

**A lecture, addressed to the medical profession, Thursday, May 24th, 1877, on 'The place of the law of similars in the practice of medicine' / by J. Gibbs Blake.**

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### **Publication/Creation**

Birmingham : Cornish Bros., 1877.

### **Persistent URL**

<https://wellcomecollection.org/works/ax674dxa>

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Nov 25, 2015

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A LECTURE,  
ADDRESSED TO THE  
MEDICAL PROFESSION,

THURSDAY, MAY 24th, 1877,

ON

*"The Place of the Law of Similars in the Practice of  
Medicine."*

BY

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and Mason Orphanage.*

PRICE SIXPENCE.



BIRMINGHAM :  
CORNISH BROTHERS, NEW STREET.

LONDON :  
H. TURNER & CO., 77, FLEET STREET.

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1877.

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"THE PLACE OF THE LAW OF SIMILARS IN THE PRACTICE  
OF MEDICINE." \*

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In the remarks that I have the honour of addressing to you to-day, I shall attempt to lay aside all sectarian bias and all party feeling. In scientific matters liberty of opinion is allowed to each individual, and the right of expression of that opinion is claimed by everyone. A creed, in the sense in which that word is used in religion, is not possible; and sectarianism, which arises out of differences of creed, has no place in science. No one can express the opinions of his colleagues in any particular, for differences of opinion do and will always exist. Political bias makes men uphold as truth what the unprejudiced observer sees is manifest error; party reasons make the line of action necessary, and the course is called politic. But science cannot be governed by party.

If the subject we are to consider to-day is to be viewed from a scientific stand-point, we must face the difficulties of the situation; the weak points must be considered as well as the strong, which would not be politic if the question had to be decided by the vote of an assembly. No scientific position can be betrayed by the confession of weakness of proof, or by the exposure of a flaw in the argument. The statement of the deficiency will stimulate the supply of evidence, if it be possible; but, if the proposition be false, it is better that it should be disproved and abandoned.

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\* This Lecture, given in Birmingham, May 24th, 1877, contains the substance of an Address delivered at the London Homœopathic Hospital, May 1st, 1877, when "the School of Homœopathy" was formally opened.



In order to make my meaning clear, I must ask you to allow me to define some words and state some propositions.

I do not intend to say anything about the mechanical or chemical action of drugs, but to confine my remarks to their dynamic action, which can be used to affect disease in only three ways—

ALLOPATHIC, in which there is no pharmacological connection between the drug and the disease; the drug is supposed to drive out the disease through some healthy organ which is acted on by the drug, as by purging or sweating.

ANTIPATHIC or ENANTIOPATHIC, or by the rule *contraria contrariis oponenda*.

HOMŒOPATHIC, or by the rule *similia similibus curantur*.

These names apply to methods, not men. The definition of the last method I will quote from Hahnemann,\* and this definition states the first proposition.

- (1) "To effect a mild, rapid, certain and permanent cure, choose, in any case of disease, a medicine which can itself produce an affection similar (*homoion pathos*) to that sought to be cured;" and in order to carry out this plan of treatment he insisted—
- (2) Upon the necessity of observing the effects of drugs upon the healthy human body. Other subsidiary propositions enunciated were;
- (3) That the totality of symptoms and physical signs are, as far as drug treatment is concerned, equivalent to the disease;
- (4) That the individual must be treated, *not* an imaginary *materies morbi* or any picture of disease evolved from the physician's inner consciousness;

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\* Organon, Dr. Dudgeon's Translation, page 56.

- (5) That the dose of the drug must be small enough not to produce physiological action or aggravation of symptoms ;
- (6) That one single medicine must be given at one time.

These six propositions contain the substance of the views propounded in "Hahnemann's Organon of a Rational Art of Healing," published in 1810 ; and all that is essential in the practice of that portion of the profession that is called Homœopathic.

Now let us examine these propositions, and enquire how far they can be supported, or to what extent they require limitation.

(1.) After defining the law of similars, Hahnemann gives numerous illustrations of the accidental use of drugs on this principle, from Hippocrates to the date of publication, with the avowed object of showing that the principle was not new. Nothing shows his learning and acumen more than this early part of his work. He, however, was the first who colligated the facts, and pointed out the conditions of action and limitation of the law. All diseased states dependent upon removable causes, such as defective hygienic conditions, mechanical irritants and poisons, he excluded from the discussion, because they belong to preventive medicine, and not to drug medication. The limitations of a law must not be confounded with the exceptions to a law. We have just seen that the law we are discussing, is one that applies only to drug medication ; therefore, all hygienic, dietary, and surgical methods of dealing with diseased states of the body are not matters of discussion in this place. The extraction of a thorn, the expulsion of a tænia, the destruction of an acarus, are beyond the limits of the action of the law, but the use of iodide of potassium in secondary disease



is apparently an exception. The exceptions are so few, when the conditions are properly observed, that they do not prevent the successful use of the law in the art of healing. In the same way, the exceptions to the law that heat causes bodies to expand do not prevent the application by the mechanical engineer of the law of expansion of bodies by heat. In both cases, too, the exceptions can be utilised, and in both cases, perhaps, the exceptions may be explained by the discovery of a natural law that will include the empirical law. The exceptions are not novel. They have been frequently stated, discussed, and accepted by the majority of those who use the method of cure.

(2) The second proposition, that it is necessary to observe the effects of drugs upon the healthy human body, is now generally recognised. Pereira, no mean authority on such a question, says the homœopathists "assert, and with truth, that the study of the effects of medicines in the healthy state is the only way of ascertaining the pure or pathogenetic effect of medicines."\*

The effects produced by drugs upon animals are accumulating daily, but the effects upon the healthy human body have not yet been methodically observed by pharmacologists. The former are of considerable value, but for the application to the treatment of disease the subjective symptoms as well as the objective must be observed and recorded. In experiments upon animals the subjective symptoms are meagre and liable to error in many ways, as I shall attempt to show you hereafter.

(3) For therapeutic purposes the totality of the symptoms is equivalent to the disease. Symptoms are defined by Hahnemann to be the abnormal signs that can be observed by all the senses; it is important to add to this definition

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\* Pereira : *Elements of Materia Medica and Therapeutics*, 1854, p. 89.



that the relationship and dependence of symptoms must be also considered, because there is a prevalent but erroneous impression that pathological anatomy has no place in the application of the law of similars. On the contrary, in many cases it is a most useful guide, as when the drug chosen for the subjective symptoms corresponds also to the objective symptoms and pathological anatomy of the disease.

Dr. Russell Reynolds defines disease as follows: "The sum total of changes from a condition of health which may be recognised in either function or structure, or both."\*

This view is now generally adopted, but in 1810 most diseases were looked upon as entities capable of being heroically expelled from the body by evacuants and counter-irritation.

We quite agree with Dr. Lauder Brunton, who states † that this erroneous view of the nature of disease was one of the principal causes of the slow advance of therapeutics, and the fallacy is not completely evacuated.

(4) The individual must be treated, and not the nominal disease. This follows as a matter of course, if the last proposition be allowed. Classification and nomenclature are necessary for scientific arrangement. Diagnosis and prognosis are requisite in the art of healing, both for the proper understanding of the relationship existing between different groups of symptoms as well as for the comparison of the results of treatment. But each case of disease must be individualised, and the age, social condition, diathesis, and other factors must be considered in treatment.

It must not be assumed, because phosphorus produces fatty degeneration, that in all cases fatty degeneration = phosphorus; but we may formulate the relationship between

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\* A System of Medicine; vol. I., p. 3. *Vide* also Aitken, The Science and Practice of Medicine; vol. I., p. 6.

† Gulstonian Lectures. *British Medical Journal*, March, 1877.



the diseased state and the drug in this way. Let  $x$  + fatty degeneration  $\times y$  = phosphorus; in this equation  $x$  represents all the other symptoms and physical signs to be found in the case, and  $y$  stands for the qualification of the degeneration as modified by the diathesis and other factors which go to make up the individual. Pharmacology may never enable us to attain to mathematical exactness in prescribing a drug for an ailing individual, but that is no argument against the attempt being made to approximate to such a result.

I think that I am not in error in stating that, if a hundred well-qualified and so-called orthodox medical men were called upon to prescribe for any number of cases of epilepsy, ninety-nine would order the bromide of potassium for all the patients. I allow that the tendency of all text-book teaching tends in the direction of routine practice, and the desire to avoid this error accounts for the fact that text-books of the usual kind have been discouraged by homœopathic practitioners. Our text-book takes the form of an index to the provings of various drugs, so that each case may be individualised as much as the information afforded by the provings will allow.

(5) The dose of the drug must not be large enough to produce physiological action or aggravation of symptoms. This obviously only defines the maximum limit of a dose. In most cases the dose best adapted to the treatment of disease is much less than that which produces aggravation. We claim the liberty of using the dose that experience teaches, and we must accord a similar liberty of action to others. Freedom of discussion and extensive comparison of results must ultimately narrow the limits of difference at present existing amongst practitioners of homœopathy. The maximum dose of a drug may be defined, but the minimum dose may well be left to each individual to settle for himself.



(6) The sixth proposition, that a single medicine must be given at one time, seems, to the non-medical mind, almost a truism. But for many generations the admixture of medicines, the compounding of simples, has been so habitual that the power of tradition is great still in the minds of the bulk of the profession. It is a matter of surprise that this was not noticed as a cause of the slow advance of therapeutics in the list of causes given by Dr. Lauder Brunton in his recent lectures.\*

It is surprising, because all the examples of progress in therapeutics given in those lectures are instances of the use of one medicine at a time. Pharmacological research has shown that medicines antidote each other, sometimes completely, sometimes only partially. This fact, probably, has had its effect in discouraging the use of mixtures in which the antagonistic physiological effects may be considerable, but at any rate are imperfectly known.

Let us suppose that the knowledge of the action of drugs were as well known as the reaction of various chemical reagents. But what should we think of a chemist who wished to test water for lead, if he mixed together in varying quantities the solution of iodide of potassium and of sulphuretted hydrogen, and then used the compound solution instead of the two separately? This is a moderate way of stating the case, as, even now, ten different drugs may be frequently found in one prescription, intended for one patient, suffering from one disease. Can we wonder that the results of treatment are vague whilst this relic of the pharmacy of the middle ages is still extensively found to exist?

The successful use of mineral waters has been urged as an analogical argument in favour of the admixture of drugs; but I submit that the analysis of each spring is well known, that the compound is *definite*, and experimented with as

\* L. Brunton: *Gulstonian Lectures*, 1877. *British Medical Journal*, March.



a compound, both on the healthy and the sick, and may therefore be compared to the use of a definite compound solution, as that of Fehling in testing for grape sugar. But I think you will agree with me that the proportion of those benefited by a Spa, compared to the large number that take the waters, does not indicate a very great advance towards scientific accuracy in the treatment of disease by mineral waters.

I do not wish it to be inferred that I agree with all that Hahnemann wrote. The psora doctrine and the dynanization theory, in my opinion, are quite untenable in the form in which they are presented to us in the *Organon*, and especially in the later editions, published after many years of opposition and persecution. But if these theories are entirely false, they do not affect the truth of the foregoing propositions, upon which scientific homœopathy is based. Edward Jenner thought that hydatids were the cause of "tubercles" in "true phthisis pulmonalis," yet no one would think of rejecting Jenner's observations concerning vaccination, because he held erroneous views on the pathology of tubercle. \*

The psora doctrine, translated into modern language, contains some elements of truth. Scabies formerly meant almost any kind of eruption. It would not be absurd to say that if a man with gouty eczema presented himself for treatment, it is desirable to treat the gouty diathesis, and let the eczema remain without local treatment, lest an attack of asthma should take its place. Read by the light of modern pathological knowledge, the author's idea is fairly represented in this way.

These six propositions embody the views of those who

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\* "It will appear elsewhere that I have considered the *hydatid* as the source of tubercle, and, consequently, as giving birth to those tubercles which destroy the lungs in true phthisis pulmonalis."—Letter to C. H. Parry on the Influence of Artificial Eruptions, by Edward Jenner, 1822, page 8.



have been working at therapeutics with the rule of similars as a guide to the selection of a drug.

The *ex parte* statements which are the only sources of information on this subject accessible to the medical profession, by means of the weekly Medical Journals, represent a caricature of homœopathy, and no correction or explanation is allowed to appear. The animus is manifest, for the advertisements of this lecture were refused admission by the *British Medical Journal*. \*

It is very difficult, and sometimes impossible, to reclaim a word that has become current with a wrong meaning. Even in some scientific books, as for example in Dr. Carpenter's *Mental Physiology*, † the word "homœopathic" is sometimes used as synonymous with infinitesimal. If that error cannot be rectified some other word will be required. "Homœotherapeutic" has been suggested as equivalent to the original meaning of "homœopathic," as defined in the first proposition. Its homologue "hydrotherapeutic" has become current. The word polytechnic is inapplicable to schools that are so called in Germany, because the word has obtained a different signification in England. The polytechnic school of the Continent becomes the Science College in this country—a change of name in such a case is an adherence to, and not a departure from a principle.

The results that are expected to follow the recent establishment of classes ‡ for teaching Homœotherapeutics are: 1st. An increase in the number of practitioners. At present the demand is greater than the supply. It is obvious that this state of things is attended by disadvantages, as a certain amount of competition is required to stimulate exertion and

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\* The advertisement appeared in the *Lancet* two days after the lecture was given. The delay was attributed to the miscarriage of a letter.

† Page 684.

‡ The School of Homœopathy, Great Ormond Street, London.



good workmanship. 2nd. The promotion of research. The first expected result has a direct bearing on the second. At present, our numbers being comparatively small, each practitioner is busy with practical work, and few have time for writing or original investigation. There are some brilliant examples of general practitioners who have distinguished themselves by discovery in the sciences connected with medicine, but they are few in number. Most of this work is done by men in the position of consultants or professors. This school will tend to increase the number of the latter class, and we may hope to see more benefit derived in this way. Under the present circumstances much original work cannot be expected.

Evolution as applied to the profession of medicine shows how its practitioners have been gradually separated from those of other callings, and how the pure physician and pure surgeon have become differentiated from one another and from the general practitioner, till, in a complex state of civilisation, numerous specialties have been developed. One man devotes his attention to pathology entirely, another takes up some organ of the body, and a third may choose a special plan of treatment by electricity or by mineral waters.

We are not responsible for our separation from the main body of the profession. If all communications on a particular subject are excluded from a portion of the Press, a separate literature is the inevitable result. Suppose that no cases of disease of the eye were allowed to be printed in the medical journals, would you be surprised at the separation of the ophthalmic surgeons from the profession, and at the hostility produced by such an act of injustice? Similar injustice has been and still is done to those who hold the opinions that I have put before you to-day.

We are informed by the *Medical Times* that a scientific hydropathy is now possible. It is in the light of a specialty



belonging to the profession of medicine that scientific homœopathy should be viewed. A specialist of this kind has confidence in the law of similars, and that confidence induces him to acquire the knowledge of the pathogenetic effects of drugs, in order to apply the law. Until quite recently the full records of subjective and objective symptoms upon the healthy have been confined to the literature of the Homœopathic School, and the existence of a separate literature has tended more than any other single cause to separate two branches of the medical profession both working for the same object. A free medical press would remedy this: at present the editor is afraid of offending his readers, and declines to insert articles in which the name "homœopathy" appears. I have no wish to perpetuate the name, but the thing that the name signifies to me, I think, will be perpetuated. When correct ideas of the application of the law of similars become general amongst the profession, the value of the guidance of the law will be appreciated. Then the distinctive name will cease to exist, just as the Newtonian philosophers were distinguished from the Cartesian for 50 years after the publication of the *Principia*. Some men believed that Newton was wrong, and that Descartes was right, till the day of their death, although Newton's discoveries made their way with unusual rapidity.\* In like manner many men now in practice may never change their opinions on therapeutics.

In 1851, a by-law was passed by the British Medical Association to the effect that anyone who practised homœopathy was, *ipso facto*, to be excluded from professional intercourse. Therefore no man then could conscientiously practise homœopathy without declaring the fact. Yet the law remains. In 1875, the discussion which arose on the occasion of the establishment of the Midland Medical Institute elicited the

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\* Whewell: *History of Inductive Sciences*. Vol. II., p. 190, *et seq.*



fact that the feeling of the profession had undergone a considerable change. The offence then charged against us was that of calling ourselves Homœopaths. This is a great change, as well as gain, because it allows liberty of opinion and action, and men may now follow the law of similars in practice without transgressing the *lex non scripta* of professional feeling.

A result of the specialist view is that it tends to prevent certain medicines being claimed as the special property of any portion of the profession. All advance in treatment, or indeed in any part of medicine, is for the good of the profession, and, through them, for the public good; but when ideas are appropriated it is right to claim the recognition of the originator. We are pleased to see that aconite has so successfully displaced the lancet in this treatment of pyrexia, but Hahnemann should have the credit of the idea. Since 1810 it has been in daily use for the treatment of the feverish stage of most diseases. In 1840 Liston,\* through Dr. Quin's instrumentality, brought it to the notice of the profession, but it was reserved for the last decade to see its application general amongst the profession. Now one quarter of a drop of the tincture is a recognised dose. This would have been declared impossible 30 years ago. Such examples of change in treatment have their effect in bringing the mind to believe that it is possible to affect serious diseased states by small doses of medicine. When such treatment is compared with that of 30 years ago, we cannot wonder at the slow progress that the law of similars has made. We see in this an example of the fact that "a certain succession of time and of persons is generally necessary to familiarise men with one thought before they can advance to that which is next in order." †

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\* "Liston's Elements of Surgery," page 61.

† Whewell: History of Inductive Sciences, 1837. Vol. III., p. 397.



If it can be shown that the action of a drug on any case of disease can be inferred from the consideration of the action of the same drug in a healthy state, the value of this part of physiological research is much enhanced. Scientific therapeutics becomes a possibility as exemplified by the *à priori* selection of a drug for previously unknown forms of disease. This possibility affords a strong argument in favour of the prosecution of experiments with various drugs. The subject, however, is too difficult to be satisfactorily investigated by two parties separated by party feeling or exposed to captious criticism.

Many physiologists are carefully investigating the effects of the drugs upon the healthy body. These are for the most part made upon the lower animals, and with the view of ascertaining the effect upon individual organs. When applied to the treatment of disease, it is taken for granted that the drug is to be used to produce an effect contrary to that observed in the experiment. For example, if the liver is secreting too little bile, then *podophyllin* is said to be the kind of drug that ought to be employed, because *podophyllin* increases the flow of bile of dogs.

Now, there are other lines of investigation which are suggested by the propositions that have been given above in the definition of the word "homœopathic."

- (1) The experiments should be made on the healthy human body.
- (2) The subjective symptoms should be recorded.
- (3) The experiments should be unbiassed by any maxim.
- (4) The explanation of the action of drugs on disease when in accordance with similar or with contrary action.

If the results of two experiments are to be compared, it is important that both should be conducted under the same conditions. The experimental enquiry that we are now con-



sidering is intended to ascertain the effects of drugs on the healthy body. If those effects are to be taken as a guide in the treatment of disease, it is obvious that the experiments should be made upon the kind of healthy animal which is to be treated when diseased. The finer actions of a medicine depend upon the degree in which certain organs reflect their effects upon other organs of the body. These subjective symptoms must be carefully investigated, and are very liable to be neglected in the present plan adopted by pharmacologists. The greater number of cases that require treatment are at first, and sometimes continue to be, mere assemblages of subjective symptoms. The early stages of many well-defined diseases come under the same category. If it is possible for drugs to be selected for disease on *a priori* grounds, the effects of the drugs should be as minutely recorded as the symptoms are carefully noted in the course of diagnosis. In the usual method of pharmacological research, as we have mentioned before, the object aimed at is to discover the action of the drug on one organ with the view of applying it to produce a contrary effect in disease. Let us take an example.

Experiments upon dogs show that calomel decreases the amount of bile secreted by the liver. It is well known that its action in disease is just the opposite. The educational bias is so strong that it was found necessary to repeat the experiments again and again in order to verify them.

Dr. Hughes Bennett says: \* "I may venture to say that the two years' labour of the committee finally settled this long-disputed subject, and demonstrated beyond the possibility of reasonable objection that in this respect mercury had none of the properties that had so long been attributed to it." *Reasonable objection* may be raised to this conclusion. The experience of the action of calomel obtained was *not* that

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\* Researches into the Antagonism of Medicines, page 5. London, 1875.



it stimulated the flow of bile in a healthy individual, but, on the contrary, the observations were made on patients who already had a deficient flow of bile. In such patients it appears that calomel increases the flow. Many attempts have been made to show that the increase of bile is only apparent, but till that is proved the only possible solution is that the action of calomel on the liver, under certain circumstances, is an example of the law of similars.

Is it scientific to enter upon any enquiry with a mind prejudiced *against* one opinion? We hear a great deal about the unscientific character of experiments made with a mind prejudiced in *favour* of a theory. Surely the one is as much to be avoided as the other.

The only remedy for this state of things is combined research and unbiassed comparison of results. In this way only can Hahnemann's provings be fairly tested and revised. The assertion that they are worthless is of no value, even on the authority of an editor of a medical periodical.

The action of podophyllin in health contrasts with that of calomel in some respects: the quantity of bile is unmistakably increased, the liver and intestinal glands are stimulated, and purgation results. In small doses, podophyllin is of great value in the treatment of dysenteric diarrhoea when the symptoms of the individual case correspond with those of the effects observed in the experiments on the healthy.

Let us suppose that the knowledge of the action of ipecacuanha be limited to the use of small doses of this drug in the cure of certain forms of vomiting. It is well known that a few drops will arrest vomiting when the medicine is properly chosen. Then further, let us suppose that, as in the case of calomel, ipecacuanha be experimented with, and the fact of its *producing* vomiting be made known only by experiment. Would this demonstrate that the drop dose of ipecacuanha could not have had the effect attributed to it? No.



Yet that is the line of argument followed in the quotation given above with regard to the action of calomel in health and disease respectively.

Incidentally it may be mentioned here that the action of ipecacuanha in vomiting was inferred sixty years ago, and has been applied to the treatment of certain forms of vomiting ever since then. The experiments with apomorphia have shown the powerful action of that substance in the production of emesis. One hundredth of a grain has arrested vomiting in many cases where other things have failed, as for example in the sympathetic vomiting of Addison's disease. But none of those medicines that produce vomiting can be applied to all cases of vomiting. Each case must be considered separately, and the whole case must be treated. It is most important to insist on this, because in this respect the man who practises on the law of similars is continually misrepresented by those who have quite a different idea of the plan than is adopted.

A very interesting example of the law of similars, as applied to the cure of unilateral sweating, has recently been published.\* Six subcutaneous injections of a fraction of a grain of pilocarpine were employed. Now, repeated experiments in the laboratory have shown that jaborandi, and its alkaloid pilocarprine cause, amongst other symptoms, excessive perspiration. The one-sided expression of the symptoms is accidental, as far as the discussion is concerned, and was connected with paralysis of the left half of the body, which occurred nine years before the treatment was employed.

The finer or subjective symptoms of jaborandi have not yet been investigated thoroughly. In consequence of this, the physician who wishes to use it at present must experiment

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\* *Practitioner*, December, 1876, p. 401, *et. seq.*



with it in all cases of sweating, before he can decide in what particular forms it is to be used with precision.

I might extend the examples of the use of the rule of similars, especially from the pages of recent text-books\*, on *materia medica*, but I will only add one more which has recently been published.

Dr. Gower reports† a case of Dr. William Jenner's in University College Hospital. The patient was a woman, aged 40, whose hearing was supposed to be unimpaired. She was not subject to giddiness. It was her first attack of acute rheumatism, and there was no cardiac affection. On January 26th salicylate of soda was commenced, in doses of 25 grains every three hours. On the 28th she complained of noises in the ears, deafness, and giddiness, which the next day had increased so much that the salicylate was omitted. The following day the giddiness was much less, and on the 31st had almost gone. On the 6th the same dose was resumed; on the 7th the same symptoms were complained of. The noises in the ears were constant; a watch was heard only at two inches distant from each ear, and was not heard at all on either side when in firm contact with either the zygoma or mastoid process. A tuning-fork on the vertex was heard fairly well, but the sound was not increased by closing the ears. The giddiness was slight and indeterminate as long as she lay still, but was very considerable and definite when she

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\* I refer especially to the Handbooks of Dr. Ringer and Dr. Charles Phillips. When Dr. Phillips was in practice, as an avowed homœopath, in Manchester, Dr. William Roberts wrote a book to show that homœopathic physicians resorted to various drugs in full doses occasionally. This book of Dr. Roberts' was lauded by the medical press as the death-blow of homœopathy. Now, as a professor of *materia medica* in a London medical school, Dr. Phillips is teaching the method of Hahnemann in a large proportion of cases. The Editor of the *British Medico-Chirurgical Review* thinks that we have cause to complain of this unfairness. (See review of Dr. Phillips's book, *Med. Chir. Rev.*, Oct., 1875).

† *British Medical Journal*, April 21, 1877, p. 478.



raised her head or sat up. Objects before her all seemed moving to the right. On the 8th these symptoms continued, and the salicylate was discontinued. On the 10th the giddiness was gone, and she could hear the watch at a distance of six inches from either ear, and could hear it, although faintly, in contact with the zygoma or mastoid process, but not when in contact with the parietal eminence. On the 23rd the salicylate was resumed, and in eighteen hours after its resumption deafness and giddiness returned, which again ceased in a day or two after the discontinuance of the drug. When convalescent, the only departure from normal hearing was that the watch was not heard quite so well in contact with the skull on the right as on the left.

The influence of the salicylate of soda upon the equilibrium suggested to Dr. Gower the use of this drug in Menière's disease (auditory nerve vertigo) in doses varying from five to ten grains, three times a day, with favourable results. He remarks that "in our ignorance of the way in which salicylate of soda produces the disturbance (of equilibrium) it is conceivable that it may, in some cases, have such an influence as to counteract the morbid action and lessen the disturbance of equilibrium."

Probably better results would be obtained in the treatment of auditory nerve vertigo by giving the salicylate of soda in smaller doses—say a grain, or even less, at a dose.

Dr. Gower's remark illustrates, too, the possibility of a disease being more or less closely imitated in the laboratory, and a remedy being discovered for the disease, although the intimate pathology of both the original and the imitation may not be clearly made out. I allow that pathology often helps therapeutics, but if the successful treatment of all diseased states is to be postponed till the intimate pathology is clear, therapeutics will long lag behind her sister branches of medicine.



The explanation of the principle of homœopathy—*similia similibus curantur*—has received considerable attention. Dr. Lauder Brunton adopts (Action of Medicines, part 1, p. 12) the explanation suggested by the observation that “the effect produced by a small dose of a drug is sometimes exactly the opposite of that produced by a large one.” The contrary effect of large and small doses has, however, not yet been observed co-extensively with the curative effects of drugs selected on the principle of similars. At present the minute action of drugs upon the parts of the body has not been sufficiently observed to enable any satisfactory conclusion to be drawn. How the molecular mobility of the protoplasm is affected by a medicine, and how this compares with diseased condition, is a line of enquiry which may throw light upon the question. It is a difficult and delicate enquiry, which must be worked out by the pharmacologist and therapist working in harmony.

I have attempted to show that the opinions I hold are capable of being maintained by argument, and that they are founded upon facts which have been verified by many observers. Fair criticism and discussion I invite and desire. I have sought the opportunity of bringing my views before a medical society, but membership, which is a necessary condition of fair discussion, is a privilege denied to me.

I have also attempted to show that the field of therapeutics is one in which there is much ground that could be worked in common, and which sadly needs cultivation; and, further, that at the present time the same tools are being used by both parties to cultivate the ground. As there are societies which cultivate pathology, why should we not have a Therapeutic Society? Such a society should include the discussion of the action of medicines in both the healthy and the sick, and should not exclude any pathological or clinical question that has any bearing upon therapeutics.



In this practical town can we not make the attempt to utilise the work of many ardent labourers in this department of medicine? Preventive medicine is most valuable, but surely curative medicine is, in our day at any rate, the *raison d'être* of the medical profession. Much is being done, and more will be, by our sanitary workers, especially in the field of zymotic disease. Yet it is a melancholy fact that the increase of luxury, and the pace of living which the struggle for existence imposes on a highly civilised state, causes a large number of diseased conditions. The best-devised sanitary arrangements do not at present diminish diseases at the same rate as other causes increase them. We may hope that the less dangerous diseases may in time be affected by greater care and attention, just as the more dangerous have already been controlled, as evidenced by the diminished rate of mortality. In this field there is plenty of work, and a Therapeutic Society, properly constituted on a scientific basis, ought to be open to all who are earnest in the cure of disease.

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THE "JOURNAL" PRINTING OFFICES, NEW STREET.

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