and *hoc genus omne*.

* For the history of this discovery I beg to refer you to that work a copy of which I forwarded to you some time since, "Homœopathy Explained." Published by Sherwood & Co.

We have one rule.

We have certainty; we have more, we have *simplicity*.

But it does not follow that because simplicity is possessed, the thing possessing it is essentially true and scientific.

But there is one feature which all science has—namely, the *power of explaining facts*.

Indeed, this affords the analytic way of investigation, by which any law propounded can be tested, so that it can be known to be a law of the Creator. That which, better than any other, explains the facts, is *the* law—is *the* truth.

Why do men believe in the law of gravitation, put forth by Newton? Because it explains most satisfactorily the facts, connected with the states and the motions of physical masses.

If such mode of testing be the one in *general* science, the homœopathist is justified in claiming this mode for the justification of the law, put forth by Hahnemann.

The homœopathist looks around and detects multitudinous instances illustrating the curative power of *like* upon like.

You knock yourself.

You are palsied.

You rub the part knocked—that is, *you use a succession of gentle but rapid knockings*.

You use strychnine, which produces palsy.

You rejoice.

“Rejoice with them who rejoice.”—*Bible*.

Illustration might be added to illustration, but these few will serve to show the general bearing of the principle; indeed, it is my belief, that, in a few years, all actions and reactions will be found to be dependent upon the homœopathic law.

Indeed, the homœopathic law is the rendering definite, in regard to the use of remedies, the principle put forth so clearly by JOHN HUNTER. He says, “As I reckon every operation in the body an action, whether universal or partial, it appears to me, beyond a doubt, that no two actions can take place in the same constitution, nor two local diseases in the same part at the same time.

“It naturally results from this principle, that no two different fevers can exist in the same constitution, nor in the same part, at one and the same time.

“A patient may have the scrofula, scurvy, lues, small-pox, &c., at the same time; all this is indeed possible, but then no two of them can exist in the same part of the body at the same time.”*

Such were the views of this extraordinary man, and homœopathy verifies them. The homœopathic principle,

* John Hunter's Treatise on the Blood, &c.—Fourth Edition, 1794, Introduction, pages 4, 5.

discovered by Hahnemann, demonstrates the acuteness and the accuracy of Hunter; homœopathy stating that it is impossible that two similar diseases, "two different fevers," to use Hunter's phrase, can exist in the same constitution at the same time; and the homœopathic physician, feeling this, labours to discover the medicine which will produce a similar disease; he administers that and cures the patient.

You, my dear Sir, idolise John Hunter, and then treat with contumely a verification of his principle.

Add to the views already brought forward, to the corroborative theory of John Hunter, the facts which the *practice* of homœopathy—in other words, the efficacious use of medicines in diseases, guided by the homœopathic law, as exhibited daily throughout the world in thousands of instances—a mass of evidence to the soundness of the theory and to the stability of the law is afforded, which must arrest the attention, and, it is believed, command the respect of the candid and unbiassed.

Again recalling the mind to the axiom, that certainty and simplicity are the features of science, let me point out how clearly the science of homœopathy appears in the *mode*, adopted by homœopaths in the DISCOVERY of *remedies*.

In an article in your Journal, which seems to have been

written both under the feeling that you had gone too far in acknowledging the uncertainty of medicine, and in declaring the immense amount of knowledge necessary to be acquired before certainty in medicine can be attained, and under the desire to defend medicine from a charge of one of your correspondents, an old-system practitioner, Dr. Livesay—namely, “we are still, in the nineteenth century, as far as the precise results of our practice (medical) go, almost as uncertain as those to whom anatomy was unknown, physiology a fable, chemistry a fancy, and surgery a charm,”—you remark, as a kind of denial to Dr. Livesay’s assertion, “finally, the actions of all therapeutic agents have been analysed and tested over and over again, in *health* and in disease, and with the assistance of our increased knowledge in the various other departments of science.”*

You must find some difficulty to make *this* statement tally with the answer already recorded to the query respecting the certainty of medicine. Still, the statement itself has a two-fold interest, first, that in your anxiety to defend the old system of medicine, you have been led to state what is not accurate, and second, in so stating, have recognised the proper method of proceeding in discovering the virtues of medicines.

* Lancet, 1844, Vol. I. page 288.

You assert, "the actions of *all* therapeutic agents have been *analysed* and *tested* OVER and OVER again in *health* and in disease."

Now I ask for the authorities of such analyses and testings in *health*. You cannot give them. Where are the old-system practitioners, half a dozen excepted, and these only to a trifling extent, who have ever tried upon themselves or upon others, in *health*, remedial agents? Medical men are not fond of taking physic.

Such taking of medicines in health, which this quotation proves you recognise as a mode of analysing and testing the virtues of medicines, is the only way by which the powers of *therapeutic, disease-curing* agents, can be discovered. Haller recognised this; he states, "*Nempe primum in corpore sano medela tentanda est, sine peregrina ulla miscela, odore et sapore ejus exploratis, exigua illius dosis ingerenda, et ad omnes, quæ inde contingunt, affectiones, quis pulsus, quæ respiratio, quænam excretiones attendendum. Inde ad ductum phenomenorum, in sano obviorum, transeas ad experimenta in corpore ægroto.*"*

This method of ascertaining the virtues of medicines by trying them on the healthy, (that is, learning their *pure*—their unmodified effects,) which Haller thus points out as

* Pharmacopeia Helvetica. Basle 1771, in fol. p. 12.

the proper one, and which you bring forward, but incorrectly, as the method adopted by the followers of the old system, is that, which those whom you have designated as quacks, have had the sagacity to recognise and the courage to practise, not upon other people but upon themselves—a practice methinks not much like to quackery.

Where, among the whole range of the centuries during which medicine has existed, and physicians have prevailed, can you point out a man, who, for a period of thirty years, and being in possession of health, took medicines, observed and recorded their effects, and who, besides, had the power to persuade his wife, his sons, his daughters, and many friends to follow his example, all having the same object in view—namely, the discovery of the pure effects of medicines? Homœopathy can produce such a wonder: his name was HAHNEMANN; a man who has left behind him an imperishable memento of his genius—*six octavo volumes*, filled with the records of the effects of medicines, produced upon himself and his friends, he and they being in health at the time of administration; and from these volumes and the truths contained in them, the cures of thousands have been worked out, while every day's experience brings an addition to the multitude of those, who are receiving the benefit of his labours. They bless him, and millions, yet unborn, will bless him.

But homœopathy is scientific, not only in the mode recognised and followed by homœopathists, in *discovering* the virtues of medicines, but also in the mode of ADMINISTERING medicines to the sick.

Simplicity, to repeat, is a feature of science. This feature, in reference to the administration of medicines, under your system, you, as has been already shown, do not possess. You administer many medicines, and cannot tell that which produces the benefit, if benefit does result.

The homœopathist's method is simple. *One* medicine at a time is his rule; and this rule is essential. The homœopathist maintains, that every circumstance which may, in any way, tend to interfere with the operation of the one medicine, should be carefully avoided; so that, in addition to simplicity, in reference to the medicine itself, he seeks to preserve that simplicity, by forbidding all external and internal interferences with its action.

When the chemist has tried an experiment, and gives the result, how much interest is felt in the detail he gives of the numerous precautions he adopted to prevent any and every source of fallacy creeping in, so as to vitiate his *chemical* experiment! We admire, applaud, and hold up his ingenuity for an example. But when the homœopathic physician, in trying his *curative* experiment, labours to remove every cause of non-success, by freeing his experiment from every circumstance that may interfere

with its success, you make as a ground for sarcasm, that “A variety of circumstances are required to be taken into consideration, at a great sacrifice of time, and much *mock-profound* application is required from its disciples; there are a THOUSAND *niceties* to be considered, as regards even posture, and still more, functional condition.” Thus, the care, which is an honour to the chemist, trying his experiment on *inanimate* matter, and consequently, as such, comparatively viewed, little liable to be modified, is a source whence insult is obtained for the homœopathic physician, trying his experiment upon a human *animate* machine, and which, as animate, is more complicated, and very liable to be modified by a variety of causes. His very care to realise a scientific result, is made, by men who have not science in their practice, a means of attack upon his scientific result. “O tempora! O mores!”

To conclude this view of the scientific character of homœopathy.

Science presents itself as the embodiment of law.

The old system of medicine has no fixed universal law.

Homœopathy has a fixed universal law — “*similia similibus.*”

Science produces certainty.

The uncertainty of the old system of medicine, you have pointed out.

The certainty of homœopathy has, it appears to me, been clearly demonstrated.

Science, founded upon a law, gives precision, in the attempt to gain the object sought after.

Does your system give precision?

Homœopathy does. Thus—say, that a new disease appears; while the old-system practitioners are trying this and that, these and those, without any fixed rule, the homœopathist at once seeks out a remedy that has the power of producing phenomena similar: he applies this, and cures. Hence the steady and immediate success of the homœopathic treatment of Asiatic cholera. Where one was cured under the old-system treatment, three to four were cured under the homœopathic.

Science presents simplicity in the mode of using means. Homœopathy presents simplicity, both in the mode of discovering remedies, and in the mode of using them, when discovered.

On all these grounds, I boldly claim the rank of science for homœopathy.

You will now, I am compelled to hope, grant, that the homœopathic *principle* is simple and intelligible, because single and uncomplicated; that the *method* of obtaining a knowledge of the *virtues of medicines*, by trying the medicines singly on a healthy person, is one which has a

scientific appearance about it; and that the *method* of giving to the person diseased only one medicine at a time, is the likeliest method to lead to a knowledge of the exact curative powers of the medicines employed. But still you may dispute the science of the FORMULÆ, under which the medicines, prescribed homœopathically, are exhibited to the sick. You will perhaps still maintain, that the idea of curing diseases, or of deducing any knowledge of effects of remedies on diseased persons, from the exhibition of the remedies in the millionth, billionth, decillionth part of a drop or grain, is perfectly ridiculous.*

* One would have imagined that you, the publisher of Liebig's Lectures, would have been the last to doubt the power of medicines in infinitesimal quantities, since he tells you, that an infinitesimal quantity of sun light, namely a ray, "we cleave asunder into rays, which, without any power of illumination, produce the most important alterations and decompositions in organic nature." He tells you further, that it is indispensably necessary to the manifestation of chemical affinity, that the *atoms* of substances should be in immediate contact with each other, or at IMMEASURABLY small distances. He tells you further—

"We are acquainted with animals possessing teeth, and organs of motion and digestion, *which are wholly invisible to the naked eye*. Other animals exist, which, if measurable, would be found many thousands of times smaller, which, nevertheless, possess the same apparatus. These creatures, in the same manner as the larger animals, take nourishment, and are propagated by means of ova which must, consequently, be again many hundreds of times smaller than their own bodies. It is only because our *organs of vision are imperfect that we do not perceive creatures a million times, even, smaller than these*."—Lancet, Vol. I. 1844, p. 31.

When to this is added, that there is a distinct branch of chemistry, relating to the action of *imponderable* bodies; that Herschel has designated the branch of chemistry that treats of light, a thing in infinitesimal

But why such conclusion? Is this conclusion scientific? What does it amount to? To this—that you put *your* judgment of what *ought to be*, against *what is*.

But we have, if not in medicine, at least in other departments of science, too much information to permit us to allow any man to shelve a proposition by placing *his* what ought to be against what is. We have had so many declared impossibilities becoming, notwithstanding the

quantities, by the title of “Actino-Chemistry;” and add to this, the established truth, that *a sun-beam cannot fall upon a body, without producing a molecular or chemical change*,—it seems difficult to conceive how you should doubt the action of bodies *remedial* on bodies *diseased*, in minute quantities.

But I wonder not at you, because Liebig himself is not affected by the truths which he himself propounds. That chemist, with all his greatness, has not that highest of all greatness, consisting in the non-utterance of opinions on a subject, which, not having investigated, he cannot understand. He remarks—

“Can we wonder that men wholly ignorant of physiology and chemistry, although in other respects rational, should adopt the absurd notions of Hahnemann, that his doctrines should prevail in Germany, and find disciples in all countries”?—*Lancet*, 1844, Vol. I. p. 6.

This is his question. The question he ought to have put is, Ought we not to wonder that men, who assert that actions chemical take place at **IMMEASURABLY small** distances—that animals *millionesimally small* exist,—should venture dogmatically to assert, that actions cannot take place between medicines in immeasurably small quantities and diseased states? And another question, which he ought to have put to himself, is, whether it does not exhibit his conceit in rather an unpleasant form, in charging those who adopt homœopathy as wholly ignorant of physiology and chemistry. Hahnemann himself was a profound chemist. Dr. Christison takes him as an authority, quoting him frequently in his article on “Poisoning by Arsenic.”

declaration that such was their character, possibilities, that all such talk is now deemed nugatory. Navigation by steam across the Atlantic, is now to be seen, despite of Lardner, who said that it was an impossibility. Travelling by steam on railways has made Stephenson immortal, and those who called him a fool, fools. The priests' of Galileo's days impossibility of the earth going round the sun, has been a possibility in nature from the beginning, and is become now a possibility even to a child's understanding.

The "ought to be" argument will be legitimate, when the propounder can assert with truth, "I know *ALL the laws* of the creation, and the thing proposed is in opposition to those laws;" but that you, with all the uncertainty attached to your system of medicine, will venture to assert that you have this knowledge, even in reference to medicine, is not very likely. Your modesty will, no doubt, cause you to respond to the observations of Laplace, "*Nous sommes si loin de connaître tous les agens de la nature et leurs divers modes d'action, qu'il serait peu philosophique de nier les phénomènes, uniquement parcequ'ils sont inexplicables dans l'état actuel de nos connaissances.*"

Pray banish this "ought-to-be" state of mind, and the reasoning founded thereon. This is a self-esteem which no man of science will, though fools may, tolerate. The

man of science asks, in reference to any fact brought before his view, *Is it?* and seeks the proof; and science guides him in the selection of the means probative. If then, you, my dear Sir, ask in the philosophic spirit, *Do you mean to assert that you cure diseases with medicines in these MINUTE doses, prescribed in obedience to the homœopathic law?* I answer, I do; and add further, that for the last seven years I have used none but homœopathic medicines, and that during the whole of that time, I have not given any medicine to be internally administered at a higher strength than the millionth part of a drop or grain. Rarely, indeed, is such quantity administered—not more than once a week. I add further, that during the last three years, I have prescribed at an average for upwards of *forty* patients daily; that I have kept a record of the history and of the symptoms of every case, and that these records fill *four* large *quarto* volumes, each volume containing nearly two thousand pages, as well as about twenty smaller volumes, each containing about a hundred pages. And I further state, that there is not a public hospital or dispensary in London, from which I have not received patients dismissed — some as incurable, and whom homœopathic means have, under my guidance, cured; that all forms of disease, common to this kingdom, acute and chronic, hydrophobia excepted, have come under my care; and further, I can add, that such is the extent

of diffusion of homœopathic means, that numerous families now, in the place of the senna, the salts, the manna, the blue pill, the castor-oil, the magnesia, the rhubarb, and other domestic remedies, which they formerly used, use only globules, medicinated with the remedies, at the infinitesimal dilutions—that is, at these billionth, trillionth, quadrillionth, and decillionth dilutions.

These patients, to whom I have referred, get well. What am I to infer? What do you infer, when your patients get well?

You are called to a patient with typhus fever; you prescribe certain medicines for that patient; the patient gets well; what is your conclusion—your *sequitur*? *The medicines cured him.*

I am called to a case of typhus fever; I give homœopathic remedies, and in minute doses, to my patient; the patient gets well; what is my conclusion—my *sequitur*? What yours was—*the medicines cured him.*

No, say you, this is a *non-sequitur*. But why is it a *sequitur* in your case, and a *non-sequitur* in mine? You prescribe medicines with some fixed object in view; you gain that object, and you believe that the object is gained by means of the the medicines you prescribed; and this you infer, because there was in your mind, in prescribing such medicines, a relationship between the object to be gained, and the means to gain it. Well, I prescribe a

medicine, with a certain object in view; I gain that object, and I believe the object is gained by means of the medicine I prescribed; and this I infer, because there was in my mind, in prescribing such medicine, a relationship between the object to be gained and the means to gain it.

And mark how much more ground of certainty the homœopathist has that the medicines given by him do gain the object, than you have in reference to your medicines, and the object you have in view. The homœopathist prescribes the medicine, on the ground that it has the power of producing symptoms similar to those exhibited in his patient. You have no such rule. The homœopathist has a fixed rule to guide him in the choice of means, and thus he is enabled to ascertain exactly how far those have corresponded to a given expectation; he has, to requote Liebig's words, "a question clearly and definitely put," and the reward gained is, that it is "clearly answered."

But if you judge from your results that the means brought them about because there was a pre-existing relationship in your mind between such results and the means to attain them, how much more certain can the homœopathist be that his conclusion as to the results obtained by him are really such. You give many medicines, and use many means at the same time. He

uses only one medicine at a time. If one source of fallacy exist in reference to his experiment, many exist in reference to yours.

But the homœopathist is not at all in a hurry to get at a conclusion. He knows, perhaps better than those who affect to despise him, that though causation must *come out of* coincidence, coincidence is not always causation. He knows that coincidence, to indicate causation, must be universal: in fact, he has learned what has been so well expressed by the most talented of physiologists, "the discernment of UNIVERSAL CONNEXION AND CONTINUITY amounts to the discovery of truth."*

"The natural philosopher," Liebig informs us, "endeavours to ascertain the conditions of a given phenomenon." The homœopathist recognises this as a truth; he gives a remedy to gain a given effect; he realises that effect, which is health; and he seeks the conditions. Thus, he gives, in *true SCARLATINA*, (not in all fevers with scarlet eruption,) *belladonna*: he cures. He repeats this over and over again, and similar is the result. He had phenomena—namely, feverish heat, scarlet redness of skin, enlarged tonsillar and other glands, &c.; he gives *belladonna*—the feverish heat ceases, the scarlet redness disappears, the tonsils return to their natural shape and size.

* *Regnum Animale de Intestinis.*

These constitute another series of phenomena. He asks the condition linking these phenomena; and he finds it to be this—the administration of a body that has the power of producing in a healthy person phenomena presented in the first series of phenomena.

I have had upwards of a hundred cases of scarlatina during the late epidemic, and when the disease presented the phenomena correspondent to the phenomena produced by *belladonna*, health was realised by the use of this medicine.

Take another case. The homœopathic physician has a case of *Dysentery*. He finds the phenomena to be similar to those which *corrosive sublimate* produces, when a person is poisoned by it; he gives the quadrillionth part of a grain of this medicine, and he cures. Here, again, are two sets of phenomena. He seeks the condition connecting them, and finds it to be *corrosive sublimate*. I have cured numerous cases of the worst forms of dysentery by corrosive sublimate in these minute doses.

Again, the homœopathic physician is called to a case of *Strangury*. The patient passes bloody urine, half a spoonful to a spoonful, every two to three minutes, with agonizing pain, sometimes making ineffectual, but dreadfully painful efforts. The physician gives the millionth part of a drop of the *cantharis* solution, prepared according to the homœopathic formula, and the water passes

freely without pain in the course of a few hours. I have seen numerous cases of this nature—aye, I have known such results, when the agony has been so great, that a strong minded man has told his attendants to remove his razors, and has begged me, on my arrival in his chamber, to give him some narcotic to kill him. I gave him *cantharis*, and cured him.

But these instances might be multiplied so as to fill a book. I will conclude these references by the statement of another fact.*

I used to be a martyr to sore throats, and, before

* It is a common statement, "Homœopathy may do in chronic, but what will it do in acute cases?" An answer will be found in the cases published; but the following statements afford the best answer. They are to be found in WILDE'S "Austria, its Literary, Scientific, and Medical Institutions, and Guide to the Hospitals and Sanatory Establishments of Vienna," a work, quotations from which are in the Lancet.

* "And although I neither advocate that doctrine, nor slander its supporters, I deem it but the part of truth and justice to lay the following statement before my readers. One of the cleanest and best regulated hospitals in the town is managed on the homœopathic plan. The following circumstances led to its erection:—The rapid spread of this mode of treatment in Austria, and the patronage it received from many noble and influential individuals in that country, attracted the attention of the government several years ago, who, with their characteristic jealousy of innovation, then issued an order forbidding it to be practised. As, however, this had not the effect of suppressing it, but as it seemed rather to gain strength from the legal disabilities under which it thus laboured, it was determined in 1828, to test its efficacy in the military hospital of the Josephinum. With this view, a commission was nominated, consisting of twelve professors, all of whom, it is but fair to observe, were strenuously opposed to the homœopathic doctrine. Dr. Marrenzeller, a veteran homœopathist, and a contemporary of Hahnemann, was appointed as the physician,

becoming a homœopathist, had the ammonia liniment and the flannel wrapper in continual requisition, besides using purgatives as counter-irritants. (I knew no better method then.) Since I have been a homœopathist, if I have a sore throat, I put two globules of *belladonna* on my tongue, and, with nought else, I am well, in nine cases out of ten, the next morning; the tenth sometimes requires a globule of *mercurius*.

And yet, I suppose, you, my dear Sir, would tell me, that if I go to bed with a sore throat, and rise in the morning without one, having taken two globules of *bella-*

and two members of the commission always attended him during his visit, and at the expiration of every ten days, reported the progress of the cases under his charge. The only part of the report published is that of Drs. Jager and Zang. It contains a very brief outline of the cases and their treatment, and expresses the surprise of these eminent professors at the happy issue of some of them. The commission, however, as a body, came to the conclusion, that from results obtained from their investigations, it was impossible to declare either for or against homœopathy. One of the twelve, however, subsequently stated his conviction of the efficacy of the system from these trials, and has since remained an open adherent of it.—p. 271.

“Whatever the opponents of this system may put forward against it, I am bound to say, and I am far from being a homœopathic practitioner, that the cases I saw treated by it in the Vienna hospital were fully as acute and virulent as those which have come under my observation elsewhere; and the statistics show that the mortality is much less than in the other hospitals of that city. Knoly, the Austrian *protomedicus*, has published those for 1838, which exhibit a mortality of but five or six per cent; while three similar institutions on the allopathic plan, enumerated before it in the same tables, show a mortality as high as from eight to ten per cent.”—p. 277.

donna on going to bed, and this not on one occasion, but twenty, thirty, and forty occasions; and that, on the occasions when I have trusted to nature, the attack not being so violent, I have risen with my sore throat worse, which then, by taking the belladonna, has been relieved in six or eight hours, — “*you have been deluded.*” Such assertion would indicate a scepticism more absurd than the grossest credulity, and would justify calling to your mind the observation of Dugald Stewart, “Unlimited scepticism is equally the child of imbecility as implicit credulity.”

But to conclude this lengthened letter. Its conclusion will be the statement, and I trust the proof of that statement, that

HOMŒOPATHY WILL EXTINGUISH QUACKERY.

In medicine the thing required to expel quacks is to make it a science; and the great basis of such estimation being obtained for medicine in the public mind, is to demonstrate to the public, that the physician regards and treats each case as an *individuality*.

At present, such is not the prevalent belief in the public mind, and the language of medical men has no tendency to induce such belief.

You talk of RHEUMATISM, and of curing rheumatism; but there are numerous rheumatisms. There is a rheu-

matism where MOTION *increases* the pain, and another where motion *diminishes* the pain. There is a rheumatism in which HEAT *increases*, and a rheumatism in which heat *diminishes* the pain. There is a rheumatism in which TOUCH *aggravates*, and one in which touch *eases* the pain. There is a rheumatism in which EXPOSURE TO THE AIR *augments*, and one in which exposure to the air *diminishes* the pain. There is a rheumatism that is worse *by night*, and one that is worse *by day*; and a third that is equally painful by day and by night. There is, moreover, a rheumatism in which, on the appearance of perspiration, relief is obtained, and there is a rheumatism to which perspiration brings no relief. There is a rheumatism attended with *chilliness*, and there is a rheumatism attended with *constant heat*. There is a rheumatism which is stationary to one joint, or one side of the body, and there is one which *moves* from one part to another.

All these are called rheumatisms; yet each one is distinct, requires a distinct remedy, which remedy the homœopathist knows, having been enabled to discover, or rather to know, by the truth of his principle guiding him in the selection of his remedy.

Get the public to understand these facts—and the same remarks apply to every genus of disease—and do you think that we should see any remedy for rheumatism, generic rheumatism, put forth to gull the public? All

the "rheumatic pills," "lotions," "embrocations," would be banished, because the public, knowing that no two rheumatisms are alike in every particular, and that therefore no *one* medicine can cure different rheumatisms, would despise the charlatan who thus in such case would put forth his pickpocketry.

EVERY CASE OF DISEASE IS AN INDIVIDUALITY.

Homœopathy is gradually working this truth into the public mind, and, by so doing, is silently, but effectually, undermining quackery.

You could never work this truth into the public mind. You might talk till midnight about the difficulties of the healing art—about the science required to practise it, but in vain. The public, seeing your practice, and reading your works, and hearing your converse, recognise at once that it is all *routine*; that salts and rhubarb, iodine and sarsaparilla, mercury and its form—blue pill, bleeding, leeching, cupping, blistering, and mustard poultices, purging, emetising,—are the almost invariable formulæ.

The public thence infer, that diseases are treated rightly by any one who has the boldness to bleed, to blister; they feel that you are all alike; they see the not regular practitioners use what the regular do; and as they cannot discover that the shilling is modified by the hand that it passes through, they mind not you, when you call your shilling the true coin, and the other the counterfeit.

It is true, the language of medical men has of late years improved. The student, when asked what he would do in such or such a disease, is directed to reply, *It would depend upon circumstances*. This is good, because such a modification is a recognition of the individuality. But this is of little use in resisting quackery, because he cannot tell the circumstances, and what he would do under the circumstances.

Thus, a student is told by his teacher, that if QUININE does not cure the *ague*, to try ARSENIC. But could not any empiric obey *this* advice, as well as the cleverest student in the kingdom? Certainly; and it will be so, until the medical student obtains a knowledge, to be gained only by hard labour, and quick perception, and sobered judgment, of what are the circumstances which render quinine certainly curative of ague, and those which render arsenic certainly curative of ague. But you CANNOT give him this knowledge; and if you cannot, can you expect quackery to become extinct? Your only rule is, *give arsenic, if quinine does not cure*. Is not this empiricism of the lowest kind? and yet you complain of quackery. But the homœopathist can tell, by the certainty which his principle affords, which is THE ague that bark will and arsenic will not cure, and also which is THE ague that arsenic will and bark will not cure. He detects the individuality of the disease; he seeks for a remedy

having an analogous individuality, and on its application he rests his cure.

And yet you, my dear Sir, have immortalised yourself by designating and holding forth homœopathy as a quackery.

With best wishes,

Believe me, sincerely yours,

JOHN EPPS, M.D.

CONTENTS.

CASE I.

A PATIENT, BED-RIDDEN FOR THIRTEEN YEARS, RESTORED TO ACTIVE USEFULNESS.	1
---	---

CASE II.

AN ABDOMINAL TUMOUR, DECLARED INCURABLE, REMOVED BY HOMŒOPATHIC MEANS.	14
---	----

CASE III.

A CASE, IN WHICH A FARTHING WAS SWALLOWED, AND DISCHARGED A MONTH AND A DAY AFTER THE DATE ON WHICH IT WAS SWALLOWED.	29
---	----

CASE IV.

A CASE OF COMA, APPROACHING TO AND CONSIDERED AS APOPLEXY, TREATED WITH COMPLETE SUCCESS	36
---	----

CASE V.

A CASE OF HÆMATEMESIS, OR VOMITING OF BLOOD	51
---	----

CONFIDENTIAL

MEMORANDUM FOR THE DIRECTOR

FROM: [illegible]

SUBJECT: [illegible]

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HOMŒOPATHY APPLIED IN PRACTICE.

C A S E I.

A PATIENT, BED-RIDDEN FOR THIRTEEN YEARS, RESTORED
TO ACTIVE USEFULNESS.

MRS. THOMAS, aged 51, consulted me Sept. 21, 1842.

This patient had been *confined to her bed* THIRTEEN years, at the time of the first consultation. For *twelve* years, she has not been able to *stand*; or, more minutely and correctly stated, has not been able *to put her foot to the ground*. In her bed, further, she needed always to be propped by three pillows, both by night and by day.

She had been, before consulting me, under the care of upwards of *ten* medical practitioners. She was, about nine years since, in Bartholomew's hospital, under Drs. Roupell and Pardoe. Dr. Roupell said, they had tried all they could think of, and he was much disappointed at the want of benefit. Dr. Pardoe was even more disappointed; and the patient was told, that the lungs were so much diseased,

that it was impossible any thing more could be done. *She was dismissed incurable.*

Mr. Harvey, who attended her before she was wholly confined, and two years after she was confined, gave her no hope, continually expecting death to take place, and often expressed his wonder that she remained so long.

Mr. Thomas, who attended her last, tells her, now she has recovered, that he could not have believed, did he not see her restoration. "It seems impossible!" "I cannot understand it!" are his remarks.

This patient, from the state thus described, has been, by homœopathic remedies, restored to the ability *to pursue her business*,—to walk even miles.

It is worthy of remark, that she was induced to consult me with the view of gratifying a benevolent lady. She had no hopes of having her condition altered; and, after she had placed herself under homœopathic treatment, she was urged by all others by whom she was visited, Dr. Davy, a retired physician who occasionally called upon her as a friend, excepted, to give up homœopathy. Dr. Davy suggested, that as the old system had done her no good, and could, so far as past experience of its effects testified, do her no good—she might try the new.

Some may be inclined to remark, "Perhaps the case was 'nervous.'" One answer to such an observation is, that a "nervous" disease is a disease, and the physician ought to be able to effect its removal, by establishing the standard of health, from which the "nervous" disease is a deviation.

Another answer to this observation will be found in the detail of the symptoms under which the patient laboured

at the time of consultation, when she placed herself under my care: symptoms, so numerous, so distressing, as to justify, to a certain extent, the opinions of the medical gentlemen, both as to the hopelessness of her case, and the wonder connected with her cure.

- Symptom 1. Burning heat of body.
- Symptom 2. Burning heat of chest.
- Symptom 3. Flushes of heat.
- Symptom 4. Burning *pain* at chest.
- Symptom 5. Soreness of chest.
- Symptom 6. Great tightness of chest.
- Symptom 7. Great difficulty of breathing.
- Symptom 8. Chest symptoms worse in the evening.
- Symptom 9. Burning of the hands on the inside.
- Symptom 10. Skin of hands dry and parched.
- Symptom 11. Giddiness in head when sitting.
- Symptom 11*a*. Occasional headache.
- Symptom 12. Excessive thirst.
- Symptom 13. Great fulness in bowels.
- Symptom 14. Great heat, and pressure in bowels.
- Symptom 15. Bowels confined.
- Symptom 16. Stools in lumpy portions.
- Symptom 17. Slimy matter discharged with the stools.
- Symptom 18. Spasm in bowels, sometimes agonizingly severe.
- Symptom 19. Urine variable; sometimes free, sometimes in small quantities, and high coloured.
- Symptom 20. No white discharge.

Symptom 21. Eyes weak.

Symptom 22. Ancles swell.

Symptom 23. Ancles hot.

Symptom 24. Joints of fingers stiff.

Symptom 25. Joints of elbows stiff.

Symptom 26. Left arm painful at elbow; she cannot lift the arm to the head.

Symptom 27. Cannot straighten the fingers.

Symptom 27*a*. Fingers bent.

Symptom 27*b*. Fingers swollen at the joints.

Symptom 28. Sleeps badly.

Symptom 29. Expecto-
rates considerably, the sputa
sometimes tinged with blood.

Symptom 30. Has great pain in the back.

Such is the detail of the then existing sufferings of Mrs. Thomas. The following treatment was directed:—*Aconite*, four globules, in four ounces of water—a sixth part the first thing in the morning for three mornings, then every other morning. *Pulsatilla*, four globules, in four ounces of water—a sixth part at 4 p. m. for two days, and then every other day. If the bowels should not act in four days, then to take two globules of *opium*, to promote the action. I recommended her to take a tumbler of cold water the first thing in the morning.

The four globules of *aconite*, and the four globules of *pulsatilla*, would last nine days; and when concluded, she was directed to repeat, but to wait a day or two occasionally at the conclusion of the mixtures, made as directed.

November 24, 1842.—Mrs. Thomas consulted me a second time.

She was much better. She is dressed, looks nicely, and has been able *to get*, with some little assistance, *across her room*. It will be remembered that she had not put her foot to the ground for twelve years.

Notwithstanding the improvement in her symptoms, she is suffering from a severe hacking cough, she being peculiarly liable to take cold, which, when affecting her, manifests itself first in stiffness of the head, and of the neck; by tightness, and then the chest becomes affected.

Symptom No. 1. Burning heat of body better.

Symptom No. 2. Better.

Symptom No. 3. The flushes occur now principally on exertion, and are worst in the evening.

Symptom No. 4. The burning pain at the chest is lessened.

Symptom No. 6. The tightness of the chest is lessened.

Symptom No. 7. The difficulty of breathing is lessened.

Symptom No. 9. The burning in hands is lessened, but becomes increased morning and evening.

Symptom No. 10. Skin much softer.

Symptom No. 11. Giddiness is felt most when exerting herself in talking; dizziness better.

Symptom No. 11*a*. Better.

Symptom No. 12. The thirst is less.

Symptom No. 16. The bowels act every other day.

Symptom No. 18. Has had only one slight attack of spasm.

Symptom No. 23. Ancles still hot.

Symptom No. 26. The left elbow is painful at times.

Symptom No. 27. Can bend all the fingers of the left hand, but not of the *right* hand; three fingers she can bend; but the index finger is permanently fixed at a right angle.

Symptom No. 28. Sleeps better.

Symptom No. 29. Has great pain in the back.

Ordered four globules of *nux vomica* in four ounces of water—one fourth part for two evenings, and then every other evening. This mixture was ordered to be repeated, waiting after each mixture a day, or two days, or three days, as the symptoms improved.

January 26, 1843.—Mrs. Thomas consulted me a third time.

My patient was still further improved. She had been *down stairs into the parlour*, which she had not been able to effect before for the last *thirteen* years. The stairs are steep, and yet the only inconveniences were—on descending, a little giddiness, and on ascending, a little fatigue.

She has again put on *stays*, a part of dress she has, for thirteen years, been unable to wear, on account of the *tenderness* not allowing her to bear the pressure.

Symptom No. 1. The burning heat is now the most troublesome symptom that remains.
The heat is dry and burning.

Symptom No. 5. The soreness of chest, though troublesome at times, is much better.

Symptom No. 9. The burning at the hands is still further lessened, though troublesome at times.

Symptom No. 11. The giddiness, produced by talking and sitting up, is relieved by lying down.

Symptom No. 12. Still thirsty, tongue furred, but cleaner at the edges.

Symptom No. 13. Has sometimes tympanitic distension of the bowels.

Symptom No. 15. Bowels improved, though not yet regular.

Symptom No. 19. Water steadily free.

Symptoms No. 24,

25, 26. She feels very bad in the night, particularly in the arms and the hands; the hands are hot, and swell.

Symptom No. 30. The pain in the back is better; her nails break.

Ordered *aconite*, four globules in four ounces of water—a sixth part every eight hours, to subdue the pain; and to be followed by *sulphur*, taken alternately week by week with *pulsatilla*—of each four globules in four ounces of

water; one spoonful at 11 a. m. and one at 7 p. m. for two days, and then alternate days.

April 19, 1843.—Mrs. Thomas consulted me a fourth time.

She still had steadily progressed. She had been much tried; the windy weather causing the chimney of her room to smoke so much, that she was obliged to have either the door or the window open, which subjected her to severe colds; the colds being attended with sneezing and running from the nose. I directed her to take two globules of *aconite*, and, four hours after, two globules of *nux vomica*, dry on the tongue.

Symptom No. 1. The burning heat is better.

Symptom No. 10. The skin of the hands has become moister.

Symptom No. 11. Giddiness felt when standing up; is relieved by lying down.

Symptom No. 22. The ancles still swell.

Her symptoms are on the whole much better. The swollen state of the joints of the hands, and the stiffness of the fingers, became now the principal points of consideration; and, with the view of relieving these, I ordered, after some *aconite*, one drop of the third dilution of the *tinctura acris*, in four ounces of water—one spoonful at 11 a. m., and one at 7 p. m., for two days, and then every other day.

At the latter end of April, Mrs. Thomas *went out for a walk*. Her feelings can be supposed, but not described. Freedom in the open air after thirteen years confinement!

October 23, 1843.—She walked to and from her house in Bagnigge Wells to St. Martin's Le Grand.

July, 1844.—She called on me, previous to going to the sea-side, wishing to have some rules for her guidance.

This case establishes the power of the homœopathic remedies used. The course of the cure renders all escape from a recognition of this power impossible. Every thing here was against homœopathy, and yet homœopathy triumphed.

"*Imagination did it*" will not answer for the phenomena; for the record is, that the imagination was not running in the homœopathic direction, or if it did at all run in that direction, it amounted only to the feeling "to please a kind lady." Besides imagination is *quick* in its effects, it is a Cæsar's *veni—vidi—vici* matter; the progress here was slow, serial, and successively progressive. Step was gained after step; each means worked out what it was intended to effect.

“*It is nature,*” in the sense, in which the phrase is used by opponents, will not answer for the phenomena produced. And why did not nature do it before? Why should she walk with the patient in the road to health only when the homœopathist attends the walking? Why did nature not accompany the allopathic—the old-system practitioners, who treated this patient, to the best of their ability?

Another feature, demonstrative of the power of homœopathy and the radical change it worked in the constitution, is the *permanence* of the cure. How often do we find patients, who are dismissed from hospitals and public institutions, as *cured* of the maladies for which they were treated, become in a few weeks’ time invalided of the same; results, showing that these cures were merely temporary *suspensions* of the diseased states. This patient remains well now, a period of nearly a year and a half; and is able to pursue her fatiguing occupation.

It *was*—it *is* a cure.

This case has been deemed by most, who knew the sufferer, as wonderful; by many it has been declared miraculous (in this way does wonder speak); but—behold the contrariety of opinion! (if that indeed can be called opinion, which is prejudice throttling thought)—the sneerer and the interested shield themselves against the reception of the facts of, and of the deductions from, the case, by the utterance of the easily-

mouthed, but hideously vulgar, when unjustifiably applied, phrase—"humbug."*

Abused or not abused, the facts stand. Certain phenomena of disease were present; certain remedial means

* I have quoted this phrase advisedly. Its use by persons who ought not to demean themselves by such language, when canvassing the opinions and the practice of men whose talents are, if not superior, at least equal with theirs, and whose medical education has been, in many cases, much more extended, is to be lamented, but not so much to be wondered at, when the following statement, abridged from Chambers's Edinburgh Journal, (No. 32, New Series, p. 94) is read. Drs. Gall and Spurzheim asserted in their works, that the brain, instead of being, as commonly held, a mere *pulpy mass*, is a most beautiful and complicated structure, being pervaded by *fibres of two kinds, converging and diverging*—a fact now universally acknowledged. They presented, in their works, *drawings and illustrations* of these fibres. Dr. Gordon of Edinburgh, a lecturer on medical science, wrote an article in the Edinburgh Review, (No. 49, published June 1815,) of which the following are extracts:—"It is our painful duty to remark, that the system is *a complete fiction from beginning to end*. . . . Their writings have not added one fact to the stock of our knowledge respecting either the structure or the functions of man, but consist of such a mixture of gross errors, extravagant absurdities, and downright misstatements, as can leave no doubt, we apprehend, in the minds of honest and intelligent men, as to the real ignorance, the real hypocrisy, and the real empiricism of the authors.'"

This leading lecturer in Edinburgh had the hardihood to make these monstrous assertions, without taking the trouble to ascertain, by examining the brain, whether the asserted structure was *a fact*: but, further than this, when Dr. Spurzheim visited Edinburgh, and invited him to come to a demonstration on the brain itself, of the asserted structure, Dr. Gordon refused to be present.

Need we wonder, however much we may lament, that smaller minds should use the phrase quoted above, in reference to homœo-

were used, and certain results in the aggregate called health, follow. These facts are indubitable.

The homœopathist sees these results are arrived at *after* the use of means, which he is led to select in obedience to an ascertained *law*: he has no other reason for using these means: he does use them: he sees results which he knew *must* result from means selected and employed in obedience to the law (the law itself he knowing to be true): and he, seeing these results, to his mind, arising of necessity, maintains without hesitation, that here is *an after*—a *post hoc*; and that, as these result in obedience to the law, by which the means employed before (the *a before*) are regulated, he further maintains that these results are the *consequence*—the *propter hoc*.

In fact, he sees *antecedence* and *consequence*; he sees them *invariably* as connected with the use of certain means in a given case, according to a fixed law. He has brought before him the view of the great mental philosopher, Dr. Thomas Brown: "Power, in short, is significant, not of any

pathy, when in reference to positive facts—facts capable of ocular demonstration, such were the impudent assertions of the Edinburgh Reviewer. To such little minds, if their organisation does not render them insensible to the advice, the following remarks in Chambers, may be recommended as worthy of attention:—"What others had ascertained by experiment and careful inquiry, he [Dr. Gordon] repudiated upon mere supposition. Wishing to be very philosophical, he mistook scepticism for caution, whereas investigation alone could have served his end. And thus, where he thought he was pillorying two empirics, he has only stuck himself up as a durable memento of the danger of over-confident disbelief."

thing different from the invariable antecedent itself, but of the mere invariableness of the order of its appearance in reference to some invariable consequent; the invariable antecedent being denominated a cause, the invariable consequent an effect;”* and he has, in the contemplation of this view of cause and effect, the satisfaction of knowing, that he has the power in medicine, of removing, by practice founded upon a fixed principle, the diseases to which humanity is subject. And if he fails, it is not because the *law*, discovered by the illustrious Hahnemann, is unsound, but because he himself has made a mistake in the selection of the appropriate means antecedent. He has a power, but not the right power; but this is not from the non-existence of the power, but from his want of skill in the selection of the means adapted to realise the activity of that power in the right direction. The law, “*Similia similibus curantur*,” is immutable, heaven-fixed; the application requires human mind, which is fallible.

* Dr. Thomas Brown, “Philosophy of the Human Mind,” Lecture VI., Tait’s Edition, p. 35.

C A S E II.

AN ABDOMINAL TUMOUR, DECLARED INCURABLE, REMOVED BY HOMŒOPATHIC MEANS.

THIS case cannot be introduced better than by the following letter from the mother of the patient herself, addressed to me. The letter is given unaltered, in order that its peculiar character should not be lost.

“ August, 1844.

“ SIR,

“ In compliance with your wish, I made an account of my daughter's complaint as well as my memory affords me, not having kept it in writing. The complaint first made its appearance in the year 1825, at the age of nine years, when she was placed under the medical care of the Gerrard Street Dispensary for one year ; during which time twelve doctors met to consult as to what the complaint was, when they decided it was a tumour, and wanted to put in an issue, which I would not consent to. They gave her some drops to take, beginning at *one* drop, and in-

creasing it to *thirty* at one time, which caused *the feet to swell*, and the *teeth to drop out*; deriving no benefit from them, she left off attending them. They also ordered leeches several times. After this she went to Welbeck Street Dispensary. They decided it was a *rupture*, and gave her some slate-coloured powders; but, deriving no benefit, she left them, after attending them about six months. After this, she went to Sir Astley Cooper, who, having examined her, decided it was a disordered *spleen*. He gave her some inward medicine, ordered leeches several times,—at one time as many as twenty-four. After this, he ordered a plaister, which kept on about two months without deriving any benefit. He then recommended sea air, but not being inclined to part with her, she left him after attending him about six months. After this, I took her to Dr. Thomas, who did not say what it was, but stated, that, if it were his own child, he should let her take her chance. He gave her no medicine. From that time she attended no doctor till 1840, when I took her to Dr. Roe, who very coolly said, he could *relieve* it, but that there was *no cure* for it. He ordered a blister, but did not receive any relief from that, and did not attend him again. After this, I paid a guinea to Mr. Liston for his advice, who said that *nothing possible could cure her*, which was very disheartening to me.

“About that time, I heard great talk of the homœopathic system of treatment, and felt inclined to try it. So I placed her under your superior care, who stated that it was curable, but that it would take thirteen or fourteen months to accomplish it; at the end of which time, she was

discharged as a perfect cure; and has, since that time, felt no return of the complaint, but enjoys a perfect state of health, which she never did before; for which, she, as well as myself, return you our sincere thanks, for effecting so wonderful a cure as you have, assisted by the power of our great Creator.

"As this is the nearest account I can give, I beg leave to remain,

"Your humble Servant,

MARY STEPHENS."

Eleanor Smith,* aged twenty-five, single, consulted me June 29th, 1841. She has been *sixteen years* ill, having suffered from the presence of an abdominal tumour.

The tumour is now of a globular character, and of a size so considerable, that had it been equal over the abdomen, the first inference would have been, that she was far advanced in pregnancy. Indeed, from the age of fourteen, the enlargement was so apparent, that persons, passing her in the street, have been seen and heard to express their astonishment at so young a person being pregnant.

The symptoms she experienced, when coming under my care, were the following:—

Symptom 1. Pain at the left side.

* The difference between the name of the mother of the patient, and that of the patient herself, is explained by the fact, that Mrs. Stephens's name is that of her second husband.

- Symptom 1*a*. She could not lie on the right side, she felt so heavy a weight, as it were dragging from the opposite side.
- Symptom 2. A movement across the chest and the bowels.
- Symptom 3. She feels worse on standing, and on walking; the pain is relieved by sitting down.
- Symptom 4. She has pain in the left thigh from the hip to the knee; the pain being so great, as to oblige her to stand with her leg lifted up from the ground.
- Symptom 5. Bowels act *only by medicine*.
- Symptom 6. An acute pain across the bowels just before action.
- Symptom 7. Her monthly period occurs *once in two months*.
- Symptom 8. Her feet swell.
- Symptom 9. She has pimples on her face.
- Symptom 10. She sweats readily on exertion.
- Symptom 11. She has a peculiar yellowish, dingy complexion.
- Symptom 11*a*. Her teeth are almost black from the medicines she has taken.
- Symptom 12. She continually feels tired.
- Symptom 13. She has severe pains in her back.
- Symptom 14. Her appetite is rapidly falling off.

Ordered *crocus*, three globules in eight spoonfuls of water—one spoonful at 11 a. m. and one at 7 p. m. for two days, and then every other day, till finished.

July 5th, 1841.—Consulted me again.

She was improving.

Symptom No. 4. Pain in thigh still very troublesome.

Symptom No. 5. The bowels, which used to act only
by means of purgatives, are now
regular.

Ordered *iodium*, three globules in eight spoonfuls of water—one spoonful at 11 a. m. and one at 7 p. m. for two days, then alternate days. Also *crocus*, three globules dissolved as the *iodium*—to be taken if the pain in the thigh continues undiminished.

July 26th, 1841.—Consulted me again.

E. S. has taken, since the last consultation, three globules of *iodium*, at three distinct periods, and three globules of *crocus*.

Symptom No. 3. Movement is less painful.

Symptom No. 4. Has less pain down the thigh.

Symptom No. 5. Bowels act daily.

Symptom No. 8. The feet no longer swell.

Symptom No. 14. Feels a little sickness directly after
breakfast.

Ordered to continue *iodium*.

August 30th, 1841.—Consulted me again.

Is improving.

Symptom No. 3. Has an *internal* soreness when moving.

Symptom No. 4. Pain in the thigh is lessened.

Symptom No. 5. The bowels are regular.

Symptom No. 7. Monthly period has been regular the last two months.

Symptom No. 12. She still feels tired.

Symptom No. 13. Has had more pain in the back during the last week.

Symptom No. 14. The sickness has gone.

Ordered the alternate use of *barytæ carbonas*, and *iodium*, and should the internal soreness continue, then *arnica*; and, if still persisting, then *aconite*.

November 9th, 1841.—Consulted me again.

Is much better. The tumour, though not much diminished, has assumed a shape much more *assimilated to the natural form of the abdomen*.

Symptom No. 3. She can stand better.

Symptom No. 7. The last monthly period was at six months interval.

Symptom No. 9. She has many pimples about the chin, which "come to a head and break."

Symptom No. 11. Tint of skin is much clearer.

Symptom No. 11*a*. Teeth still discoloured.

Symptom No. 12. The tired feeling is better.

Symptom No. 14. Still better.

Ordered to continue the alternate use of *barytæ carbonas*, and *iodium*.

December 8th, 1841.—Consulted me again.

The tumour is decidedly less. It projects still a little at the side of, and above the left groin.

Symptom No. 7. The monthly period is now quite regular as to time.

Symptom No. 9. Pimples are fewer in the face, but are numerous on the shoulders—the pimples itch a little.

Symptom No. 11. The skin is much clearer.

Symptom No. 11*a*. The teeth are still yellow.

Ordered *sulphur*—three globules, to be followed by *barytæ carbonas*, and *iodium*.

January 18th, 1842.—Consulted me again.

Her form is still better. There is still a little swelling at the left groin. The abdomen feels hard across the navel, but there is no swelling.

Symptom No. 9. Pimples are better.

Symptom No. 11. The skin is quite clear.

Symptom No. 11*a*. The teeth are still yellow.

Ordered to continue *sulphur*, *barytæ carbonas*, and *iodium*.

February 23rd, 1842.—Consulted me again.

She is better in every respect.

Ordered the medicine to be taken in still smaller quantities—namely, three globules in *ten* spoonfuls of water—one spoonful twice a day.

The patient was, as will be seen from the past history, steadily progressing. The tumour had progressively lessened.

She happened, however, to be in Regent's Park on the broad walk, on one of the windy days in March. Her umbrella was torn from her by the wind, and to save it she ran, she thinks, nearly a quarter of a mile.

This brought on, as might be expected, great pain in the side, and renewed the old malady. The pain in the back was so severe that she could scarcely stand.

Ordered *aconite* and *arnica*.

March 21st, 1842.—I was consulted again.

Her complaint still increases. She is confined to her bed. She has pain in her side. Experiences great tightness at the side. Feels as if her inside was being dragged down. She cannot find relief from her pain in any position. Every time she moves she retches very much. She is very sick. Every thing she drinks returns. She is in an intense fever, though her teeth chatter, and she shakes with cold.

Ordered *aconite* and *nux vomica*.

March 23rd, 1842.—I was consulted again.

Has had a dreadful night. Bowels very relaxed. Pain in her back very severe, and the pains in the region of the tumour, are as if she were *stabbed with knives*. She screams and groans with pain. She has great *tenderness* of the

abdomen ; appears sinking ; believes that she cannot possibly recover. She has a bad cough.

Ordered *aconite* and *bryonia*.

March 24th, 1842.—I was consulted.

She is somewhat better ; tongue is not so white. She is less chilly.

March 25th, 1842.—Has pain still in the tumour ; but the *knife-digging pains* are better. Directly she moves, the retchings and the heavings of the stomach occur with violence. The abdominal tenderness is better. The bowels are less relaxed ; several small transparent portions, like isinglass, come from her. Cough still very troublesome, keeping her awake.

Ordered *rhus toxicodendron*, and, if the retching occurs, *ippecacuanha*.

March 26th, 1842.—I was consulted again.

Pain in the region of the tumour still, but less. The heaving is not quite so bad. She feels an *inward burning* after eating or drinking. The bowels have not acted for two days. She had no rest last night. She cannot go to sleep. The cough is better. She has taken *ippecacuanha* for the retching.

Ordered *ippecacuanha* for to-day, and *rhus* for to-morrow.

March 28th, 1842.—I was consulted.

Feels soreness at the region of the tumour. She was restless all the night; feels ill all over. She has sometimes burning fever; sometimes she is chilled. She retches still whenever she moves. The bowels acted last night. The stool was natural. She has fallen asleep; the perspiration literally dropped from her.

Ordered *pulsatilla*.

March 31st, 1842.—I was consulted again.

The soreness is almost gone. She dozes. The fever has ceased. She still perspires. No retching, but she feels a little sick. *Has had no action of bowels* since the 27th.

Here it is worthy of remark, that the patient, though labouring under an acute and a highly dangerous disease, becomes decidedly better, though the *bowels did not act for several days*.

Ordered *opium*, two globules.

April 5th, 1842.—I was consulted.

Soreness very little. Sleeps. Perspires at night. Was sick a little yesterday. No appetite. Bowels not active since Friday.

Ordered *nux vomica*.

April 8th, 1842.—I was consulted.

No soreness. Sleeps, but not soundly. Perspiration

has ceased. Sick but once. Feels as if the heaving was about to return. Bowels have acted *once a day*. Much phlegm after eating; the phlegm being raised by a kind of retching, having some resemblance to that attendant upon the whooping-cough. She has great weakness in the ancles and in the knees.

Ordered *pulsatilla*.

April 11th, 1842.—I was consulted.

Soreness gone. Cannot go to sleep. Has much wind, which rises. Bowels active. Weak in legs.

Ordered *lycopodium*.

April 15th, 1842.—I was consulted.

Has shooting pains in the region of the tumour, proceeding to the back, and downwards. She has no fever, but a restlessness keeps her awake. Appetite not so good. She has had no action of the bowels for the four last days.

Ordered *bryonia*; and, if the bowels are not relieved, then *opium*.

April 18th, 1842.—I was consulted.

Had an action of the bowels *an hour after taking the opium*.

April 20th, 1842.—Much better on the whole. The stitches dart to the other hip. They cause her to cry out.

She cannot walk without taking hold of the chairs. She staggers as if intoxicated.

Ordered *pulsatilla*.

April 25th, 1842.—I was consulted.

Stitches gone. She is still unable to walk. Almost choked with phlegm.

Ordered *barytæ carb.*

May 2nd, 1842.—Walks a little better. The choking with phlegm is much relieved.

Ordered *barytæ carb.* at longer intervals; and *aconite*, if any soreness should return.

May 10th, 1842.—I was consulted.

Has been purged during the last week. Had two actions of bowels this morning. She is much stronger on her feet.

Ordered *sulphur*.

May 18th, 1842.—I was consulted.

The purging, after ceasing, has returned. She has not been periodically well the last two months.

Ordered *pulsatilla*.

June 2nd, 1842.—I was consulted.

Purging ceased. Bowels rather confined. Has a beating at the side.

Ordered *pulsatilla*.

June 15th, 1842. I was consulted.

No settled pain. Has pain and tenderness, sometimes on the one side, sometimes on the other.

Ordered *sulphur*.

June 30th, 1842.—I was consulted.

No pain since last consultation. The swelling seems wholly gone. Tenderness is wholly gone.

Ordered *pulsatilla*—to be used occasionally.

August 18th, 1842.—My patient called. She is quite well. The tumour is gone. The abdomen is soft at the site of the tumour. She looks plump, healthy, and cheerful.

September 27th, 1844.—She called, and, after an interval of upwards of two years, she has no symptom of her old complaint. She called to thank me, and on reading to her the statement of her case, she vouched for its correctness, and stated she will be happy to certify the same.

She holds a stall at one of our public bazaars, and *stands* a great number of hours per day.

This case presents two or three points of interest.

The first is, as must be evident to all, the interesting nature of the cure.

Here is a patient, who has been ill for years,—who has been treated, but without success, by many eminent men,—whose case had been declared incurable, by men still more eminent, and yet, who became well, and, what is more, remains well—being able to engage in an active occupation.

A second point of interest, is, that one medicine, used in the homœopathic treatment of this case with success, is one that is frequently used in similar cases, under the common system of treatment, and, it is not unlikely, had been given in this case before the patient came under homœopathic treatment; this medicine is *iodine*, which is frequently used, under the common system, to remove glandular enlargements, and which, be it remembered, from the doses in which it is given, oftentimes renders glandular enlargements permanent.*

This medicine, in *infinitesimal* doses, is efficacious, markedly so—a striking proof, not merely that infinitesimal doses of the properly selected and properly prepared

* That this is not surmise is evident from the following fact, which must have attracted the attention of any one with any power of observation, who has practised the old system of medicine, namely—that after having been pleased at the benefit *at first* derived from the use of a remedy, he has, at last, been grieved, not at the mere cessation of the benefit, but at the rapid increase of the diseased state. He has produced a *medicinal* disease.

remedy are efficacious, but that, also, they are effectual where the usual doses of the same medicine are not. This, to some, extraordinary, is not at all so to the homœopathist, —he knowing that the process, by which the homœopathic remedies are prepared, develops their virtues to an inconceivable degree.

A third point of interest in this case is, that an *acute* attack, induced by an accidental circumstance, was by professional direction, rendered curative.

No physician is justified in inducing an acute attack; but it is sometimes beneficial, when, especially in young people, such acuteness of condition supervenes, as then results can sometimes be gained, which, without such supervision, could not be gained.

Another fact presents itself, upon the perusal of this case—namely, that the vulgar notion, propagated by those who know better, that homœopathists use only *one* medicine, because all their medicines are colourless, is untrue. In this case, thirteen remedies—*crocus*, *iodium*, *barytæ carbonas*, *aconitum*, *arnica*, *sulphur*, *nux vomica*, *bryonia*, *rhus toxicodendron*, *ipêcacuanha*, *pulsatilla*, *opium*, *lycopodium*—were used; and the reason why each was selected, under the circumstances in which they were used, the homœopathic physician can explain.

CASE III.

A CASE, IN WHICH A FARTHING WAS SWALLOWED, AND DISCHARGED A MONTH AND A DAY AFTER THE DATE ON WHICH IT WAS SWALLOWED.

REBECCA BRAGG, aged two years, was brought to me April 11, 1844, her mother being in considerable trouble because the child had swallowed a farthing.

Castor oil had been administered to the child before she was brought to me. She *vomited blood* after the farthing was swallowed. I prescribed *arnica*—three globules, to be taken during the course of the week: this was on account of the blood.

April 18th, 1844.—She has been, and is, very sick, and has cried when she eats, but she has cried *less the last two days*; she has not vomited any blood since taking the *arnica*. Her mother states that she passes, by stool, substances like flakes of white paper.

Ordered *pulsatilla*, three globules (for the sickness and the peculiar stools), to be taken during the week.

April 25th, 1844.—The sickness very much better; she does *not* cry; has passed no more portions like paper. Her mother expressed with satisfaction, “She is much better.”

Ordered *pulsatilla* to be repeated, but the doses at larger intervals.

May 4th, 1844.—*She has passed the farthing*; it having been retained within her *one month* and a *day*.

The farthing which the mother, with a considerable expression of joy, brought, was of a late coinage. Its surface was dingy, presenting an appearance somewhat similar to that produced by the action of fire on a metallic body. She passed it without any apparent pain. Her sickness is altogether gone.

This case shows how absurd is the common notion, that such bodies must be *expelled*, and that forthwith, from the intestinal canal. There can be but little doubt that most of the injuries recorded by writers, as resulting from the swallowing coins, are produced by the purgatives used on such occasions; these purgatives destroying the healthy condition of the intestinal canal, and thereby rendering the coin injurious: not because the passing of the coin is in itself so destructive, but because the medical practitioner has, by his poisonous purgatives, made a diseased surface, over which the coin has to pass; and, in addition, has per-

haps produced, by thus diseasing the intestinal surface, a condition of the secreted fluids, which causes them to act powerfully on the coin in the passage, which action the fluids of the intestinal canal, formed when that canal is in its usual state, would not have exerted.

The non-insertion of this case in a journal devoted professedly to the diffusion of medical science, is the more extraordinary, since in the number preceding that in which this, if published, would have appeared, and also in a number consequent, cases, relating to a similar accident, are published.

These cases follow. They are reported here, in order that a comparison may be instituted. The particulars are—

“ PASSAGE OF A FOREIGN BODY THROUGH THE PRIMÆ VIÆ.
BY FRED. RICHARDSON, ESQ. *

“ Sunday, May 19, three, p.m.—Grace Symes, aged nine years, swallowed a halfpenny; it occupied about half a minute in passing the œsophagus, its passage through which was attended with considerable pain. About two hours afterwards, vomiting commenced, and continued unabated until five o’clock the next day (twenty-four hours), at which time the child suffered excruciating pain, and I have no doubt it was then passing the pylorus; for

* Lancet, No. 11, p. 309, Vol. I. 1844.

from that time the pain and vomiting ceased. At five o'clock on Tuesday (fifty hours after it had been swallowed) it was voided with the *fæces*, but not without considerable difficulty. The halfpenny is not at all altered in appearance by the juices of the stomach, but the edges are brightened by mechanical attrition in its passage."

" PASSAGE OF A COIN THROUGH THE PRIMÆ VIÆ.
BY J. SMELLIE, ESQ. *

"A newsman, *æt.* 35, in showing some juggling tricks to his companions, where he could, in part, swallow substances and bring them up again at pleasure, in making an attempt with a shilling, being too small to find even a temporary residence in the *œsophagus*, it dropped into the stomach. In trying his skill upon a pennypiece, he found, to his misfortune, that it was too large; for it got down a certain length, and became so fixed as to defy his efforts to remove it. He was brought to me, in about ten minutes afterwards, in a most distressed state, complaining of a sense of strangulation, breathing only in gasps. On introducing the *probang*, the coin could be readily detected lying firmly imbedded in the *œsophagus*, nearly opposite to the cricoid cartilage, occupying, at its seat, the entire diameter of the tube, and forming a lid, as it were, to the *œsophagus*, and

* *Lancet*, No. 14, p. 413, Vol. I. 1844.

required some degree of steadily and carefully applied force to displace it. Its further progress downward was easy, till it arrived at the superior orifice of the stomach, but it ultimately passed while in the act of swallowing some toasted bread. It passed through the bowels in seventeen days, producing in its progress occasional *insufferable costiveness*, with *peculiar shooting pains through the abdomen*, lasting but for the moment. The shilling was voided on the morning of the sixteenth day, unaltered in appearance. The penny had assumed a dusky, oxidised look, having a most striking resemblance to depositions produced by the electrotpe. The treatment consisted in the continued use of demulcents, *with occasional purges of castor oil*. Measurement, one inch and a quarter.

“*Query*. Was this changed appearance of the copper the effect of its contiguity to the silver coin during its passage through the stomach and bowels?” [Negative is the answer, for the same appearance was presented in the farthing,—page 30.]

The history of these two cases, compared with the history in the case not admitted to be published, establishes this truth—that the means effectual in the case rejected, although the signs of injury were greater in this case than in the others, were not attended with the *inconveniences*, which attended upon the treatment adopted in the latter of the two cases admitted. In the first case no treatment is recorded. It seems, therefore, reasonable

to have expected, that a means of removal, so beneficial, as being without attendant sufferings, should have gained a place in a journal, professing to detail all medical matters which may diminish the sufferings of the diseased; and that the journalist should at least have left to the readers of his journal, to judge how far they might choose to adopt the one method or the other.

The facts too were interesting: the coin, in the case not admitted, passed in a month and one day; in Mr. Smellie's case, the shilling passed on the sixteenth day, and the penny on the seventeenth day; and in Mr. Richardson's case, on the third day; so that, though the coin was smaller, it took longer to pass through Rebecca Bragg, and yet it produced, by this much longer delay, no additional sufferings. This surely is a fact which has some interest.

Perhaps the journalist's journalic conscience urged as an excuse, that the homœopathic means had no effect, and that had no *arnica*, no *pulsatilla* been administered, the farthing would have passed.

For the sake of present argument, grant this. The publication of the case would then have done good; for it would have shown that medical men do much mischief in their attempts to *force* these bodies through the intestinal canal. It would have shown, that it is best, in these cases, *to let alone*—to wait.

But it is denied that the use of *arnica* and of *pulsatilla* was without effect.

Why were these medicines chosen? *Arnica*, every homœopathic physician knows, and numerous allopathists know also—thanks to homœopathic instruction, conveyed

in the very pages of the journal * referred to,—that *arnica* is a specific for discharge of blood, produced by contusion. This child had vomited blood, most likely from the abrasion produced by the passage of the farthing; after the *arnica*, no blood was passed or vomited.

But she was “sick and cried,” and there was “diarrhœa, consisting of flaky substances.” The homœopathic physician knows that *pulsatilla* is specific in such a combination of phenomena; and, of consequence, as the result proved in the case under review, these symptoms disappeared under the use of *pulsatilla*.

It thus appears that two different remedies are chosen, each for given ends; these remedies are exhibited—one not known to allopathists at all, but homœopathically used, a medicine most invaluable; and the ends sought for are realised. Here, surely, are antecedence and consequence; and the *causation*, it is concluded, must strike the unprejudiced mind.

* See Lancet, Vol. II. 1840—1, page 362—366; being a paper on *Arnica Montana*, as a therapeutic agent in bruises, sprains, lacerations, corns, swellings, excessive fatigue, &c. This paper was published by Sherwood & Co., and since its publication in the Lancet, and its republication, the use of *Arnica*, which formerly was almost wholly out of use, has so augmented, as to have given rise to the need for the following notice:—

“The great and increasing demand for tincture of *Arnica*, has led many drug merchants to vend a root which is not that of the *Arnica Montana*.”—*British Journal of Homœopathy*.

C A S E I V.

A CASE OF COMA, APPROACHING TO AND CONSIDERED AS
APOPLEXY, TREATED WITH COMPLETE SUCCESS.

MR. K., aged 63, married, had for some time previous to his attack, complained of a peculiar pain in the head, and a sort of paralysed feeling in the right side of his body. His son had often pressed him to consult me, but without effect.

It is worthy of record, that Mr. K. belongs to a family of which several have been carried off by apoplexy.

A few days previously to the attack, he told his eldest son, that the pain in his head was so bad, that it, if continuing, must make him go out of his mind.

On the Sunday, though complaining of his head, he attended Divine worship at Dockhead Chapel; on Monday, in the evening, heard a scientific lecture, and, after returning home, ate a hearty supper.

On Tuesday morning, he rose early, went to market. His son followed, and found, on meeting his father at market, that he could not remember whether or not he

had paid for the sheep he had bought. As he stood at the market, he fell *forwards*, but did not fall down. His son got him into the cart and drove home; Mr. K., on the road homeward, often falling *forwards* suddenly.

Besides the pain in the head, on the Tuesday morning, he complained of *chilliness*.

On reaching home, he was put to bed, and became *unconscious*. Mr. Batchelour was called in, and the family sent for me in the evening (Tuesday).

The following was his state:—

Comatose; *permanently* unconscious; eyes closed; hands and arms lax; no stertor in the breathing; does not toss about his arms; pulse firm and regular, but laboured; mouth open; lies on his back immoveable.

Ordered *opium*, three globules at once; two more four hours after; to be followed by *rhus*, two globules, if the tongue becomes brown and cracked, but, if the face is much flushed, by *belladonna*.

August 2nd, Wednesday.—Passed a tolerable night, took the *opium* twice; seems somewhat less comatose, but is slightly flushed. *Passed his water unconsciously in the bed*. Mr. Batchelour, after the *opium*, thinking the symptoms indicated *belladonna*, gave *belladonna*.

The tongue is covered with a thin coating of brown fur, and is rather dry.

It was agreed, that should the tongue continue brown, and he pass his water in bed, and the coma remains, he should take *rhus toxicodendron*; otherwise to continue the *opium*.

August 3rd.—He has taken *opium*, two globules of the sixth dilution.

Mr. K. remained last night in the same comatose state. The right pupil unaffected by the light of a candle, the left affected slightly. No stool since this seizure; passes his water unconsciously; has perspired very heavily; about five a.m. the perspiration was profuse, and was continued till about eight p.m., (when I saw him) though less profuse. He has a fidgetty itching about his nose, twitching it with his fingers. He can put either hand to his nose. He swallows. He moves his legs. He has had but one interval of consciousness, and that was (if it was consciousness) indicated by uttering the phrase "happy," in reply to some question of his daughter. No convulsion. He expectorated something this afternoon into his mouth, but his daughter had to wipe it off his tongue. He yawns at times, and hiccups after swallowing. The flush on his cheek *was* purple; now it is *florid*, and the cheek is hotter than natural. His tongue has now a whiter tint, being less brown than it was.

While waiting below (Dr. Cronin was paying a friendly visit to the patient), Mr. K. spoke to his wife in answer to some question. I went up stairs, and was pleased to find, that though again comatose, he, in swallowing some fluid put into his mouth, *mouthed* it—that is, used active *muscular* power in the swallowing it. This indicated progress, as he had not exhibited this muscular action before.

I warned his family *not to try to induce him to speak*; that their desire to hear him speak must not on any account induce them to rouse him; that if they did try to

rouse him, even to get "one word," the curative process would be arrested, since the attempt to speak must be attended with a forced exercise of brain, which, in its state, must be injurious.

It was agreed to give *aconite*, to be followed by *arnica*, if the flush was not lessened by the *aconite*.

August 4th.—Improvement proceeds. He slept better last night; has several times *opened his eyes*; is more conscious; is able to give a rational answer. The heat is less. He has taken the *aconite*. He moves his limbs, endeavours to turn, which he was *unable even to attempt*. The movements are natural, though he is unconscious of them.

Ordered *aconite* at night, and *rhus* in the morning.

August 5th.—Received a letter from Mr. Batchelour, in which he writes, "I cannot express to you how gratified I am in writing that our patient is so much better. An extraordinary and sudden change for the better has taken place. He became conscious; but fancied himself from home."

The directions respecting conversation were recalled to the family's attention.

August 7th, *morning*.—Is more lively and sensible, but still imagines himself from home.

A son from Bath, who had been sent for to see his father, *before death*, reached home. With him Mr. K.

talked much, and also with friends, who called in to see the (to them) wonderful restoration! O, that (thus used) destructive curiosity!

The consequence was as might be expected.

August 7th, *evening*.—Very low and exhausted. Tongue brown in the middle, but moist at the edges; the coma has returned with increased power; breathing very faint.

August 8th.—Mr. K. has free action of the limbs, though unconscious; expectorates.

Ten a. m.—Pulse good; tongue improved; has slept naturally; has *had a stool*; has passed urine; dozed from eleven to two p. m. Then passed urine; all the afternoon remained tolerably quiet in a doze; excepting a slight twitching movement and a picking of the bedclothes. Perspirations.

Took *belladonna*.

Nine p. m.—The twitchings have diminished; still comatose; at nine p. m., he roused a little; spoke; moved his hands and arms up and down; passed urine unconsciously; breathing very faint; expels wind upwards and downwards; exhaustion excessive. Seems as if he must sink; legs extended; head buried in the pillow.

Midnight.—Cold perspirations. Gave *rhus*, and bathed his face and rubbed his nose with *rhus tincture* of the first dilution; was much revived; spoke distinctly; appeared conscious for a short interval; became comatose

again, the coma having a character more like natural sleep; remained so till six on Thursday morning (August 10th), when he roused; spoke *distinctly* and *sensibly*; eyes looked well; pulse good; tongue improved; head more raised on the pillow; asked for drink; continued awake an hour, then slept; remained sleeping till eleven, when he roused, took some milk and water, and slumbered till twelve; after which, he roused again, and moved his hands about.

Awake some time in the afternoon. At four p. m. took gruel, swallowed it with ease; went to sleep at five p. m.; breathing varies; sometimes snoring, sometimes breathing faintly. At eight p. m. breathing exceedingly faint; he picks the bedclothes; moves his hands. At half-past eight roused a little; took gruel; opened his eyes, looked around, then fell off into an easy and natural slumber. At half-past ten took gruel with apparent satisfaction.

August 11th, three in the morning.—Restless movements; breathing faint; convulsive twitchings in left arm. Half-past six took gruel. Five p. m., very low, gave *rhus*. Six a. m., breathing more regular, but very low. Eight a. m. seemed *fast sinking*; *hands quite cold*; cold perspirations, *muscles of mouth convulsed*. Gave *phos ac.*; had a wonderful effect. At one p. m. appeared very rational; wanted to get out of bed to pass urine; spoke quite sensibly. Turned *on his side* twice; his usual position during the coma *was flat on his back*; slept comfortably, rousing occasionally. Five p. m., on waking wished to get out of

bed; moved about for the purpose of so doing; fancies himself away from home. He says he thinks a good strong cup of tea would do him good; expectorates frequently; took with great enjoyment a cup of cocoa; yawns occasionally; thinks he shall have gout, because he has a pain in his great toe. *Got him out of bed*; bore the fatigue very well. When in bed again, he experienced a great inclination for the bed-pan; attempted to get out of bed; was very restless and fidgetty; went to sleep for about an hour; woke and soon after had a stool and passed water, of both which he seemed fully conscious. He has still a strong desire to get out of bed; has frequent stoppages of breath.

August 12th.—Last night, after the consultation, Mr. K. went into a heavy sleep till two a. m., he then became restless, and continued so for two hours; opened his eyes and appeared conscious of pain and uneasiness of posture; relished a cup of gruel; kept awake till ten; took medicines; slept; roused at a quarter to one o'clock, *waved his hands very much*. At half-past two recovered his senses *sufficiently far as to recognise his daughter, asked her how she was, and attempted to embrace her*. He still passes his water in bed. He afterwards became, as before, unconscious; and at eight p. m. he had cold perspirations. At half-past nine, he became very faint; swallowed a cup of gruel, sighed and said, "Oh dear me"; indicated, by a movement of his hands, that he felt uncomfortable from the wet things under him; and, when the attendants were

removing them, he seemed to *raise his back*, as if conscious of their removal. The cold perspirations now ceased; the natural warmth had returned to the skin.

Agreed to give *barytæ acetæ*.

August 13th, twenty minutes past one a. m.—Took *barytæ acetæ*, which he swallowed, though still comatose; has taken gruel several times; quarter past three a. m., took a globule of *barytæ acetæ*; quarter past four a. m., awoke, and *raised his head* and *put his hand under his head*; had strong hiccups. Eight a. m., awake for some time; is quite conscious of his family coming into the room; asked his daughter how she was; would hold his daughter by the hand; took medicine quarter before eight. I saw him at six p. m., his face was reddened; but the colour gives on pressure; pulse weaker, but not quick with the weakness; water passed involuntarily; no stool for three days; eyes *more sensitive to light*, and he is evidently *much more affected by external impressions*. The stoppage of the breath is much less frequent to-day.

Agreed to give *opium*, if the bowels confined, the stupor increasing and the breathing worse; but, if the redness and the heat increase, then *aconite*; but, if with the redness and the heat, there is *swelling*, then *arnica*, alternately with *aconite*, waiting six hours between the doses of *aconite* and *arnica*.

August 14.—Had a good night; gave no further medicine last night. Remained perfectly calm through the

greater part of the night. Awoke this morning more sensible; asked the hour; took gruel twice during the night; recognised Mr. Batchelour, and asked "what news"? The tongue, which, last night, was covered with a white fur, is now less covered. Has passed his water in bed; bowels inactive for five days. Repeat his medicine; if the bowels are troublesome, then an injection of three-quarters of a pint of warm water.

In the evening Mr. K. had a relapse; he became hot, feverish, drowsy. *Aconite* was given, one globule of the sixth dilution. *Right cheek is puffed*, and the minute vessels appear enlarged; *aconite* and *arnica* alternately every four hours. He took *arnica* at twelve p. m.; he roused up after this, and appeared quite rational; passed urine twice in bed, though not asleep; slept till two a. m.; then took *aconite*; awake for two hours; pulled at the bed-curtains; turned the clothes down from him. He was sensible of the removal of the wet bedclothes; he was sensible to noise, hearing and referring to some cats cater-wauling; awoke at a quarter past five; took the *arnica*; spoke several times, and desired to get up; slept again, and awoke at nine; fancies himself in Scotland; (his daughter had been to Scotland a short time before his illness). *Aconite* at half-past nine. More sensible; pupils acted upon by light; pulse good; no stupor at present; bowels not open; *asked for urinarial several times, and passed water freely*. Quarter to eight p. m. I saw him, his mouth *more closed* than it had been; his eyelids more firmly closed; breathing comfortable; free of fever; skin cool and comfortable; no perspiration.

Continue *arnica*, at longer intervals.

August 16th.—Improving, no stupor, no fever; wanders slightly; tongue has its skin peeling off; the *back is ulcerated from lying*.

Arnica internally, and *arnica poultice externally* on the back.

August 17th.—Saw Mr. K. at eight p. m. He awoke from a comfortable slumber, and *recognised me*. Cool, comfortable. *He had a stool* at five o'clock, which passed without much difficulty; little blood; the eyes act comfortably with the light; his tongue is white, coated on one side.

Continue *arnica*.

August 18th.—Has been restless; wishing to get out of bed; talked strangely about people cutting him up; not rational; has no fever; pupils dilated; tongue white; sensible as to passing his water. The principal inconvenience is a restlessness in lying. He sat up half an hour yesterday.

Ordered *stramonium*, two globules at 11 forenoon. He became more sensible in the evening.

August 19th.—Rose at ten. Remained up till eight. Wandered in mind very much; talks about being made a catholic; exhibited towards night signs of jealousy; very

musical in the afternoon; fell in the afternoon from the sofa, which did not seem to affect him. Slept last night from ten to twelve; after which he became restless, turned about very much, and was feverish.

Ordered *aconite*.

August 20th.—Skin cool; wanders still; tongue white; pupils dilated; wished for some rum and water and roast. He says he thinks his intellects are injured. "I don't know, but find it so," was his remark.

*In the afternoon he had a motion**; reached the front room; walked stronger; sat by the window; recognised his neighbours; appeared much affected, and said he was thankful to get home once more. He appeared much more sensible, during the time he sat up; made several rational remarks; referring to the catholics and to the nuns only occasionally. He went to bed at eight p. m., was left for a few minutes, and was attempting to get up, being very anxious to know everything that was going on.

Ordered *stramonium* for two days, to be followed the day after by *aconite*.

August 21st.—Better; he has wandered much the last two days, but this morning he is more rational, though at times not seeming to know where he is, or what he is

* Of the passing of this he was partially unconscious. He was unconscious of the exhibition of the enema of warm water, which had been administered.

about ; he has become rather jealous ; bowels have been acted on ; he has passed his water, asking for the urinarial more rationally than for some time.

Has a gouty-like swelling on the right toe ; to this he has been subject ; this swelling causes him a little pain.

Ordered *aconite* and *pulsatilla* ; if jealousy continues, *hyoscyamus*.

October 18th.—The patient now recovered ; and at the present date, June 22nd, 1844, is perfectly well, pursuing his business, and looking better than even before his illness.

Such, then, is the history of this case. The minuteness of detail will be useful, as developing the grounds upon which, in similar cases, hope of a favourable termination may be founded. The minuteness will also show the gradual progress of the return from a diseased to a natural state—from a suspension of power to a freedom from that state of suspension.

Another point of interest connected with this case, is, that the symptom—namely, *stoppage of the breath*, the phenomenon which so frequently precedes death in these cases, was overcome. It is now understood that the causes of violent or sudden death are referrible to the causes acting either in “*directly depressing or suspending the vital action of the organs of circulation*, or in their *obstructing the arterialization of the blood*, and thereby *arresting the circulation of the lungs*.” The second condition is brought

about by injury to the nervous system, arresting respiration by causing insensibility—that is, producing *death by coma*, beginning at the brain.” *

In other words, death is caused by the circulation being arrested by the cause, acting on the brain, producing the arrest of the circulation at the lungs. If, therefore, the respiration becomes affected, as it did in this case, the danger accumulates. Yet, notwithstanding this, success attended the treatment.

The developement of a species of insanity at the conclusion of the comatose state presents a matter of much interest.

The mind has, as it were, been suspended in its activities; it gradually is restored to its power, as yet lost; and, in its restoration, shows a predominant activity of some organs, the predominance causing a kind of insanity. It is, in reference to the mind, what the first movements of a paralysed limb are to the usual movements of a healthy limb.

It will show also the necessity of constant attention in these cases. Had not the patient taken the *rhus* on one occasion, and the *phosphoric acid* on the other, his life would, according to all fair probabilities, have ceased.

This history will further show, that this diseased state can be removed without *blistering* and *bleeding*: in fact, there is good reason to believe, that blistering, and bleeding, and purging, suspend, by diverting the life power from

* Alison's Outline of Pathology, Chap. I. page 3.

its curative direction and action necessary to restoration ; or, if not, cause *palsy* or *mental imbecility*.

This case evidently was one very little likely to be attended with success. The advanced age of the patient—sixty-three ; the belonging to a family, members of which had died of apoplexy ; the relapses the patient experienced—all constituted difficulties, which, homœopathy having surmounted, testify to the power of the remedial means, regulated in use by its principle.

The family of my patient was literally besieged by friends, who almost insisted on homœopathy being dismissed, insinuating, that the family would have to regret their obstinacy, as the cause of their father's death. Even the clerical friend, not content with being received with respect, as *spiritual* prescriber, disgracefully and impertinently took advantage of the inquisition which his office induced him to assume, to point out (no doubt from a strong sense of duty !) a better *medical* method.

But all was of no avail ; members of the family* had been saved by homœopathy, from diseases which had been, by allopathic means, ineffectually treated, and they refused

* The following letter is a reply to a note to know the exact age of my patient :—

“ Dr. EPPS.—Dear Sir,

“ I answer yours of yesterday. I have to inform you that my dear father was in his sixty-fourth year, and he was taken ill on the 1st of August, 1843. I am thankful to say, he continues in the possession of good health and reason.

“ I am greatly obliged for the interesting account of Mrs. Thomas, and trust the truth as it is in homœopathy may go on ‘conquering

any other advice ; and the father lives to fill his place in the old arm chair, still to call forth the kind sympathies of home, and to constitute one main link in the chain of domestic willinghood.

[It is my duty to state that to Mr., now Dr. Batchelour's careful watching, the successful result in this case is, indeed, much to be ascribed.]

and to conquer.' Myself, as an individual, and our family collectively, have great reason for thankfulness that ever such a glorious system should be in practice.

"My dear parents join me in kind regards, and believe me, dear Sir, yours in respect and esteem,

M. A. K."

October 26th, 1844.

C A S E V.

A CASE OF HÆMATEMESIS, OR VOMITING OF BLOOD.

MRS. WAITE, aged 23, married only a fortnight. I was requested on Saturday, July 15, 1843, by the mother of this patient, to visit her daughter, whom she represented as in a most dangerous state, and rapidly becoming worse.

I learned, that, on the previous Monday, the patient, to outward appearance, was very well, but in the afternoon of that day was seized with giddiness and faintness, fell, and was found lying on the floor. This was followed by the vomiting of a large quantity of blood, which continued daily more or less, decreasing a little till Friday, when (she having had some *powerful purgative* medicine administered by her medical attendant) it increased, and on the Saturday, the day I was consulted, still increased. Such was the state, indeed, that the surgeon in attendance said if another vomiting took place the result must be fatal.

When I arrived, which was about a quarter past one, p. m., I found the patient lying on the bed with white cheeks, white lips, white blanched fingers, with a swollen transparency about them, eyes half closed, pulse rapid, and weak, excessive anxiety of countenance, the tongue

blanched, but with a tint indicative of approaching typhus, the teeth encrusted with a sordes, cold sweats often breaking out, and she herself excessively thirsty. Besides these symptoms there was the peculiar *restlessness*, so striking in these cases, causing her constantly, so far as her weakness would allow her, to change her position. Her mother stated further, that the patient experiences continual pain round the waist, this becoming violent before she vomits, the pain being after the vomiting for a short time relieved. Her appetite was gone; her bowels had been very violently acted upon by the medicines administered to her before I saw her; the motions were black and knotty; her water passes regularly; her last monthly period was natural. I satisfied myself that she had had no blow, no extra exertion. I ascertained, also, that she had had pain round the waist for eight or nine weeks before she was married, and also a pain at the heart, the latter continuing after her marriage.

I gave the patient at once three globules of *aconite*, in a wineglass of water, and ordered the following:—

Arsenic, four globules, in four ounces of *water*—the fourth part to be taken immediately, and the dose to be repeated every fourth hour.

I left with the patient three globules of *veratrum*, to be given in case she fainted away.

Sunday morning, July 16th.—The patient vomited some blood soon after I left her yesterday. She took the

arsenicum mixture; slept in the beginning of the night, but, after waking, became restless, and has so continued ever since. She has not passed any water since I saw her yesterday. Her paleness is, of the two, rather worse, and her appearance (to her mother) was worse than it was yesterday; her bowels have *not* acted. She has *not* complained of the pain round the waist and upper part of the bowels. She fainted yesterday, and the *veratrum* globules were administered. She feels, to use her own words, "heart-sick;" retches very much, but brings up nothing; she *wishes to die*.

Ordered, for the continual retching, *ippecacuanha*, four globules, in four ounces of *water*—a spoonful for each dose. The dose she was ordered to take after each violent retching.

On Sunday night, at ten, p.m., her husband came in great anxiety, wishing me to visit his wife immediately, as they all expected she was dying. On arrival I found that, though the previously existing symptoms existed, still they were not *augmented* to the degree that by this time they must have been if she were really worse; I therefore gave hope.

Gave three spoonfuls of her *ippecacuanha* mixture and left, in case the exhaustion should increase, three globules of *china* (*cinchona*) to take; otherwise to continue the *ippecacuanha* mixture.

Monday, July 17th.—She was restless all through the night, till the morning. At four in the morning her mother administered the three globules of *china*. She then fell asleep, and slept better since that hour than she has since Friday. She took a cup of cocoa and some barley-water, and both remained on the stomach. She has not *vomited* since the *arsenicum* on Saturday. She complained last night of pain in her head, and wandered much; her eyes *not closed* when asleep. She is now hot and thirsty; her forehead also is hot; the retchings have diminished; her bowels have *not* acted; she is restless when awake.

Ordered *aconite*, four globules, in four ounces of *water*.
Ft. mist., No. 1.

Ordered *nucis vomicæ*, four globules, in four ounces of *water*. Ft. mist., No. 2.

I directed that she should take a fourth part of No. 1 mixture at once; wait four hours, then take a fourth part of No. 2; wait six hours, and then repeat as before.

July 18th.—Slept still better last night; was not awake more than an hour, from twelve to six; her eyes more closed in sleep; she seems still inclined to vomit, but to-day it is rather heaving; water passes freely; bowels *not* opened; she complains of a pain in her stomach and of a fullness. Her hands burned last night, and this evening she is a little feverish. To-day she is decidedly better; her lips are less blanched. She is, however, *more sleepy* to-day.

Ordered three globules of *opium*, to be taken if the bowels remained confined and the restlessness increased, and the eyes half closed, and the tongue should become brown, and the sleep comatose. If all these symptoms do not appear, then to continue the *aconite* and *nux vomica* mixtures.

July 20th.—Slept well for four hours last night, and slept with her eyes *closed*; has had very little retching; tongue not so black; thirst less. She has not as yet eaten anything, but expressed a wish for some stewed eels. *Her bowels still inactive*, though she has felt a desire this morning to relieve them, but without effect; water clear; still pain and a sense of fullness about the stomach, and she cannot bear pressure at the pit of her stomach; she has complained, also, of a severe pain in her back; her temper is peevish; her restlessness, when awake, is much lessened; her lips begin to assume a shade of redness; hands less hot. Has taken some beef-tea. She did not take the *opium* globules.

Ordered an *aconite* and a *pulsatilla* mixture, four globules in each; and ordered a bread-poultice, on which twenty drops of the *tincture of pulsatilla*, of the first dilution, were dropped, to be applied to the pit of the stomach, and directed, that, should the bowels not act the next day, she might have an injection of warm water.

July 22nd.—Her improvement is great; all her family and friends are astonished; she sleeps well; lips are more

natural; tongue less black; ate a boiled sole yesterday; *bowels still inactive*, though she has had two injections. She has a little pain in the head, and more pains and rumblings in her bowels; the pain in the stomach is gone.

Ordered four globules of *cocculus*—one globule every eight hours, in a wineglass of water, for the inaction of the bowels, the rumblings, and the pain.

July 23rd.—*Bowels inactive still*; complains of her head; slept well last night, and awoke quite sensible; her colour is returning. She complains of pain in her stomach and bowels, and there is some soreness on pressure.

Ordered to continue the *cocculus* till three, p. m., when, if her pains were not better, one globule of *aconite*, and four hours after, one globule of *nux vomica*.

July 24th.—Head *better*; she is stronger; eats heartily; took some mutton yesterday; *bowels still inactive*; about four, p. m., felt a wish to relieve the bowels but with no effect; she has severe pain in her back, and some tenderness about the bowels; water free and clear; slept well last night, but had during sleep *one* of her eyes *open*; she has still a little day-restlessness.

Ordered one globule of *opium* in a wineglass of water, every eight hours, for the inaction of the bowels and the sleeping with the one eye open.

July 25th.—Slept well last night and with the eye

closed. After taking three doses of the *opium* her bowels were freely open : the stools black and offensive ; lips are regaining rapidly their natural colour ; the fingers have still a marbly hue.

Ordered a globule of *opium* once a day.

July 31st.—The patient is able to sit up, and to walk about the room without assistance ; she eats heartily, but sometimes brings up her food ; the bowels have been confined since the 28th ; water clear. The monthly period has not appeared ; she has pain in the back of the head and great soreness there,—of these she continually complains.

Ordered *pulsatilla*, one globule, in two spoonfuls of water—one spoonful twice a day.

August 8th.—She paid me a visit ; she had been at “public worship” on the Sunday. The back of the head is painful when she lies down, and the pain has kept her awake the last two nights. Her food agrees ; appetite good ; food remains quiet ; bowels tolerably regular. The soreness of the back of the head she ascribes to the fall at the commencement of her illness.

Ordered *arnica*, and my patient became well.

This case presents several interesting features.

The first is the *inactivity of the bowels*. The bowels did not act for *ten* days, and yet, notwithstanding this inaction,

the patient became *steadily better*. I am quite satisfied that this inaction of the bowels was an essential to the cure; and, further, that, had this patient's bowels been *forced* open by *purgative* medicine, hæmorrhage would have recurred, and death must have been the sequel.

A second feature of interest is the evidence afforded in the effect produced by the *opium* on the bowels, of the power of *opium* in removing *inaction* of the bowels in certain conditions.

[I may add here, that I have cured the most obstinate constipations by *opium*, in infinitesimal doses; but let it not be supposed, in proffering this statement, that I assert that *opium* is *the* cure for constipation generally. *Opium* will cure *the* constipation, which is attended with symptoms to which it is homœopathic—that is, to that with symptoms like those which the *opium* has the power of producing in a healthy person. Those, therefore, who think to cure constipation by the use of *opium* without first ascertaining whether the concomitant symptoms are similar to those produced by the operation of *opium*, will be themselves deceived, and will injure their patients.]

Such, then, was the homœopathic treatment of this case of hæmatemesis: a cure was obtained. Cases of hæmatemesis have recovered under the old system of treatment; but the question for the public to decide is whether the means in the one method are to be preferred to those employed in the other, and whether treatment, founded upon an empirical basis, as is the old practice, is so worthy of

trust as is practice, founded on a scientific basis—that is, the basis of a fixed principle, as is the homœopathic practice.

To enable a conclusion to be come to on this point in reference to this particular malady, the following case, extracted from the *Lancet*, treated at the University College Hospital, being very well and minutely drawn up, is here presented to the view.

A CASE OF HÆMATEMESIS.

JOHN SINCLAIR HART, aged 48, was admitted under Dr. Taylor on August 24, 1841. He is a married man, of moderate conformation, dark hair, sallow complexion, and deeply marked by the small-pox; a cabinet-maker by trade, of very temperate and sober habits, and has generally enjoyed good health. He has occasionally, however, suffered from disordered liver, but never had jaundice; the attacks were generally accompanied by severe pain in the right hypochondrium shooting towards the corresponding shoulder, increased by pressure over the region of the liver, and by a full inspiration; he has a slight cough, with not much expectoration, nor much disorder of the stomach; says he gets very sallow at these times, and is unable to lie on his left side, on account of a dragging pain in the right side. This does not exist except during the attacks: the first attack he had was in 1815, the last in 1840; cannot attribute them to any particular cause; had been *out of work* for *seventeen* weeks previous to the present attack, and *in consequence had been unable to obtain*

sufficiently nourishing food; had animal food never more than once a week; he had been working unusually hard during the last week, and frequently had to lift very heavy weights; he had not been drinking, and was previously in good health. On Friday afternoon whilst at work, he suddenly felt very *faint* and *giddy*, with the sensation of a great weight and oppression at the stomach, pain at the epigastrium, and tenderness over the abdomen. These symptoms continued, but he remained at his work for two hours and a half, still feeling very unwell; he then went home, but felt no difference, and at the end of two hours the faintness amounted to complete nausea, and he vomited *half a pint of dark coagulated blood unmixed* with alimentary matter, and not at all frothy. After vomiting he felt somewhat better of the faintness, but the pain and weight at epigastrium continued even more severe; he slept soundly during the night; and next morning, though still feeling very unwell, he went to work, and continued there all day; he took his dinner and a pint of ale with some relish, but soon afterwards experienced a great increase of the pain and weight at his epigastrium, and he now began to have pain and tenderness on pressure in the right hypochondrium; he applied to a druggist, who gave him some medicine, which did him no good. Next day (Sunday) he took some ginger and rhubarb, and afterwards some castor-oil; the latter opened his bowels, and brought away a considerable quantity of solid, *very dark coloured fecal matter*: the faintness had now quite left him, and he observed to-day for the first time that he had become very sallow, not having been so previous to the attack.

On the Monday the *pain and sensation of weight at the epigastrium* continued very severe, and the pain extended thence towards the *left* shoulder; he had also pain and tenderness in the *right hypochondrium*, but no pain in the corresponding shoulder. The *soreness over the whole upper part of the abdomen was so great that he could not bear to have his trowsers buttoned*; he also felt to-day, for the first time, severe *pain of a dull, heavy character in his forehead*; he took no medicine, but passed a considerable quantity of dark matter by stool, which was of a less solid consistence than yesterday, and in the evening assumed more the colour and consistence of tar. He was admitted to-day, Tuesday, at noon, into the hospital.

Present Symptoms.—On admission he seemed very languid and weak, complained of alternate chills and flushings, acute pain in the right hypochondrium, much increased on pressure, and when he lies on his left side he complains of pain and a dragging sensation on the right; he also complains of headache, sensation of weight and pain at the epigastrium, the latter shooting towards the left shoulder: the pain at the epigastrium is not increased after taking food (which, however, is followed by a sense of weight), and not increased by hot drinks; he says that he has also *pain between the scapulæ*, that he is giddy and faint, but has had no return of the vomiting since Friday night; he has no cough nor expectoration; no preternatural heat of skin; the face is sallow and yellow, but the whites of the eyes are not affected; pulse eighty-six, tolerably full; tongue furred; complains of thirst; bowels not opened to-day; urine tolerably abundant, but high-

coloured, and depositing a sediment. On examination by percussion, the liver was found to project considerably below the margins of the ribs.

August 25th.—To be *cupped* in the right hypochondrium near to the epigastrium to twelve ounces. *Five grains of blue pill* to be taken *twice* a-day, and *half an ounce of castor-oil* occasionally.

August 26th.—Pain and tenderness in the epigastrium and right hypochondrium; much relieved by the cupping; he still complains of the giddiness and frontal headache, and also of ringing in his ears; he slept well during the night; bowels open; the motions have an offensive odour; the yellow tinge of his countenance is rather increased; pulse ninety-four, small; there is a loud bellows-murmur with the first sound of the heart; heard best between the cartilages of the third and fourth ribs on the left side; it is also audible at the apex and in the neck: there is in addition a loud, continuous *bruit de diable* heard in the neck.

August 28th.—*Feet and ankles rather œdematous and pit on pressure*; he can now bear firm pressure in the region of the liver, but still complains much of the pain in his left shoulder; countenance very pale, and less sallow than at last report; *mucous membrane of mouth very pale*; headache much less, but he is still very giddy.

August 31st.—Improving; stools of a lighter colour, but not yet of their natural hue; his mouth is sore from the pills, which were ordered to be omitted.

September 2nd.—Still continues to improve, but remains very pale and sallow ; less headache and giddiness ; no pain in the region of the liver ; bowels open ; stools natural ; appetite better.

September 3rd.—To have half an ounce of *castor-oil* directly.

September 4th.—The headache and giddiness are much less, but he is still very pale and sallow ; the symptoms of hepatitis and melœna are gone, and little but an anœmic state of the system appears to remain ; the bellows-murmur with the first sound of the heart is still heard at the base and in the neck, but less loudly in the latter situation ; pulse seventy-six, soft.

To have ten minims of the *tincture of sesqui-chloride of iron* in an ounce and a half of *camphor mixture* three times a-day.

September 8th.—Better ; increase the dose of *iron* to fifteen minims.

September 9th.—Take twenty minim doses of the *iron*.

September 11th.—Much improved, but still complains of great weakness ; appetite improving ; bowels open ; tongue clean.

September 15th.—Better, stronger ; appetite improving ; complains very much of palpitation, but the bellows-murmur with the first sound of the heart is much diminished,

but still heard at the base; colour of countenance still sallow, but less so.

September 17th.—Improving. Take twenty-five minim doses of the *iron*.

September 20th.—Strength improving every day; still a yellow tinge in his countenance, which is pale; no œdema of the feet and legs for some days past.

Take thirty minim doses of the *iron*.

September 21st.—Urine clear, pale, sufficiently abundant, and not altered by the addition of *nitric acid*.

September 24th.—Feels much stronger; more colour in his face and lips; palpitation much less troublesome; a loud murmur is still heard with the first sound of the heart; also the continuous murmur in the neck; appetite good; bowels open.

September 28th.—Still continues to improve slowly, but steadily; less sallowness of the face, which, with the lips, is still much blanched, but they are gradually acquiring more colour; the palpitation is still troublesome occasionally, but not so much nor so frequently; the bellows-murmur with the first sound of the heart and the continuous murmur in the neck are still heard distinctly; he has had no return of the œdema of the feet, and he is gaining flesh and strength; bowels regular; appetite very good; pulse eighty; stools dark coloured.

October 1st.—Improving.

October 4th.—Complains of a little pain and griping after taking the draught, which he says does not taste of *camphor* as formerly.

Ordered to be remade with *camphor* mixture.

October 5th.—Better; medicine does not cause any uneasiness now.

To have thirty minims of the *iron* for a dose.

October 6th.—Increase the dose of *iron* to thirty-five minims.

October 11th.—Murmur with first sound of the heart very slight; continuous murmur in the neck not heard to-day; the liver cannot be felt below the margins of the ribs, except in the epigastrium, where there is also dulness on percussion.

October 20th.—Went on steadily improving till to-day. Discharged, cured.

Such is the history of this case treated under the old system. It will be well, in order to judge of the merits of the two methods, to compare the symptoms of the two cases, and the remedies used.

SYMPTOMS.

Mrs. WAITE.

1. Giddiness and faintness.

Mrs. W. fell, and was found lying on the floor.

JOHN SINCLAIR HART.

1. Very faint and giddy.

J. S. H. remained at his work two hours and a half, and went to work the day after.

SYMPTOMS. (Continued.)

- | | |
|--|--|
| <p>2. Vomited a large quantity of blood.
 <i>Vomited each day from Monday till Friday, getting less toward that day, when it was again brought on by the surgeon giving a powerful purgative, and got worse to Saturday.</i></p> <p>3. Stools black and knotty.</p> <p>4. Continual pain round the waist. Pain and fullness at stomach.</p> <p>5. Cannot bear pressure at the pit of her stomach. Tenderness about the bowels.</p> <p>6. Severe pain in her back.</p> <p>7. White cheeks and white lips.</p> <p>9. Tongue blanched.</p> <p>10. } White blanched fingers,
 11. } Swollen, semi-transparent.</p> <p>12. Teeth encrusted with a sordes.</p> <p>13. Cold sweats.</p> <p>14. Excessively thirsty.</p> <p>15. Appetite gone.</p> <p>16. Excessively restless.</p> <p>17. Pulse rapid and weak.</p> <p>18. Pain at heart.</p> <p>19. Retches very much.</p> <p>20. Wishes to die.</p> | <p>2. Vomited about half a pint of dark coagulated blood on Friday.
 <i>J. S. Hart vomited blood only ONCE.</i></p> <p>3. Passed, by purging, a considerable quantity of very dark coloured fecal matter.</p> <p>5. The soreness over the whole of the upper part of the abdomen was so great that he could not bear to have his trousers buttoned.</p> <p>6. Pain at the left shoulder, and pain between the shoulders.</p> <p>7. Face sallow, and yellow, and pale.</p> <p>8. Mucous membrane of mouth very pale.</p> <p>9. Tongue furred.</p> <p>10. { Feet and ankles rather œde-
 11. { matous, and pit on pressure.</p> <p>14. Complains of thirst.</p> <p>17. Pulse 86, tolerably full palpitation.</p> |
|--|--|

SYMPTOMS. (*Continued.*)

- | | |
|---|------------------------------------|
| 21. Fainted. | |
| 22. Pain in head. | 22. Frontal headache, still heavy. |
| 23. Pain at back of head: kept
her awake two nights. | |
| 24. Wandered much in her sleep. | |
| 25. General heat. | 25. No preternatural heat of skin. |
| 25a. Heat in forehead. | |

From a perusal of this columnar view, and a general review of the symptoms of the two cases, there can not be the slightest hesitation in recognising that the case of Mrs. Waite was by far the worse.

Both have their disease removed. BY WHAT MEANS?

REMEDIES.

- | Mrs. WAITE. | JOHN SINCLAIR HART. |
|--|--|
| July 15. <i>Aconite</i> , 3 globules.
<i>Arsenic</i> , 4 globules.
<i>Veratrum</i> , 3 globules,
in case of fainting. | Aug. 25. To be <i>cupped</i> to twelve
ounces. Five grains of
<i>blue pill</i> twice a-day.
Half an ounce of <i>cas-</i>
<i>tor-oil</i> occasionally. |
| July 16. <i>Ipecacuanha</i> , 4 globules
<i>China</i> , 3 globules. | Aug. 31. His mouth becoming
sore from the pills,
they were ordered to
be omitted. |
| July 17. <i>Aconite</i> , 4 globules.
<i>Nuxvomica</i> , 4 globules. | Sept. 3. Half an ounce of <i>castor-</i>
<i>oil</i> directly. |
| July 18. <i>Opium</i> , 3 globules. | Sept. 4. Ten minims of the <i>tinc-</i>
<i>ture of the sesqui-chlo-</i>
<i>ride of iron</i> , three times
a-day in an ounce and
a half of <i>camphor mix-</i>
<i>ture</i> . |
| July 20. <i>Aconite</i> , 4 globules.
<i>Pulsatilla</i> , 4 globules.
<i>Pulsatilla</i> poultice. | |
| July 22. <i>Cocculus</i> , 4 globules. | |
| July 23. <i>Aconite</i> , 1 globule.
<i>Nuxvomica</i> , 1 globule. | |
| July 24. <i>Opium</i> , 1 globule. | |
| July 25. <i>Opium</i> , 1 globule. | |

REMEDIES. (*Continued.*)

July 26. <i>Opium</i> , 1 globule.	Sept. 8. Dose of <i>iron</i> increased to <i>fifteen</i> minims.
July 27. <i>Opium</i> , 1 globule.	Sept. 9. <i>Twenty</i> minims of the <i>iron</i> tincture.
July 28. <i>Opium</i> , 1 globule.	Sept. 17. <i>Twenty-five</i> minims of the <i>iron</i> tincture.
July 31. <i>Pulsatilla</i> , 1 globule a day.	Sept. 20. <i>Thirty</i> minim doses of the <i>iron</i> tincture.
August 8. <i>Arnica</i> .	Oct. 6. <i>Thirty-five</i> minim doses of the <i>iron</i> tincture.
	Oct. 20. Cured and discharged.

Granted, that the cure was effected in both cases by the remedial means used, will not the comparison between the means employed in each case establish the superiority of the homœopathic?

Here are tasteless medicines, nocuous only to the disease, perfectly uninjurious to the general constitution, effecting a cure. On the other hand, in the other case, we have a painful, surgical operation—cupping; then a most disgusting, offensive, and injurious medical action, by *mercury*, ending in salivation; and not ending in this, for the production of salivation is attended with a modification of the constitutional state, favourable to the production of what are miscalled *rheumatic* affections, but which strictly are *mercurial* diseases.

The man is *castor-oiled* as well: and, then having pulled his constitution down, they have to build him up by *tonics*, as they are named or rather misnamed.

In the homœopathic treatment there is no need of *tonics*:

the homœopathist never uses them; in fact, *tonics* are poisons, which, when they are homœopathic to what is called the *debility*, which, truly is a *diseased state* UNCURED, act, not by giving *tone*, but by removing the remaining diseased state, and thus really *curing*, appear to give *tone*.

And these practitioners who talk about *tonics*, condemn homœopathic practitioners, as mere symptom-treating practitioners. Are not these tonic notions of theirs but superficialities of the worst sort?

Another circumstance is worthy of remark.

The patient, *homœopathically* treated, was cured at *her own home*; the patient, *allopathically* treated, was cured at the *hospital*; and the cure, as performed at the patient's home, from the circumstance of its being effected at home, was a result more difficult to effect than the effecting the cure of the same disease on the patient at the hospital.

This view may seem strange, but its truth will appear (and the truth hath some important bearings) when it is considered, that the patient at home is surrounded with the *same* circumstances as before the attack; whereas, the patient, taken into the hospital, is surrounded with *improved* circumstances. However comfortable the circumstances of the patient may be at home, they are not *improved*.

The patient, Hart, had been out of work nearly *seventeen* weeks; he had, by necessity, not been well fed, been anxious, and stinted in every respect; he had the *res angustæ domi*, and their unpleasant attendants.

He is transferred to an hospital, where he has a clean bed; air pure, compared with that of his own home; good warmth; good food, and regular attendance.

These things of themselves, even his physician would allow, gave new power to his constitution,* and helped to a great extent, if not principally to his recovery. Here diet, in its wide sense, did much.

The cure too, notwithstanding, is effected in a much shorter time. The man went into the hospital on August 25th, and was discharged October 20th, a period of *fifty-seven* days; the patient, homœopathically treated, came under my care on July 15th, and was free from medical treatment by August 15th, a period of *thirty-one* days.

I may add that this day, January 8th, 1845, I saw the mother of my patient, and she states that Mrs. Waite has, since the period when she was under treatment, given birth to a child, and is now in excellent health.

* On this ground, of the greater comforts presented to the poor in hospitals, than in their own homes, it happens, that hospital cures do not exhibit to half the extent as do cases, treated privately, the efficacy of the *medicines* used: *they exhibit the efficacy of the CHANGE OF CONDITION*. And it is on this ground, that hospital physicians are by no means as successful in private as they are in public practice. They carry their hospital-learned notions to the bedside of the private patients, and forgetting that they do not possess the counterbalancing benefits of better air, better food, (if food can be taken,) better clothing—proceed with their measures, which were not destructive in the hospital, because there the counterbalancing circumstances existed; but which are decidedly destructive in private practice.

It is true that some hospital physicians are successful private practitioners, but then these are men of extraordinary power, who are capable, by the strength of their minds, of resisting the biasing influence of their daily hospital experience.

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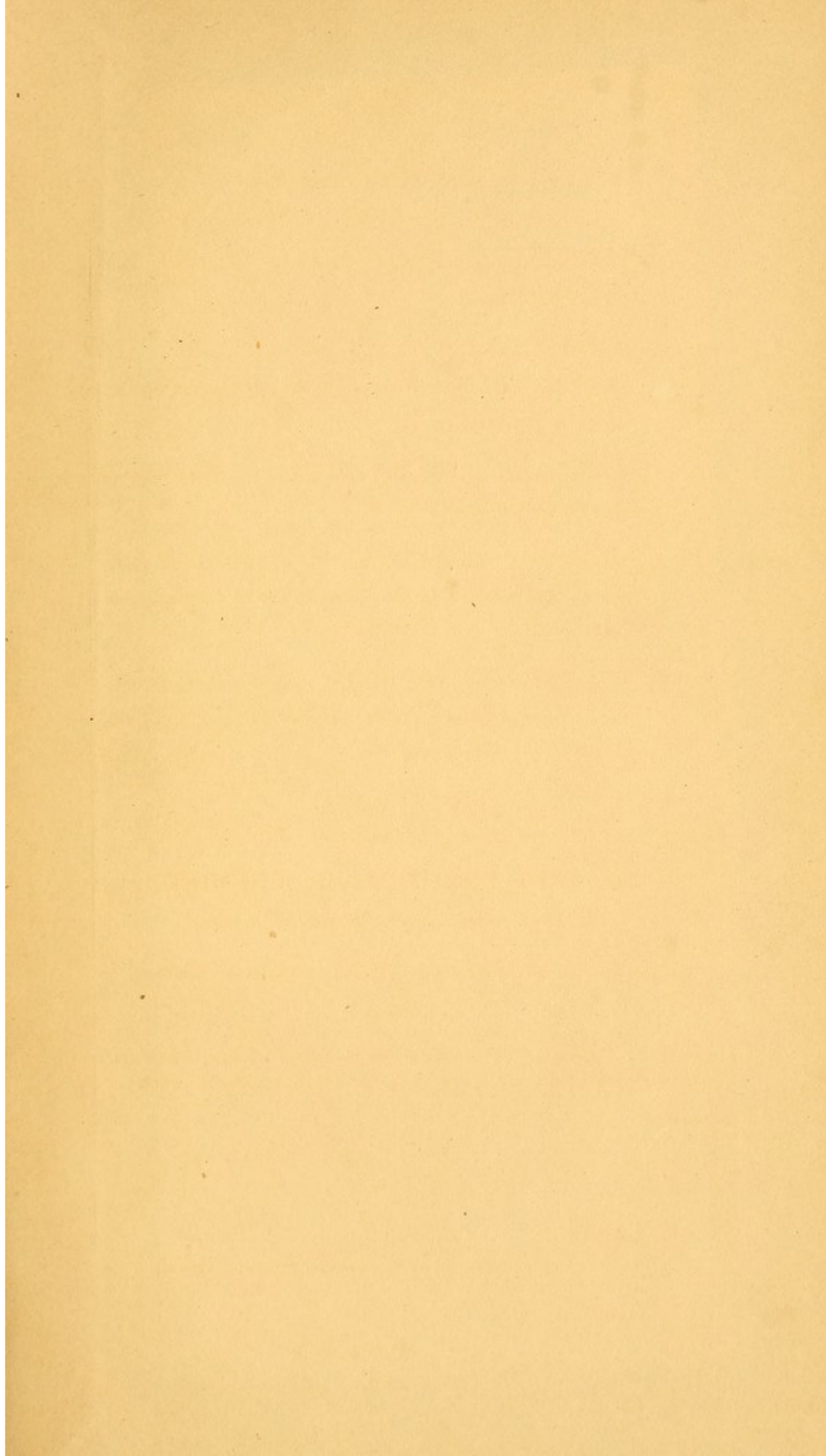
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