Old-school and new-school therapeutics / by Frederick F. Moore.

OLD-SCHOOL AND NEW-SCHOOL THERAPEUTICS.

BY

FREDERICK F. MOORE, M. D. (HARV.),

FORMERLY HOUSE-PHYSICIAN IN THE MASSACHUSETTS GENERAL HOSPITAL, MEMBER OF THE MASSACHUSETTS MEDICAL SOCIETY, ETC.

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"Who ever knew the truth put to the worse in a free and open encounter?"—MILTON.

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PREFACE.

It is greatly to be regretted that the profession is not more united in its efforts toward the establishment of a better therapeutics. The treatment of disease must continue in its present backward state until physicians are willing to throw aside their prejudices and join hand in hand in the noble work of advancing this most important branch of medicine. Real progress is to be looked for only in the direction of a hearty co-operation on the part of the two schools into which the profession is at present unfortunately divided. As there is but one science of medicine, so there must be unity of labor if that science is ever to attain to a high degree of perfection.

The question is not whether we shall be "regulars" or "homœopaths," but whether we shall be *physicians*, in the liberal and progressive sense of the word; and we surely cannot be worthy of this title so long as we ignore any method of treatment presenting the slightest claim to attention. No so-called facts or principles in medicine should be rejected until impartial study and observation have conclusively proved them to be false.

After having made a careful investigation and comparison of the methods of treatment adopted respectively by the two prominent schools of medicine, I now offer the results of my labors to my professional brethren, with the simple request that they follow me closely in my arguments and judge fairly as to the correctness of my conclusions.

I maintain that the only way by which the individual practitioner can ascertain the truth in regard to matters of treatment is to fully and fairly test the question for himself; and this he should most assuredly do before attempting to pass critical judgment upon the subject.

In the following pages, medicine has not been considered in its ethical relations; and I do not wish to touch upon this side of the question now, any further than to claim for myself a right to the most perfect freedom of thought and action in medical matters.

I have not said anything about "the dose," for two reasons: —

1. The first and most important question to be decided always is *what* medicine should be given.

2. Strictly speaking, *the dose is not homœopathy;* the amount of medicine to be administered may be safely left to the judgment of the educated physician.

F. F. M.

84 Charles Street, Boston, March, 1880.

OLD-SCHOOL AND NEW-SCHOOL THERAPEUTICS.

I.

To remark upon the vital importance of the more strictly practical part of medicine, the treatment of disease, is to be guilty of a truism. But it would seem that the fact could not be too frequently nor forcibly brought home to physicians, when the truly lamentable condition of the therapeutics of the present day is taken into consideration. While rapid progress has taken place in the collateral sciences of medicine; while able investigators have been at work in the branches of anatomy, physiology, pathology, medical chemistry, surgery, obstetrics, and hygiene, and by their efforts have established for medicine a high rank in the field of modern science, — in this department of therapeutics, or the employment of drugs for the cure of disease, which after all must be the ultimate aim of all our labors, little real advance has been made. The ranks of the dominant school furnish abundant evidence that such is the case. In a course of lectures given by Dr. John Harley, before the Gulstonian Institute, he closes as follows: — *

"One word, Mr. President and gentlemen, in conclusion: The study of therapeutics is in a deplorable condition. Expectancy and homœopathy, the twin progeny of ignorance and deception, have grown from a comparatively

* Physiological Experiments with Conium, Atropine, and Hyoscyamus, with Commentaries. Gulstonian Lectures for 1868.

inno cent childhood to most mischievous proportions. But few of us believe in the beneficial action of medicine. Many treat the subject with contempt. Some of our gray-headed practitioners mislead us. We constantly hear them saying, 'The longer I have worked, and the larger my experience, the less do I rely upon drugs; and I find that I am losing confidence, year by year, in the action of medicines.' What wonder? The same men will tell us that they have never taken particular trouble to ascertain the actions of the medicines they have so long prescribed; and journeying as they do along a doubtful path, it is indeed no wonder that they should continue to lose confidence, and in the end find themselves very far away from the wished-for resting-place, to which their tedious and difficult journey ought, with a more careful attention to the landmarks, certainly to have conducted them. Our working men resort to the microscope, and, deeply engaged in the *minutiæ* there displayed, neglect the better part of their calling and fall into that *laissez faire* practice which is systematically adopted by some. The dignity of the medical profession is proportionately debased, as it ever must be if we neglect the attentive consideration of those varied and bountiful gifts which nature has provided to our hands, and adapted, I doubt not, to the necessities of every morbid condition to which the body is liable. Our medical literature takes so little notice of therapeutical inquiry that it seems to me essential that something should be done to secure a more general recognition of the importance of this branch of study. The time to cast off our apathy is indeed fully come; and if we would restore medicine to its true and natural dignity, we must set ourselves earnestly to the work, and labor patiently and perseveringly in that field where I

have just now roughly and unskilfully turned over a few clods."

Prof. H. C. Wood, in his work on therapeutics, says : — *

"To established therapeutic facts the profession clings as with the heart and hand of one man ; clings with a desperation and unanimity whose intensity is the measure of the unsatisfied desire for something fixed. Yet with what a babel of discordant voices does it celebrate its two thousand years of experience! . . . Looking at the revolutions and contradictions of the past, listening to the therapeutic babel of the present, is it a wonder that men should take refuge in nihilism, and like the lotus-eaters, dream that all alike is folly, — that rest and quiet and calm are the only human fruition?"

The great French teacher, Bichat, said : —

"An incoherent assemblage of opinions, themselves incoherent, the materia medica is, perhaps, of all the physiological sciences, the one which best portrays the caprice and whims of human nature. What do I say? To a methodical mind it is not a science : it is a mass of unformed and of inexact ideas, of observations that are often puerile, of illusive means, of formulæ that are as oddly conceived as fastidiously gathered together. It is said that the practice of medicine is repulsive. I say more than this, — that to the mind of a reasonable man the principles of the greater part of our materia medica are irrational."

Many other and equally high authorities might be cited to the same effect; but the fact has come to be so generally admitted by the profession, that it will not be necessary to quote further. What are the causes which have brought about such a result?

We are here to-night, gentlemen, to consider this sub-

* Preface to Work on Therapeutics and Materia Medica.

ject of the treatment of disease; and in entering upon its discussion it should be borne in mind that we have to do with facts and principles, and not with men or schools. The problem is, how to cure the sick in the speediest, safest, and most thorough manner. Throwing aside, then, all prejudice, all mere personal issues, we should earnestly apply ourselves to the solution of this question, with the sincere desire to get at the truth, and with minds open to receive it, whenever and wherever it may be found. Ignoring, then, all mere authority as such, we should, following the old maxim, "prove all things, hold fast that which is good."

One element which has done much to retard growth in therapeutic knowledge is the spirit of scepticism which has sprung up, and is fast gaining ground among medical men, as to there being any curative virtue whatever in drugs. This body of medical sceptics has given birth to what is known as the "Expectant School," which would have us rely solely upon nature, aided simply by good nursing and regimen. Now, when the heroic drugging of bygone days is called to mind, when patients had to struggle against the combined forces of natural disease and drug disease, it cannot excite surprise that a radical change has taken place. From such a state of things a reaction was inevitable; and, as the tendency always is, it has carried matters to the other extreme. One could not, indeed, hesitate long which to choose of these two extreme methods of treatment, if obliged to come under the one or the other of them; most of us would prefer to take our chances with Madam Nature, with all due respect to the doctor. But a better judgment points out a middle ground which will one day be occupied, where these two extremes will meet and balance one another, each contributing its

due and proportionate share toward the restoration and maintenance of the best possible standard of health of which the individual is capable. But this expectant school has filled an important place in the history of medicine. To it the profession is indebted for a better insight into the natural history of disease, and for the wonderful developments which have taken place in the domain of sanitary science. It has taught the necessity of cultivating a more thorough and extensive knowledge of the branches of physiology, pathology, and hygiene, and has shown that very many cases, even of a serious nature, may be successfully treated by the practical application of such knowledge, without the aid of drugs. Not in what it has done, but in what it has left undone, does this expectant school err. Failing to recognize the curative power residing in drugs, it remains in wilful ignorance of the vast resources of the materia medica, and fails to meet the debt it owes to truth and humanity. And so, in consequence of scepticism and expectancy, our great men, as Dr. Harley says, "resort to the microscope," to the neglect of the "better part of their calling." Others again turn their attention to surgery and its allied specialties, where drugs hold a subordinate position. Even those workers who make an especial study of disease, the clinical teachers, devote themselves almost exclusively to the pathology, diagnosis, and prognosis of disease, giving only a passing thought to drug action.

The obstacles which have thus far been noticed as standing in the way of therapeutic progress are of a purely negative character; but there are certain other causes to be considered which have had a more direct and positive influence in retarding the growth of our art. It is not necessary to enter at length upon the history of the treat-

ment of disease. It is well known that Hippocrates and Galen were the fathers of traditional medicine; that they, with many others, have handed down much valuable information as to the nature of disease in general, together with certain doctrines in regard to its treatment, — which latter have, however, done little toward advancing knowledge in this direction. It is known further that although, from their time until the present day, many of the ablest men of the profession have devoted themselves, with untiring energy and zeal, to the task of establishing a correct system of therapeutics, the wished-for goal is still far distant. It will be more to the purpose to examine into the prevailing methods of modern therapeutic research, to see whether the future holds out any hopes of more definite principles to guide the physician in the treatment of the sick; or whether, as in the past, he is to be led astray by speculations and hypotheses as to the nature of disease and the action of remedies.

The dominant school is divided, at the present day, into two main bodies: the one representing what is called the "Physiological School," or "Rational Medicine"; the other what is known as "Empirical Medicine." It is necessary to carefully consider these two methods.

Rational Medicine.

Taking its birth in the German hot-bed of scepticism, a reaction from the nihilism of expectancy, nurtured and defended by a noble army of scientific workers for nearly half a century, the modern physiological school has exerted a powerful influence in medicine, and still claims as its representatives many of the greatest men known to med-

ical science.* Seeing clearly the utter insufficiency of mere negative indications, and the necessity for a more "positive science," this physiological school believed that it had at last solved the difficult problem, and established the foundation of a "rational therapeutics" which would put expectancy to shame, and prove the dawn of a brighter day in the history of curative medicine. Treatment, to be scientific, these rational therapeutists claimed, must rest directly on physiology and pathology. It is necessary, they said, in order to treat intelligently, to understand the nature and seat of the morbid condition, and to be familiar with the *modus operandi* of drugs. It will be instructive to follow this school in its application of these principles, and to see what is the practical result of it all.

The employment of the clinical thermometer in the examination of fever patients called the attention of these physiological therapeutists to the treatment of this class of acute diseases. It being established that elevated temperature was the pathognomonic symptom of fever, and that this increased production of heat caused an increased consumption of the tissues of the body, with a consequent exhaustion of the vital powers, the important indication seemed to be to subdue this excessive heat. Certainly this appeared rational enough, hence every effort was made to find remedies capable of reducing the temperature; and as, by the aid of the thermometer, the exact effect could be observed, the most sanguine hopes were entertained of the result. Numerous remedies were tested and thrown aside as too uncertain, when it was at last believed that in *Digitalis* a sure remedy had been found.

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* See Dr. Jul. Petersen's "Hauptmomente in der Geschichtlichen Entwickelung der Med. Therapie," Kopenhagen, 1877, from which this brief review is taken.

Wunderlich, in an analysis of forty-nine cases of typhoid fever treated by digitalis, announced that the drug in the necessary doses could be well borne by the patient, no untoward symptoms occurring; that it had a marked effect upon the temperature and pulse, whilst it favorably modified the subsequent course of the whole disease. A little later on, these statements were confirmed by the elaborate experiments of Forbes, of England. Truly, it was thought, the treatment of fevers, at least, is now established upon a definite scientific basis. But not so. Three years later, Thomas, a follower of Wunderlich, by careful observation conclusively proved, as he believed, that digitalis did not cause a lowering of the temperature, or in any way exert a beneficial action on the course of the disease; but that it did, on the other hand, frequently have a most disastrous effect on the patient himself. To-day Prof. H. C. Wood asserts that there is "no good physiological basis for the antipyretic use of digitalis," and that "clinical proof is wanting of its lowering the temperature in disease."

Veratrin, quinine, alcohol, and cold water next received the attention of these therapeutists as fever remedies.

Veratrin had a short-lived reputation. It was found, indeed, to have a remarkable influence on the pulse and temperature; it was considered far superior to digitalis, "which," as Prof. Stillé says, "it might well be, without possessing any merit." It soon became evident, however, much to the astonishment of the therapeutists, that the mortality was undoubtedly increased by the use of the drug; and it was therefore, though reluctantly, abandoned.

Liebermeister's investigations and statements in relation to the febrifuge powers of *Quinine* led to the belief that the true antipyretic had at last been found. Other

observers confirmed the conclusions of Liebermeister. There was now no necessity, it was thought, for searching further after a fever remedy. But quinine has shared pretty much the same fate as its predecessors. Its antipyretic action is exceedingly uncertain, and comes only as a result of toxic doses. Stillé says that "it would be more satisfactory if these interesting experiments, and perhaps important conclusions, had received the corroboration of that clinical experience which gives them their chief interest; but hitherto we have found no proof that quinine can either shorten the duration or diminish the mortality of continued fevers."

The same remarks will apply, with still greater force, to *Alcohol*. Its antipyretic power is doubtful: if the temperature is lowered at all, it is only to a trifling extent, and as a consequence of exceedingly large doses; and it is now seldom, if ever, employed for such a purpose.

The history of the development, by Jürgensen and Liebermeister, of the *Cold-Water* treatment of fevers, is familiar to all. It is a question that comes home to the practising physician of the present day. We have seen it carried out in the wards of our hospitals, and many physicians in private practice have conscientiously endeavored to demonstrate its practical value. Statements are most conflicting in regard to the efficacy of this treatment. Some condemn it *in toto*. Others, while they are less decided, are yet loath to commend it, having in mind the severe shock to the organism necessarily involved in its application. It certainly has not realized the hopes of its original defenders. Ringer says, "Admirable as this advance in treatment undoubtedly is, yet unfortunately it has not proved quite so successful as was at first expected, several patients having died in spite of it."

Even Jürgensen himself admits that it does now and then produce fatal collapse. It is to be remembered, too, that Liebermeister in 1860 came out with the statement, the result of further experiment, that the cold bath, in the healthy state at least, was followed by an increased production of heat. So that it is possible that by its use the morbid condition which it is sought to remove is, after all, aggravated.

But the vital point to be considered in relation to all these antipyretic remedies, in fact the fundamental question involved in the principles of this physiological school, is, To what extent are the measures employed curative? How much permanent benefit does the patient derive therefrom? And, as Dr. Petersen remarked, it would seem as if these therapeutists, in their enthusiasm, had lost sight of the important fact that "an *antipyretic* treatment is not necessarily an *antifebrile* treatment"; that although the apparently dangerous symptoms may be suppressed, the patient himself may not be any the better off as a consequence. But the truth did gradually dawn upon these "rational" therapeutists that the patient was not particularly improved in his general condition, but on the contrary, often succumbed from the toxic effect of the large doses it was necessary to employ.

The radical defect of all therapeutics based upon pathology is that it deals with the results of disease, and not with its cause. Prof. Stillé, referring to the use of veratrum viride in pneumonia to keep down the temperature and pulse, says, "But it should not be forgotten that it is not these symptoms *per se*, but the *cause* of them, which endangers life. . . . An ancient and familiar maxim, and as true as familiar, is, '*Sublata causa tollitur effectus*'; but the converse has never been recognized as a truth: on

the contrary, it is illogical and opposed to all experience to presume that a cause is destroyed because its effects are neutralized." And yet the whole superstructure of the so-called "Rational School" rests upon just this insecure foundation. Pathology is the science which treats of morbid phenomena. These phenomena are simply the outward expression of the operation of causes which are inherent in the organism. Treatment, therefore, to be curative, must be directed to the origin of disease, and not against these phenomena, which are simply the effects of disease. If it be argued that such indications cannot be carried out, as the original cause of disease is not known, the answer is, that although we do not understand its exact nature and seat, we do have an experimental knowledge of it; for is it not in the treatment of those very diseases the nature of which is most obscure, and by those drugs whose *modus operandi* is least understood, that the happiest results are obtained? How much is known of the *modus operandi* of that large class of drugs called "alteratives," — of quinine, of arsenic, of mercury, of iodide of potassium, and a host of others? It is a significant fact that although almost nothing is known of the *rationale* of action of these drugs, yet it is by their empirical use that the most brilliant cures are accomplished. To urge these truths is not to condemn the physiological action of drugs as of no value whatever. On the contrary, the fact is recognized that such action is oftentimes of the greatest service. Nitrite of amyl often gives speedy relief in that painful affection, angina pectoris; and it does so by virtue of its power to dilate the contracted arterioles, or in other words, by its physiological action. But nitrite of amyl will not *cure* angina pectoris; the influence it exerts is simply that of palliation.

The same may be said of nearly all of those drugs which act on the principle of physiological antagonism. The effect produced is temporary, and palliative only; seldom curative. It is true that by the long-continued use of frequently repeated and large doses of medicine, a cure does now and then result. But much more frequently it is found that the abnormal symptoms have been merely suppressed, and that they reappear immediately upon the suspension of the remedy. Dr. Brown-Séquard, in speaking of the action of bromide of potassium in epilepsy says, "The quantity to be taken each day must be large enough to produce an evident, though not complete anæsthesia of the fauces and upper part of the pharynx and larynx, also an acne-like eruption on the face, neck, shoulders, etc. . . . It is never safe for a patient to be even only one day without his medicine, so long as he has not been at least fifteen or sixteen months quite free from attacks. Indeed, it is very frequently the case that patients neglecting this rule are seized again with fits after an immunity of several or of many months, one, two, or only a few more days after the interruption of the treatment; in several cases after an apparent cure of ten, eleven, or twelve months, and in one instance of thirteen months and a few days."

Dr. McGregor, writing in the "Edinburgh Medical Review," states that he has never effected a cure of epilepsy by the use of bromide of potassium, although he finds it of great service in the mitigation of the disease.

Dr. Brown-Séquard says further, in speaking of the action of opium: "Small doses are useless; we ought, therefore, particularly in epilepsy, in tetanus, in neuralgia, in reflex paralysis, in angina pectoris, in whooping-cough, to give as large doses as can safely be borne. In

affections like tetanus, in which there is an antagonism between the complaint and the remedy, at the same time that we must be giving, every hour or half-hour, a fresh dose of the remedy, we must be carefully watching for the disappearance of the symptoms of the nervous affection, and their replacement by the symptoms of poisoning by the drug. In a case of which I know the details, Dr. F. G—— succeeded in obtaining the cessation of tetanic symptoms; but unfortunately, new doses of opium were given after that cessation, and the patient died of poisoning by opium."* In the "London Practitioner" (Vol. III. p. 283) is the following statement: "Most practitioners will regard the circumstance that the *succus conii* effects a cure in chorea only after four or five pints of it have been imbibed, as rather a cogent reason for eschewing it altogether, or at least for at once casting about for another and a better remedy."

It would seem, then, that there are urgent reasons why the principle of physiological antagonism could never form the basis of a therapeutic law of cure. It will be well to review them briefly.

1. The first objection to it is that it necessitates the use of very large doses, which affect not only the parts diseased, but healthy parts as well. These large doses must be frequently repeated, and continued for a long time. This demands a most careful watch over the patient, lest, as in the case cited by Brown-Séquard, the patient be obliterated instead of the disease. Now, it is in accordance with the dictates of science, as well as of reason and common-sense, to demand that the drug action set up should be strictly limited to the diseased parts, leaving intact all healthy tissues and functions; especially

* Lancet, March 10, 1866.

should this be so in cases where it is necessary to continue the medicine for a long time. When a cure results in such cases (which is not often), it frequently happens that the patient finds that he has only exchanged one morbid condition for another, a natural disease for a drug disease. Further, it must be in very exceptional instances, if ever, that it would be justifiable to administer doses of such size as to compromise, in the slightest degree, the life of the patient. It must be admitted, however, that deaths from "overdoses" of drugs are not uncommon.

2. This principle would fail to indicate, indeed would contra-indicate, the use of remedies in conditions where, as a matter of actual experience, they have been found to be exceedingly efficacious; *e. g.*, mercury in diarrhœa and dysentery, arsenic in inflammations of mouth, stomach, and bowels, etc. According to the physiological principle, the employment of these remedies in the morbid states mentioned would result in an aggravation of the latter, and hence have a fatal instead of a beneficial influence.

3. Such a method leaves the patient entirely out of account, concerning itself only with the disease. It does not, in other words, make the slightest allowance for that strict individualization without which no patient can be intelligently or advantageously treated. The best clinical teachers have called attention to the importance of taking into consideration the constitutional peculiarities and idiosyncrasies of the patient; and a therapeutic principle must be comprehensive enough to embrace this factor, or it can be of little value.

4. Such a principle would be altogether too restricted in its application; it would necessitate having as many laws as there are types of disease: *e. g.*, to know that *Ergot* contracts the smaller blood-vessels may afford an

indication for its use in diseases where there is a dilated condition of these parts, but does not aid in the slightest degree in the treatment of diseases of an entirely different type. In short, it does not admit of that broad generalization without which no comprehensive therapeutic law could be established.

5. A further serious objection to this "rational" physiological method is that it puts hypotheses in the place of facts. It necessitates: *First*, an exact knowledge of the nature and seat of disease. In those diseases which are due to external causes, as the various surgical affections, cases of poisoning, etc., the maxim "*Sublata causa tollitur effectus*" may be carried out, for here the causes are known and within reach. But such knowledge is of course impossible in relation to morbid conditions which are dependent upon internal causes; and with the above exceptions, therapeutics conducted in accordance with the so-called "rational" principles could never have a sure footing, but must necessarily be subject to constant changes. The views of medical men, in relation to the pathology of disease, are notoriously at variance, and are constantly changing from day to day; the theory which is strongly urged to-day is to-morrow given up as erroneous. Treatment based upon pathology must therefore differ according as this or that view of the nature of a disease is maintained, and it must be repeatedly overthrown as one theory after another is cast aside as untenable. *Second*, an acquaintance with the *modus operandi* of drugs. This is simply to add a therapeutical to a pathological hypothesis. Prof. Stillé, in his work on therapeutics, says, "Whatever else they may do, experiments upon the healthy organism can never fully reveal the *manner* in which medicines cure disease." The case is a suffi-

say, What more can be desired? This: You have merely made his enemy disappear, but he is by no means rid of its presence; you have not checked the acid formation. The uric acid is there as ever; but the uric acid and the urates are soluble in alkali, and you have only made them invisible. You really have the same condition as that of the fabled ostrich, which is said to put its head in the bush when pursued by hunters, and, no longer seeing them, believes itself secure. Just such is the security of the patient with uric acid, who trusts solely to alkalies or Vichy water. His surplus deposits have become imperceptible to *his* vision; nothing more. I do not say that the alkalies have been absolutely unserviceable as regarding his constitutional state, but they will not improve it to any great extent; and when he leaves them off, the acid shows itself again.'"

This sketch has been quoted in full, since it displays so well the plausible but deceptive nature of all such treatment, — deceptive alike to doctor and patient, — and demonstrates so clearly the sandy foundation upon which that therapeutics rests which is built upon the sciences of pathology and chemistry. Prof. Stillé* says, "The domain of therapeutics is at the present day continually trespassed upon by pathology, physiology, and chemistry. Not content with their legitimate province of revealing the changes produced by disease and by medicinal substances in the organism, they presume to dictate what remedies shall be applied, and in what doses and combinations. Their theories are brilliant, attractive, and specious, and they seem to satisfy a craving experienced by every reasoning man for an explanation of the phenomena which he witnesses; but when submitted to the touchstone of

* Therapeutics, Vol. I. p. 31.

experience, they prove to be only counterfeits. They will neither secure the safety of the patient, nor afford satisfaction to the physician. Treatises which profess to furnish a method of treatment 'deduced from the pathology' of a disease, are monuments of their author's self-deception, and snares to those who seek in them reliable grounds of practice." The late Prof. Niemeyer expressed himself to the same effect: "It is to be lamented that physicians, instead of striving to promote the healing art by their own efforts, should seek aid from the institutes of physiology and pathology, or from the laboratory of the chemist, obtaining now and then an ingenious suggestion, but never gaining an idea serviceable in the relief of an afflicted fellow-creature. . . . Even the dazzling progress which pathology has made, has been of but little use to therapeutics; in spite of new discoveries, our present success at the bedside is scarcely more favorable than that of fifty years ago; nor in the future will pathological investigation promote therapeutic success, unless directed more in accordance with the requirements of general medicine than has been done hitherto."

Here we must leave the discussion of the "Rational School," and turn to a consideration of

Empirical Medicine.

"The old and tried method in therapeutics is that of empiricism; or, if the term sound harsh, of clinical experience. As stated by one of its most ardent supporters, the best development of this plan of investigation is to be found in a close and careful analysis of cases before and after the administration of a remedy, and if the results be favorable, the continued use of the drug in similar cases." This empirical method is thus clearly put

by Prof. H. C. Wood (preface to work on therapeutics). Commenting upon it, he adds : —

"Therapeutics developed in this manner cannot, however, rest upon a secure foundation. What to-day is believed is to-morrow to be cast aside, certainly has been the law of advancement, and seemingly must continue to be so. What has clinical therapeutics established permanently and indisputably? Scarcely anything beyond the primary facts that quinia will arrest an intermittent, that salts will purge, and that opium will quiet pain and lull to sleep. . . . Experience is said to be the mother of wisdom. Verily, she has been in medicine rather a blind leader of the blind; and the history of medical progress is a history of men groping in the darkness, finding seeming gems of truth, one after another, only in a few minutes to cast each back to the vast heap of forgotten baubles that in their day had also been mistaken for verities. . . . Narrowing our gaze to the regular profession, and to a few decades, what do we see? Experience teaching that *not to bleed a man* suffering from pneumonia is to consign him to an unopened grave, and experience teaching that *to bleed a man* suffering from pneumonia is to consign him to a grave never opened by nature."

John Stuart Mill, the highest modern authority on the philosophy of science,* thus speaks of the methods of scientific investigation in their application to medicine : —

"Let the subjects of inquiry be the conditions of health and disease in the human body, or (for greater simplicity) the conditions of recovery from a given disease; and in order to narrow the question still more, let it be limited, in the first instance, to this one inquiry : Is or is not some

* Work on Logic, p. 320.

particular medicament (mercury, for instance) a remedy for the given disease? The experimental method would simply administer mercury in as many cases as possible, noting the age, sex, temperament, and other peculiarities of bodily constitution, the particular form and variety of the disease, the particular stage of its progress, etc., remarking in which of these cases it was attended with a salutary effect, and with what circumstances it was, on those occasions, combined. The method of simple observation would compare instances of recovery, to find whether they agreed in having been preceded by the administration of mercury; or would compare instances of recovery with instances of failure, to find cases which, agreeing in all other respects, differed only in the fact that mercury had been administered, or that it had not.

"That the last of these modes of investigation (that of observation) is applicable to the case, no one has ever seriously contended. No conclusions of value on a subject of such intricacy ever were obtained in that way."

Then of the experimental method he says: —

"The method now under consideration is called the 'empirical method.' . . . When we devise an experiment to ascertain the effect of a given agent, there are certain precautions which we never, if we can help it, omit. In the first place, we introduce the agent into the midst of a set of circumstances which we have exactly ascertained. It needs hardly to be remarked how far this condition is from being realized in any case connected with the phenomena of life; how far we are from knowing what are all the circumstances which pre-exist, in any instance in which mercury is administered to a living being. This difficulty, however, though insuperable in most cases, may not be so in all; there are sometimes concurrences of

many causes, in which we yet know accurately what the causes are. Moreover, the difficulty may be attenuated by sufficient multiplication of experiments, in circumstances rendering it improbable that any of the unknown causes should exist in them all. But when we have got clear of this obstacle, we encounter another still more serious. In other cases, when we intend to try an experiment, we do not reckon it enough that there be no circumstance in the case the presence of which is unknown to us; we require also that none of the circumstances which we do know shall have effects susceptible of being confounded with those of the agents whose properties we wish to study. We take the utmost pains to exclude all causes capable of composition with the given cause; or if forced to let in any such causes, we take care to make them such that we can compute and allow for their influence, so that the effect of the given cause may, after the subduction of those other effects, be apparent as a residual phenomenon. These precautions are inapplicable to such cases as we are now considering. The mercury of our experiment being tried with an unknown multitude (or even let it be a known multitude) of other influencing circumstances, the mere fact of there being influencing circumstances implies that they disguise the effect of the mercury, and preclude us from knowing whether it has any effect or not. In phenomena so complicated, it is questionable if two cases, similar in all respects but one, ever occurred; and were they to occur, we could not possibly know that they were so exactly similar. Anything like a scientific use of the method of experiment in these complicated cases is therefore out of the question."

The first method considered by Mr. Mill, that of *obser-*

vation, or, as it is called in medicine, the "numerical" method, demands a further discussion, as it is defended by many eminent authorities, among whom may be mentioned Louis and Forbes; and our own Stillé says of it, "It has often been denied, and by eminent authorities, that the rigid mode of analysis known as the 'numerical method' is at all applicable to therapeutical inquiries. But surely this is an error." But M. Auguste Comte, one of the greatest mathematicians of the age, says of this method: —

"Indeed, the spirit of calculation tends in our day to introduce itself into this study (physiology), especially into that part of it which relates to medical questions, by a far less direct method, under a far more deceptive form, and with infinitely more humble pretensions. I wish to speak of that assumed application of it which is called the "statistics of medicine," from which so many *savants* expect great things, and which, from its very nature, can lead only to profound and direct degradation of the medical art (which would be reduced by it to a method of blind enumeration). Such a method, if we may be allowed to call it by the name of method at all, cannot, in reality, *be anything else than absolute empiricism*, disguised under the frivolous garb of mathematics. Pushed to its extreme logical consequences, it will tend to make all rational medication radically disappear from medicine, by conducting the practitioner to make random trials of certain therapeutic measures, with the object of noting down, with minute precision, the numerical results of their application. It is evident, on principle, that the continued variations to which all organism is subject are necessarily more pronounced in a pathological than in a normal state, and as a consequence of this fact, the cases

must be even less exactly similar; whence results the manifest impossibility of making a judicious comparison between two curative methods derived from data furnished by statistical tables alone, *independent of some sound medical theory.** No doubt some direct experimentation, restrained under proper limits, might be of great importance to medicine as well as to physiology; but it is precisely under the strict condition that it shall never be merely empirical, but shall always attach itself, either in institution or in its interpretation, to an entire system of corresponding positive doctrines. Notwithstanding the imposing aspect of the forms of exactness, it would be difficult to conceive of an opinion in therapeutics more superficial and more uncertain than that which rests solely on the easy computation of fatal and favorable cases; to say nothing of the pernicious practical consequences of such a manner of proceedings, when one could not beforehand exclude any kind of attempt.

"It is really deplorable that geometricians have sometimes honored with some kind of encouragement such a profoundly irrational aberration, by making vain and puerile efforts to determine, by their illusory theories of chances, the number of cases sufficient to make these statistical results legitimate." — *Cours de Philosophie Positive*, Tom. III. pp. 418–420.

Statistics are of no value whatever, then, in medicine, *unless based upon "some sound medical theory."*

Dr. Stokes, of England, said, "There can be no doubt that medicine requires to be placed on a much more scientific basis than it at present possesses. It is now simply *empiricism*, and that empiricism is only tolerable and useful because it is wielded by thoughtful men."

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* The italics are our own.

What, then, has "empirical medicine" accomplished? Absolutely nothing beyond the accidental discovery of certain clinical facts. It has done nothing whatever to establish a general law, which would bring these isolated facts into some kind of order, and at the same time serve as an intelligent guide in the discovery of new facts. Therapeutics cannot make the slightest progress so long as it rests solely upon that much-vaunted "medical experience" which, it must be confessed, is the favorite method with physicians at the present day. To take experience as a guide is to appeal to authority. Authority leads to routine, and routine checks all growth. The result of such a method of practice is thus summed up by the "Weekly Medical Gazette of Vienna": "Building goes on briskly at the therapeutic Tower of Babel. What one recommends, another condemns; what one gives in large doses, another scarce dares to prescribe in small doses; and what one vaunts as a novelty, another thinks not worth rescuing from merited oblivion! All is confusion, contradiction, inconceivable chaos! Every country, every place, almost every doctor has his own pet remedies, without which he imagines his patients cannot be cured; and all this changes every year, ay, every month!"

It becomes evident, then, that it is not by so-called "rational medicine," not by means of physiology or pathology or chemistry alone, nor yet by a blind *empiricism*, that therapeutics is to be raised, in the words of Prof. Wood, "from the position of an empirical art to the dignity of applied science."

The argument thus far has been mainly destructive in its nature; and it is perhaps hardly warrantable to thus pull down, unless with the intention of constructing some-

thing better out of the *débris*. But with Prof. Wood, we would say, "Since the profession has toiled so long and found so little, if further progress is to be made we must question the old methods, and search out new ones which haply may lead to more fruitful fields."

As observation and experimentation conducted at the bedside of the sick alone are incapable of establishing anything of permanent value, the natural conclusion is, that a knowledge of the action of drugs on the healthy organism is an essential condition to their intelligent use in the treatment of disease. This fact is recognized by almost all our eminent men. Prof. H. C. Wood says, "It is the especial province of the therapeutist to find out what are the means at command, — what the individual drugs in use do when put into a human system. It is seemingly self-evident that the physiological action of a remedy can never be made out by a study of its use in disease. . . . It is certain that in experiments made with medicaments upon healthy human beings is the only rational scientific groundwork for the treatment of disease." *

Prof. Stillé, although he condemns the so-called "rational" method, and positively asserts, as we have had occasion to notice, that treatment cannot be based directly on physiology, pathology, or chemistry, nevertheless recognizes the importance of testing drugs upon the healthy, as is evident from the following: — †

"If we are ever to acquire a distinct idea of the curative operation of medicines, — that is, of their operation upon the tissues, organs, and functions, when they have departed from their normal condition, — we must possess a

* Preface to Work on Therap. and Mat. Med.

† Work on Therap. and Mat. Med., Vol. I., Introduction.

standard with which to compare the effects that medicines produce; and no other standard is available than the operation of the same medicines upon the healthy economy." And in another place he says, "The action of medicines upon the sound organism of man forms an indispensable key to their curative operation in disease. The more thoroughly it is known, the more intelligible must the mode become in which medicines bring about the restoration of soundness of structure and function, and the more will the isolated facts of therapeutics tend to arrange themselves in a systematic form." (And yet Stillé says further: "Whatever else they may do, experiments upon the healthy organism can never fully reveal the *manner* in which medicines cure disease." This is somewhat significant. Test drugs upon the healthy, he says, but not with a view to ascertaining their *modus operandi*. This is dealing a death-blow at "physiological medicine.")

Sir Thomas Watson says: —*

"Authentic reports of trials with medicinal substances upon the healthy human body must lead at length, tardily perhaps, but surely, to a better ascertainment of the rules, peradventure to the discovery even of the laws, by which our practice should be guided."

Dr. King Chambers speaks as follows: "And as to the uses of medicines, with which it is a student's duty to be acquainted, do you not see that the safest guide to a knowledge of their effects upon a disordered body is the knowledge of their effects upon a healthy body?"

The celebrated Haller said: "In the first place, the remedy is to be tried on the healthy body, *without any foreign substance mixed with it: a very small dose is to be taken*, and attention is to be directed to every effect pro-

* Brit. Med. Jour., January, 1868.

duced by it; for example, on the pulse, the temperature, the respiration, the secretions. Having obtained these *obvious phenomena in health*, you may then pass on to experiment on the body in a state of disease."

Dr. Edward S. Dunster, of Michigan University, in his argument before the American Medical Association (May, 1879), against the proposed act of that body to restrict the teaching of students of irregular or exclusive systems of medicine, says: —

"The old education was faulty, in that its recipients were not taught to reason logically, and so to detect the fallacies in the homœopathic dogma. . . . Illogical methods and reasoning are the great curse of the medicine of to-day; and while I do not believe that logic is a specific for all the mischiefs and absurdities we meet with, it will, in the words of Mr. J. S. Mill, clear up the fogs which hide from us our own ignorance and make us believe that we understand a subject when we do not."

That "illogical methods and reasoning are the great curse of the medicine" of the dominant school, no one who has taken the trouble to investigate the matter can have the slightest doubt; and nowhere is this fact made clearer than in the work of the very high authority referred to by Dr. Dunster, — Mr. J. S. Mill. This subject has already been considered in its logical bearing, and Mr. Mill has been freely quoted from. He shows very plainly that the methods of the old school are most illogical; that observation and experimentation, when applied to the sick alone, are "illusory." And yet Dr. Dunster appeals to "medical experience" as the only "light" to guide us in the treatment of the sick; a light which, as Prof. Wood says, "has been in medicine rather a blind leader of the blind."

What then is the method which must be adopted in order to establish a general therapeutic law? It is clearly evident that the prime factor, requisite to the discovery of such a law, is the action of drugs upon the healthy organism. A therapeutic law can be established in no other way than by this proving of drugs upon the healthy body.

But the manner in which this proving is conducted will make all the difference between success and failure. The physiological school tests drugs upon the healthy; but with what a meagre result, so far as practical therapeutics is concerned! These therapeutists act upon what they call *rational* principles. Starting with the belief that in order to treat disease intelligently, a knowledge of the nature and seat of the morbid condition, and of the *modus operandi* of the remedies to be employed, is indispensable, they test medicines on the healthy to ascertain the *rationale* of their action, and administer them to the sick in accordance with indications deduced from the supposed nature of the disease. In other words, they endeavor to combat a hypothetical disease with a drug of whose mode of action they have also formed a hypothesis.

Prof. H. C. Wood, in the preface to his work on therapeutics, says, "The plan of the present work has been to make the physiological action of remedies the principal point in discussion. A thoroughly scientific treatise would in each article simply show what the drug does when put into a healthy man, and afterwards point out to what diseases or morbid processes such action is able to afford relief. Unfortunately, in the great majority of cases our knowledge is not complete enough for this, and the clinical method has to be used to supplement the scientific plan." It is indeed unfortunate, that "in the great majority of

cases" the labors of these zealous workers are so barren of permanent results. But the fact has its significance; it teaches the important lesson that drug action must be studied, just as disease is studied, *in its totality*. The provings of these physiological therapeutists are too partial and incomplete. Only the more prominent, objective symptoms are considered worthy of notice. Subjective phenomena are, in the estimation of these men, of no value whatever. They experiment with digitalis, and discover that it is a "cardiac stimulant," and also "diuretic," and classify it accordingly, believing they have sufficiently tested the drug; and so they go on through the entire materia medica, ascribing the various drugs to the different nosological groups, according as they are found to be purgative, emetic, diaphoretic, diuretic, anti-spasmodic, narcotic, etc. When a drug is encountered whose *modus operandi* is obscure, and beyond their knowledge, it is called an "alterative." The action of these "alteratives" is said to be "silent and imperceptible," although "their therapeutic effects are among the most assured of clinical facts."* Therapeutic science can never be advanced by such defective methods. Do we study disease in this imperfect manner? Is it enough, in any morbid condition, to be acquainted with one or two of the more prominent symptoms present? No. In every disease the effect, not only on one or two parts, but on all the parts and functions, is carefully observed. Nothing is omitted. "Indeed, it should be laid down as a rule in practice that there is no such thing as a trivial symptom; even the smallest, in the estimation of the patient, may be fraught with deep importance to the experienced eye of the intelligent practitioner."† Even

* Prof. H. C. Wood, "Therap. and Mat. Med.," p. 310.

† Dr. Waring, "Practical Therap.," p. 18.

so should it be in the proving of drugs: the entire effect produced, subjective and objective, should be taken into account. Symptoms apparently trivial "may be fraught with deep importance."

Drug action possesses individuality just as does disease; and in the practical application of our knowledge of drug action to the treatment of disease, this individuality has an important bearing. That method of drug proving, then, should be adopted, which will not only demonstrate most fully the general action of the medicine on the various parts and functions of the body, but which will also bring out, in the clearest manner, these individual characteristics of the drug. It may be observed, further, that clinical experience is the crucial test to which all therapeutic methods must be submitted; and no so-called "scientific plan" is worthy of a moment's consideration which is not, in "the great majority of cases," supported and confirmed by the clinical method.

We have endeavored, in this first part of our argument, to explain why so little progress has been made in the treatment of disease, while the collateral branches of medicine have been rapidly advancing. It has been seen that such progress has been retarded in a negative way, by scepticism and its young progeny, expectancy; but in a more serious and positive manner, by "illogical methods and reasoning," with their natural outcome of haphazard practice, servile obedience to authority, routine, etc., all ending in uncertainty, confusion, and stagnation. It has been seen that therapeutics cannot be based directly on pathology and chemistry, but must, in the words of Niemeyer, "be conducted by itself, as an independent and peculiar branch of knowledge." It has been shown that observation and experiment carried on at the bedside of

the sick alone have thus far been barren of results, and must necessarily continue to be so in the future. It has been maintained that the principle of physiological antagonism does not fulfil the conditions of a therapeutic law of cure; that attempts to apply it in a curative manner have proved most unsatisfactory, generally resulting in failure, and even when successful it is at the expense of much disturbance of the general system, and not without some risk to life; that its usefulness lies chiefly in the direction of palliation, for which object it is oftentimes of the greatest service, more especially in temporary conditions, and in incurable cases, where relief of suffering and prolongation of life are all that is possible.

Lastly, it has been claimed that all speculations as to the pathology of disease, or the *manner* in which it is curatively influenced by medicines, can contribute nothing of practical value to our means of treatment, for the reason that little is or can be known respecting the essential nature of disease, and that we are utterly powerless to penetrate into that region where the action and reaction between drug and disease actually take place; that the method of the physiological school, of experimenting with drugs in order to ascertain to what nosological group they belong, — whether cardiac, stimulant, or sedative, narcotic, purgative, emetic, etc., — affords but an incomplete knowledge of their action, and leaves entirely out of consideration that individuality of drug action which a full proving develops, thus greatly restricting their sphere of useful application.

Finally, the conclusion was arrived at, that the subject-matter of therapeutical investigation must be the *obvious phenomena*, subjective and objective, presented by drug action and by disease, and that in order to establish thera-

peutics upon a rational, scientific basis, it is necessary to discover the law that governs the relationship which undoubtedly exists between these two series of phenomena; and that the only logical method by which this law could be discovered is that of induction.

II.

Near the beginning of the present century, Samuel Hahnemann, a German physician, promulgated the theory that "in order to cure disease in a mild, prompt, safe, and durable manner, it is necessary to choose in each case a medicine that will incite an affection similar to that against which it is employed." This doctrine is expressed by the now well-known formula, "*Similia similibus curantur*," or "like cures like."

Into Hahnemann's personal history we have no time to enter here, our chief concern being with the principle which he advocated. Suffice it to say, then, that he was "one of the most accomplished and scientific physicians" of his time, and was recognized as such by his contemporaries.

As "coming events cast their shadows before," so this great event, which was destined to create such a reform in medicine, was foreshadowed before Hahnemann's day. As far back even as the time of Hippocrates, suggestions appear pointing to the truth of the homœopathic principle. Dr. Francis Adams, in his "Translations of the Hippocratic Writings,"* says, "The treatment of suicidal mania appears singular: 'Give the patient a draught made from the root of mandrake in a smaller dose than will induce mania.' He then insists in strong terms, that under cer-

* Sydenham Society, 1849, Vol. I. p. 77.

tain circumstances purgatives will bind the bowels, and astringents loosen them. And he further makes the important remark that although the general rule of treatment be '*contraria contrariis curantur*,' the opposite rule holds good in some cases; namely, '*similia similibus curantur*.' It thus appears that the principles both of allopathy and homœopathy are recognized by the author of this treatise. In confirmation of the latter principle, he remarks that the same substance which occasions strangury will also sometimes cure it, and so also with cough."

Many other instances are to be found in the history of medicine, from Hippocrates down to Hahnemann, confirmatory of the law of similars. But it was Hahnemann who, to use his own words, "was the first that opened up this path, which I have pursued with a perseverance that could only arise and be kept up by a perfect conviction of the great truth, fraught with such blessings to humanity, that it is only by the homœopathic employment of medicines that the certain cure of human maladies is possible." — *Organon*, § CIX. Surely, history cannot fail one day to do homage to the man who not only had the genius to lay hold of this beneficent truth, but the patience, the industry, the perseverance so to develop, confirm, and extend it, as to raise therapeutics "from the position of an empirical art to the dignity of applied science."

The method by which Hahnemann arrived at his conclusions was that of pure induction.

"Hahnemann proceeded without much ado, as do the causes of disease. He took, as they do, the entire organism in its so-called physiological state, and introduced into the most unlike individuals the same substances as morbific causes, in order to see what the result would be.

"This inventive maxim was all the more admirable, since the laws of nutrition were utterly unknown to him.

"He presupposed, also, as has been said, upon the ground of his experiments, the prevalence of natural laws, and could therefore calculate upon the discovery of *new laws of nature*, i. e., *upon the constant, though new course of events, from the elements newly presented by him;* upon the production of the most varied *new* pathological, hylotopic,* hyloteretic,† and metabolic,‡ etc., phenomena in the organism, in consequence of his drug provings.

"That proves, at the same time, that he knew his task to be threefold, for he experimented precisely according to *the laws of the art of experiment;* which, as their works testify, do not seem to be known to all of the natural philosophers of the present day.

"In order to learn the nature of such substances, in their connection with the organism, he solved *one* problem of this art by changing the individualities, in which action and counteraction of one and the same substance must present themselves, according to his experiment; the *second* by connecting therewith the change of time, of place, and of circumstances; and the *third* by attempting to measure the quantities of substances thereby used.

"He proceeded, as can be shown, according to these rules; and his followers took the example of the great master as a guide, in order to extend the new science.

"They found it confirmed, that the diseases artificially produced by Hahnemann and themselves in this manner were, as to their diagnosticable form and their group of symptoms, strikingly concordant, and hence similar to

* Referring to the location of matter.

† Referring to the substitution of one substance for another.

‡ Referring to the change of matter.

many of those originating from accidental causes; that thus many of those substances which they proved upon the healthy, described the same orbit of action within the organism as many, and indeed most of the morbific causes. These forms of mutual similarities *from different causes* increased in the same measure as they experimented with different substances of the outer world, according to these rules." *

Hahnemann, then, from a careful, thorough, and extended series of experiments, inferred the general law that medicines cure diseases similar to those produced by their action on healthy individuals.

"*Similia similibus curantur*" is therefore the result of a true philosophical induction; the only method, as we have seen, by which a comprehensive therapeutic law could be discovered. What does Dr. Dunster mean, then, when he speaks of the "logical fallacies of the homœopathic dogma"? The fact is, Hahnemann and his followers are the only physicians who have adopted sound logical methods, and conducted their investigations in accordance with the demands of modern inductive science; and it is not too much to say that therapeutics, as a definite thing, dates from the time of Hahnemann.

In all questions of medical treatment, the final and conclusive test is that of *clinical experience*. As Mr. Mill remarks, "Observation and experiment are the ultimate basis of all knowledge." Any medical theory, therefore, which is not confirmed by actual experience at the bedside, may be considered as unsound; and *vice versa*.

The question to be settled, then, is, Does clinical expe-

* The Homœopathic Law of Similarity. An open letter to Prof. Baron von Liebig, by Dr. von Grauvogl. Trans. by Geo. Shipman, M. D., Chicago, 1879.

rience conclusively prove that drugs do cure morbid conditions similar to those which they cause in the healthy? Or, to put the question the other way, Do observation and experiment establish the fact that drugs do cause in the healthy, conditions similar to those presented by diseases in which they have been found to be curative?

It would be interesting, and of course more decisive, to examine carefully the action of the various drugs of the materia medica in their relation to this principle of *similia similibus*. But all that will be possible, within the compass of this brief monograph, will be to consider a few of the more important remedies. Let it be clearly understood, then, that the drugs now to be examined simply make evident a fact that becomes more firmly established, the more the action of the different drugs is investigated. One or two drugs, carefully and thoroughly studied, will more fully reveal the facts than many remedies cursorily reviewed. *Arsenic* will first be examined in this manner, and then a few other drugs will be more briefly considered. Old-school authorities only are cited in reference to the action of drugs.

ARSENIC.

Authorities. — Taylor, Christison, Stillé, H. C. Wood, Ringer, Phillips, Tilbury Fox, Pereira, Waring, Fowler, Hunt, Trousseau, Bartholow, Virchow, Boudin, Imbert-Gourbeyre.

I. Gastro-intestinal Tract.	Action on Healthy Body.	Therapeutics of Old School.	Therapeutics of New School.
1. Mouth.	Dryness: mucous membrane reddened and inflamed: inflammation of a low, malignant character: ulceration: sloughing: gangrene, etc.	Inflammation: "malignant sore mouth": ulceration: sloughing: cancrum oris, etc.	Malignant inflammations: phagedenic ulcerations: cancrum oris, etc.

	ACTION ON HEALTHY BODY.	THERAPEUTICS OF OLD SCHOOL.	THERAPEUTICS OF NEW SCHOOL.
2. Throat.	Dryness: inflammation of low type: tendency to ulceration: sloughing, etc.	Inflammation: "malignant sore throat": ulceration: sloughing, etc.	Inflammation of low type: ulceration, etc.
3. Stomach.	Loss of appetite: nausea: vomiting, with much straining and distress: vomitus consists of water, bile, mucus, blood, etc. Pain of burning, gnawing character in epigastrium: sensation of weight at pit of stomach, aggravated by taking food: stomach very irritable: inflammation, acute and chronic: ulceration: gastrodynia, etc.	As a stomachic tonic: vomiting, especially of drunkards, which is accompanied by great straining and distress: in such cases arsenic "arrests the vomiting, and restores both appetite and digestion." (Ringer.) Dyspepsia: "irritative dyspepsia" (R): gastritis, acute and chronic: gastric ulcer: "allays pain and checks vomiting." (R) Cancer: gastrodynia, etc.	Certain forms of dyspepsia: gastritis, acute and chronic: gastric ulcer and cancer: gastrodynia, etc.
4. Intestines.	Inflammation: diarrhœa: stools scanty, generally greenish or blackish, sometimes watery: very offensive: accompanied by much abdominal pain and distress: nausea and vomiting. Stools often dysenteric: slimy, bloody, accompanied by tormina and tenesmus: vomiting, followed by palpitation, trembling of limbs great weakness and prostration, out of all proportion to amount of stools. Symptoms often closely resemble those of cholera, and the post-mortem appearances are almost identical with those of cholera (Virchow): ulceration: fever (symptomatic), etc.	Diarrhœa: dysentery: stools slimy and bloody, accompanied by much tenesmus and pain, and followed by great prostration of strength. When the diarrhœa is due to serious organic disease, *e. g.*, bowel ulceration of phthisis, etc., arsenic is recommended. Cholera, especially in stage of collapse, where there is great prostration and thirst, cold, clammy skin, feeble pulse, cramps, etc.	Duodenitis: ulceration: chronic diarrhœa: dysentery: cholera, etc.
II. Skin.	Eruptions closely resembling eczema: psoriasis: pityriasis: acue: urticaria: pemphigus: erythema, etc.	Eczema: psoriasis: pityriasis: acue: urticaria: pemphigus: erythema, etc.	Eczema: psoriasis: pityriasis: acue: urticaria: pemphigus: erythema, etc.

	ACTION ON HEALTHY BODY.	THERAPEUTICS OF OLD SCHOOL.	THERAPEUTICS OF NEW SCHOOL.
III. EYES.	Conjunctivitis.	Conjunctivitis.	Conjunctivitis.
IV. RESPIRATORY TRACT.	Coryza, acute and chronic: bronchitis: an asthmatic condition, etc.	Coryza, acute and chronic: bronchitis: asthma, etc.	Coryza, acute and chronic: bronchitis (certain forms): asthma, etc.
V. NERVOUS SYSTEM.	Chorea: epilepsy: tetanus: paralysis (paraplegia): neuralgia, etc.	Chorea: epilepsy: neuralgia: paralysis, etc.	Chorea: epilepsy: neuralgia: tetanus: paralysis, etc.
VI. HEART.	Palpitation: cardiac dyspnœa: præcordial pain and anxiety, often very severe: endocarditis: hypertrophy, etc.	Angina pectoris: functional and organic diseases of heart, etc.	Angina pectoris: functional and organic diseases of the heart, etc.
VII. KIDNEYS, ETC.	Albuminuria: urine contains renal epithelium, blood corpuscles, fat globules, fibrin casts: renal dropsy: scanty urine: suppression of urine: coma: after death kidneys found congested, enlarged, undergoing fatty degeneration, etc. The power of arsenic to produce local and general dropsies is noticed by Dr. Weir Mitchel, Dr. Fowler, and many others.	Different forms of Bright's disease: local and general dropsies, etc.	Certain forms of Bright's disease: local and general dropsies, etc.
VIII. FEVER.	Symptomatic in many cases due to the gastro-enteritis set up: also produces an *idiopathic* fever, which may affect an intermittent type (Taylor: Christison: Boudin: Imbert-Gourbeyre, and others), thus closely resembling "fever and ague." Also produces a fever of the continued type, closely resembling typhoid (most authorities notice this fever). The irritative or *symptomatic* fever of arsenic simulates a hectic form.	One of the chief remedies in intermittent fever; also much used in typhoid fever; also very useful in the *hectic* fever, which accompanies chronic disease of lungs and intestines.	One of the chief remedies in intermittent fever. Also much used in typhoid fever. Useful in hectic conditions, accompanying chronic diseases of lungs and intestines.

The intermittent course of the symptoms of arsenical poisoning is noticed by many very eminent authorities. Taylor ("On Poisons") says that although the symptoms are generally continuous, often there are remissions and even intermissions, which may excite deceptive hopes, or which, by the recurrence of the symptoms, may lead us to believe wrongly that fresh doses of poison have been administered.

M. Boudin, who made an elaborate study of arsenic, says: —

"M. Biett observed a *kind of periodicity* in the variations of the pulse under the influence of arsenic. For my own part, I have noticed the occurrence of quotidian ague, which I was obliged to treat with quinine, in one of my patients who had taken $\frac{24}{100}$ of arsenious acid in twelve days, for ichthyosis. Was this a simple coincidence? I know not. All I know is, that with the exception of the cutaneous affection, this patient enjoyed the best of health, and that his intermittent fever showed itself at a time when there was no such malady prevalent in the town. At the same time, I acknowledge that this fact is too isolated to be at all conclusive." *

Graves, in his "Clinical Lectures," speaks of the appearance of febrile conditions during the treatment of psoriasis by arsenic. Abundant evidence is to be found scattered through the literature of the subject, confirming this power of arsenic to produce fever, both of the intermittent and continued type.

Belladonna causes cerebral congestion, and is used to relieve the same condition; produces mania and cures mania. "Analogy, that guide so sure in therapeutics, ought to lead us to use belladonna in the treatment of

* Traité des Fièvres Intermittentes, 1842.

mania, inasmuch as belladonna, taken in large doses, produces a temporary mania; for *experience has proved that a multitude of diseases are cured by therapeutic agents which seem to act in the same manner as the cause of the disease to which we oppose the remedy.*"* In large doses causes convulsions, which may be choreaic, tonic, or clonic, and is used in convulsive affections, chorea, epilepsy, tetanus, etc. It is especially commended in the convulsions of children and puerperal women. Belladonna induces a sore throat, febrile condition, delirium, and scarlatinoid rash, and is much used in scarlet fever by both schools of medicine. Causes congestion of the kidneys, with defective secretion, hæmatinia, albuminia, and is efficacious in such conditions, arising from cold, etc., but the condition is liable to be aggravated "unless the dose is a very small one" (Harley). Produces irritation of the bladder, with constant desire to urinate, though very little urine passes when the attempt is made. Is beneficial in those affections, according to many old-school authorities.

For the above facts we are indebted to the following works: Stillé, Wood, Pereira, Ringer, Phillips, Waring, Taylor, John Harley, Anstie, Trousseau, and others.

Quinine induces a fever very similar to "fever and ague," and is the great remedy for this affection. "Each day's experience," says M. Bretonneau, "proves that cinchona given in a large dose determines, in a great number of subjects, a very marked febrile movement. The characters of this fever, and the time when it shows itself, vary in different individuals. Oftenest tinnitus aurium, deafness, and a species of intoxication precede the invasion of this fever; a slight shivering then occurs; a dry

* Trousseau, "Traité de Therapeutique et de Matière Medicale," Vol. II. p. 55.

heat accompanied by headache succeeds to these symptoms; they gradually abate, and end by sweat. Far from yielding to new and higher doses of this medicine, the fever produced by cinchona is only exasperated. . . . But if strong doses are renewed each day and continued during a long time, besides the stomach pains of which we have spoken, there manifests itself a species of fever exactly indicated by M. Bretonneau, and which affects the intermittent type when the cinchona is given in an intermittent manner. This fever is a species of vicious circle in which very often inexperienced physicians turn, who are ignorant of the action of cinchona: they redouble the doses of the medicine, and throw the patient into a state which may be very serious. . . . These physiological effects of cinchona — described, in terms just given, in our first edition — have been despised and denied by the greater part of physicians of our own country (France); but for some years, works at first foreign, and then French, have been written on this subject, and although the writers have attributed to themselves the honor of this discovery, it belongs properly to M. Bretonneau, and to-day there are few physicians who have not been able every day to confirm these facts upon which we have insisted." *

Ipecacuanha causes nausea and vomiting; is very beneficial in nausea and vomiting. Causes diarrhœa; is used for diarrhœa. Induces irritation of the bronchial tubes, with cough, dyspnœa, etc., also a condition very similar to asthma; is employed in the treatment of bronchitis and asthma, etc. "Ipecacuanha is certainly a remedy of considerable power in the asthmatic paroxysm, but this seems altogether independent of its emetic properties. Practitioners of experience, without subscribing to the doctrines

* Trousseau and Pidoux, Vol. II.

of homœopathy, will certainly think more favorably of it on account of its peculiar tendency to induce fits of asthma in the predisposed. Long before the time of Hahnemann, the main principle of his doctrine was recognized by practical men, in the adage, '*Nil prodest nisi lœditur idem.*'" *

Mercury causes diarrhœa and dysentery, and it is coming into general use in the old school in the treatment of these affections. Mercury acts on the liver, causing congestion, enlargement, induration, inflammation, jaundice, etc.; and Graves, in his "Clinical Lectures," says of its curative influence in affections of the liver, "In this instance we are compelled to allow that our practice may furnish weapons to be used against us by the disciples of homœopathy." It has been found that mercury, in full doses, diminishes and often suppresses altogether the secretion of the bile; it is an important remedy in conditions where the secretion of the bile is diminished. Mercury causes symptoms so very similar to syphilis, that Trousseau has considered it necessary to make a careful differential diagnosis between the two conditions; it is the great remedy for syphilis, as is well known. "Here, you perceive, we have a remarkable analogy between the diseases produced by mercury and syphilis. . . . It is well known that some active remedies have a tendency to produce diseases somewhat analogous to those they are known to cure. This is frequently observed with respect to mercury, belladonna, strychnine, quinine, iodide of potash, and some other powerful medicinal agents; in fact, it is hard to expect that a remedy will cure a disease affecting a certain tissue or tissues, unless it has some specific effect on such tissues: and in this point of view we

* Sir John Forbes, "Cycloped. of Practical Med.," Vol. I.

have an example of the '*Similia similibus curantur*' of the homœopathists." *

Tartar-emetic produces irritation and inflammation of the bronchial tubes and lungs; the form of inflammation excited in the lungs simulates very closely the ordinary *croupous pneumonia*. Majendie experimented with the drug upon dogs, and found it to cause congestion, absence of crepitation, and hepatization, etc. Tartar-emetic is a very efficacious remedy in bronchitis of adults and children, and in the ordinary "lung fever" or pneumonia; and is so employed by both schools.

Cantharides excites irritation and inflammation of the urinary passages; and is greatly used by both schools in irritative and inflammatory conditions of these parts. Ringer speaks very highly of it in these cases.

Copaiba also produces irritation of the urinary passages, and is a well-known remedy for the same.

Nitrite of Amyl causes "flushings" by inducing dilatation of the arteries; and is very highly recommended by Dr. Ringer in the "flushings" so common in women at the change of life. What Dr. Ringer says in regard to the dose is very significant: "The author began with a minim dose, but was obliged to reduce this quantity; and he ultimately found that, for the most part, these patients can bear one third of a minim without any disagreeable symptoms, but that a tenth, nay, even a thirtieth of a minim will in some patients produce the desired effect on flushing."

Iodine and *Iodide of Potash* produce coryza and catarrh of the air-passages, and are very efficacious in the same conditions.

Chlorate of Potash. Dr. Ringer says, "This salt

* Graves, "Clinical Lectures," p. 784.

appears to increase the flow of saliva, and, according to Hutchinson and others, to produce ulceration of the mucous membrane of the mouth. It is largely used in various affections of the mouth, and is of signal service in mercurial and simple salivation, in ulcerative stomatitis, and aphthæ."

Nitrate of Silver causes derangement of digestion amounting to dyspepsia, diarrhœa, and convulsions. "All the mucous membranes become affected with catarrh" (Stillé). "If the dose be too large, it occasions gastrodynia, sometimes nausea and vomiting, and occasionally purging" (Pereira). Nitrate of silver is recommended very highly by the above authorities, and many others, in affections of the stomach, to cure dyspepsia, allay nausea and vomiting, and to relieve gastrodynia; also used in epilepsy and other convulsive affections.

Creasote. Pereira says,* "Swallowed in large doses it causes vomiting and purging. When the dose has been considerably augmented, diarrhœa, or even dysentery, has been produced." He then goes on to say, "As an internal remedy, kreasote has been principally celebrated in this country as a medicine possessing extraordinary powers of arresting *vomiting*." He then speaks of its use in Sweden in a wide-spread epidemic of *dysentery*, where it was found to be very efficacious; and says that "Mr. Spinks and Mr. Kesteven have published cases which show the successful employment of creasote in common *diarrhœa*."

The above cases can be readily verified by referring to the standard works on materia medica and therapeutics. They are only a few instances of the many which might be given to prove the truthfulness of the Hahnemannian

* Materia Medica and Therapeutics.

law, as well as to illustrate the fact that homœopathy is doing something more than simply to "modify the dose" of the dominant school. To endeavor to prove, from allopathic sources alone, that drugs do produce in the healthy conditions similar to those which they cure, is to work at a great disadvantage, as careful and complete provings of drugs are wanting in the records of this school. It is only in homœopathic literature that such provings are to be found. These homœopathic provings, however, remain unacknowledged, are even sneered at, by old-school authorities; hence it would be of little use to bring them forward on the present occasion, although they are, for the most part, perfectly reliable, and furnish conclusive evidence of the scientific correctness of the homœopathic principle.

The day is coming, however, when traditional medicine will be glad to avail itself of these invaluable pathogenetic records. It is to be hoped that it will, at the same time, render due acknowledgment to that body of laborious workers who have placed these records at its disposal.

The homœopathic principle is fully recognized by some eminent men of the old school. Trousseau, in his "Clinical Medicine" (Vol. I. p. 43) says, "Solutions of nitrate of silver, at first applied to the pharynx and mucous lining of the mouth, passed into every-day use in the treatment of inflammation of the mucous membrane of the nose, eyes, urethra, vagina, and even of the intestines. . . . It was soon perceived that the primary effect of this and similar agents was analogous to that produced by inflammation; and it was easy to understand that inflammation artificially induced, in tissues already the seat of inflammation, led to a cure of the original inflammatory attack. When this view was once acquired, there flowed

from it the great therapeutical principle of substitution, which at present reigns supreme in medical practice." And if any doubts could be entertained as to his meaning by the term "substitution," they are at once removed by referring to his "Materia Medica," where he says, "If now arsenic is employed (in inflammations) locally, in very small proportions, *it acts homœopathically, that is to say, substitutively.*"

Prof. S. W. Wetmore, of the University of Wooster at Cleveland, Ohio, in an address read before the Buffalo Medical Association, Sept. 4, 1877, speaks as follows:

"After more than twenty-five years of earnest pupilage in the various departments of our science, I feel that I have but a smattering of each; but this I *do* know, that there is *certainly* something in homœopathy. As philosophical practitioners, we all treat diseases homœopathically every day, without giving it a thought of the homœopathic law. He who ignores a doctrine, a drug, or a remedial measure, without giving it investigation, is unworthy of the name of teacher. It is true I have been culpable of that which I criticise; but then I was blind: now I see and have the moral courage to say, *Peccavi.* I positively knew nothing of that which I condemned. The measure and cause of my intolerance was my ignorance, as is the case in nineteen twentieths of the physicians of our school throughout the globe to-day. He must needs be blind in more than one eye, who cannot see that its superstructure is something more than imagination, faith, sugar pills, and delusion. It is seemingly unnecessary to detail the great variety of cases I have treated by the law of similars; that there is *multum in parvo*, though that little be of spectroscopic dimensions; and that these medical infinitesimals hold sway over morbid conditions,

administered in accordance with the law '*Similia similibus curantur*,' more satisfactorily than remedies given according to the principles of '*Contraria contrariis curantur*.' This result being the product of my own experimentation, I am positive of my deductions."

Not long since a work was published in England, bearing the title "The Specific Action of Drugs on the Healthy System: an Index to their Therapeutic Value, as deduced from Experiments on Men and Animals. By Alex. G. Burness, M. B. C. M., and T. T. Mavor, M. R. C. V. S." This work was very favorably criticised by many of the leading old-school medical journals of Europe. The ideas put forth in it bear a striking resemblance to homœopathy. The action of drugs is divided into physical, chemical, and dynamical. To obtain the dynamical effect, the dose must be reduced so low as to avoid the physiological action. These doses are called "restorative." The "British Journal of Homœopathy," in reviewing the work, called it "homœopathic in everything but name." The "London Druggist and Chemist" spoke of it as "homœopathy disguised."

At a meeting of the New York Medical Journal Association, June, 1877, H. S. Dessau, M. D., read a paper on "The Value of Small and Frequently Repeated Doses," which was published in the "New York Medical Record." Dr. Dessau says, "From the frequency with which Ringer recommends small doses of medicine, that we have been accustomed to use in much larger doses, and in entirely different diseases, I was induced to give them a trial." He then gives many instances in which he obtained most gratifying results from minute doses administered in accordance with the homœopathic principle, such as one-drop doses of wine of ipecacuanha in the vomiting of chil-

dren; one-drop doses of Fowler's sol. arsenic in the vomiting of drunkards; calomel in the diarrhœas of children, in doses of one sixtieth of a grain; mercurius corrosivus in dysenteries, one grain to sixteen ounces of water, teaspoonful every hour; etc., etc.

Evidently, the practice of the dominant school is undergoing a radical change. The little leaven of homœopathy is leavening the whole lump of orthodox medicine. To be sure, the treatment of the old-school physician is still a mere empiricism, a matter of authority; he is not supposed to know that he so often treats his patients homœopathically; he still maintains that homœopathy is a humbug, and its advocates knaves and fools: meantime he has homœopathy dealt out to him in "regular" dress by such men as Ringer, Phillips, Bartholow, Trousseau, and others. The works of these teachers abound in homœopathic prescriptions. The demand for these treatises by physicians of the old school is very great, and on the increase. Dr. Ringer's "Handbook on Therapeutics" has passed through six editions since its first appearance in 1869. In accordance with the teachings of these authors, allopathic physicians are treating diarrhœa and dysentery with mercury; vomiting with ipecac; sore throat with belladonna; pneumonia with tartar-emetic; and so on *ad infinitum*. Complex formulæ are being discarded and "simples" adopted in their stead, and the "small dose" is found to be not only advantageous, but necessary under the new order of things.

Thus traditional medicine tacitly acknowledges the truth of the law "*Similia similibus curantur*," and has reason to be well satisfied with the results obtained by the practice of a kind of rude homœopathy. Prevented by its bigotry and prejudice from candidly investigating

and openly avowing its belief in the principles of homœopathy, conceitedly imagining itself to be the source and origin of all that is good and true in medicine, it nevertheless shows itself ever ready and eager to take up with these "clinical facts" which this much-derided homœopathic method has made known, and which would not, in all probability, have been discovered by the old-school methods for hundreds of years, if the past is any criterion.

But the least suggestion of a therapeutic law, principle, or guide seems to be utterly repugnant to the absurdly sceptical mind of traditional medicine. It will accept nothing, believe in nothing, but the most absolute empiricism. For two thousand years and more, old-school medicine has gone on collecting these "empirical facts," until physicians as well as patients are groaning under the effects of this accumulated mass of *experience*, to which, nevertheless, they cling "as with the heart and hand of one man; cling with a desperation and unanimity whose intensity is the measure of the unsatisfied desire for something fixed." Does traditional medicine expect to establish anything of permanent value by such a method (if method it may be called)? It cannot be. "Should we build facts upon facts until our pile reached the heavens, they would tumble to pieces, unless they were cemented by principles."

The old school has not yet learned how to bring order out of chaos, how to render available the great mass of material it has so blindly gathered together. Possessed of many valuable truths, it has not yet seized upon the method by which they can be intelligently applied to the treatment of disease. The practice of the old-school physician is still a mere educated guess-work: he goes to his materia medica as he would go to a lottery, with the

desire to make the best selection possible, but with little idea of what that best is, or of the proper mode of selecting it. As, then, our own methods are so defective, our own therapeutics so meagre, we should not only be excused, but encouraged, in casting about us to see whether, in any other method or school, anything better can be found. And the question naturally arises, Does the homœopathic method offer anything of value in the treatment of disease? for if it does, we certainly can ill afford to remain without it. And from any and all who have candidly and thoroughly studied the subject, the answer must come, that homœopathy presents urgent claims to attention; and the persistent refusal of physicians of the old school to carefully and conscientiously investigate these claims is one of the saddest events in the history of medicine, in that it does violence to the truth, seriously compromises the welfare of the community, and renders the term "liberal," as applied to them, a misnomer. But the fact still remains, and is becoming more firmly established every day, that clinical experience clearly proves that in the "great majority of cases" diseases are best treated by those drugs which cause a similar condition in the healthy.

And now a few words as to just what is meant by this "similarity." It means that the entire condition, subjective and objective, produced by drug on the one hand and by disease on the other, must bear a resemblance to one another; and the closer the likeness, the more clearly is the remedy indicated, and the more effective will it be found to be. As remarked by an eminent homœopathic writer, this similarity must be "real and not merely apparent." Surface symptoms are apt to mislead; the deeper meaning of both drug action and disease must be sought for,

and all the resources of medical science must be called into requisition, in order that the study may be as thorough and complete as possible. Diagnosis, then, is a most important factor in homœopathy, notwithstanding the repeated assertions of our own school to the contrary. A double diagnosis is necessary, — that of the drug and that of the disease; and in both instances it must be full and complete. Pathology, also, finds its true place in homœopathic medicine. While pathological speculations and hypotheses are entirely avoided, the pathological condition which is actually induced by drug and disease, as evinced by the *obvious phenomena*, is taken fully into account; and indications for treatment must be deduced, not from the pathology of the disease alone, or the drug action alone, but from a law or principle which shall express the relation which exists between these two pathological conditions. Pathology studied in this manner cannot fail to have an important bearing on therapeutic science; and the words of Dr. Richard Hughes, of England, one of the ablest representatives of homœopathy, that "a scientific pharmacology, linked to a scientific pathology by the band of the homœopathic method, will constitute the therapeutics of the future," are pregnant with truth.

It is evident that homœopathic treatment is not symptomatic treatment, as it is accused of being by the old school. The real fact of the case is, that it is physicians of the dominant school who treat symptomatically, for all their measures are aimed directly at the symptoms themselves; whereas with the homœopath the symptoms, subjective and objective, serve as indications by which to select the remedy which will, when administered, strike beyond mere symptoms to the root of the trouble, and thus modify the disease in its totality.

There are many more important points which we would like to consider in connection with this homœopathic law; those already touched upon might, with great advantage, be still more fully discussed. But time presses, and we shall have to leave these interesting questions to be more fully elaborated in some future essay. The facts it is desired to make particularly prominent are that this Hahnemannian law of "*Similia similibus curantur*" is both logical and scientific, and is well established by clinical experience; that its sphere of application is wide, although it does not cover the whole field of drug action. Drugs may act, 1, mechanically or physiologically; 2, chemically; 3, dynamically. The mechanical and chemical actions of a drug are almost invariably temporary and palliative, and are (or should be) employed in morbid conditions which are transitory, and where no deeper or more permanent action is required. But in the domain of directly curative medication, it is the dynamic or specific action which is wanted; and the law which governs the selection of the remedy in this relation is the homœopathic law, "*Similia similibus curantur.*" The sciences of physiology and pathology are of the first importance in establishing and applying this law, and are studied more in accordance with the requirements of a practical therapeutics than is the case in the old school. Diagnosis, as we have seen, has a double significance; and all the methods of research discovered by modern medical science are brought into use.

In all the departments of medicine, with the exception of this one of therapeutics, the two schools of medicine stand upon common ground. Anatomy, physiology, chemistry, and all the other branches of medical science are just as essential to the one school as they are to the other. It is

in the domain of medical treatment that the two schools are found to differ so widely: the homœopathic school believing that they have discovered a definite principle to guide them in the selection of the remedy; while the old school assert that this is not so, and that no therapeutic law has yet been discovered, if indeed such a thing is possible. The homœopaths appeal to clinical experience, as having firmly established the truth of their principle; and as the old school has not yet, excepting in isolated instances, conscientiously and carefully subjected the matter to this test of actual experiment, their assertions are almost wholly gratuitous, and the burden of the proof now rests fairly with them.

It is constantly being asserted that the position maintained by the homœopathic body is sectarian and exclusive. Wherein is it so? It is only just that they should be allowed to speak for themselves in this matter. In the annual address delivered before the American Institute of Homœopathy, in 1878, by its president, J. C. Burgher, M. D., is found the following statement: "While we have inscribed homœopathy on our banner, and adopted for our guide the law '*Similia similibus curantur*' in the selection of our remedies, we exclude nothing, but embrace everything, claiming the right of *every* physician to employ what, in his judgment and experience, is the very best means to relieve and cure his patients. We accept the teachings of Hahnemann only so far as our experience and observation have proved them to be correct, and reject whatever investigation has shown to be erroneous. His untenable hypotheses form no part of the great truths implied in the comprehensive word HOMŒOPATHY, which enlists every principle in the wide range of medical science, and every fact in the broad realm of observation

and experience." As a matter of fact, then, there is nothing sectarian or exclusive about homœopathy. But are we quite sure that our own position is entirely free from sectarianism and exclusivism? It is to be feared it is not. The fact is, the seemingly sectarian position of our homœopathic colleagues is not one of their own seeking, but one rather that has been forced upon them by our own bigotry and intolerance; and so long as it exists it will continue to be a standing reproach to our own venerable body.

How frequently do we hear it said by physicians of our own school, that "homœopathy is fast dying out," that "it is already dead in Germany," (just as if any kind of treatment was very much alive in Germany!) Homœopathy is not "dying out," and is not likely to, judging from its present condition. But why should it die out? Because, it is said, it is "mere theory," having no foundation in fact. Let us see if this is so.

In 1846, Sir John Forbes, M. D., F. R. S., one of the "bright and shining lights" of the old school, and editor of one of the leading old-school journals in Europe, said, "The days are long past in medicine when anything merely theoretical could claim prolonged attention. No doctrine, however ingenious, not based on positive, demonstrable facts, will any more be regarded but as a piece of poetical speculation, which may indeed amuse the fancy, but can never influence the conduct of scientific men, much less of practical physicians. But homœopathy comes before us in a much more imposing aspect, and claims our attention on grounds which cannot be gainsaid. It presents itself as a new art of medicine, as a mode of practice utterly at variance with that long established in the world; and claims the notice of mankind on theirre-

sistible grounds of its superior power of curing diseases and preserving human life. And it comes before us now, not in the garb of a suppliant, unknown and helpless, but as a conqueror, powerful, famous, and triumphant. The disciples of Hahnemann are spread over the whole civilized world. There is not a town of any considerable size in Germany, France, Italy, England, or America, that does not boast of possessing one or more homœopathic physicians, not a few of whom are men of high respectability and learning; many of them in large practice, and patronized especially by persons of high rank. New books on homœopathy issue in abundance from the press, and journals exclusively devoted to its cause are printed and widely circulated in Europe and America. Numerous hospitals and dispensaries for the treatment of the poor on the new system have been established, many of which publish reports blazoning its successes, not merely in warm phrases, but in the hard words and harder figures of statistical tables. The very fact of the publication of a *third* edition of such a large and extensive work as Dr. Laurie's, proves how widely the practice is spread among the public generally. The last triumph which homœopathy has achieved is the conversion of the professor of pathology in the University of Edinburgh from the old faith." This was in 1846, since which time homœopathy has been steadily progressing.

The great truths of homœopathy are: —

1. The single remedy.
2. The proving of drugs on the healthy.
3. The small dose (not necessarily infinitesimal).
4. The administration of drugs in accordance with indications drawn from the law "*Similia similibus curantur.*"

These principles are both logical and scientific; and the therapeutic method which rests upon them must eventually be recognized as one of the established truths of medical science.

In conclusion, gentlemen, what course should we pursue in regard to this whole subject of homœopathy? Is not our duty clear? In spite of every obstacle this great truth has continued to grow, gaining strength by the way, until at the present day it has assumed such magnitude as to force itself upon our attention, whether we will or no. Is it not incumbent upon us, then, as a liberal and progressive body, to give the subject careful and unprejudiced investigation, and openly and candidly acknowledge the truth to be found therein? Let us, then, extend to our homœopathic brethren the right-hand of fellowship, that the reproach of bigotry and intolerance may be removed from us, that the truth may be advanced, and the day hastened when medicine will know no schools, but be represented by one body, working with renewed strength and vigor, and with the one aim of advancing medical science and the best interests of humanity.