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Reprinted from the "Monthly"
November 1

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Present State of Therapeutics,

(1879).

BY

D. DYCE BROWN, M.A., M.D.,

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Principles and Practice of Medicine at the London
School of Homœopathy.*

Reprinted from the "Monthly Homœopathic Review,"
November 1st, 1879.

SOME three years ago we entitled one of our leading articles "The Medical Barometer," in which we glanced at the opening lectures delivered at the principal metropolitan medical schools, and deduced from the statements there enunciated the views on the state of therapeutics which were current in the old-school. In the present article we propose to inquire what progress can be reported after this lapse of time. If we look to the opening lectures for this year, we are at once struck with the almost entire—we might have said entire—silence on this all-important subject. Only one lecturer seems to think that therapeutics are worth any notice whatever, and this gentleman, in his few remarks, informs us that he "does not pretend to cure disease." He simply watches his case, and sees that matters go on "as well as can be expected." Surely such silence is ominous, since if any progress could be reported, there is little doubt that we should have duly heard of it; while the admission that the physician does

not "pretend to cure disease" is akin to giving up therapeutics as hopeless.

We turn, then, to what ought to be an equally reliable "barometer," the report of the addresses delivered at the annual meeting of the British Medical Association held in August at Cork.* There we find Dr. ANDREW CLARK, as President of the Section of Medicine, gives the opening address. Dr. ANDREW CLARK'S position as a physician of the highest eminence in the metropolis, justifies us in taking his opinion of the present state of therapeutics, as indicating those held by the leading members of the old-school.

His address does not in the least surprise us, as he could not have honestly described the present position of medicine otherwise than he has done, but the perusal of it cannot fail to astonish us when we consider that such a "beggarly account" is all that he has to offer the profession, and the public who care to read it, in this nineteenth century, while the greatest medical truth ever discovered is quietly ignored. Truly there is no simpler plan of becoming blind than to shut one's eyes. It is a marvel, and some day it will become a curious psychological study, and an illustration of the mode in which truth is received by those whom it most concerns.

Dr. CLARK commences his address by indulging in a piece of gentle satire at the expense of his predecessors in the Presidentship. He describes the addresses of his predecessors as so many "stately hymns of praise," setting forth the dignity of medicine, the greatness of her achievements, her increasing services to mankind, the spirit in which she is to be cultivated, and the self-sacrifice of the cultivators, while they pass over her "defects" and "errors." He deprecates the spirit of "self-satisfaction," as an "obstacle to progress and a prelude to decay."

Dr. CLARK then proposes to discuss three questions; the state of medical education, the present state of therapeutics, and the prospects of experimental inquiry in this country. His remarks on the former we do not mean to discuss, but shall confine our observations to his estimate of the two latter.

When commencing the discussion of the present state of therapeutics, Dr. CLARK thus speaks:—

* *Brit. Med. Journ.*, August 9th, 1879.

“ When, but a little while ago, Sir WILLIAM HAMILTON asked quite seriously if the practice of medicine had made a single step in advance since the time of HIPPOCRATES ; when we hear that the leaders of medicine, both here and abroad, are sceptical of the curative influence of drugs upon disease ; and when we know that experienced practitioners are divided in opinion as to the effects upon the body of the commonest medicines, we cannot doubt that this, the highest department of our art, and one of its chief ends, is in a backward and unsatisfactory condition, and demands, like the question of education, the serious consideration and action of the profession. Beyond the inherent difficulties of the subject, which are undoubtedly many and great, the reasons of this lie near at hand, and are not difficult to discover.”

The first step towards the remedying of a defective and unsatisfactory state of matters in any cause, is certainly to discover the reasons for such. But before glancing at Dr. CLARK'S reasons for the state of therapeutics at the present time in the old-school, let us stop for a moment, and consider the premises of his argument. When Dr. CLARK “ hears ” that the leaders of medicine both here and abroad are sceptical of the curative influence of drugs upon disease, and this after nearly nineteen centuries of practice, one naturally comes to the conclusion that the profession are somehow working on the wrong tack in the attempt to combat with disease.

That all “ medicinal ” substances have an injurious action on a healthy body in certain doses is admitted as a matter of course, and is a fact known to the merest tyro, and if at this time of day the “ leaders of medicine ” are sceptical of the curative action of drugs which show such a marked effect on a healthy body, the conclusion is irresistible, that as yet the “ leaders of medicine ” have not discovered the key to the relation between drugs and disease.

Nor is such a state of opinion as Dr. CLARK “ hears of ” wonderful at all, when we find him next stating that he “ knows that experienced practitioners are divided in opinion as to the effects upon the body of the commonest medicines.”

How can a workman be certain of producing a piece of work worthy of the name unless he understands the uses and capabilities of his tools ? And can it be otherwise, that when ignorance prevails among “ experienced practitioners ” as to the action of the “ commonest medicines,” scepti-

cism as to their value in the cure of diseases should exist? This is evidently the turning point in the advancement, or standstill—which is the same thing as retrogression—of therapeutics. It *cannot* advance till the action of medicines in health and disease, and the relation between the one and the other, is fully understood. There *must* be a definite relation of a fixed nature between the effects of medicines on the body in health and in disease; it is out of harmony with all that we know of nature, and of God's beneficent arrangements for His creatures, to suppose otherwise.

This, then, must be the starting point. The effects of drugs in health must first be ascertained, and then the connecting link discovered between these effects and those in disease. It is clear that the key to such a definite relation has not been discovered by the old-school, and till it is obtained, therapeutics will periodically call forth such a lament as that of Dr. CLARK.

Let them, now, ponder on the meaning of what he will see in our school. We have got a principle for our guidance in treatment which we believe to be the key to the hitherto unsolved problem. There is no doubt that it does harmonise, and in a beautiful way, the effects of drugs in health and in disease. It is, moreover, the only key to the problem which has stood the test of fifty years of practice, in the hands of thousands of educated practitioners. Secondly, we *know*, in a wonderfully full and accurate manner, the effects of drugs on the healthy body, and we find that these effects are, with the help of our key, the guide to the use of these drugs in disease. We have but to ascertain the effects on the healthy body of any new drug, and we can at once tell what it will be good for in disease. And thirdly, as a result of this knowledge, our school are not sceptical of the curative influence of drugs upon disease. The contrast in this point between the two schools is very remarkable, and we may add that it is the followers of HAHNEMANN only, out of the whole profession, who can boast of a sincere belief in such curative power in drugs.

Let us now glance at Dr. CLARK's eight reasons why therapeutics in the old-school are so "backward and unsatisfactory." First, he says there is but one book on therapeutics, "in the full sense of that term." It is *materia medica* and not therapeutics which is taught in the

schools, and this at a period in study when therapeutics cannot be fully appreciated. The one book referred to is, we fancy, Dr. RINGER'S *Manual of Therapeutics*, and we all know how full of homœopathy this is, and that much of the original matter in it is to be found, without acknowledgment in most instances, in all homœopathic works, from HAHNEMANN downwards. This dearth of good books on therapeutics is, however, as any one may see, a consequence and not a cause of the "backward and unsatisfactory" state of therapeutics in the old-school. Let there be new matter to communicate, and let it be safe to communicate it openly, and books will be forthcoming in abundance.

Secondly.—Dr. CLARK considers our knowledge of the natural history and progress of disease "uninfluenced by drugs" (with the exception of pneumonia) to be so trifling as to be "not enough for the commonest purposes of therapeutic art." This is what we might term the stock reason usually given for the present state of medicine, and will continue to be so to the end of time, unless the homœopathic law of cure is recognised; for it requires but a small amount of consideration to see that such knowledge, even if of the importance assigned to it, which we do not believe it to have, can never be obtained. What single patient even, and still more, what number of patients sufficient to yield the requisite data, will submit to go through a severe acute, or still more, a chronic ailment, without treatment, for the sake of illustrating its natural history and progress uninfluenced by drugs? And what physician would dare, in the face of legal consequences, to say nothing of his sense of duty to the patient who entrusts his life to him, to pretend to meet a case of serious acute or chronic disease, and yet give him no medicine? Why, even those who are most sceptical of the effects of drugs in disease give their patients what they term *placebos*, which consist of some *medicine* which they think can do no harm if it does no good. We, therefore, maintain that this Utopian knowledge of the natural history of disease, uninfluenced by drugs, will for ever remain much as it is at present. But, if such knowledge were attainable, would it help the progress of therapeutics? Not in the least. We might learn that certain diseases which we know are cured by drugs, or, to put it in the mildest way, are assisted towards recovery by drugs,

would get well by themselves in time ; while, in the meantime, it is admitted that certain chronic diseases, if untreated, have no tendency to recovery, but rather the reverse. Therapeutics would be just where they are, and the key to the right use of drugs in disease would still have to be sought for.

Thirdly.—“ We have no trustworthy knowledge, and therefore no distinctive teachings, of the respective provinces and powers of nature and of art, in bringing about recovery from disease.” This is disposed of by our previous remarks on the second reason, and therefore we pass it by.

Fourthly.—“ We have no exact information as to the conditions in which, when nature unaided fails to bring about recovery,* we may employ the known physiological properties of drugs with any sure prospect of success. This is the promise of physiological therapeutics, and in whatever quarter, or from whatever point of view we examine it, there appears the richest promise of future discovery.” This is but the repetition, in other words, of what Dr. CLARK has already stated, viz., “ we know that experienced practitioners are divided in opinion as to the effects upon the body of the commonest medicines,” and we have, therefore, but to repeat that this is the turning point of the whole issue. Not only is the law of similars the only guide which pretends to give us “ exact information ” on this point, but it is the only law which satisfactorily harmonises the effects of drugs in health and in disease, which explains facts which are otherwise inexplicable, and which receives corroboration from all the most recent investigations conducted by the old-school themselves in physiology and therapeutics. We would suggest to Dr. CLARK to enquire in this “ quarter,” and he certainly will find the richest promise ready made to his hand ; and yet this is the only “ quarter ” which is left unexplored, except in a surreptitious and timid manner, the results obtained even this way being so stated as to conceal their source.

Dr. CLARK, after enunciating this proposition, goes on to illustrate what he means by the uses of the “ physiological properties ” of drugs. He takes acute bronchitis, when “ the bronchial mucous membrane is congested, swollen, dry, and coated with a thin, but tenacious and

* Here Dr. Clark admits, as we have said all do, that some diseases fail to get well uninfluenced by drugs, and yet what does this piece of the natural history of disease avail in regard to the treatment? Nothing.

irritating secretion," with fever and severe cough. "In ordinary cases," he goes on to say, "nature brings about relief by free secretion from the affected membrane." But when nature fails to bring about this second stage in the natural history of bronchitis, he adduces the valuable aid which *ipecacuanha* and *antimony* can give in such a case, in causing secretion, and the cough to "become looser."

Now, as this is the only allusion in Dr. CLARK'S address to a definite piece of successful drug treatment, let us come to close quarters, and see how we stand to one another.

Dr. CLARK says he gives *ipecacuanha* or *antimony*, "the latter is better," in order to produce the physiological action of the drug, free secretion, and consequent relief to the congested mucous membrane, and there the matter ends as far as he and further enquiry are concerned. So Dr. ANSTIE explained the use of minute doses of *ipecacuanha* in vomiting by saying that it had a "tonic action on the vaso-motor nerves of the stomach." Both statements are quite correct, but are only a small part of the truth, and as such only keep up ignorance, and prevent further enquiry. Is there not another way of looking at the beneficial effects of *ipecacuanha* and *antimony*? Do we need to remind Dr. CLARK that both these drugs produce bronchitis, in large doses, and in persons sensitive to the action? If, in the "natural history" of acute bronchitis, the first stage of the dry, congested membrane, is followed by the second, of free secretion, with relief to all the symptoms; and if *ipecacuanha* and *antimony* are known to produce the same sequence of phenomena on the healthy body, and, moreover, as Dr. CLARK very correctly states, are so beneficial in the first stage of bronchitis as to speedily bring on the second, as shewn by the resulting free secretion and general relief, what do we find? Just this,—that Dr. CLARK, ignoring HAHNEMANN and his law of similars, is treating, with marked success, a case of disease by remedies which produce a similar condition in the healthy body. In other words, he is treating his patient homœopathically; and is it not much more scientific to say, "We give *antimony*, not for the purpose of producing free expectoration, which is the physiological action of the drug, although it will actually do so, but because *antimony* is a medicine which shews its specific action in acute bronchitis, since in health it so affects the bronchial

Dose is not always the best policy

mucous membrane as to produce bronchitis in its second, as well as its first stage, and in virtue of this power it will promote the favourable progress of the malady by inducing the second stage of free secretion, when relief will occur; and hence is an illustration of the law of similars."

It will also be observed that in this sole example of successful use of drugs, *ipecacuanha* and *antimony* are spoken of alone—no allusion to a "mixture" of either with other drugs; and why is this? Simply because being homœopathic to the complaint, and having, therefore, a definite and known specific action, it is unnecessary to do other than give the one medicine,—the very reason that homœopaths are enabled to prescribe only one medicine at a time. The combination of several drugs in one "mixture" is only the result of ignorance of the definite action of any one of the ingredients, the sum of the effects of which, it is hoped, will produce the desired result.

The dose, also, which Dr. CLARK prescribes (1-25th of a grain) is nearly half the size of the *minimum* dose fixed in the *British Pharmacopœia*, but Dr. CLARK will find that much smaller doses than even this small one will act as well, without the risk of producing nausea, which is quite unnecessary, and even hurtful, and which Dr. CLARK's dose, repeated, as he advises, every hour for the first few doses, is very likely to induce. The advanced men of the old-school, as RINGER, admit now that the production of nausea is so undesirable and unnecessary, that if it occurs the dose should be lessened. Dr. CLARK's doses are far removed from the old depressant doses of *antimony*, but still are unnecessarily large for the above reason; Dr. GAIRDNER stating it as his opinion that when the nauseating effects of *antimony* occur, the curative effects are diminished.

Fifthly.—"We have no accurate account of the phenomena, physiological, pathological, or chemical, which accompany the administration of remedies, the effects of which are in some degree certain, but the modes of action of which are unknown." This is again only another way of putting what he has already stated. To take his own already quoted illustration, *antimony* in bronchitis, Dr. CLARK is content with the knowledge that in the first stage it will induce free secretion. But if he views the matter in the light which we have thrown on it, he will see

clearly what are the physiological and pathological phenomena which accompany the action of this remedy, "the effects of which are in some degree certain." As to the "mode of action being unknown," there will always be theory brought to bear on this question, but theory, however beautiful and satisfactory to individual minds, cannot alter facts, and the main fact which is necessary to be known is that medicines produce the reverse effect in large and small doses, or, in other words, that medicines which produce symptoms similar to a given disease, when given in large doses, will cure this disease when administered in small ones.

Sixthly.—"There exists an assumption which, in any general sense, is at once unproved and doubtful, that the physiological effects of drugs upon living textures or organs in a state of health, are identical with the effects of the same drugs upon textures or organs in a state, and in almost any state, of disease."

Such an assumption is certainly unproved, and there is also no doubt that it is positively erroneous. The fact being that, as we have just stated, the effects of drugs given in disease, in doses such as will not make the patient actually worse by adding the medicinal disease to that already existing, are precisely the reverse of the effects of the same drugs in health in doses such as will produce appreciable effects at all. Hence we are enabled to predicate the curative effects of any drug in disease whose action in health is known.

Seventhly.—"There is the almost absolute neglect of any comprehensive and connected cultivation of animal chemistry in its relation to pathological and therapeutic processes. And yet it is certain that chemical changes accompany, if they do not determine, the genesis, growth, development, retrogression, and recovery, not only of every pathological product, but of every pathological condition." This is very true, but this is not the quarter from which any rich promises appear. Chemical therapeutics were fashionable at one time, but they had their day, and now no one expects to find anything like a reward for working in this direction.

Eighthly.—"There is the strange and fatalistic theory, that diseases are immutable, and that the types of morbid action are for ever the same. That out of certain conditions in the early history of the race and its environments, never

to recur, diseases arose, were stereotyped, and have retained their primitive characters unto this day."

This "change of type" theory was some years ago brought out to account for the complete change in practice which has occurred in the old-school during the last 30 or 40 years, was advocated keenly by Sir THOMAS WATSON, and was the fashion, till Sir THOMAS found it quite untenable, when he publicly recanted the views he had formerly upheld. We did not expect to find it again revived, but even if it were correct, what has this to do with the "backward and unsatisfactory" state of medicine? At best it would only involve the more frequent use of certain medicines which corresponded more closely to any new features which might crop up from time to time. If therapeutics are to come to a standstill, and remain "backward and unsatisfactory" because the cases of any disease differ somewhat in symptoms from year to year, or from decade to decade, they may be given up as useless, at least when carried out on the principles that have hitherto regulated practice.

Ninthly.—"Another fertile source of failure in therapeutics is the absence of an adequate recognition of the enormous influence exerted upon disease and its treatment by all that is implied in the individuality of the patient—by hereditary temperament, education, habit, the prevailing attitude of mind to the future, and all the circumstances of the higher life. There are few principles in medicine, and, in this sense, it is one of the most unprincipled of arts. Every case is a law to itself, and contains within itself the conditions for its own management. It is the quick perception of these conditions, and the ready and happy use of remedies for their control, which makes skill in therapeutics."

Never were truer words uttered, and they are the most advanced and philosophical sentences in the whole address. But would Dr. CLARK be surprised to learn that the great HAHNEMANN preached the same doctrines, and inculcated them in the most emphatic manner. Under the name of the "psora" theory, which is laughed at by those ignorant of HAHNEMANN'S meaning and of his writings, and which is none other than a mode of stating the fact, as fact it is—*vide* these remarks of Dr. CLARK—that many chronic diseases are so modified and rendered chronic and intractable, because of some hereditary or acquired taint,

“herpetic,” “dartreux,” or “psoric,” that the previous hereditary and life history of the patient require to be taken into account, as part of the disease, in order to accomplish a successful and permanent cure. HAHNEMANN was the first who laid stress on the necessity of thus observing and “making note of” “all that is implied in the individuality of the patient,” for the purposes of cure; and no physician in the old-school, though seeing the same thing dimly, has attempted to carry it out to the completeness and detail that is to be found in HAHNEMANN’S writings. The very points of detail which Dr. CLARK names were long ago noted by HAHNEMANN and turned to practical use in therapeutics. Not only hereditary or acquired taints, but “hereditary temperament” was observed by his wonderful intuition to correspond, in each diversified form, to the “genius” of certain medicines; so with “education,” so with “habit,” which has a marked influence on disease, and so also with “the prevailing attitude of mind to the future.” This last was specially studied by HAHNEMANN, the mental conditions present in each case being considered by him among the most decided and sure indications for particular medicines, in whose pathogenesis similar mental conditions appeared. The stress laid by HAHNEMANN on the mental symptoms of the patient, and the observation that similar mental symptoms could be and were produced by drugs, has been one of the subjects for ignorant jeer on the part of the old-school. If marked mental phenomena can follow a—sometimes trifling—disorder of the body, is it at all unlikely that a drug which can set up disease in the body should act also on the mind? It is a satisfaction, in the midst of this remarkable address, to find Dr. CLARK, without knowing it, following in the footsteps of the greatest medical reformer of modern days, SAMUEL HAHNEMANN.

Again, nothing was more strongly insisted upon by HAHNEMANN than the necessity, for therapeutical purposes, of individualising each case; or, as Dr. CLARK puts it, “every case is a law to itself, and contains within itself the conditions for its own management.” A disease might be spoken of as a disease for descriptive purposes, noting the symptoms, which being present in the majority of instances of it, constituted its characteristic features in the rough, but for the purposes of cure, he, over and over again, inculcated that each case must

be treated on its own merits. Hence followed, as a simple logical deduction, this direction, that *in the selection of the medicine*, the symptoms, taken individually, and as a whole, must be the guide, enabling one to select one out of a group of medicines which had many points in common, but differed in individuality of symptoms.

Tenth, and lastly.—“There lies a serious hindrance to therapeutic progress in a still prevailing looseness of therapeutic investigations, and in a painful want of accuracy in recording the results of these. One cannot review the therapeutic history of the last quarter of a century, without experiencing a feeling of shame, as well as of sorrow, for the pretentious and baseless statements with which it abounds. A few crude and ill-digested experiments upon animals, supplemented by some equally crude and undigested observations on man, tricked out in the phraseology of science, surrounded with much parade, devoid of accuracy, completeness, or strength, make up the substance of many of these scientific investigations; and their conclusions are committed to the profession, in the words of sublime audacity, with as much confidence as if they were the conclusions mathematically demonstrable of chemistry and physics. The authors of such statements as those to which I allude are not merely intellectually, they are also morally, deficient; and if a just criticism lived among us, they would be scourged into becoming silence.”

These are strong words, and will not be relished by the authors of the experiments referred to, but they are quite necessary, and we are glad to find Dr. CLARK expressing his opinions freely on this point. But it will save repetition and make the text more complete, if we reserve further comment till we notice Dr. CLARK'S remarks on “the subject of experimental enquiry,” which follow those we have just quoted, and are really a continuation of the same argument. After saying:—

“I believe that it is to experiment upon animals, in some shape or other, that we owe the bulk of our recent gains in medicine; and that it is to experiment, aided by practical chemistry and physiology, that we shall have to look hereafter for our most substantial additions to the knowledge both of the nature and of the treatment of disease.”

Dr. CLARK goes on to say:—

“Undoubtedly experiment has also its other side; and dis-

regarding its inherent difficulties, which are neither few nor slight, it is beset with dangers which must be watched with a jealous eye, and guarded against with a firm hand. By the *prestige* of precision, often unmerited, which they carry with them, experiments sometimes cover the most flagrant errors, and give currency to false and inadequate generalisations. Even when every precaution has been taken to secure precision and accuracy in every particular, it cannot safely be inferred that the results of certain experiments upon animals will be identical with those which would happen in man submitted to like conditions. Nor without other authority would it be justifiable to use those results in the explanation of physiological, pathological, or therapeutical facts; for however numerous may be the results of experiment, however important may seem to be their bearing upon the progress of science, they will be of no avail to medicine, and it will not be safe to use them in her service, until they have been filtered through the checks and counter-checks of clinical experience, and have responded to the tests and counter-tests of clinical experience."

These remarks are excellent, and they quite express the views we have so long held on the subject of the value of experiments on animals for therapeutic purposes. Experiments on the lower animals are not only difficult to perform so as to obtain anything like a degree of accuracy as to the result, but after Dr. CLARK'S remarks it is unnecessary to dilate on this point. So many "crude and ill-digested experiments on animals" have been made, and proved by subsequent examinations to have been fallacious, and their results quite erroneous—often the very reverse of the truth,—that one ceases to place much reliance on them. And if, as is done by the old-school, medicines are employed in accordance with theoretical deductions from their experiments, the result cannot but be eminently unsatisfactory. One has only to look in the younger WOOD'S *Materia Medica* at the article on *aconite*, and on some other drugs, to see what we mean. The various experiments made with the view of ascertaining what nerves or tissues are primarily affected by *aconite*, and thus to decide the proper cases for its use in medicine are there recorded,—each seemingly unimpeachable till the next observer overturns the whole flimsy structure. Hence Dr. CLARK'S strong language.

Besides, as Dr. CLARK observes, we have no certainty that because a drug affects a rabbit or frog in one way, it will affect man in the same manner. In fact we *know*

that this is frequently not the case. But, yet again, a still weaker point in the value of experiments on animals is, that it is quite impossible to obtain, even if accurate, other than in a crude and rough manner, the effects of drugs upon them. All the finer points—all the subjective symptoms, which can only be obtained from man, are absent, and must be so, in the nature of things. Hence, it is rare to hear of homœopaths taking up their time and energies with experiments on the lower animals. We read the accounts of such experiments as conducted by the old-school, withhold our judgment on them, and decline to make use of them as any guide to the use of these drugs in disease. If they corroborate what we already know from provings on the human subject, well and good; they thus enable us to feel that our previous knowledge was correct, but if they go counter to this, we hold them aloof with distrust till they are *proved* to be absolutely correct, and ourselves wrong. But putting, for the sake of argument, these experiments on animals, and our own provings on man on a level, the great difference between the uses made of them by the two schools is this. The old-school go entirely on a theoretical basis; they observe the results of their experiments, and theorise from these on the *modus operandi* of the medicine, thus making pathology and physiology, with the theories of action based on them, the ground of therapeutical use. The “tests and counter-tests of clinical experience,” therefore, are absolutely necessary, as Dr. CLARK very correctly urges, before the value of such theoretical deductions can be estimated. They have no certain key to the practical interpretation of what they discover, hence the miserable record of results which Dr. CLARK deplures. The homœopathic school, on the other hand, in making their “provings” on the human body note the results which are palpable, namely, the symptoms objective and subjective, which are produced. Due stress is laid on the subjective symptoms, or those felt by the patient, which are of inestimable importance in the comparison of the drug disease with the natural one. We, then, putting aside theory, draw the picture of the medicinal disease in its full detail, and can at once, with our grand key to the mode of utilising in practice such a disease-picture, prescribe the drug with *certainty* of result, provided the provings are accurate and reliable. We, of course, theorise

also, as it is human nature to do, but our theories are only put forth for what they are worth; they may be adopted or rejected at pleasure, since they, right or wrong, in no way invalidate our facts. We thus steer clear of the fallacies of practice, which the old-school so often fall into, and the record of which inspires Dr. CLARK with "a feeling of shame." And until the key which we possess to the interpretation of the meaning of "provings" on man or animals is made use of by our friends of the old-school, this lament on the miserable results of experiment which Dr. CLARK utters will have to be repeated. Without this key half, or more than half, of the results of experiment on man or animals will be useless, and the rest probably misinterpreted as far as therapeutic use is concerned. This is one great reason why there is such a dearth of "provings" of drugs on the healthy body, in the old-school. One has not the heart to pursue difficult and elaborate investigations, when the practical value of the disease-phenomena produced is not apparent.

Dr. CLARK concludes his address with a defence of vivisection, but we have no intention of following him into this question. Suffice it to say that for therapeutic purposes we do not need such experiments on the lower animals. They are at the best uncertain in value, and what we want, for the cure of disease in man, is a minute record of the symptoms produced by drugs on man also. For this no vivisection is required, but simply the devotion and self-sacrifice of persons who are enthusiastic on this subject, to take various doses of drugs and watch their effects. With the key of the law of similars in our hands, it is marvellous to observe the vast amount of "provings" on the healthy human body which homœopaths have collected, from HAHNEMANN downwards. The knowledge that each pathogenetic symptom is of value as a guide to the cure of some form of disease, is the secret of this fact, and stands in strong contrast to the feeble and unenthusiastic manner in which this all-important investigation is conducted by our opponents. We think we are safe in saying, that if vivisection were entirely abolished, therapeutics at any rate would not really suffer.

In concluding this examination of Dr. CLARK'S address, we find first and foremost the admission of the fact, and lamentation over it, that therapeutics in the old-school are in a very "backward and unsatisfactory" condition—this

being the text of the address. Next, in giving the reasons for this, we find Dr. CLARK mistaking in some instances effect for cause; the two real reasons being (1) the ignorance which, Dr. CLARK says, exists in the minds of "experienced practitioners," as to the true action of the "commonest medicines"—a statement which would astound the public if they knew it; and (2) the want of attention to minute details in the observation of important points in disease. The latter follows as a consequence of the former; for what is the practical use of such symptom-detail, "hereditary temperament" and mental phenomena, unless there are medicines known to meet them?

We take upon ourselves to inform Dr. CLARK that the grand remedy for the present condition of therapeutics is to ascertain the effects, subjective as well as objective, of medicines when given to the *healthy human* body, and in order to give zest to such inquiry, and utilise the facts when ascertained, to keep before his mind the new light which the law of *similars* will throw on the subject, and to try whether this law is not the key to the hitherto insoluble problem of the therapeutic relations of drug and disease.

Till this is done, no progress will be made. He will find the whole matter already worked out, and ready to his hand, if he will but study HAHNEMANN'S writings and those of his followers, and deign to examine the immense mass of "provings" which are now to be had in the ten volumes of ALLEN'S *Encyclopedia of Pure Materia Medica*. These are not perfect, and we shall be glad of the help of members of the old-school, to make them more perfect. It is simply blind folly continually to lament over the backward state of therapeutics, to ignore HAHNEMANN, homœopathy, and all this mass of labour, and to propose to begin, *de novo*, in the search after light. When this point is reached by the old-school, we shall find HAHNEMANN everywhere enshrined, as he is with us, as one of the greatest geniuses that ever lived, and certainly the greatest of medical reformers and workers. !!!

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