In search of the therapeutic law : an address to the members of the Northern Homœopathic Medical Association, at the Half-yearly Meeting in Hull, May 8th, 1868 / by John Ryan.

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THE THERAPEUTIC LAW.

AN ADDRESS

TO THE MEMBERS OF THE

NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION,

At the Half-yearly Meeting in Hull, May 8th, 1868.

BY

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IN SEARCH OF THE THERAPEUTIC LAW.

THE topics which form the groundwork of the following observations are :—

First: The present movement, among our brethren of the "old school," in search of the therapeutic law.

Second: Their reticence of the labours of Hahnemann, as an investigator of the physiological action of drugs.

Third: The manifestation of a disposition to adopt the principle of treatment of disease by similars; and, at the same time, to deny its identity with the homœopathic law.

In his inaugural address, as President of the Clinical Society, Sir Thomas Watson, at the commencement of the present year, urged upon the members the necessity of a more careful study of disease, and of its treatment; and, after indicating certain methods of research, expressed his conviction that, if followed, they would lead to the discovery of the laws by which medical practice should be guided; thus confessing, that up to the present day, the "old school" has existed without a guiding law in therapeutics.

Such an acknowledgment seems the more sad, because of the epoch in which it is made. It may appear a matter of little moment that Sydenham, in his day, held physic in such contempt, that he sarcastically recommended "*Don Quixote*" as a work, as good as any, for medical reading; but it becomes a cause of wonder and of regret, to learn—after two hundred years more of accumulating

experience—that the prevailing characteristics of medicine are, still, conjecture and uncertainty; and that one of its chief practitioners should be able to supplement Sydenham's sarcasm, in words such as the following:—

"We know tolerably well *what* we have to deal with: but we do not know so well, nor anything like so well, *how* to deal with it. This is more true, no doubt, in the province of the physician than in that of the surgeon; but it is lamentably true in both provinces. To me, it has been a life-long wonder, how ignorantly, how rashly, drugs are often prescribed. We try *this*, and not succeeding we try *that;* and baffled again, we try something else; and it is fortunate if no harm is done, in these our tryings."

Such, then, according to Sir Thomas Watson, is the present condition of medicine, as practised among our brethren of the old school; and, indeed, he might have appositely quoted the following "facete epigram" of Maximilianus Urentius, although written centuries ago:—

"Chirurgicus medico quo differt? scilicet isto,
Enecat ille succis, enecat ille manu:
Carnifice hoc ambo, tantum differre videntur,
Tardiùs hi faciunt, quod facit ille citò."

In the same address, the President of the Clinical Society intimates the direction in which he believes the law is to be discovered. The words in which he points out the methods of study and research to be adopted, are most noteworthy, not only for their indication of advanced views, but for the testimony which they bear to the truth and scientific aspect of some of the leading features of homœopathic practice. In fact, instead of mapping out a new line of country, he directs the search to be carried on in the self-same paths, and by means of the same class of experiments, by which Hahnemann himself arrived at his great discovery; but not the slightest allusion is made to the labours of that great medical pioneer.

The words to which reference has been made are the following :—

" Full and faithful descriptions, brought before the Society by competent and accurate observers, of the symptoms, circumstances, and progress of disease, in the living body, and of its behaviour under treatment by medicines prescribed with singleness and simplicity, and a definite aim and object; or, sometimes, it may be, its behaviour under no treatment at all;—authentic reports of trials, with medicinal substances, upon the healthy human body;—contributions of this order, multiplied in number, contrasted, sifted, and discussed, by a variety of keen and instructed minds—of minds, sceptical in the best and true sense of that word—must lead, at length, tardily perhaps, but surely, to the better ascertainment of the rules, peradventure to the discovery even of the laws by which our practice should be guided; and so bring up the therapeutic and crowning department of medicine, to a nearer level with those other parts which are strictly ministerial, and subservient to this."

Whatever Sir Thomas Watson's view of homœopathy may be, he has, in the foregoing sentence, most assuredly advocated methods of study and of practice which have always been followed by homœopathic practitioners, and some of which, indeed, have hitherto been considered peculiar to them; and thus he offers indirect testimony in favour of homœopathy. The following points in the sentence seem to me to be of special interest :—

1° The importance attached by him to the observation of symptoms, circumstances, and progress of disease, in the *living body*.

In indicating the importance of studying disease in the *living body*, Sir Thomas indirectly censures the tendency to depend too much on, and to expect too much help from morbid anatomy, to the superseding of the scrupulous observation of *living phenomena and actions*.

Homœopathists have always recognised the superior value of one method of study over the other, and, in con-

sequence, have been accused of a contempt for *pathology;* the accusation, however, is most unjust. Nor should the pathological knowledge of Hahnemann, as revealed in his writings, be measured by the standard of to-day: he is acknowledged, even by his enemies, to have been a highly educated and accomplished physician; but, as pathology has made its greatest progress within the last few years, Hahnemann—equal to his medical brethren of the time—can no more be expected to have possessed the correct and more advanced pathological views of to-day, than Hufeland, his personal friend, and sometime doctrinal opponent. Nor should the importance which he attached to the study of actions and symptoms, in the *living body,* be urged as a proof that he despised pathology.

The followers of Hahnemann are most anxious that morbid anatomy shall not supersede the study of disease, in the body, '*ut vivens,*' as Stahl has it; yet they acknowledge the full value of pathological research, in the discrimination of the seats and terminations of diseases.

Dr. John Brown, the learned librarian of the Edinburgh College of Physicians, deals with the question of the necessity of studying disease through its symptoms, *in the living body,* in the following apposite remarks:—"Medicine has more to do with human *Dynamics,* than *Statics;* for, whatever be the esssence of life—and as yet this τι θέιον, this *nescio quid divinum* has defied all scrutiny—it is made known to us chiefly by certain activities or changes. It is the tendency, at the present time, to reverse this order. Morbid anatomy and microscopic investigations, though not confined to states and conditions of parts, must regard them fully more than actions and functions. This is probably what Stahl means, when he says, '*Ubi Physicus desinit, Medicus incepit.*'" A little further on, Dr. Brown adds, quaintly: "The human machine has been compared to a watch, and some hope that, in due time, doctors will be as good at their craft, as

watchmakers are at theirs; but watchmakers are not called upon to mend their work *while it is going:* this makes all the difference."*

2° The importance of prescribing with *singleness* and *simplicity*, and a definite aim and object.

That Hahnemann persistently exposed the unscientific nature of polypharmacy, and earnestly inculcated singleness and simplicity in prescribing, is well known. In his *Organon*, indeed, may be found expressions, almost identical with those used, in reference to the same subject, by Sir Thomas Watson in his recent address. Thus, in *Aphorism* cclxxiv, he says: "Never think of giving, as a remedy, any but a *single, simple* medicinal substance."

The *singleness* and *simplicity* enjoined by the President of the Clinical Society, are but *the antitypes of the single simple medicinal substance* of Hahnemann.

Then, again, the prescribing with a definite aim and object is a *necessity* with the homœopathic physician; for, as his remedy is selected because of the analogy between its physiological effects and the symptoms of the disease to be treated, its sphere of operation and its therapeutic aptitude are necessarily determined beforehand; therefore, if the therapeutic law be obeyed, the very fact of following the indication of *similarity* involves the recognition of a definite aim and object in prescribing.

3° The importance of employing medicinal forces in the treatment of disease.

Sir Thomas mentions, incidentally, as it were, the occasional study of disease "under no treatment at all;" but I do not think that he alludes to or recommends *expectancy*. On the contrary, he seems merely to indicate the advantage of the study of disease when uninfluenced by drug forces—not in lieu of treatment by medicines, but merely for the sake of correct observation; for, in another place, he declares that "the influence of drugs upon the bodily

* Locke and Sydenham.

conditions of health and disease is indeed most real and precious to us."

I have referred to this subject because homœopathists are so frequently accused of either giving no medicine at all, or in quantities too small to exert any influence over diseased actions. Nothing, however, can be more unjust than to confound *homœopathy* with *expectancy*. Not even Sir Thomas Watson himself can hold greater faith in the controlling power of medicine than do the followers of Hahnemann.

4° The value of trials with medicinal substances on the healthy human body.

Here, again, the homœopathists have evidently been in advance of the old school.

By trials with medicinal substances on the healthy human body, Hahnemann discovered what we believe to be Nature's law of healing. With homœopathists, that law is received as an established fact.

Sir Thomas Watson, by the same means, seeks to attain the same result—"the discovery of the laws by which medical practice should be guided." With our brethren of the old school, then, the law of healing is yet but a *desideratum*.

The idea of investigating the action of drugs on the healthy did not originate with Hahnemann; but he was the first who entered upon that method of study for the express purpose of seeking the true therapeutic law; and having, in his experiments with *cinchona*, obtained a glimpse of what he believed to be that law, he systematically, and step by step, accumulated proofs of the accuracy of his first impressions. Before his time, no investigator seems to have had any notion of learning, by his experiments, anything beyond what may be designated the exoteric influences of a drug. No idea appears to have been entertained that, by trials on the healthy human body, the esoteric properties might be revealed

also, and thus a clue be offered to the discovery of the principle of the action of medicines on disease.

Accidental drug provings, as in cases of poisoning, had led philosophers, even so far back as the time of Hippocrates, to notice that there existed medicines which had the power of producing in the healthy human body morbid symptoms similar to those in which experience had found them curative; but I only remember one instance, before Hahnemann's day, where, in the process of intentional drug proving, an attempt was made to deduce a therapeutic law. The instance to which I allude was when Van Störck, after experimenting with *stramonium*, thus reasoned: "If this drug disorders the mind and produces mania in healthy persons, ought we not to try if, in cases of insanity, it cannot restore reason by producing a revolution in the ideas?"

It is evident that Van Störck was, in this case, on the eve of discovering the therapeutic law; but he seems to have contented himself with merely throwing out his hypothesis, for we hear no more of the matter.

As I have before stated, it is evident that in the experiments of those who preceded Hahnemann, the medicinal substances were scarcely ever interrogated, except through their common or objective symptoms; though there were exceptions, as in the researches of Van Störck on *stramonium*. The usual method of drug-proving, in those days, may be learnt from the instructions given by the great physiologist, Albrecht Von Haller, in his preface to the *Swiss Pharmacopœia*, published in the early part of the eighteenth century: "Nempè primùm, in corpore sano, medela tentanda est, sine peregrinâ ullâ miscelâ; odoreque, et sapore ejus, exploratis, exigua illius dosis ingerenda, et ad omnes quæ inde contingunt affectiones, quis pulsus, quis calor, quæ respiratio, quænam excretiones, attendendum. Inde, adductum phenomenorum in sano obviorum, transeas ad experimenta in corpore

ægroto." Such an examination might certainly determine the position of a medicine in the tables of a Materia Medica; but it could afford no help to the discovery of the therapeutic law.

The observations of Hahnemann were of a very different order. Not content with eliciting what Madden terms the *genico-dynamic* forces of a drug, he pursued his investigations into what he calls its *idio-dynamic* influences, with an accuracy and power of analysis unknown to, and undreamt of by those who had preceded him; and, in the pursuit of the *idio-dynamic* forces of medicines, he obtained the manifestation of such subtle agencies, that, from their very minuteness and particularity, they could not easily be reproduced; and then only by the same steps of exact investigation. Thus, many of the pathogeneses obtained by him have been subjects of doubt or ridicule, by superficial observers, to the present day.

Having vindicated Hahnemann's claims to priority as the author of a minute and inductive method of studying the action of drugs on the healthy, and having ascertained from his own words what results Sir Thomas Watson expects to follow *his* recommendation of a similar course of investigation, it will be well, perhaps, now to proceed to consider the probabilities of the success or failure of the plan.

Before doing so, however, I would remark that, while, on the one hand, it is satisfactory to find the president of the Clinical Society inculcating methods of study and of practice which have been adopted by homœopathists from the first, yet, on the other hand, the absence of all reference to Hahnemann or his labours is a subject of regret. If this reticence is the result of ignorance of what Hahnemann has done as a drug prover, it is, to say the least, most remarkable. If it arises from a refusal to accept his experiments and deductions without further examination,

or from a determination to pursue an independent search for the therapeutic law, we can say "God speed;" but, while adopting Hahnemann's order of investigation, it would have been more worthy of Sir Thomas Watson's reputation and standing in the medical world if he had given him, in reference to drug proving at least, the credit, *pro tanto*, which he has earned.

In the search for the therapeutic law by the methods indicated in his address, Sir Thomas Watson and his followers will meet with the following obstacles, arising, not from external opposition, but out of the medical polity and teaching of their own school:—

1. A *vis inertiæ* to be overcome.
2. An active opposition to be encountered.
3. A danger of even exact investigations being rendered fruitless, as far as the discovery of the law is concerned, by the interference of established theories and preconceived notions of classification.

As Hahnemann did not originate the idea of investigating the action of medicinal substances on the healthy human body, so Sir Thomas Watson is not the first of the old school physicians, since Hahnemann's discovery of the law of similars, who has endeavoured to bring order out of confusion in medicine by proposing to follow the homœopathic methods of experimentation.

Forty years ago, Professor Jörg, of Leipsic, founded a society for the double purpose of ascertaining, by drug-proving, *how* and *where* medicines acted, and of showing that the experiments of Hahnemann and his consequent deductions were false. In neither direction was success achieved. Since then up to the present day, men of position, and even bodies of men—as at the Scientific Congress at Strasburg in 1842, and at the meetings of the British Association more recently—have from time to time endeavoured to induce their brethren to join with them in the examination of the physiological action of medi-

cines; but, with the great body of medical practitioners, drug-proving has never been acceptable.

Moreover, in every calling there is a jealousy of change or of innovation. In that of medicine especially, for any one to adopt a new theory of cure, or to enter upon a radical change of study or of practice, is equivalent to a confession that, hitherto, he has been wrong, and that the lives of his patients have been endangered in consequence. In medicine, too, dogmas which have long held sway become, so to speak, sacred; and, even after they have been found to be unsatisfactory, opposition to them is often considered offensively daring, or a proof of quackery and ignorance. Thus, in speaking of the present and future of medicine, Dr. Headland resents the conduct of some who have dared to leave the old ways, and to seek the goal by nearer and more sure paths :—

"For the proper perfection of medicine as a rational science," he remarks, "two things are, in the main, needed: the first, a right understanding of the causes and symptoms of disease; the second, a correct knowledge of the action of medicines. The sublime problem is being unravelled at one end. Diagnosis and nosology are making rapid strides, and perhaps we shall soon know *what* we have to cure. But, at the other end, our medical system is in a less satisfactory state; and although some impatient men have essayed, as it were, to cut the Gordian knot, and have declared boldly on subjects of which they were ignorant, yet it must be confessed that, in the understanding of the action of medicines, and of their agency in the cure of diseases, we do not so much excel our ancestors."

Besides, apart from the prevailing dislike of change or of innovation, as long as there is an absence of a knowledge of, or belief in, the law of similars, the usual method of trying medicinal substances, not on the healthy first, but on the sick, seems, after all, to be the most natural; for, without the guidance of the homœopathic law, how are the results of experiments on the healthy to be utilized

in the treatment of disease? Certainly, the common properties of a drug might be learnt by such trials, and might afterwards be applied allopathically, antipathically, or enantiopathically in the sick room; but how are the subtle agencies, the special or idiodynamic influences, of a drug to be utilized, except in accordance with the law of similars?

"Having first discovered the therapeutical principle of the action of medicines," says Dr. Headland, "then is our time to speak of their operation on the healthy body, and to enquire how the working resembles or coincides with the former." But what is to be gained by following up the therapeutic by a physiological investigation? The trial of a drug in the sick room, in order to discover its therapeutic principle—although hazardous, and a disgrace to scientific medicine—is the most natural plan, under the circumstances; but, if this is to be followed by a physiological investigation, there will arise the same difficulty which, in the reverse mode of experimentation, would prevent the proper therapeutic application of the information gained by trials, first, on the healthy. By such a mode, certainly, as by the other, it may be ascertained whether a drug, purgative in disease, in a certain dose, is purgative, under the same condition of dose, in health; but if, as Dr. Headland suggests, we are to look for coincidence or resemblance between the therapeutical and physiological actions of the same substances, we shall learn nothing towards the unravelling of the sublime problem—the discovery of the therapeutic law. There may be a resemblance, as far as common medicinal effects are concerned; but if the remedy be a *specific*, acting by subtle forces, there can be no analogy between its physiological and therapeutical actions, *except in its affinity for the same portions of the organism in disease and in health.* I am now speaking, not of theories of disease or of cure, but merely of actions and results obvious to a common

observer. In the *Lancet* (Oct. 3, 1857) are the reports of certain cases of choleraic diarrhœa which illustrate my meaning. I choose these cases because they were treated by Dr. Black, of Chesterfield, a physician of the old school, and by means of *arsenic*—a homœopathic specific long used in that form of diarrhœa. Dr. Black administered the remedy in doses sufficiently small to elicit merely its *primary* action, and so he cured his patients. If, however, after he had satisfied himself of the therapeutical action of *arsenic*, he had carried his investigations into the healthy human body, he would have found no resemblance or coincidence between its therapeutical and physiological effects; but he would have found resemblance between the drug symptoms and the natural disease; for the medicine which cured diarrhœa in the sick, causes that disease in the healthy. In fact, Dr. Black, with his knowledge of *arsenic*-effects, could not help noting this phase of similarity; and he proceeded to explain that his cure of the diarrhœa was "in accordance with the well-known physiological law, that no two actions of a similar nature can go on at the same time in one and the same part: that, in short, the greater action destroys the less." Hahnemann, by-the-bye, in "*The Medicine of Experience*," published in 1805, chose the same well-known physiological law as the interpreter of the action of homœopathic specifics. His words are: "When the two irritations greatly resemble each other, then the one (the weaker) irritation, together with its effects, will be completely extinguished by the analogous power of the other (the stronger)."

That neglect of or contempt for *specifics* which has so long prevailed among our allopathic brethren may be regarded as one great cause why the therapeutic law has remained undiscovered by them; for, in dealing with specifics, as in the instance of *arsenic* in choleraic diarrhœa, the law continually reveals itself; although

the constantly-recurring phenomenon of similarity between the drug symptoms and those of the disease in which it is specific can only be utilized in accordance with the homœopathic law. The celebrated Hufeland saw this; and, although generally opposed to homœopathy, he seemed to soften towards it on one point, inasmuch as "its aim is to find specifics for individual forms of disease;" and he makes the acknowledgment that "the knowledge of medicines which produce in a healthy state symptoms similar to the disease, may be very well profited of in order to discover specifics." Specific remedies became unpopular when it began to be the fashion to talk of "scientific medicine," and when it came to be regarded more as the *science* of diseased action and appearances than as the *art of healing;* but now, when men like Sir Thomas Watson begin to remember that therapeutics are the crowning department of medicine, and that the chief end of the physician's work is to cure disease, specific remedies will again be sought and esteemed.

According to Samuel Taylor Coleridge, "the hunting after specifics is a mark of ignorance and weakness in medicine; yet the neglect of them is a proof also of immaturity; for, in fact," he adds, "all medicines will be found specific in the perfection of the science."

Not only, however, has the search for specifics—unaided by the guiding influence of a knowledge of the law of similarity—been a mark of ignorance and weakness in medicine, but it has, except among homœopathists, been most unsatisfactory and almost futile. For these reasons, then, medical men have too often sought to perfect medicine through scientific methods, to the neglect of the homelier, but infinitely more useful labour of finding fitting remedies for the sick. Well might Sydenham say: "If only one person, in every age, had accurately described and consistently cured but one single disease,

and had made known his secret, physic would not be where it now is."

The recommendation of the President of the Clinical Society, that the members should investigate the physiological actions of medicines, is a movement in the right direction; but it is to be feared that the ambition of the experimenters to determine the position of a drug in existing tables of classification, may override what should be the highest aim of their researches—the discovery of the therapeutic law; so that, with a knowledge of that law, may come an increased power of healing the sick and of mitigating the pains of suffering humanity. Thus, in perusing Dr. Harley's Gulstonian Lectures, recently delivered at the Royal College of Physicians, one cannot help noting how constantly his experiments have been carried out with an eye to the adaptation of the drug under investigation to existing classification, while the manifestation of phenomena which constitute the therapeutic law are apparently disregarded. His lecture on *conium* affords an illustration of this. After describing the *depressing* action of the drug, he proceeds to say:—

"At first sight, we should be apt to regard *conium* as a depresser of the motor functions, and consequently of the muscular vigour; but this, I am convinced from repeated observation, would be a very erroneous view of its action; and I am prepared to say that, in repressing and removing irritative excitement of the motor centres, *conium* is a *tonic* to those parts of the nervous system in cases which require its use."

In a merely scientific point of view, it is well to determine whether *conium* is a *tonic* or *depresser;* but, in deciding this question, the resemblance between its physiological action and the symptoms of the disease in which it is found to be curative seems to be overlooked. But this cannot always be the case. Such experiments as those of Dr. Harley must eventually reveal the great

secret of therapeutics, so long ago discovered through the same class of experiments by Hahnemann. The evidence of affinity displayed by drugs for certain tissues and organs in health and in disease—the resemblance between their physiological or pathogenetic effects and those of some natural disease affecting the same parts of the body —the opposite characteristics of the therapeutic and physiological actions of medicinal substances—phenomena consistently and persistently manifesting themselves in carefully conducted experiments, cannot always be overlooked or ignored. In spite of prejudice, the direction in which these phenomena point must be recognised, and the rule of similarity accepted as the law for the selection of the appropriate remedy; and thus "all medicines will be found specific in the perfection of the science."

It is evident that, throughout, I have spoken of the investigation of the physiological action of medicines, entirely on the supposition that the object in view is the discovery of the therapeutic law; and, because of my own convictions, and in accordance with the persistent phenomenon of similarity between the physiological action of a drug and the symptoms of the disease, in which experience finds it curative, I have indicated the law of similars as the true therapeutic law: but, even if the experiments on the healthy human body should fail, for a time, to produce a recognition of the identity of the law of similars and the great therapeutic rule, they cannot be entirely without good results; for it must be conceded, that even if the principle of "contraries"—*contraria contrariis opponenda*—be adopted in practice, yet drug-proving will be of advantage, in pointing out the parts for which the medicine has an affinity, and in recording the symptoms peculiar to it, and thus raising allopathy, in some degree, above that mere *empiricism* which Sir Thomas Watson acknowledges it, at present, to be.

I have now come to the last topic for consideration, namely, the manifestation of a disposition to adopt the principle of treatment by similars, but, at the same time, to deny its identity with the homœopathic law.

I might adduce numerous examples of this disposition, but I will merely refer to two, as illustrations of my meaning. The first, although taken from a *Lancet,* ten years old, is too good to be omitted. In a leading article of that journal (March 13th, 1858), the following statement appears :—

"Mr. Hutchinson has recently drawn our attention to some interesting cases, illustrative of the power of *chlorate of potash* to produce a form of *stomatitis,* exactly resembling the one over which it possesses curative powers. The cases in which he has observed this are four in number."

After giving the reports of the cases, the Editor goes on to say :—

"It is to be noted that these facts offer no real support to the doctrines of the homœopathists. What they do prove is this, that a remedy which exerts its influence on a particular tissue, while in a state of health, will be likely to influence the same when diseased."

Such a mode of dealing with a scientific fact is insulting to the understanding of the readers of the *Lancet,* as well as unfair and unjust to the adherents of homœopathy.

The other instance to which I refer, is met with in a paper by Dr. Reith, "*On the Therapeutical Action of Medicines in Dilated Conditions of the Blood-vessels,*" in the February number of the *Edinburgh Medical Journal.* His object is to shew that disease has its common centre in the cerebro-spinal and vaso-motor nervous systems; and that the primary action of medicines, whatever the secondary, on the system, is exactly analogous to the part played by the vaso-motor nerves, in the incipient stage of inflammation ; and that the variety of the symptoms pro-

duced by the different medicines are due, partly at least, to the local tissues or nerves for which they severally have an affinity. As this necessarily brings him face to face with the small dose, he proceeds to discuss the matter thus :—

"If medicinal agents stimulate the vaso-motor system primarily (spasm of blood-vessels), and paralyse it secondarily (dilatation of blood-vessels), it may be supposed that inflammation being a paralysis of the same system, it would be aggravated by medicines in their ordinary physiological doses. Experience confirms this supposition. We find in practice that purgatives are injurious in, and aggravate diarrhœa; tonics and emetics increase pre-existing irritation of the stomach; narcotics are hurtful in congested states of the brain; diuretics in inflammation of the kidney. All this is true, supposing the medicines given in the usual prescribed doses of the Pharmacopœia. But if we concede a double action to medicines, if we admit that prior to their recognised effect on the economy, they have a spasmodic action on the blood-vessels, inducing their contraction, we will naturally enquire how this primary action may be turned to practical account. What I maintain is, that medicines given in *very small doses* when the blood-vessels are dilated (paralysis of the sympathetic), will exert their primary action of contracting the blood-vessels (excitement of sympathetic), and no more. . . . . The therapeutical effect of a medicine is thus the reverse of its physiological action, at least in dilated conditions of the blood-vessels. If disease be attended with spasm of the blood-vessels, the usual physiological doses are properly indicated; but if the opposite condition exist these doses do harm. A much smaller dose is therefore necessary. Now the question is how small must the dose be which is required to produce the stimulant effect without causing undue reaction? If one grain of a medicine produce both excessive stimulus and excessive reaction, what fraction of a grain will suffice for a moderate stimulus and reaction? This obviously can only be determined by experiment."

I urge nothing against the theory of the therapeutic

action of medicines, adopted by Dr. Reith, but I do object to the following conclusion at which he arrives :—

"The question will naturally arise," he remarks, "do these therapeutical views not favour homœopathy? If by that term be understood the principles and practice of the followers of Hahnemann, so far from receiving encouragement from what I have stated, I am persuaded that when the double action of medicines is universally recognised and acted upon, the props and stays of homœopathy will be cut away. But if the term be taken in its literal signification, the principles laid down most certainly give countenance to it. There can be no doubt that, with all its absurdities, homœopathy contains a germ of truth. That germ is its original dictum of *similia similibus curantur*."

Before thus attempting to distinguish between the law of similars, and the principles and practice of the followers of Hahnemann, it would have been better if Dr. Reith had made himself acquainted with the literature of homœopathy. He writes as if he were the first to point out the importance of noting the *primary* and *secondary* actions of drugs, and the analogy between the *primary* medicinal action and the primary stage of the inflammatory process. A belief, however, in the double action of medicines is, at least, as old as homœopathy. Hahnemann frequently refers to it in his writings. In his *Medicine of Experience*, published in 1805, he states that all drugs exercise upon the organism *two effects*, a *primary* and *secondary;* and that the secondary effects are always the *reverse* of the primary.

The celebrated pathologist Dr. John Fletcher, although not a homœopathist, thus speaks of the operation of the law of similars :—

"We must remember that it is in the secondary, or depressing effects of exciting causes, in general, that inflammatory diseases, at the time we are called upon to treat them, consist; and there is nothing absurd, but, on the contrary, everything

reasonable, in the presumption, that the same exciting causes applied in such a manner, or at such a time, as to ensure their primary or exciting effects, will act as the best remedies of those diseases which, under other circumstances, they may have occasioned."

In another place, Dr. Fletcher says:—

"Hahnemann is quite aware of this two-fold action of medicines; and it is to ensure their primary, without fear of their secondary action, that he inculcates the expediency of giving them, in inconceivably small doses."*

Dr. Dudgeon, in his valuable *Lectures on Homœopathy*, published fourteen or fifteen years ago, after giving his own views of the action of homœopathic remedies—identical with those of Fletcher—says:—

"I was much gratified to observe, in an essay by Dr. Clotar Müller, of Leipsig, that he takes a very similar view of the curative process to that I have just given. He takes the inflammatory process as his theme of illustration, and after shewing that inflammation consists in a kind of partial paralysis of the nerves of the capillaries, he asserts that the medicine cures by the stimulation it applies to those paralysed nerves, by virtue of its *primary* action."

In one part of his paper, Dr. Reith refers to the propriety of employing the *secondary* action of a medicine in conditions *opposite* to those requiring only its *primary* effect.

"If disease," he remarks, "be attended with spasm of the blood-vessels, the usual physiological doses (*secondary effects*) are properly indicated; but if the opposite condition exist, these doses do harm. A much smaller dose (primary effect) is therefore necessary."

Even on this point Dr. Reith has been forestalled, not

* *Elements of General Pathology*, 1842.

only in the writings of Hahnemann himself, but in those of many of the homœopathic authorities. I need not adduce, however, more than one example. Hempel, in his *Materia Medica*, says :—

"In practice, it is of the utmost importance that we should discriminate between the primary and secondary action. If we are called upon to prescribe for a group of symptoms corresponding with the primary action of a drug, we give a larger dose than we should do if we had to prescribe for a group of symptoms corresponding with the secondary action, or organic reaction."

Hahnemann has been designated, by one of his own disciples, as "one of the best of observers, and the worst of theorizers;" and, indeed, he seems himself to have been discontented with his own attempts to explain the mode in which the cure of disease, by homœopathic remedies, is effected. "As this natural law of cure," he remarks, "is verified by every pure experiment and observation in the world, and the fact is consequently established, it matters little respecting the scientific explanation of the manner in which it takes place." If the manner of cure be in accordance with the σφοδροτερος theory of Hippocrates; or its corollary, the physiological law, as propounded by Hahnemann; or electric action; or the substitution theory of Trousseau;—as long as the remedy is selected, because of the analogy between the drug-symptoms and those of the disease, the law "*similia similibus curentur*"—"likes should be treated by likes" —is obeyed; and the cure is in accordance with true homœopathic principles. A theory of cure, then, is not necessary to the successful application of the law of similars, and consequently there may be, among homœopathic physicians, different views of the *modus medendi* of a homœopathically selected remedy; but I believe that the great majority have, from their first adhesion to

homœopathy, held opinions almost identical with those which Dr. Reith has recently advanced as *his* theory of cure. For my own part, having, in my "old school" days, adopted the Brunonian theory of *stimulation*, I eventually brought those views to bear upon the doctrine of similars; and thus I not only anticipated Dr. Reith, but I also found an explanation of the power of infinitesimal doses (stimuli), which I had failed to gain from any other theory of cure.

Years have passed since converts to homœopathy first saw, in the doctrine of Hahnemann, the corollary of that of Brown; the double action of medicines has long been understood and believed, by thousands of homœopathic medical men, in Europe and America; and yet Dr. Reith's prophecy is unfulfilled—the props and stays of homœopathy have not been cut away.

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