THE

PRINCIPLES & PRACTICE

OF

HOMŒOPATHY

BY

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"A manual of Pharmacodynamics," "A Manual of Therapeutics,"
"The Knowledge of the Physician," "Hahnemann as a
Medical Philosopher," "The Cyclopædia of
Drug Pathogenesy," &c., &c.

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PART ONE

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PREFACE TO THE THIRD EDITION.

The second edition of this book had been sold out rapidly and the book remained out of print for a considerable time. Now the call for a third edition has come. This gives us much gratification.

The third edition is virtually unchanged from the second edition and the arrangement that is made in it is the same as that of the second edition. Though great care has been taken to avoid printer's errors, a number of them have unfortunately crept it. We sincerely regret for this and ensure their correction in the next edition.

The paper and press difficulties, the high cost of labour and materials, and the other pressing circumstances, arising out of the peculiar time we are passing through, have made delay in the publication of the book. The same reasons have compelled us to make unwillingly a slight increase in its the price.

It is hoped that in spite of this, this third edition will receive the same reception from the profession and lovers of Homœopathic Science as the previous editions have done.

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PREFACE TO THE FOURTH EDITION

The great popularity of this immortal work of Dr. Hughes has once again incited us to bring out its Fourth Edition, the earlier one having been exhausted sooner than ever.

Along with a display of better types, this Fourth Edition has been thoroughly revised for certain improvements in its get up, such as :— (1) Better display of types ; (2) Improvements in general arrangement ; (3) Corrections of printer's errors as crept in previous editions ; (4) Better binding and (5) The volume has been brought out in two parts for easier handling, as has been suggested by a number of its learned readers.

An indispensable guide for students and practitioners alike as it is, we doubt not that this Fourth Edition will also be received with a fervour equal to its predecessors by the profession and lovers of Homœopathy here and abroad, and in fact, wherever Homœopathy is adored.

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FOREWORD.

We have the pleasure to announce the publication of this immortal work of Dr. Hughes, which according to the celebrated Dr. Dudgeon is "Unrivalled in Homœopathic Literature and which must long serve as the text-book for Homœopathic Students and Practitioners," and "a complete survey of all diseases and their rational Homœopathic Treatment."

The special characteristic of this book is that Dr. Hughes, himself a great physician, has thoroughly availed himself of the experiences of his predecessors and colleagues all over the world, enriched by his own, and has never been wanting in recommending the findings of others, whenever necessary. In short, the votaries of Homœopathy will find in this book of reference, the methods of treatment of all the great Homœopaths of the 18th and 19th centuries, with a man of Dr. Hughes' skill and experience to guide them.

We have made no change from the original, save for the improvement of the printing. For convenience of reading, we have printed this book all through in bigger types than in the original, the names of medicines in italics, and the more important ones in antiques. All important passages or words are in small cap, and the names of diseases which were in antiques in the original are in antique cap, in this book.

Our heartfelt gratitude is due to Messrs. Leath & Ross, London, for giving us the privilege of being its publishers in India.

C. RINGER & CO.

PREFACE.

The present work is much more than a revised edition of the "Therapeutics," the last edition of which was published in 1878. The plan on which it is constructed is the same, but every subject treated of has been, when not entirely re-written, brought up to the latest date of general medical and special Homœopathic knowledge.

Dr. Hughes's experience and skill as a physician, and his thorough acquaintance with all medical literature, has enabled him to produce a work of cyclopædic character unrivalled in Homœopathic literature and which must long serve as the text-book for Homœopathic students and practitioners.

Cut off suddenly in the very flower of his age and at the height of his intellectual ability, he had not completed more than one-half of the task of correcting the proof-sheets of this colossal work. But fortunately the whole of the manuscript was in the printer's hands, so that the work is complete just as it would have appeared had its author lived to see it through the press. His family having confided to me the labour of love to complete the task its author was destined to leave unfinished, I have scrupulously avoided making any alterations or additions to the author's text. My task has been confined to proof-correcting and index-making, so that the reader may be assured that he has the work exactly as it would have been under the author's own superintendence.

In the present work Dr. Hughes makes frequent reference to his other great work on "Pharmacodynamics," which is in the hands of most Homœopathic practitioners, and which all who desire to gain a knowledge of Homœopathic medicines will do well to study. That other magnificent work of Dr. Hughes's, "The Cyclopædia of Drug Pathogenesy," is frequently utilized in the present volume for the purpose of demonstrating the perfect Homœopathicity of the remedies recommended.

The inestimable value of works on the theory and practice of Homœopathy contributed by Dr. Hughes during his all too short career, their scientific character and their strenuous advocacy of pure and unadulterated Homœopathy mark him as by far the greatest, ablest and most faithful exponent of the great Therapeutic truth revealed by Hahnemann, and the most zealous, enthusiastic,

indefatigable and clear-headed disciple of the illustrious Founder of the great Medical Reformation. That some who are not distinguished for their strict adhesion to the teachings of Hahnemann should insinuate doubts as to the value of Dr. Hughes's colossal and disinterested work and the sincerity of his zeal for Homœopathy reminds us of Juvenal's sneer at Gracchi for complaining of sedition.

It would ill become me to write either eulogy or criticism of the work which it has by a strange fatality fallen to my lot to prepare for publication; but I cannot forbear calling attention to a singular and original feature in this book, to wit the masterly account of the origin and development of Hahnemann's method, which occupies the first fourteen lectures. This will be found to constitute a perfect introduction to the Therapeutics of the remaining lectures, and is of great value to all enquirers into Homœopathy.

The rest of the work is devoted to the Homœopathic treatment of all the diseases in the nosology. The author, while giving his own experience, which was very extensive, in the treatment of most diseases, gives full consideration to the practice and opinion of others, not even omitting to describe those of other than Homœopathic practitioners, when these seemed to him to be of any practical value and of Homœopathic character. As the experience of no single physician could extend to all diseases, Dr. Hughes has been careful to give that of others, who have had the opportunity of observing and treating diseases which had been denied to himself. Thus the book will be found to be a complete survey of all that is known up to the date of its publication about diseases and their rational Homœopathic treatment.

I may be permitted here to correct an erroneous impression entertained by Dr. Hughes (v. p. 17, note) with regard to a Greek quotation made by Hahnemann in his "Medicine of Experience." The translation which was adopted by me in the "Lesser Writings," erroneously ascribed the words to Gregory the Great, whereas Hahnemann in the original correctly attributes them to Gregory Nazianzen. Of course, I am to blame for passing this undoubted press error when I included the translation in my collection, so no blame can be attached to Hahnemann for the substitution by the translator of "Greg Mag." for Hahnemann's "Greg. Naz." Possibly few will care whether a Greek saying came from Pope Gregory the Great, who, though he is credited with the conversion of Britain to Christianity, probably only wrote in Latin, or from the Nazianzen Gregory, who, though a saint like the other, was never a pope, but only a

bishop, and probably knew no language but Greek; but I am unwilling that any slur should be put on Hahnemann's reputation for classical knowledge, which has hitherto never been truthfully impugned.

R. E. DUDGEON

Some of the more familiar Homœopathic periodicals quoted in this work are indicated by abbreviations. Thus:—

"Annals,"	stands for	*Annals of the British Homœopathic Society.*
"B. J. H."	„	*British Journal of Homœopathy.*
"H. W."	„	*Homœopathic World.*
"J. B. H. S."	„	*Journal of the British Homœopathic Society.*
"M. H. R."	„	*Monthly Homœopathic Review.*
"N. A. J. H."	„	*North American Journal of Homœopathy.*

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LECTURE I.

HOMŒOPATHY: ITS NATURE AND ORIGIN

I am to endeavour, in the ensuing course of Lectures, to tell you what Homœopathy can do in the various recognised forms of diseases, and with what instruments it effects the doing. But before I come to such exposition, it is necessary that you and I should arrive at a mutual understanding as to what Homœopathy is, and as to some at least of the questions that arise out of its theoretic conceptions and practical applications.

Briefly, then, let me define what is contained in the word we are using. Homœopathy, I would say, is a therapeutic method, formulated in the rule SIMILIA SIMILIBUS CURENTER—let likes be treated by likes. The two elements of the comparison herein implied are the effects of drugs on the healthy body and the clinical features of diseases; in either case all being taken into account, which is appreciable by the patient or cognizable by the physician, but hypothesis being excluded. Medicines selected upon this plan are administered single (*i.e.*, without admixture), and in doses too small to excite aggravation or collateral disturbance.

I believe that nine-tenths at least of the adherents of Homœopathy would accept this as a true account of all that is essential to it. If it be so, it is obvious that the thing with which we shall have to do is a METHOD—not a doctrine or a system. It belongs to the art of medicine rather than to its science. Of course, the rules of art need not be, should not be, merely empirical: they should be in harmony with philosophy and science, and framed with correct conception and from sound induction. I shall try to shew you that Hahnemann's method fulfils these requirements; that his way of regarding disease and drug action is eminently philosophical, that his direction to treat likes with likes results logically from a true induction from the facts of the matter and his reduction of dose follows as a necessary corollary thereto. But it remains a method still, and nothing more. It takes a particular aspect of disease and of drug-action—not denying that there are others—as the opposing surfaces: and of the possible modes of applying the one to the other which we shall see to be three in number, it selects that which is expressed by SIMILIA SIMILIBUS. Observe also that this expression—in its completeness as constituting the Homœopathic formula—is (in our definition) worded as a rule of art rather than a law of science. It does not say, SIMILIA SIMILIBUS CURENTER—likes are cured by likes, which (to say nothing of its dubious Latinity) would be inadequate, if meaning merely that such cure may be, unwarrantable

if implying that all cure is, so wrought. It says, SIMILIA SIMILIBUS CURENTER—let likes be treated by likes,* which is good Latin and tenable direction.

I am well aware that the affirmative form of the phrase has long been current among Homœopathists; † and that, so rendered, it has been taken as equivalent to a law of Nature, or even of morals. ‡ It is however, quite unwarranted by history, and must no longer be suffered to mislead. I know also how tempting it is to give to a method a philosophic body, to connect what is in itself purely practical with theoretic conceptions—in the present case of life, disease, and of the MODUS OPERANDI of drugs. This has been attempted by many adherents of Homœopathy, from its founder onwards; and with theories of dynamism and such like, they have built up a system as ambitious as those which reigned in the seventeenth and eighteenth centuries. It is natural that the enquiring mind of man, "looking before and after," should seek so to round his conceptions. But these thinkers have too often become so enamoured of their speculations that they have required—or seemed to require—that the profession should accept all, if they are to take any, should adopt the philosophy as well as the creed. In so doing, they have seriously prejudiced the cause they have sought to advance. The notions of Physiology and Pathology current eighty years ago, and with which therefore the earlier Homœopathists were imbued, are now greatly changed, and are not acceptable to the present generation. That Homœopathy has been linked with these, has needlessly multiplied its vulnerable points; and it is at these that the attack of its hostile critics is generally made—their success at such outworks favouring in themselves and others the belief that they have made the citadel untenable.§ Our wisdom would rather have been to have kept on the ground chosen with such general acclamation by Dr. Geddes Scott, in his Prize Essay of 1848, which you will find in the Sixth Volume of the BRITISH JOURNAL OF HOMŒOPATHY. He there shewed the great value of Homœopathy. to be that it was a theory of CURE rather than of DISEASE, and led direct to practise without the intervention of any further theory; in

* In the discussion as to the true reading of the Homœopathic formula, it has sometimes been overlooked that the subjunctive mood is used here, not in its potential (likes MAY BE treated by likes) but in its imperative force. It is like the well-known CEDANT ARMA TOGÆ where the same grammatical form is employed.

† See Note 1 to this Lecture (p. 9).

‡ See Note 2 (p. 11).

§ See for instance the "Examen du systeme de S. Hahnemann: le spiritualisme et le mader alisme en Medicine" Par Dr. Stapparts, Brussels, 1881; the article on Homœopathy by Dr Glover in the Last Edition of the ENCYCLOPŒDIA BRITANNICA; and that of Professor Palmer in the NORTH AMERICAN REVIEW of March, 1882.

short, that it was a therapeia, complete in itself, and independent of allied sciences of Physiology and Pathology, so far as these consist of doctrines and conceptions, and are more than CATALOGUES RAISONNES of facts.

It appears, therefore, from what has been said, that Homœopathy is essentially a practical method. It is, as its originator called it, an organon—an instrument for effecting in the best manner a certain end, *viz.*: The cure of disease. It answers to machines like the steam-engine and the spinning-jenny; and like these must have had an inventor. That inventor was SAMUEL HAHNEMANN.

That the idea of fitting likes to likes in the treatment of disease had occurred to men's minds prior to Hahnemann may be freely acknowledged. It may be found here and there in medical literature from Hipprocates downwards. But when examination is made into the nature of these similarities, they will be found in most instances something very different from those which Homœopathy uses as its fulcra. That vomiting should be checked by an *emetic*, in an emetic dose (VOMITUS VOMITU), was treatment by similars in the eyes of the father of Medicine; and his successors wandered still further from the mark. Their notions on the subject have been fully exhibited by Dr. Dudgeon, in his "Lectures on Homœopathy," and by Dr. Burnett, in his "Ecce Medicus!" Signatures—the resemblance in form or colour of parts of plants to parts of the body; analogies yet more imaginary between the constituents of the macrocosm of the world and the microcosm of the organism; the use of preparations of the organs of animals for disorders of the same organs in man—a practice at present undergoing a curious revival; the application of certain theoretical qualities of bodies—dryness, coldness, and so forth—to corresponding rather than opposite characters of disease—these were the similars of the mediæval physicians. A few later writers—Stahl the Dane, Stoerck, de Haen—noticed the occasional or possible curative operation of measures * which caused disorder similar to that of the patient; but there they left the matter. Hahnemann's distinction is that he grasped this similarity as the only real and fruitful one; and, seeing reason for suspecting it to be a general and not an exceptional basis of cure, tested and worked out his thought until he formulated it as a standing rule for the best medical practice.

This Hahnemann, of whom I am now speaking, was a German physician whose long life extended from 1755 to 1843. The story of it I need not tell you here, you can read it, if you know it not already,

* I say "measures," and not drugs, for Stahl's instances of cure by similars are all of external applications, like heat to burns, save one—the use of *Sulphuric acid* for Acidity of stomach; and this, as the *acid* is not shewn to be capable of causing VITAL Acidity, such as that which it cures, is no better Homœopathy than that of the mediævalists.

in the pages of the two books I have mentioned, or yet more fully in the Memoir by our able Russian colleague, Dr. Brasol, which was contributed to the International Homœopathic Congress of 1896, and may be found in its Transactions. I will only say that the man who lived this life was no common character—Jean Paul Richter's phrase for him, "a double-headed prodigy of genius and erudition," being amply borne out by his doings. Perhaps the best way to get an unprejudiced idea of the manner of man he was, is to read, in Dr. Dudgeon's collection of his "Lesser Writings," his earlier works on medical and allied topics. Of these I cannot now dwell, my present business is with the genesis in his mind of the thought which led him to Homœopathy. It arose when, in 1790, he was rendering Cullen's "Materia Medica" into German. He felt dissatisfied with the Scotch professor's explanation of the febrifuge properties of *Cinchona*, and his consideration of the subject led him to the results which—as was his wont in translating—he expressed in a footnote.* "It will not" he writes, "be such an easy matter to discover the still lacking principle according to which its action may be explained. Nevertheless, let us reflect on the following. Substances such as very strong *Coffee, Pepper, Arnica, Ignatia* and *Arsenic*, that are capable of exciting a kind of fever, will extinguish types of Ague. For the sake of experiment, I took for several days four QUENTSCHEN of good *Cinchona* twice a day. My feet, the tips of my fingers, etc. first became cold, and I felt tired and sleepy; then my heart began to beat, my pulse became hard and quick. I got an insufferable feeling of uneasiness, a trembling (but without rigor), a weariness in all my limbs, then a beating in my head, redness of the cheeks, thirst; in short, all the old symptoms with which I was familiar in Ague appeared one after the other. Also, those particularly characteristic symptoms which I was wont to observe in Agues—obtuseness of the senses, a kind of stiffness in all the limbs, but especially that dull disagreeable feeling which seems to have its seat in the periosteum of all the bones of the body—these all put in an appearance. This paroxysm lasted each time for two or three hours, and came again afresh whenever I repeated the dose, not otherwise. I left off, and became well."

I have said in another place, when speaking of this experiment, that Hahnemann "proved *Cinchona* to discover on what principle it acted" in Intermittents.† It would be better perhaps, to say—"whether it, like the other febrifuges, excited a kind of fever." But I must maintain that this is the true account of it, and not that which is put forward by the representatives of a certain school amongst us, who rather read into his doings their own later ideas. Thus Dr. Adolf Lippe writes:—"Hahnemann was sitting at Leipzig, with his midnight lamp before him, translating Cullen's 'Materia

* See Vol. II., p. 108.

† Manual of Pharmacodynamics, p. 395. The references to this work are made to the Fourth and later Editions, the pagination of which is uniform.

Medica,' which was then a standard work. He came to *Cinchona officinalis*, and found Cullen say that this bark possessed specific febrifugal actions, because it was both the most aromatic and bitter substance known. Hahnemann laid down his quill and exclaimed, 'Preposterous!' There are more substances, more barks, possessing more, both bitter and aromatic properties, and *Cinchona* is not a specific for Ague. He argued, while it does cure some cases, it does not cure other cases. There must be a way to find out under what conditions the *bark* cured and did not cure. It was at that moment that this good and benevolent man had an 'Inspiration.' He concluded to take the drug himself, and whether light could not be brought into the prevailing darkness. Bright and early in the morning, Hahnemann went to the 'Apotheke zum Goldenen Loewen' on the market-place of Leipzig, and there and then selected some fresh *Cinchona* bark, and obtained some vials and Alcohol. He prepared a tincture, took it, and behold, the symptoms he observed on himself shewed a marked similarity to cases of Ague cured by him by the same drug, and it was then that a new light broke upon him! That light was this:—A drug will cure such ailments as its sick-making power will produce similarity to."

To do him full justice, I have given Dr. Lippe's IPSISSIMA VERBA; and, as he expressly writes to correct the account I have presented of the matter, I must hold him to them. Contrast now his narrative with Hahnemann's own; and it will be seen at a glance that the two are incompatible. The school Dr. Lippe represented are careless about similarity between disease itself and drug-action, so long as the "conditions" of the two correspond. To favour their view, therefore, Hahnemann must have proved *Cinchona* bark to ascertain under what conditions it cured Ague; whereas he himself tells us that "he did so to find out whether, like other febrifuges, it was febrigenic at all, and that his result was to find it productive of all the symptoms, general and characteristic, of the Intermittent paroxysm."

This is a digression, to clear Hahnemann's proceeding from misrepresentation on the part of his own followers. It is still more important to vindicate it from the objection made by opponents, that it is a wholly insufficient—nay, a false basis of a curative method. This challenge is supported by the allegation, first, that *bark* has no real power of causing in the healthy such a fever as that imagined by Hahnemann: and, secondly, that it cures Ague by an action, not on the body of the patient, but on the minute organisms of which MALARIA consists, so that its therapeutic power is independent of any it may exert on the healthy frame. In reply to these statements, I would ask you to suspend your judgment till we come to the treatment of the Malarious Fevers, when it will be fully discussed. In the meantime, however, I may be permitted to refer you to the article on *Cinchona* in my "Manual of Pharmacodynamics," where you will find numerous instances of the febrigenic power of the drug and its

alkaloid, ending with a description of the *Cinchona*-fever by Bretonneau, warranted by Trousseau and Pidoux, which quite corresponds to that of Hahnemann; you will also see it demonstrated that Ague may be cured by *Quinine* in doses far too small to affect the vitality of microzymes. But even were no such evidence forthcoming, no amount of doubt cast upon Hahnemann's *Cinchona*-experiment and his inference therefrom would impeach SIMILIA SIMILIBUS CURENTER: for this was suggested by it, not built upon it. It might have been found that Newton's apple (to which it has been happily compared), fell to the ground for other reasons than because of gravitation, but that would not alter the fact, subsequently ascertained by him, that matter as such attracts matter in proportion to its mass. Following up the hint afforded him by his apple, Hahnemann (like Newton with moon's motions) tested his hypothesis by application to all other congruous instances—by seeing how far it would explain the recorded successes of the past and lead to fresh ones in the future. "It is on a body of evidence of this kind that his method ultimately rests, and not on the single experiment which originally led him to it;" and deductive verification is as good evidence of truth as the graduated induction urged by Bacon. Buckle has well-argued this in one of his essays; and has shown that, INTER ALIA, it was the way in which Kepler arrived at his great discoveries.

Hahnemann's further procedure may best be related in his own words. "I now commenced to make a collection of the morbid phenomena which different observers had from time to time noticed as produced by medicines introduced into the stomachs of healthy individuals, and which they had casually recorded in their works. But as the number of these was not great, I set myself diligently to work to test several medicinal substance of the healthy body, and see! the carefully observed symptom they produced corresponded wonderfully with the symptoms of the morbid states they would easily and permanently cure." * The first fruit of this task was the "Fragmenta de Viribus Medicamentorum Positivis,"× published in 1805, and containing pathogeneses more or less complete of twenty-seven medicines. This was, as its name implies, in Latin; but in 1811, Hahnemann began to issue in successive volumes his German "Reine Arzneimittellehre," containing (in its First Edition) fifty-eight drugs, proved on a much larger scale.† He continued to add to his old and take part in new provings for some time yet, and altogether furnished materials for the knowledge of at least ninety medicines, besides giving an impetus to the work of experimenting on the healthy body which has never lost its force, and has been and is most fruitful in results.

* Lesser Writings (tr. Dudgeon), p. 586.

† The six volumes of the First Edition appeared at intervals from 1811 to 1821; those of the Second Edition from 1822 to 1827; and a Third Edition of the first two volumes saw the light in 1830 and 1833.

× "Sive in sano corpore humano observatis"

The provision for working the new method supplied in the "Fragmenta de Viribus" was followed up by an exposition of its theory and rules for its practical working. These first took the form of an essay in HUFELAND'S JOURNAL for 1806, entitled "The Medicine of Experience," and finally, in 1810, of a separate treatise, the "Organon of Rational Medicine." Of the latter work I hope to give some account in my next lecture. Suffice it now to say that in it Hahnemann leaves no point untouched which conduces to the working of the machine he has invented. "Besides a full discussion of the theory of his method, and demonstration of its philosophical and scientific soundness, he gives minute rules for the examination of patients, for the proving of drugs, and for the selection of remedies upon the Homœopathic principle." He enquires what should be done when only imperfect similarity can be obtained, when more than one medicine seems indicated, and when the symptoms are too few to guide to a satisfactory choice. He considers the treatment in the new method of local diseases (so-called), of mental disorders, and of the great class of intermittent affections.

There are yet two features of the method of Hahnemann which have not come before us—the single remedy and the reduced dose. The first is obviously a necessary corollary of the rule: as the drug is proved, so it must be administered, if it is a true SIMILE. Hahnemann saw this at once, and in the trials which substantiated the soundness of his therapeutic rule used none but single remedies. "Dare I confess," he wrote in 1797, * "that for years I have never prescribed anything but a single medicine at once, and have never repeated the dose until the action of the former one had ceased—a venesection alone, a purgative alone, and always a simple, never a compound remedy, and never a second until I had got a clear notion of the operation of the first? Dare I confess, that in this manner I have been very successful, and given satisfaction to my patients, and seen things which otherwise I never would have seen?" The necessity for reduction of dose was not so self-apparent. In 1796 we find Hahnemann thus expressing himself †:—"The cautious physician, who will go gradually to work, gives this remedy (the Homœopathic one) only in such a dose as will scarcely perceptibly develop the artificial disease to be looked for (for it acts by virtue of its power to produce such an artificial disease), and gradually increases the dose, so that he may be sure that the intended internal changes in the organism are produced with sufficient force, although with phenomena vastly inferior in intensity to the symptoms of the natural disease: thus a mild and certain cure will be effected." In the "Medicine of Experience" and the "Organon," however, the logical consequences of the new method in the direction of posology are perceived

* Lesser Writings, p. 373.

† Ibid., p. 312.

and started. The dose of a Homœopathically-selected remedy he there argues, must obviously be smaller than one intended to act in an opposite direction to the disease. It should be so far reduced that its primary aggravation (which he supposed a necessary occurrence) should be barely perceptible and very short. This last direction involves a theory as to the action of similar remedies, which may well admit of question; but that comparatively small dosage is essential to them is a fact beyond dispute. It characterizes not only the practice of the avowed disciples of Hahnemann, but also that modified Homœopathy which (after the distinguished Professor at University College) may be called Ringerism. Drop doses of *Ipecacuanha wine* were unheard of till it began to be given to check vomiting instead of to excite it; and while the twelfth of a grain of *Corrosive sublimate* was deemed sufficiently fractional for all previous purposes, the reduction went to hundredths when the drug was administered in Dysentery.

Small dosage, then, speaking comparatively, is an essential element of the Homœopathic method. But that such dosage should be what is known as infinitesimal—that it should habitually deal with fractions from millionth upwards—to this Homœopathy does not compel either logically or practically. There are and always have been multitudes of its warmest adherents and most eminent practitioners who never employ these attenuations. I shall hereafter, indeed, have to exhibit the activity of infinitesimal quantities as a discovery of Hahnemann's to discuss the evidence for it and the theories which have been put forward to account for it. But, whatever be its value, it stands on its own merits, its connection with Homœopathy as method is historical, and not vital.

The sum of what has now been said is thus: Homœopathy is a therapeutic method, an instrument for the selection of the most suitable remedy for each case of disease. Hahnemann is to it that which Watt was to the steam-engine and Arkwright to intellectual sphere—that which Bacon was to induction by graduated generalisation. He is the author of the method: To him belongs the merit of all it has accomplished, and with his name it must ever be indissolubly connected. But in adopting this method of Hahnemann as our chief guide in Therapeutics, we do not necessarily become followers of his, in other departments of thought: We are Homœopathists, not Hahnemannians. He was more than a therapeutist, and so are we; but in those wider regions he is but one master among many, and we may—as I confess I do—prefer the guidance of Fletcher in Physiology and of Tessier in Pathology to his. Nor must his METHODUS MEDENDI itself be conceived of as insusceptible of improvement. The steam-engine of today is not altogether that of Watt. Homœopathy, like the candlestick of the Hebrew tabernacle, has been shaped by hammering not by casting: or rather, it is a vital thing, growing as the years go on, and legitimately influenced by its environments. It is in our hands

somewhat different from what it was when it dropped from Hahnemann's; but it is Hahnemann's still. All study, exposition, practice of it must start from him: and the results it achieves must be accounted a monument reared to his honour.

It is with such a mind that I invite you to follow me in my attempt to expound the Principles of Homœopathy.

NOTES TO LECTURE I.

Note I, Page 2.

It is not easy to say how the alteration of "curentur" into "curantur" came to be made. Hahnemann used the former in the "Organon," from its First Edition in 1810 onwards; and again in a letter written in 1835 to the French Minister of Public Instruction,"* —these being the only two places in which the formula is employed by him. The change occurred in his life-time, for Mr. Everest, his English pupil, stated that he was much annoyed by the substitution of "curantur"—which is not surprising, since this is (as I have said) obvious Latin, as well as a misrepresentation of his intention. He may be said to have condoned it, however; for among the articles we found on his body when we exhumed it in 1899, to give it more fitting sepulchre, was a gold medal presented to him by the French Homœopathic Society, which bore the formula in its later form. That was certainly the current phase when Homœopathy began to flourish in this Island, and was accordingly adopted as its motto by the BRITISH JOURNAL OF HOMŒOPATHY on its appearance in 1843. In 1862, Dr. Ryan—who was a fine classical scholar—took exception † to the phrase, and urged a reversion to Hahnemann's original wording. The then editors of the BRITISH JOURNAL opposed the change,‡ but their argument throughout proceeds on the assumption that "curantur" is generally understood to mean "are treated," whereas there can be no doubt that nine hundred and ninety-nine persons in every thousand would render it "are cured." I was myself convinced by Dr. Ryan's reasoning; and in my "Manual of Therapeutics" published in 1869, expressed my preference for "curantur," which I have ever since adopted.§

* MONTHLY HOM. REVIEW, FEB., 1802.

† BRIT. JOURN. OF HOMŒO., XXXVIII., 64.

‡ BRIT. JOURN. OF HOMŒO., XX., 314.

§ The "curantur" on pp. 2 and 45 of the Fourth Edition of my "Pharmacodynamics" was a would-be improvement of the printer, made after the return of the last proof. It has been corrected in subsequent editions—of like origin, is doubtless the "curantur" which Dr. C. Wasselhœft has been made to put into Hahnemann's mouth in his translation of "Organon."

"Of late, the "curentur" having been espoused and defended by the weighty authority of Dr. Dudgeon, more attention has been directed to it." The displeasure which has been evinced by the more ardent Hahnemannians at the proposed return to its use may have arisen from the mistranslation I have already adverted to. Thus Dr. Reinke, of Jamaica, in the UNITED STATES MEDICAL INVESTIGATOR for March 24th, 1883, asks "Why do some of our doctors say CURENTUR? Are they not sure?" His question would have been spared had he understood that "the subjunctive is used in its imperative force.*" The true reading has now however, been irrevocably affirmed—written with an iron pen, and graven in the rock for ever. The Committees which have erected in Hahnemann's honour the tombstone of Pere Lachaise and the cenotaph which adorns the city of Washington have both been convinced that SIMILIA SIMILIBUS CURENTUR was what the Master wrote, and have inscribed it accordingly upon those memorials of his fame."

Note 2, Page 2

In writing thus, I was referring to an Article in the NORTH AMERICAN JOURNAL OF HOMŒOPATHY for August, 1878, by my venerable friend Dr. P. P. Wells, of Brooklyn. He has long ago gone to his rest, and his pronouncement on the subject is probably forgotten; but as it may express the thoughts of many others I briefly notice it here. Dr. Wells stigmatized the reduction of Homœopathy to a mere rule of practice as a "crime for which our language fails to give a designation sufficiently condemnatory." In maintaining it to be a law, however, he confuses the sense in which science uses this term and that which belongs to it in the sphere of ethics and politics. He says—"It is an important element in the nature of law, that it is wholly mandatory. It commands, it neither solicits nor permits." Now this is true enough of a moral or a criminal law, but it is entirely incorrect when applied to a so-called law of Nature. The latter is simply an expression of a certain general fact which we perceive in the order of the universe; and it takes the form, not of a mandate, but of an affirmation. "Thou shalt not kill"—here is the law of conscience and of citizenship: The law of Nature is such as that all matter attracts all other matter in direct proportion to its mass and

§ Dr. Peck, of Providence, in a paper presented to the American Institute of Homœopathy at its meeting of 1900, has well-appreciated the significance of this fact, and shewn that pure Homœopathy is the gainer by its recognition.

in inverse proportion to the square of its distance." The real question is whether Homœopathy is such a law as that of gravitation. It is an inference from certain observed facts: Shall we state the inference by an affirmation, universal, exclusive, unchanging, that "likes are cured by likes," or by a practical conclusion, admitting of qualification and exception—"let likes be treated by likes?" Dr. Wells, and those who think with him, declare for the former alternative." I must follow Hahnemann himself in thinking the latter the utmost for which we have warrant. It requires a vast number of observations and experiments ere we can formulate a law of Nature, while a rule of art can be deduced from a very few particulars—its application being a speedy test of its validity. I cannot think we are justified in affirming that all morbid states are curable by their similars or better cured thus than by any other means: I can only feel borne out by the facts when I affirm that my practical wisdom lies in following the rule "let likes be treated by likes" as fully as I am able."

LECTURE II.

THE "ORGANON"

During my tenure of a chair in the London School of Homœopathy, I occupied the Summer Session of 1881 by reading with my class the "Organon" of Hahnemann, expounding and commenting as I went. I collated, for this purpose, the five editions through which the work had passed. Being called upon, in the October of that year, to deliver the then annual Hahnemannian Lecture, I utilised the studies of the Summer, and discoursed on Hahnemann as a Medical Philosopher, with especial reference to the Organon. The lecture was published, but is probably long ago out of print; and its subject is of so much importance to our present enquiry that I think I cannot do better than reproduce its substance here.

1. The Organon was first issued in 1810. A Second Edition appeared in 1819; a Third in 1824: a Fourth in 1829; and a Fifth and last in 1833. Each of these is described as "augmented" (2nd), "improved" (3rd), or both "augmented and improved" (4th and 5th); and in truth all save the Third, shew considerable changes as compared with their immediate predecessors. It is quite impossible to form an adequate estimate, either of the work or of its author, without some knowledge of the changes it has undergone in its successive stages. Without this, neither foe can criticise it nor disciple learn from it aright. For instance, the hypothesis of the origin of much Chronic Diseases in Psora, which hostile critics are never weary of ridiculing as one of the fundamental principles of Homœopathy, first appeared in the Fourth Edition, *i.e.*, in 1829. Theory of the dynamization of medicines—*i.e.*, of the actual increase of power obtained by attenuation, when accompanied by trituration or succussion—is hardly propounded until the Fifth Edition. Again, there is the doctrine of a "vital force," as the source of all the phenomena of life, as the sphere in which disease begins and medicines act. This has been regarded by many of Hahnemann's followers as an essential part of his Philosophy. "Voici donc" exclaims M. Leon Simon (the

first of the three who have made this name distinguished) "la pensee fondamentale de Hahnemann, la pierre angulaire du system!" But the earliest mention of this conception occurs in the Fourth Edition; and the full statement of it with which we are familiar in the Fifth (§ 9-16) appears there for the first time.

You may ask how you are to get a knowledge of this development of our text-book. To some extent, I shall give it to you in the present Lecture; but you may all obtain for yourselves, and in full detail, by gaining possession of the translation of the "Organon" by Dr. Dudgeon, issued by the Hahnemann Publishing Society in 1893. In this volume, besides a revision of his version of 1849, our learned colleague has supplied an Appendix containing a full exhibition of the changes the work has undergone between 1810 and 1833; so that we have its growth before us at a glance. This is not the least of the many boons Dr. Dudgeon has bestowed upon Homœopathic literature.

II. "The "Organon" is Hahnemann's exposition and vindication of his therapeutic method." It had been preceded by a number of essays in HUFELAND'S JOURNAL—the leading medical organ of the time, in Germany. Of these the most noteworthy were—"On a New Principle for ascertaining the Curative Powers of Drugs" (1796); "Are the obstacles to certainty and simplicity in Practical Medicine insurmountable?" (1797); and "The Medicine of Experience" (1806). The time seemed now to have come when there should be published separately a full account of the new departure he was advocating; and hence the "Organon" of 1810.

Why did he give his treatise this name? He must, there can be little doubt, have had Aristotle in memory, whose various treatises on Logic were summed up under the common title "Organon." "Logic —the art of reasoning—is the INSTRUMENT of research and discovery: Hahnemann designed his method as one which should be a medical logic, an instrument which the physician should use for the discovery of the best remedies for diseases." But the example immediately before his mind, and through whom he was probably led to Aristotle, must have been Bacon. The second treatise of the "Instauratio Magna" of the English Chancellor is entitled "Novum Organum": it was the setting forth of a new mode of reasoning, which in scientific research should supersede that of Aristotle, and lead to developments of knowledge hitherto unattained. That Hahnemann should aspire to do such work for medicine as was done for science in general by Bacon has been scouted by his enemies, and even deprecated by his friends, as presumption. And yet no comparison could better illustrate the real position of the man both in its strength and in its weakness. If he erred as to special points of Pathology, and even of practice, we must remember that Bacon was a doubtful acceptor of the Copernican Astronomy and ridiculed Harvey's doctrine of the circulation, while he saw no difficulty in the transmutation of metals

But, on the other side, how truly Baconian is the whole spirit and aim of the "Organon"! Like his great exemplar, Hahnemann sought to recall men from the spinning of thought-cobwebs to the patient investigation of facts. Like him, he set up the practical—which in this case is the healing of disease—as the proper aim of medical Philosophy; not seeking "in knowledge a terrace, for a wandering and variable mind to walk up and down with a fair prospect," but rather accounting it "a rich store-house, for the glory of the Creator, and THE RELIEF OF MAN'S ESTATE." Like him, his chief strength was devoted to the exposition and perfecting of his proposed method of further progress towards this end, leaving to the future the carrying it into effect. Another Descartes may arise in medicine whose perception of special fields of knowledge may be keener, and who may leave his mark more clearly traced on certain branches of our art. But Hahnemann, when once his method shall have won the acceptance we claim for it will ever be reckoned as the Bacon of Therapeutics—the fruitful thinker who taught us what was our great aim as physicians and how we should best attain to it.

Hahnemann first called his work "Organon of the Rational Medical Science!" * (HEILKUNDE); but from the Second Edition onwards the title was changed to "Organon of the Healing Art" (HEILKUNST)—the "rational" being here, and in all other places of its occurrence, either dropped or replaced by "true" or "genuine" (WAHRE). Why this alteration? The elimination of the term "rational" has been supposed to "imply that his followers were required to accept his doctrines as though they were the revelations of a new Gospel, to be received as such, and not to be subjected to rational criticism." † I cannot think so. To me the clue of it seems to be afforded (and the Preface to the Second Edition bears out my view) by the coincident change from "Heilkunde" to "Heilkunst." The name "science," the epithet "rational," were in continual use for the hypothetical system of the day. The promulgation of his views had arrayed the advocates of all these in bitter opposition against him. Hahnemann was accordingly anxious to make it clear that, in entering the lists of conflict, he came armed with quite other weapons. He was seeking, not the consistency of a theory, but the success of a practical art: to him it mattered little whether a thing commanded itself or not to the speculative reason, his one concern was that it should be true. »

III. On the title-page of his First Edition, Hahnemann placed

* In my Hahnemannian Lecture, I rendered "Kunde' by "doctrine". A consideration of the discussion on the subject carried on in the HOMŒOPATHIC WORLD of 1881 suggests that I shall be more closely adhering to the German, while not weakening my argument, if I now translate it "science."

† BRIT. JOURN. OF HOMŒO., XXXVI., 63.

a motto from the poet Gellert, which has been rendered into English thus:

> "The truth we mortals need
> Us blest to make and keep
> The All-wise slightly covered o'er
> But did not bury deep."

This was replaced in subsequent Editions by the words "Aude sapere"; but it continued to denote the profound conviction and motive inspiration of Hahnemann's mind. It was the same thought as that which he expressed in the "Medicine of Experience":—"As the wise and beneficent Creator has permitted those innumerable states of the human body differing from health, which we term diseases. He must at the same time have revealed to us a distinct mode whereby we may obtain a knowledge of diseases that shall suffice to enable us to employ the remedies capable of subduing them; He must have shewn to us an equally distinct mode whereby we may discover in medicines those properties that render them suitable for the cure of diseases—if He did not mean to leave his children helpless, or to require of them what was beyond their power. This art, so indispensable to suffering humanity, cannot therefore remain concealed in the unfathomable depths of obscure speculation, or be diffused through the boundless void of conjecture; it must be accessible, READILY ACCESSIBLE to us within the sphere of our external and internal perceptive faculties." Hahnemann believed in the illimitable possibilities of medicine, because he believed in God.

I lay more stress on this faith of Hahnemann's, from the contrast presented to it by the language of the only fair and calm examination (to my knowledge) which the "Organon," has received in this country. I refer to the Address in Medicine delivered before the British Medical Association in the same year already referred to (1881) by the late Dr. Bristwoe. The able and candid physician asks—"What grounds of reason and experience have we to justify the belief that for every disease an antidote or cure will sooner or later be discovered?" and going further still, declares it to be in his judgment "utopian to expect that diseases generally shall become curable by therapeutical or any other treatment." That this melancholy Pyrrhonism is of extensive prevalence appeared also that year at the International Congress in London, where—according to the LANCET *—"therapy" was conspicuous by its absence. It was not so at the Homœopathic Convention which preceded it; and this just stamps the difference between the two attitudes of mind. I cannot prove—at any rate here—that the faith of the founder of Homœopathy was sound, and the scepticism of its critics otherwise; but it is

* Aug. 27, 1881.

evident which is the more fruitful. As a lover of my kind, and not a mere man of science, I can say MALO CUM HAHNEMANNO ERRARE QUAM CUM—well, it would be personal, as well as difficult, to Latinise the rest, but my hearers will supply it.

IV. Hahnemann, whose heart was indeed bubbling up with his good matter, and whose tongue was certainly the pen of a ready writer, wrote a separate Preface for each edition of his work. I cannot give any account of them here, but they are all well worth reading. The Second especially deserves notice as a full statement in brief, of the author's view of the existing state of medicine; nowhere does Bacon speak more clearly through him than in his emphatic statements here regarding the relation of reason to experience in the study of the subject. I pass on to the Introduction which in every edition forms a considerable proportion of the whole volume. It has altered very much, however, between its earliest and latest appearance. In the first three editions, it consists of a series of unintentional Homœopathic cures (so considered) taken from medical literature, with a few preparatory and concluding remarks. But in the Second and Third, Hahnemann had introduced into the body of the work a long section of destructive criticism on existing theories and modes of treatment; and this, when he issued the Fourth, seemed to him to find a more appropriate place in the Introduction. Thither, accordingly, it was transferred, forming—under the title "Survey of the Allopathy* of the hitherto-prevailing School of Medicine"—a first part; while the "Instances of Involuntary Homœopathic Cures" took place as a second. In the Fifth Edition, these last disappeared altogether, being merely referred to in a note; and the Introduction became a continuous essay, its subject being the medicine of the author's contemporaries and predecessors.

I think that no one who is acquainted with the state of medical thought and practice in Hahnemann's day will question the general justice of the strictures he here makes upon it. The critic to whom I have referred admits, "the chaotic state of therapeutical theory and practice at that time prevalent"; but he hardly appreciates Hahnemann's merits in proscribing and stigmatizing it as he did. "Chaos itself, to the habitual dwellers in it, seems to be cosmos:" it can only be apprehended for what it is by those who have the cosmos in their souls Thus it was with Hahnemann's. He saw all around him two things which he cites, Gregory Nazianzen as pronouncing ἀιgλgs—λὸγos

* So written in the Fourth Edition of the original, but in the Fifth more correctly given as "Allœopathy," which I think the translators should have reproduced. "Αλλολον παθος, not ολλο, is Hahnemann's antithesis to ομολον πα'θος; and as the latter forms Homœopathy, the former should be Allœopathy.

ἀπραειOs and âλογος πρὰgις.* On the one side were the men of note—the Stahls and Hoffmanns and Browns and Cullens building up their ingenious and ambitious systems on hypothetical data; on the other were the mass of practitioners, quite unable to utilise these imaginings, and treating disease according to empirical maxims or the directions of the prescription-book. The physician's art was the butt of every satirist, the dread of all who fell ill, the despair of the minds that formed a nobler ideal of it. Hahnemann himself, as you may read in his life, for a time gave himself up to such despair, till his experiment with *Cinchona*-bark proved the clue of Ariadne which suggested the true law of the phenomena and led the way to better things.

If we were going through the Introduction in detail, there would be many points on which criticism and correction would be necessary; but the general soundness of its attitude must be sufficient for us to-day. It bears to the body of the work the same relation as Bacon's "De Augmentis" to his "Novum Organum" and the treatise on "Ancient Medicine" to the "Aphorisms" of Hipprocrates. Before leaving it, I must say a few words about the instances of cure, which, though dropped by himself were inserted from the Fourth Edition in Dr. Dudgeon's first version of the Fifth, and are therefore familiar to us all.† His critic has singled out the first and last of these, and has no difficulty in disposing of them as without bearing on the point to be proved. But a more thorough examination would shew that "A DOUBUS DISCERE OMNES" was hardly a safe mode of proceeding. Of the forty-five references made (I speak from consultation of the original sources) six are indeed quite worthless, and fifteen more dubious; but the remaining twenty-four will stand the most searching scrutiny. The cures were reported by the best observers of their time; the remedies employed were undoubtedly Homœopathic to the disorders present, and have no other mode of action to which their benefits could by any plausibility be ascribed. We could multiply and perhaps improve upon them now; but such as they are, they do speak the language as utterers of which Hahnemann cited them.

V. We come now to the 'Organon' proper. It consists of a series of aphorisms—in its latest form 294 in number, to which are appended numerous and often lengthy notes. This is a form of composition

* Lesser Writings, p. 501. Hahnemann ascribes the phrase to "Greg. Mag." but surely Gregory the Great did not write in Greek.

† In the translation of 1849, Dr. Dudgeon, not having the original of the Fourth Edition at hand, transferred these instances from an older version (Devrient's). Several errors crept in accordingly, but these have of course been corrected in the revision of 1893, where the cases in question will be found in the Appendix.

eminently suggestive and stimulating. It is endeared to many of us by Coleridge's "Aids to Reflection"; but Hahnemann must have taken it from the 'Novum Organum,' perhaps also with a recollection of the father of Medicine which derives its name therefrom.

While each aphorism is complete in itself, and might be made the text of a medical discourse, the work they collectively constitute has a definite outline and structure, which remains unchanged through the successive editions, and is as evident in the first as in the last. This outline is given in the third aphorism, which—with the exception of "rational" for "true" (practitioner) in the first—is identical in all editions:

"If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (KNOWLEDGE OF DISEASE, INDICATION); if he clearly perceives what is curative in medicines, that is to say, in each individual medicine (KNOWLEDGE OF MEDICINAL POWERS); and if he knows how to adapt, according to clearly-defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that recovery must ensue—to adapt it as well in respect to the suitableness of the medicine most appropriate according to its mode of action to the case before him (CHOICE OF THE REMEDY, THE MEDICINE INDICATED), as also in respect to the exact mode of preparation and quantity of it required (proper DOSE), and the proper period for repeating the dose; if, finally, he knows the obstacles to recovery and is aware how to remove them, so that the restoration may be permanent: Then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art."

The three desiderata, then, are—

1st. The knowledge of the morbid state—which supplies the indication:

2nd. The knowledge of medicinal powers—which gives the instrument:

3rd. The knowledge how to choose and administer the remedy—which is the thing indicated.

The First Part of the Organon (down to § 70) treats of these points doctrinally, by way of argument*; the Second practically, in

* § 5-18 discuss knowledge of disease, 9-21 knowledge of medicines, 22-27 knowledge of application of one to the other; and 28-69 are an explanation and defence of the mode of application by similarity.

the form of precept. The summing up of the doctrinal portion is contained in § 70, in these words:—

"From what has been already adduced we cannot fail to draw the following inferences:

"That everything, of a really morbid character, and which ought to be cured, that the physician can discover in diseases consists solely of the sufferings of the patient and the sensible alterations in his health—in a word, solely of the totality of the symptoms, by means of which the disease demands the medicine requisite for its relief.

"That this derangement of the state of health, which we term disease, can only be converted into health by another revolution effected in the system by means of medicines, whose curative powers, consequently, can only consist in altering a man's state of health—that is, in a peculiar excitation of morbid symptoms, and can be learned with most distinctness and purity by proving them on the healthy body.

"That, according to all experience, a natural disease can never be cured by medicines whose power is to produce in the healthy individual an alien morbid state (dissimilar morbid symptoms) DIFFERING from that of the disease to be cured (never that is, by an Allœopathic mode of treatment); and that even in Nature, no cure ever takes place in which an inherent disease is removed, annihilated and cured by the addition of another disease dissimilar to it, be the new one ever so strong.

"That, moreover, all experience proves that by means of medicines which have a tendency to produce in the healthy individual an artificial morbid symptom ANTAGONISTIC to the single symptom of disease sought to be cured, the cure of a long-standing affection will never be effected, but merely a very transient alleviation, always followed by its aggravation; and that, in a word, this antipathic and merely palliative treatment in long-standing diseases of a serious character is absolutely inefficacious.

"That, however, the third and only other possible mode of treatment (the HOMŒOPATHIC), in which there is employed for the totality of the symptoms of a natural disease a medicine capable of producing the most similar symptoms possible in the healthy individual, given in suitable dose, is the only efficacious remedial method, whereby diseases, which are purely dynamic, deranging irritations of the vital force are overpowered, and being thus easily, perfectly, and permanently extinguished, must therefore cease to exist, and for this mode of procedure we have the example of unfettered

Nature herself, when to an old disease there is added a new one similar to the first, whereby the old one is rapidly and for ever annihilated and cured."

Then in § 71, Hahnemann propounds the practical questions which in the remainder of the Treatise he seeks to answer, thus:

1st. How is the physician to ascertain what is necessary to be known in order to cure the disease?

2nd. How is he to gain a knowledge of the instruments adapted for the cure of the natural disease—the pathogenetic powers of medicines?

3rd. What is the most suitable method of employing these artificial morbific agents (medicines) for the cure of natural diseases?

In reply to the first question, he gives rules for the examination of the patient; to the second, for the proving of medicines upon the healthy: to the third, for the determination of similarity, the choice and repetition of the dose, the preparation of drugs, the diet and regimen to be observed, and so forth.

This is, in the author's own words (crabbed and gnarled, yet weighty with thought), the ground-plan of the 'Organon'. Of course, each position needs justification on its own merits; and this we shall enquire, as we proceed, how far we can award. But I would first call your attention to the simplicity of Hahnemann's conception, to its entire freedom from hypothesis and completeness within itself. "All other medical systems had been based upon certain doctrines of life and disease: Hahnemann's method was utterly independent of them. His whole argument might be conducted, as indeed it is in the first three editions of his work, without any discussion of Physiological and Pathological questions. I would again impress this fact upon such of his disciples as represent Homœopathy to be a complete scheme of medical Philosophy; who would make the dynamic orgin of all maladies a plank of the platform on which we must stand, and call the Psora-hypothesis "the Homœopathic doctrine of Chronic Disease." This is an entire mistake. There are certain, views in Physiology and Pathology which seem more harmonious than others with Homœopathic practice; Hahnemann thus came to hold them, and most of us tend in the same direction. But they might all be disproved and abandoned, and Homœopathy would still remain the same: we should still examine patients and prove drugs and administer remedies on the same principle and with the same success.

But I would commend this consideration also to Hahnemann's

critics. He has had critics from the first,* though nothing is wide of the mark than to speak of "the contempt which experienced physicians felt and freely expressed for him and his whimsical doctrines." Not thus did Hufeland and Brera and Trousseau and Forbes write of the new method and its author. But the first-named of these made a remark which is full of significance: He said that if Homœopathy succeeded in becoming the general medical practice, it would prove "the grave of science." Now this I make bold to claim as an unintentional complement; for it describes our system as being true medicine, which is not science, but art. This is a truth very much forgotten now-a-days. Hahnemann, in the opening paragraph of the 'Organon,' proclaims that the physician's high and sole mission is to restore the sick to health—to cure, as it is termed. It is with this direct aim that he is to study disease and drug-action, and the relation between the two. "He is not, primarily, a cultivator of science: He is a craftsman, the practiser of an art and skill, rather than knowledge in his qualification. His ART, INDEED, LIKE ALL OTHERS, HAS ITS ASSOCIATED SCIENCES. PHYSIOLOGY AND PATHOLOGY ARE TO IT WHAT CHEMISTRY IS TO AGRICULTURE AND ASTRONOMY TO NAVIGATION. SO FAR AS THEY BRING REAL KNOWLEDGE, THE MORE VERSED THE PHYSICIAN IS IN THEM THE BETTER FOR HIMSELF AND FOR THOSE IN WHOSE AID HE WORKS. But he was before they had being, and his art should have a life of its own, independent of the nourishment they bring. They must, being progressive, consist largely of uncertainties —working hypotheses and imperfect generalisations, destined ere long to be superseded by more authentic conceptions. Medicine should not vary with their fluctuations, or hold its maxims at the mercy of their support. While grateful for any aid they bring, it should go on its own separate way and fulfil its distinctive mission."

Why art? Why not science?

One great value of the method of Hahnemann is that it dwells in this sphere of art. It is "the grave of science"; for science as such, has no existence here—it dies, and is buried. But its corpse enriches the ground which covers it, and thereon grass springs up and fruits ripen for practical use. On the other hand, the great weakness of the general medicine of today is that, so far as it is more than blind empiricism, it is an applied science rather than an art. It shifts from heroism to expectancy, and from spoilation to stimulation, with the prevailing conceptions of the day as to life and disease. Maladies are studied with the eye of the naturalist rather than of the artist; and the student is turned out thoroughly equipped for their diagnosis, but helpless in their treatment. Hence the Nihilism of so much of modern teaching; hence, at the Congress I have referred to, the miserable half-

* An answer to one of them, Hecker, was written nominally by Hahnemann's son, Friedrich, actually by himself. It has lately been Englished by Dr. Dudgeon (Philadelphia; Boericke and Tafel, 1896). In it Hecker survives as does Celsus' attack on Christianity in the pages of Origen's defence of it.

penny-worth of therapeutic bread to the gallons of scientific sack. It would have been well for its three thousand members if they had gone home to meditate the words of the man they ignored—"the physician's high and sole mission is to restore the sick to health"; if they would recognise Medicine as the art of healing, and cultivate it accordingly.

I must adjourn the further consideration of the 'Organon' for our next meeting.

LECTURE III.

THE "ORGANON" (*concluded*)

In my last Lecture I sketched the ground-plan of Hahnemann's "Organon." Let us now consider the three positions he takes up—his attitude (1) towards disease, (2) towards drug-action, and (3) towards the selection and administration of remedies.

1. In the RESUME of his conclusions which I have quoted (§70), Hahnemann speaks of the sum total of the symptoms of a patient as the only curative indication which the physician can discover. In this he hardly does himself justice; for in § 5 he has pointed to the knowledge of the CAUSES of the malady as important, and § 7 and its note has assumed as obvious that any exciting or maintaining cause which is discoverable and accessible shall be removed. He has further reminded us, in § 3 and 4 that both to prevent disease, and to make his curative treatment unobstructed and permanent, the physician must also be a hygienist. It would hardly be necessary to mention such points, but that Dr. Bristowe has said that "for him, preventive medicine which deals specially with the causes of disease, and has been successful only in proportion to its knowledge of them, would have been a mockery and a snare."

With these qualifications, however, Hahnemann's doctrine is that the totality of the symptoms—the sum of the sufferings the patient feels and the phenomena he exhibits—constitutes, FOR ALL PRACTICAL PURPOSES, the disease. He does not say that they alone are the disease. On the contrary, he constantly speaks of them as the "outwardly reflected picture," the "sensible and manifest representation," of what the essential alteration is. His point is that at this last you cannot get, and, to cure your patient, need not get. If you can find means for removing the sum total of his symptoms, he will be well, though you may know as little as he wherein, essentially, he was ill (§ 6-18).

Now what objection can be taken to this thesis? No one can seriously maintain that symptoms and morbid changes are not correlative; that there is any way of inferring the latter except from the

former, or any way of removing the former, as a whole, except by righting the latter—their proximate cause. The critic we have now in view is too acute to say much of this kind. His main charge against Hahnemann's view of disease is that it ignores Pathology and more especially morbid Anatomy, so that the "laborious investigations conducted in our dead-houses, which we fondly imagine to add to our knowledge of diseases," would be "looked upon by him with contempt." But in so speaking he forgets Hahnemann's aim. He is laying down what are the curative indications in disease, what the physician can and should know of it in order to remove it. Do the investigations of the dead-house help us here? The changes they discover are the results—generally the ultimate results—of morbid action; but in this stage of the process such action is no longer amenable to remedies. If it is to be cured, it must be taken at an earlier period, before there has occurred that "serious disorganization of important viscera" which Hahnemann speaks of as an "insuperable obstacle to recovery."* And how shall it then be recognised, except by its symptoms? No microscope can see the beginning of CIRRHOSIS of the Liver or of SCLEROSIS in the Brain and Cord; but the patient may feel them, and may even exhibit them. Some slight hepatic uneasiness, some dart of pain or altered temper or gait, may and often do supervene long before the pathognomonic physical signs of such maladies appear. It is impossible to say how much suitable remedies applied at this time may not do—may not have done—to arrest the morbid process then and there. The Hahnemannic Pathology is a living one, because it seeks to be a helpful one. It was wisely pointed out by Clotar Müller that the contemplation of disease, mainly in the light of its final organic results had a discouraging effect; whereas, if we would just apply our method fully to each "TOUT ENSEMBLE" of disorder as it came before us, our possibilities were boundless. †

But Hahnemann has been accused of ignoring Pathology in another way, *viz.*, by "objecting to all attempts on the part of systematic writers and practical physicians to distinguish and classify diseases." He is supposed to have been—and the utterances of some of his own disciples lend colour to the charge—a mere individualiser, regarding the maladies which affect mankind as "with a few exceptions, simply groups of symptoms, mosaics of which the component pieces admitted of endless re-arrangement." But this, again, is a great mistake, as I endeavoured to prove in a paper on "Generalisation and Individualisation" which I submitted to our International Congress of 1881, and which you may see in its Transactions. I there shewed, by numerous quotations, that Hahnemann recognised as freely as any

* Lesser Writings, p. 261.

† Carroll Dunham's Essay on the "Relation of Pathology to Therapeutics" (HOMŒOPATHY, THE SCIENCE OF THERAPEUTICS, p. 99) makes the same point.

other physician the existence of definite types of disease, of fixed character because resulting from unvarying cause, to which distinctive appellations might be given and specific remedies (or group of remedies) allotted. He varied from time to time, as Pathology itself varied, in the list of those to which he would assign such place; but at the lowest estimate they cannot fairly be described as "a few exceptions." They embrace the whole field of "specific" disease—acute and chronic. Take the instance of Intermittent Fever, which has been cited. Hahnemann is supposed to have declared these fevers innumerable, and each instance of them that came before him, an independent disease. But read the Section of the 'Organon' expressly devoted to the subject (§235-244). You will see there, that "it is only sporadic Intermittents occurring in non-Malarious districts that he thus describes. The true endemic Marsh-ague he recognises as a disorder of fixed type, always curable by *bark* if the patient is not otherwise unhealthy: while the epidemic Intermittents, though distinct among themselves, have each a specific character so as to be amenable to one common remedy. It is in these (and the sporadic cases) only that he reprobates the blind *Cinchona*-giving practised in his day. "

Here also, then, Hahnemann must be vindicated from the charge of ignoring any real Pathology, however little he valued the speculations of his own time which laid claim to that title. It is in the First Part of the Second Division of the 'Organon' that his views on the subject are expressed; and, "allowing for the fact that they are nearly a century old, and therefore possibly to some degree antiquated, there is nothing in them unworthy of a learned and sagacious physician." I reserve his theory about "Psora" intercalated in the Fourth and Fifth Editions, which must subsequently receive a few words on its own account.

Hahnemann concludes this portion of his subject with some suggestions as to the examination of patients (§ 83-104), of which all that need be said is they are, as becomes their object, thorough. The Homœopathic physician does not listen and enquire merely to find out to what class of maladies his patients are to be relegated. For this end but few symptoms are necessary, and the rest can be left. He has to get at their totality, that he may cover them with a medicine capable of producing them on the healthy subject; and in pursuit of this aim he must not account any detail superfluous. It has been objected that we should come off badly upon such a method with Mrs. Nickleby for a patient. But happily all patients are not Mrs. Nicklebys; and when we do meet them, common-sense must deal with them accordingly. Of course, proportion must be observed; and anything we KNOW to be

merely incidental must be omitted. Our colours must be mixed, like Opie's, "with brains, sir." But if we only THINK a detail unimportant, our wisdom will be to give the patient the benefit of the doubt, and insert it in our picture.

2. Such is Hahnemann's attitude towards disease; and I think it comes out from examination proof against every objection, and fitted at all points for its object. Still more incontrovertibly can this be said of the position he takes up with reference to drug-action (§ 19-22). His one insistence is that this can only be ascertained, by experiment on the healthy human body. Few now-a-days question the value of this proceeding; but Hahnemann has hardly yet been awarded the merit which belongs to him, as its pioneer. Haller had indeed preceded him in affirming its necessity, and Alexander and a few others had essayed tentatively—very tentatively—to carry it out; but Hahnemann developed Haller's thought into a doctrine, and multiplied a hundred-fold Alexander's attempts at proving. When the profession comes to know him at his worth, he will be recognised by all as the father of Experimental Pharmacology.

The great value of choosing the human subject for our provings is, that thereby their subjective symptoms—the sufferings as well as the phenomena they cause—can be ascertained. There is of course the inevitable shadow here—the counter-peril that a number of sensations of no moment shall be reported by the experimenters and cumber our our pathogeneses. This is inevitable; but Hahnemann at least saw the inconvenience, and did his best to avoid it. Let his rules for proving in the 'Organon' (§ 105-145) be read, and the information we have elsewhere as to his manner of proceeding be considered, and it will be seen that he did all that his lights suggested to make experimentation of this kind pure and trustworthy.

3. We pass now to the third division of the "vocation of the true physician," as conceived by Hahnemann. How is he to use his knowledge of drug-action in the treatment of disease? How is he to wield the potencies the former gives him for the favourable modification of the latter?

To the answer to these questions are devoted forty-eight aphorisms (§ 22-69) of the first and a hundred-and-forty-seven (§ 146-292) of the second division of the 'Organon.' Hahnemann argues that "there are only three conceivable relations between the Physiological effects of a drug and the symptoms of disease, and therefore only three possible ways of applying the one to the other." The two may be

altogether diverse and heterogeneous, as the action of a purgative and a congestive headache; and if you use the former to relieve the latter, you are employing a foreign remedy—you are practising Allœopathy (ἀλλοιον πάθος). Or the may be directly opposite, as the influence of a *Bromide* and the sleeplessness of mental excitement: then to give *Bromide of Potassium* to induce slumber is to act upon the enantiopathic or anti-pathic principle (ἐναντίον, *avII*, πάθος). Or thirdly, they may be similar, as *Strychnine*-poisoning to TETANUS or that of *Corrosive sublimate* to DYSENTERY. If such drugs are used for their corresponding disorders, you are evidently Homœopathizing (ὁμοιοπάθος). Now of these, Allœopathic medication must be condemned, both on the ground of its uncertainty, and on that of the positive injury it does by disordering healthy parts and by flooding the system with the large doses of drugs necessary to produce the desired effects. "Antipathic treatment is certainly and rapidly palliative; but the inevitable reaction which follows, leads to a return of the evil, often in greater force. It can rarely moreover, deal with more than a single symptom at a time; and even then its capabilities are limited by the very few really opposite states which exist between natural disease and drug-action. Antipathy may do tolerably well for immediate needs and temporary troubles; but it is not competent to deal with complex, persistent or recurrent maladies." For these we are shut up to the Homœopathic method, if we are to make any rational use of drugs in disease at all. This operates "without injury to another part and without weakening the patient." It is of inexhaustible fertility, for the analogies between natural and medicinal disorders are endless. It is complete, for the one order of things may cover the other in its totality. It is gentle, for no large and perturbing dosage is required for its carrying out. It is, lastly, permanent; for the law of action and re-action, which makes the secondary effects of antipathic palliatives injurious, here operates beneficially. The primary influence of the drug being in the same direction as the morbid process, the secondary and more lasting recoil will—after (it may be) a slight aggravation—directly oppose and extinguish it. It is thus that Hahnemann explains the benefit wrought by Homœopathic remedies—thus, and also by the theory (§ 28-52) of the substitution of the medicinal for the actual disease, of which he cites parallels in nature.

Here again we pause to ask what objections have been taken to Hahnemann's position. His doctrine of the three relations between drug-action and disease seems too simple for certain minds. One (Anstie) calls it Metaphysical; another (Ross) Geometrical; a third exclaims "how curious, how ingenious, how interesting!" and seems to think that in so designating it he excludes the possibility of its conformity to Nature. But why should it not have these features and yet be true? What other alternative is possible? What fourth term of comparison can be found between (be it remembered) the effects of drugs on the healthy and the symptoms of disease? If you use the one for the

other, you must do so Allœopathically, antipathically, or Homœopathically. Medical men seem very fond now-a-days for disclaiming any system in their practice, and announcing themselves as altogether lawless and empirical. But they can no more help practising upon one or other of these principles than M. Jourdain could help speaking prose unless he launched into verse. If they would only analyse their own thoughts, they would see that as soon as they learn the Physiological action of a drug, they consider what morbid states it can indirectly modify or directly oppose. These are two of the members of Hahnemann's triad; and the difference between us and them is that our first thought seeks out what disorders the drug phenomena most resemble. We would not neglect the other two directions in which the medicine might be utilised, if we had reason to think it advantageous to follow them; and our complaint is that the profession at large do neglect and ignore the third, to the great loss of their patients.

Why should they do so? Some have answered that the method is really practicable, that real parallels between disease and drug-action are rare. To speak thus, however, implies a very deficient knowledge of Pharmacodynamics. Others have expressed a more general and natural objection when they have argued that medicines which are truly similar must aggravate rather than benefit, if they act at all. It would seem so; and it is not surprising that in the older works on Materia Medica morbid states analogous to the action of drugs are set down as contra-indicating their employment. But this difficulty SOLVITUR AMBULANDO. Let any one take an obvious instance of such a contra-indicating condition—a sick stomach for *Ipecacuanha*, a congested brain for *Opium*, a dry febrile tongue for *Belladonna*. If he gives a quantity capable of exciting such states in the healthy, he may undoubtedly aggravate. But let him reduce his dose somewhat below this point, and he will get nothing but benefit. This has been tested again and again and no one has reported adversely to it: on the contrary, uses of medicines derived from the method are now becoming as popular in general practice as they have long been in ours. Why should this benefit result? We have heard Hahnemann's explanation, that such remedies work by substitution and by exciting reaction. It is one in which it is not difficult to pick holes, and he himself says, in propounding it, that he does not attach much importance to it (§ 28). Any discredit, however, resulting from its disproval must attach equally, as regards substitution, to Bretonneau and Trousseau; as regards reaction, to more than one ingenious thinker of our own country, as Fletchers, Ross, Rabagliati. * More recently, the hypothesis has been advanced, that medicines have, even in health, an opposite action in large and small quantities, so that the reduction of dose necessary to avoid aggravation gives you a remedy acting in a direction

* See MONTHLY HOM. REVIEW, xxiii, 600-2.

contrary to that of the disorder, while its choice by similarity secures practicability and complete embracement. I myself feel great difficulty in acceding to this theory as a general account of Homœopathic cure; but there is no justification for representing its adoption as an abandonment of the Homœopathic position. It is an attempt at explanation, that is all: the fact that likes are cured by likes is the all-important thing, account for it how we may. So Hahnemann said, and so all we Homœopathists believe.

The side of Hahnemann's position on which he is most vulnerable is his exclusiveness; in which he maintains his method to be applicable to all non-surgical diseases, and to render all other ways of employing medicines superfluous and hurtful. This led him, as has been fairly urged, to regard intestinal worms as product of the organism, and to ignore the acarus as the exciting cause of Scabies; it has resulted among his followers in a deinal of palliatives to their patients by which much suffering might have been spared. In the first matter, however, he erred in common with most of his contemporaries; and in the second he is not responsible for the excesses of disciples who are often more Wilkesite than himself. The rational Homœopathist recognises, indeed, the inferior value and limited scope of antipathic palliation. He knows that it is only properly applicable to temporary troubles; but in these he makes full use of it. He does not allow his patients to endure the agonies of Angina pectoris, when he knows that *Amyl nitrite* will relieve them: he does not refuse them *Chloroform* during the passage of a calculus any more than during that of a fœtus. Hahnemann's exclusiveness is not to be justified: but it may fairly claim excuse as the enthusiasm of a discoverer, full of the sense of the power of his new method, and naturally led to apply it everywhere and to esteem it without rival.

The treatment of his subject in the second part of the 'Organon' is purely practical. It gives instructions for the selection of remedies upon the Homœopathic principle, and for their judicious employment when selected. It enquires what should be done when only imperfect similarity can be obtained, when more than one medicine seems indicated, and when the symptoms are too few to guide to a satisfactory choice. It considers the treatment on the new method of local diseases (so called), of mental disorders, and for the great class of Intermittet affections. It gives directions for diet and regimen; for the preparation of medicines; for the repetition of doses, and for their size.

It is on the last of these points only that I can touch here: for the rest I must refer to the work itself. Hahnemann's treatment of the subject of dose had not had justice done to it, in consequence of our

knowing only the Fifth Edition of the 'Organon.' In the year 1829, after the publication of the Fourth Edition, he unfortunately determined to secure uniformity in Homœopathic usage by having one dilution for all medicines, and this the decillionth—the 30th of the centesimal scale. Our present 'Organon' represents this view; but the first four editions make no such determination, and are entirely moderate and reasonable in the principle of posology they lay down. The dose of a Homœopathically selected remedy, they say, must obviously be smaller than one intended to act antipathically or Allœopathically. If too large, it will excite needless aggravation and collateral suffering. It should be so reduced, that its primary aggravation (which Hahnemann supposed a necessary result) should be hardly perceptible, and very short-lasting. How far this must be, varies with the medicine used; and for suggestions on this point he refers to his MATERIA MEDICA PURA, where the dosage recommended ranges from the mother-tincture upwards, the 30th being a dilution of exceptional height. He alleges experience alone as having led him to attenuate as far as he has; but argues the reasonableness of so doing from the increased sensitiveness of the diseased body, pointing out that dilution does not diminish the power of a substance in proportion to the reduction of its bulk. Excluding the specific doses mentioned in the other work referred to, which are simply matters of fact and experience, there is nothing in this part of the 'Organon'—in its essential structure—to which fair exception could be taken.

I wish I could have stopped here; that there had been in the volume I am now expounding nothing more difficult to defend than what has gone before. In its first three editions—*i.e.*, up to 1824—there is not. Almost everything in Hahnemann's work during the first quarter of this century is of enduring worth; it is positive, experimental, sound. But from this time onwards we see a change. The active and public life he had led at Leipzig, with the free breath of the world blowing through his thoughts, had been exchanged, since his exile to Coethen in 1821, for solitude, isolation, narrowness. The reign of hypothesis began in his mind—hypothesis Physiological, Pathological, Pharmacological. The theories he was led to form in all these branches of thought found their way into the later editions of the 'Organon', and so demand some consideration from us here. But let it be remembered throughout that they are not of the essence of its argument; that its structure and substance were complete before they appeared, and—in the judgment of many of us—are rather injured by their interpolation. Without them, all is inductive reasoning or avowedly tentative explanation; they, dogmatically asserted but all unproven, introduce a new and questionable element, they constitute what Drs. Jousset and Gailliard have well called the "romance of Homœopathy."

The first of these hypotheses is that of a VITAL FORCE, as being the source of all the phenomena of life, and the sphere in which disease

begins and medicines act. Hahnemmn would probably at all times have called himself a vitalist, in distinction alike from the animism of Stahl (which made the immortal soul the principle of life), and from the views of those who would bring all vital phenomena under the laws of Physics and Chemistry. He early, moreover, employed the term "dynamic" to denote the sphere in which true disease took its origin and those effects of drugs which require vitality for their production. Disease has its "materies morbi" and organic changes; but all these may be—Hahnemann would have it always were—secondary products and effects, the primary derangement being invisible and intangible, manifest only in altered sensations and functions. Drugs, again, produce—many of them—chemical and mechanical effects; but these might occur in the dead as in the living body. The exclusively vital reactions they set up in the crucible of the organism belong to another sphere: they correspond with the beginnings of disease, like them are revealed by altered sensations and functions, like them are to be characterized as "dynamic."

Had he gone no further all would have been well. It is easy to read into his language the present protoplasmic doctrine of life; while the frequent commencement of disease in molecular rather than molar changes,* and the dynamic—as distinct from the mechanical and the chemical—action of drugs, are recognised by all. But in his later years Hahnemann advanced from this thoroughly tenable position into one far less easy to maintain. He adopted the view that vitality was a "force," analogous to the physical agencies so called, without which the material organism would lack sensation and functional activity, which animates and energises it during life and leaves it at death. It is this "vital force" (LEBENSKRAFT) which is primarily deranged in illness, and on which morbific potencies—both natural and medicinal—act through the sensory nerves. Its behaviour under medicinal influence is ingeniously imagined and elaborately described (§ 127); and in the Fifth Edition of the 'Organon' it is frequently mentioned as the actor or sufferer where previously the author had been content to speak of the organism (as in § 148).

Now Hahnemann can hardly be thought the worse of for entertaining this view, since, in some form or other, it was almost universally prevalent in his day. If the advice of the present Pope has been taken, it is still the teaching of all Roman Catholic colleges; for it is simply

* Hahnemann himself would have allowed this "frequent" to be more correct than "invariable"; for he considered Cholera due to the invasion of a cloud of minute organisms, and on this ground advised *Camphor* to be used so freely for it (see Lesser Writings, p. 851, 854). He is thus granting, IN PRINCIPLE, the germ-theory of infectious disease, and the propriety of parasiticide treatment in them.

the Thomist doctrine—itself derived from Aristotle—under another name. But the tendency of recent science is to regard the organism as no monarchy, wherein some "archæus" lives and rules, but as a republic in which every part is equally alive and independently active, the unity of the whole being secured only by the common circulation and the universal telegraphic system of nerves. It is unfortunate, therefore, that Hahnemann should have committed himself and his work to another conception. Either or neither may be wholly true; but one would have been glad if the 'Organon' had kept itself clear of such questions, and had occupied only the solid ground of observation and experiment.

And now of the PSORA-THEORY. This is far too large a subject for justice to be done it here. It has been fully handled elsewhere;* and any one who would desire to deal fairly with Hahnemann on the point has abundant material for so doing. I can only say a few words as to what it purports to be and what it really is.

It is sometimes averred by Hahnemann's critics that he made all Chronic Disease—or at least seven-eighths of it—orginate in from the category of true chronic maladies those which arise from unhealthy surroundings, noxious habits, and depressing influences (§. 77) for these, he says, disappear spontaneously when the LŒDENTIA are removed. Neither will he allow the name to the medicinal affections which the heroic treatment of his day made so common (§. 74-6), and which he regards as incurable by art." True Chronic Disease consists of such profound disorders as Asthma, Phthisis, Diabetes, Hypochondriasis, and the like—disorders insusceptible of cure by Hygiene, and tending to permanent stay and even increase. A certain proportion of the affections so characterized were traceable to venereal infection—Syphilitic or "Sycotic" (*i.e., Gonorrhœal*); and it seemed to him that the remaining seven-eighths (it is here that these figures come in) must have some analogous "miasmatic" origin. In the

* See Dudgeon's LECTURES ON HOMŒOPATHY, IX and X and my own PHARMACO-DYNAMICS, pp. 87, 90 and 839. A thoughtful paper on the subject was presented to our International Congress of 1896 by Dr. Goldsborough; and, with the discussions following, may be read in its Transactions. Dr. Goldsborough differs from me as to the range of cutaneous disease covered by the name "Psora" in Hahnemann's writings, and indeed so extends it as to include itching eruptions of all kinds. He makes him explicitly contained for a doctrine of "herpetism" which I have viewed as only implicitly contained in his thought. He is thus unable to agree with me that Hahnemann "based the logical superstructure of his Psora-theory upon the distinct entity Scabies." I have carefully weighed what my able colleague has written, but am unable to modify the judgment expressed in the text, and in the references given in this note.

medical literature of his day he found numerous observations (he cites ninety-seven of them) of the supervention of such diseases upon the suppressing of cutaneous eruptions among which Scabies—then very prevalent—held a prominent place. In this last he had found the "Miasm" he wanted. It resembled Syphilis in its communication by contact, its stage of incubation, and its local development, while it was far more general. He thereupon propounded it as—together with the other contagious skin affections, the Tineæ, etc., which he regarded as varieties of it—the source of the non-specific Chronic Diseases, understood as defined. "

Now it is easy for us, knowing what we know (or suppose we know) about Itch, to make merry over this theory of Hahnemann's. But to condemn or ridicule him for it, is a gross anachronism. We forget that the modern doctrine of Scabies dates only from Hebra's writings on the subject in 1844. Before that time men like Rayer and Biett could deny the existence of the acarus; and it was quite reasonable to regard it as only the product of the disease. Hahnemann, who was one of the most learned physicians of his time, knew all about it, and had, in 1792, written up on it.* He nevertheless, in 1816, described Scabies as a specific, miasmatic disorder, forming itself in the organism after contagion (as Syphilis does), and announcing by the Itch-vesicle its complete development within. It was thus regarded that he propounded it as the origin of so much Chronic Diseases. We, understanding it better, must refuse it such a place, But when we look beneath the surface of his doctrine, we find it far from being bound up with his view of Scabies. It rests upon the broader ground of morbid diathesis, and especially upon that form of it associated with cutaneous disorder which has led the French Pathologists to speak of a DIATHESE HERPETIQUE OR DARTREUSE. Translate Hahnemann's "Psoric," now into these terms, now into "scrofulous," and you have the substance of his thought, which is absolutely true and of the utmost importance. It was for therapeutic purposes that he arrived at it, and these it has subserved in no common degree, giving us a wealth of new remedies, of long and deep action, which are our most valued means in chronic disorders. Compare, for instance, our use of *Sulphur* with that which generally obtains—with that even which obtained in our own school before the Psora-doctrine was enunciated, and you will see what we have gained by it. "

Here again, then, we cannot allow Hahnemann to be deprecated on account of his hypothesis, strange as it may seem to us. But we must regret that he incorporated it in his 'Organon.' Neither it nor its practical consequences form any part of his method, as such; and Pathological theory is out of place in the exposition of a mode of pro-

* See B. J, H., xxi, 670,

ceeding which is wholly independent thereof. In reading the 'Organon', let us determine to ignore it, or to translate its language in the way I have suggested: We shall then do greater justice to the main argument of the Treatise.

And now a few words upon the theory of DYNAMIZATION, which is a subject quite distinct from that of infinitesimal dosage. We have seen that Hahnemann was led to adopt and defend the latter on grounds whose legitimacy all must admit, whatever they may think of their validity. For the first quarter of a century of his practice in this way (he began it in 1799) he thus regarded and justified it. He maintained, as I have said, that by the mulptiplication of points of contact obtained, dilution does not weaken in proportion to the reduction of bulk; but, in so speaking, he admitted that it did weaken. He even attempted to fix the ratio of the two processes, estimating that each quadratic diminution of quantity involved loss of strength by only one-half; and this calculation remains unaltered in all editions of the Organon (note to § 284). In the Third Edition, however (*i.e.*, in 1824), there appears for the first time the note we now read as appended to § 287. He here speaks of the unfolding of the spirit of a medicine as effected by the pharmaceutic processes of trituration and succussion, and in proportion to the duration of the one and the repetition of the other. By regulating these, accordingly, we can secure either moderation of excessive crude power on development of finer or more penetrating medicinal energy. In publications of 1825 and 1827, he carries yet further this new thought. At first he had ascribed the increase of power to the more intimate mixture effected by his processes; but now he declares it to be something over and above this—a change, a liberation of the dynamic, a development of the spiritual powers of the drugs, analogous to the production of heat by friction. Treated in this way, he affirms, "medicines do not become by their greater and greater attenuation weaker in power, but always more potent and penetrating"; there is "an actual exaltation of the medicinal power, a real spiritualisation of the dynamic property, a true, astonishing, unveiling and vivifying of the medicinal spirit."

These views were so little in accordance with those expressed in the 'Organon', that we find scant further trace of them in the Edition of 1829. In the note before-mentioned "refined" (VERFEINERT) becomes "potentised," as we have it now; and in the directions for proving medicines a note is added to § 129, saying that recent observation pointed to greater attenuation and potentisation rather than larger quantity as best giving the strength required for the purpose. This is all. In 1833, however, the pharmaceutical portion of the treatise has two new aphorisms (269, 270) embodying them. Its posological section remains unchanged, save in § 276. Here Hahnemann

had said, in former editions, "a medicine, even though it may be Homœopathically suited to the cure of disease, does harm in every dose that is too large, the more harm the larger the dose, and by the magnitude of the dose it does more harm the greater its Homœopathicity." In the Fifth Edition he adds, "and the higher the potency selected," which obviously changes the meaning of what has gone before, and makes dose a mere question of number of drops or globules. I mention all this to shew how entirely the doctrine of dynamization was an after-thought, and how little the 'Organon' proper (with which we are immediately concerned) has to do with it.

But what shall we say of the theory itself, in its bearing on Hahnemann's worth as a thinker? This must depend very much upon the stand-point from which we regard it. Was it a gratuitous hypothesis, at best a mere logical consequence of the other views of the originator? Or, was it an attempt to account for facts—these being in themselves genuine? Hostile critics assume the former position, and judge accordingly. We, however, cannot do this. Whatever our own preferences in the matter of dosage, it is impossible to read the history of Homœopathy, still more to be acquainted with its periodical literature, without recognising that highly attenuaed medicines have an activity SUI GENERIS. They show this in provings on the healthy as well as in the treatment of the sick; and not here and there only, but in such multitudinous instances as to make coincidence and imagination utterly inadequate as accounts of the phenomena. The Hahnemannic processes certainly do develope virtues in drugs which in their crude state are altogether latent. Brimstone, oyster-shell, flint, charcoal, table-salt—these substances in mass have a very limited range of medicinal usefulness; but what cannot Homœopathy do, what has it not done, with *Sulphur, Calcarea, Silicea, Carbo vegetabilis* and *Natrum muriaticum*, in the dilutions from the 6th to 30th? In this form they are in our hands as well-tried agents as any on which ordinary medicine depends. Their potency is a fact to us; how are we to account for it? Hahnemann's dynamization, in the light of later science, must be held untenable; but to this day we have nothing to put in its place. And even if we had, we should not the less honour the philosopher who perceived the necessity of the explanation, who brought to light the hitherto unknown phenomena, and set us to work at giving a scientific account of them.*

Scientific city of Potencies

* Dr. Gatchell, in a very interesting essay, brought before the Paris congress of 1900 the views now entertained about the effects of solution, as substantiating Hahnemann's dynamization. In a complete solution of a complex body, he writes, there are no molecules, but only "ions" into which the molecules have dissociated. These ions are electrically active while molecules are passive, and so a fresh force may be said to have been imparted to the original substance. These views may be helpful to our conceptions, so far as com-

I have now completed my exposition of Hahnemann's Medical Philosophy as contained in his 'Organon.' But we are accustomed now-a-days to demand more of Philosophy than that it shall be sound in method: It must also show its power in bearing fruit. Hahnemannians need not fear the challenge. There is a fine passage in Macaulay's Essay on Bacon, in which he recounts the numerous gains to mankind which the science of the last two hundred years has contributed. If the writer of the 'Novum Organum' could have looked forward, he says, he might well have rejoiced at the rich harvest which was to spring up from the seed he had sown. In like manner has even the immediate future responded to the impulse given by our Organist. Could he have foreseen the medicine of to-day, how much there would have been to gladden his heart. He lived in a time when heroic antiphlogisticism was in full force; when physicians "slew," as in Addison's day, "some in chariots and some on foot"; when every sufferer from acute diseases was drained of his life-blood, poisoned with *Mercurials,* lowered with *Antimonials.* and raked by PURGATIVES. He denounced all this as irrational, needless, injurious; and it has fallen—never, we trust, to resume its sway. The change thus wrought even in the practice of the old school would be a matter for thankfulness on his part; but how his spirit would have bounded when he looked upon the band of his own followers! The few disciples made during his life-time have swelled into a company of over twelve thousand practitioners, who daily, among the millions of their CLIENTELE, in their hundreds of hospitals and dispensaries and charitable homes, carry out his beneficient reform, making the treatment of disease the simple administration of a few (mostly) tasteless and inodorous doses, and yet therewith so reducing its mortality that their patients' lives can be assured at lower rates. He would see the *Aconite* and *Belladonna,* the *Bryonia* and *Rhus,* the *Nux vomica* and *Pulsatilla,* the *Calcarea, Silicea, Sulphur,* which he created as medicines, playing their glorious part on an extensive scale, robbing acute diseases of their terrors and chronic maladies of their hopelessness. He would see his method ever developing new remedies and winning new victories—evoking *Lachesis, Apis, Kali bichromicum, Gelsemium,* and earning laurels in Yellow Fever as green as those which crowned it in the visitations of CHOLERA. He would see his principles gaining access one by one to the minds of physicians at large —the proving of medicines, the single remedy, the fractional dose already accepted, and selection by similarity half-adopted under other explanations and names. He might well feel, like Bacon, about the "Philosophia Secunda" which should end his Instauratio Magna.

pound salts and solvent processes are concerned, but they hardly aid us for other substances and modes of preparation; and as a solution of one part in the thousand is considered a "perfect" one, we do not even for the salts get far on in Hahnemann's scale.—Dr. Gatchell's paper may be read in English in the MEDICAL ERA for April, 1901.

He had given its "Prodromisive Anticipationes": "The destinies of the human race must complete it—in such a manner, perhaps, as men looking only at the present would not readily conceive." The destinies of the human race, in respect of disease and its cure, are completing it; and will be yet more profoundly modified for the better as that completion goes on.

LECTURE IV.

THE KNOWLEDGE OF DISEASE

Hitherto, in dealing with three elements of the method of Hahnemann—the aspect it takes of disease, the mode in which it ascertains drug-action, and the principles on which it fits the one to the other—I have confined myself to exposition and vindication of Hahnemann's own deliverances on the subject, and these mainly as contained in his 'Organon'. There is still, however, a criticism to be made on his positions from the standpoint of the medicine of to-day; and to this, I must now address myself.

In the opening words of the definition of Homœopathy which formed the starting-point of my First Lecture, I said Homœopathy is "a therapeutic method." It is, I might have added, so described by its author. We find the name, the formula and the full statement of it in the First Edition of the 'Organon.' "Hitherto," he writes in the Introduction, "the diseases of human being have been treated not rationally, not on fixed principles, but according to various curative intentions, among others by the palliative rule CONTRARIA CONTRARIIS CURENTUR. Directly opposite to this lies the truth, the real road to cure, to which I give the guide in this work: To cure mildly, rapidly, and permanently, choose in every case of disease a medicine which can of itself produce an affection similar (*ὁμοιον πάθος*) to that it is wished to cure (SIMILIA SIMILIBUS CURENTUR)." Homœopathy is a therapeutic method; and it belongs, avowedly at least, exclusively to that part of the therapeutic sphere in which drugs are our instruments. "To cure" . . . "choose in every case of disease a medicine." It gives no instruction as to the other resources of the physician's art—diet, regimen, temperature, climate, the use of water and electricity and so forth. Some analogies among these and even among psychical affections, to the operation of similars have been pointed out by various writers from Hahnemann downwards; but, whatever be their value,* that at any rate find no place here. For our present purpose, Homœopathy is a method of drug-therapeutics; and while it has the advantages, must also share the limitations, of its materials. These limitations are of several kinds, but are mainly imposed by the superior claims of other remedial measures. SIMILIA SIMILIBUS may be the best mode of choosing medicines, but medicines are not always the chief or the most appropriate means of treating the sick. Such a thought was hardly so familiar to the age of Hahnemann as it is in our own. The ordinary medical attendant was then in fact as in name an apothecary—one who served out drugs from a store; his only variation upon this theme occurring when he bled or blistered. Of the natural history of disease nothing was known, and the idea of trusting to it was before Skoda and Dietl unheard-of. Hygiene played as little part in the doctor's prescription as it did in the patients' lives; and the TOLLE CAUSAM on which we now lay so much stress was then directed only to those hypothetical morbid states—obstructions, spasms, altered humours, and so forth—which were assumed as the foundations of disease. With the advance of knowledge on these subjects a corresponding encroachment has been made on the sphere of drug-therapeutics; and Homœopathy occupies a less prominent part in the practice of Homœopathists, not because they trust to it less as a guide to drug selection, but because they have less need of drug-action itself.

* Hahnemann's suggestions of the kind have been criticised by Dr. Dudgeon in his Lectures (p. 71-4), and by Dr. Sharp in his "Essays on Medicine" (1874), Essay VI. On the other side see Dr. Percy Wilde in the M. H. R., for 1896, pp. 116, 149.

In a lecture "On the Place of Drugs in Therapeutics," delivered at the London Homœopathic Hospital in 1895, which is readily accessible,* I traced the progressive adoption of this position from Hahnemann himself through Caroll Dunham, Dudgeon and Dake. In assuming it on my own part, I reminded my hearers of the potency of diet in Scurvy and of regimen in Lithæmia; and of the benefit of the exposure to Nature's influences as seen in Pfarrer Kneipp's system (to which might now be added the fresh air treatment of Phthisis). I showed the wide range of the maxim TOLLE CAUSAM ("that royal road," as Hahnemann calls it), applying it to the abuse of the tea, coffee, tobacco and Alcohol which—to say nothing of coca, kola and absinthe—play so large a part in present-day life; and also to the place occupied by the reflex action in the etiology of disease. I recognised the aid brought to the healing art by Surgery, by Hydrotheraphy, by Electricity, by gymnastics and massage (I might have added, by heat and cold). I need not further enlarge on this subject. I only mention it here to show that I am not unmindful of the wide field of therapeutic work which lies outside the special plot of ground we cultivate; and of our right and duty, as physicians and not merely Homœopathists, to labour in it.

* See M. H. K. xl. 14.

Proceed, therefore, with my comments on our original definition, Homœopathy is a therapeutic method, formulated in the rule SIMILIA SIMILIBUS CURENTER—let likes be treated by likes. The two elements of the comparison here implied are the effects of drugs on the healthy body and the clinical features of disease; in either case "all being taken into account which is appreciable by the patient or cognizable by the physician but hypothesis being excluded." We shall have more yet to say upon SIMILIA SIMILIBUS; but must first dwell further on what I have called the elements of comparison, and will begin with the aspect of disease which is selected for it.

I suppose that all lecturers on the Practice of Physic commence the account of particular diseases by describing their clinical features. "Every now and then," as my former teacher at King's College—Dr. George Budd—used to say, "we meet with" cases presenting such and such groups of phenomena and sensations. He would then give the name by which the malady thus constituted is styled, and would proceed to relate how it came about, and wherein essentially consisted, so far as these points were known. But observe the difference involved in this "so far." The etiology and Pathology of the disease were more or less uncertain, and our conception of them was liable to vary as new facts came into view. But its clinical features remained. They were those which perchance Sydenham, or even Hippocrates, had described as graphically as any modern physician: they, amid all shiftings of conceptions about them, were permanent and sure.

Hahnemann, as we have seen, took these features as the disease-basis of method. Simplicity and certainty were his aims in practical medicine. He could not conceive that the obstacles to them were insurmountable, and we have heard him* expressing—out of his profound Theism—his faith that as the Creator has permitted disease in its numerous forms* He must also have to reveal to us a distinct mode whereby it may be known and combated. This "distinct mode" was, he considered, the clinical. He was indeed far from refusing the aid of etiology to such extent as it was available. The 'Organon' has shewn him pointing out that it is obviously part of the physician's duty to ascertain the presence or incidence of any exciting causes of disease, that he may remove them now and ensure their avoidance in future. It is also desirable, according to his teaching, to discover the past causes—both predisposing and exciting—of the patient's morbid condition, as certain medicines are found specially suitable when disease has originated in certain ways—*Arnica* when from injuries *Rhus* and *Dulcamara* when from cold damp and so on. Pathology, however, Hahnemann absolutely rejected for therapeutic purposes. It was in his day far more a matter of guess-work than it is now, and was too much of a quicksand for a sure foundation to be laid in it. But he went further, and maintained that a knowledge of the essential nature of disease was both unattainable and useless. His views on this subject are best expressed in § 5 and 6 of the Fourth Edition of the 'Organon' (they were omitted, I know not why, in the Fifth):—"It may be conceded that every disease is dependent on an alteration in the interior of the organism. But the alteration is only guessed at by the understanding in a dim and illusory manner from what the morbid symptoms reveal concerning it (and there are no other data for it in non-surgical diseases); and the exact nature of this inner-invisible alteration cannot be ascertained in any reliable manner. The invisible morbid alteration in the interior and the alteration in the health perceptible to our senses together constitute to the eye of creative Omnipotence what we term disease: But the totality of the symptoms is the only side of the disease turned towards the practitioner—this alone is, that is perceptible to him, that is the main thing he can know respecting the disease, and that he needs to know to help him to cure it." The side of disease which Pathology explores was thus to Hahnemann its NOUMENON in the strict sense of the word—recognised metaphysically as existent, but taken no practical account of for all purposes, but those of thought represented by the phenomena. "The totality of the symptoms" is to the therapeutist, the disease.

* See p. 15.

Is this position tenable? Most persons would at once answer in the negative; they would do so, I think without regard to the end set before us, in thus limiting our apprehension of disease. If we were dealing with it as an object of science, a branch of natural history, it is certain that symptomatology would be an insufficient basis for our knowledge. No one has better shown this than Liebermeister, in his Introduction to the section on 'Infectious Diseases' in Zeimssen's "Cyclopædia."[22] The basing unities of disease on symptoms gave us such Pathological entities as Hydrops, Icterus, Apoplexy, and the like; and "from this symptomatic stand-point Quotidian Fever was a different malady from the Tertian or the Quartan form, while on the other hand Ascites and Tympanites were only different forms of the same disease." He goes on to argue that the most scientific—because the most real—rule of classification must refer to CAUSES, must be etiological. The Quotidian and Quartan types of fever are one, because they both originate from Malaria; they are to be differentiated from pyæmic febrile attacks, though these may have a similar rhythm and similar symptoms, but are to have grouped with the other Malarial

affections which differ greatly in symptoms, such as Malarial Neuralgia, Malarial Diarrhœa, Malarial Cachexia. "The lightest form of Varioloid is regarded as essentially identical with the most severe form of Variola; on the other hand, Vaccinia and Varicella are separated from it. The simplest Diarrhœa arising from the poison of Asiatic Cholera is to be ascribed to this disease: On the other hand, a very severe and deadly Cholera Morbus is to be marked as another malady."

Nor is it for classification only that such scientific knowledge of morbid states can be turned to account. It avails for prognosis. That we are able to distinguish true Typhus from other forms of Continued Fever, and that we know its natural history enables us to affirm, that if the patient survives the nadir of his prostration between the fourteenth and seventeenth day, and then displays an upward tendency, he will pretty certainly recover. It avails for the general management of the patient. To recognise Relapsing Fever as present leads to a care being taken after the first apparent recovery which would otherwise be needless, but which here materially influences the course of the second paroxysm: It also suggests the use of antiseptics, during the interval for the possible prevention of the recurrence, as carried out so successfully by Dr. Dyce Brown in Aberdeen.* It avails, again, for estimating the influence of treatment. Of old, every Chancre which disappeared without secondaries supervening went to the credit of the *Mercury* given, or to the demonstration of its needlessness if it had been omitted. We now know that the Soft Chancre—which occurs by far the more frequently of the two—has no such significance, and is naturally without SEQUELÆ.

Now if medicine were an applied science only, it would be with such knowledge and its utilisation entirely that we should be concerned. But it is (as we have seen) the merit of Homœopathy that in it medicine assumes its true place in being an art—the art of healing. It should have, as I have said, a life of its own, independent of the nourishment its associated sciences bring. The method of Hahnemann gives it this, by taking the clinical aspect of disease as its working basis. Pathological knowledge has little to do with drug-selection so determined! It has taught us—for instance—to recognise Enteric Fever as specifically distinct from Typhus, and for many purposes this differentiation is highly important. But the indications for its Homœopathic remedies were just as plain when it was classed merely as "Typhus Abdominalis,"

*See B. J. H. xxxi, 355,

and were as well given of old by Wolf and Trinks, as they are now by Jousset and Panelli.

Again, if our aim be the ascertainment of the particular organ affected in a given case, symptomatology is certainly insufficient. Not, indeed, because it is to be distinguished from physical diagnosis, and has to do with "rational" signs merely. The phenomena requiring a 'scope or speculum' for their perception, the sounds elicited only by percussion and auscultation, are as truly symptoms, as is a dilated pupil or a wheezing respiration. Not thus, but because to ascertain the seat of disease we have to bring in the aid of morbid Anatomy. This is the science of LESIONS, while clinical medicine takes account of MALADIES—which, in the words of Tessier, are "constituted by an assemblage of symptoms and lesions undergoing a definite evolution." The one speaks of Hepatisation of the Lung, the other of Pneumonia; the one of Herpes, the other of Shingles. Now the lesion—save where, as in the last instance, it is on the surface—is a thing inferred only, not perceived or experienced; and hence is not strictly included within the range of the knowledge of disease required by the Homœopathic method which—again to quote Tessier—is one of "positive indications." To many minds, accustomed to make physical diagnosis their chief aim as physicians, this is a very unacceptable feature of our practice. But let us look at the matter dispassionately. What do you gain by inferring, from certain signs, that a given group of symptoms means the presence of inflammation of the air-cells proper, as distinguished from the bronchial mucous membrane or the pleura? Something, it may be, for prognosis: You know better what the patient has to expect and both he and you feel more security from being able to follow the morbid process as it were with your mind's eye through all its stages. In other cases, as where the digestive organs are at fault, a knowledge of the precise seat of the malady aids you in general management: You can order such food only to be taken as will give the affected portion rest—farinaceous where the stomach, animal where the duodenum, is involved. In neither instance, however, have you gained anything as regards drug-treatment, especially if you are going to conduct this on the principle of SIMILIA SIMILIBUS. Your medicine must indeed act on the same parts as those affected by the disease, and in the same manner. But, if it produce a like group of symptoms, the inference is that it does so. As Hahnemann wrote in the 'Organon' (§ 148)—"A medicine which has the power and tendency to produce symptoms the most similar possible to the disease to be cured, affects those very parts and points in the organism now suffering from the natural disease." It is from the phenomena that in diagnosis, you infer the noumena: Quite as surely, in treatment, if drug and disease have the same phenomena, it may be concluded that their noumena are also identical. You are indeed in this way more certain of your aim; for your diagnosis may be wrong, as the autopsy not uncommonly proves, but your compari-

son of symptoms—if intelligent and painstaking cannot err of the mark. And further, it must be remembered that our object, is to select not a SIMILE only, but the SIMILIMUM—the medicine whose action on the healthy correspond to the particular case in its individuality, in the finer features and more minute ramifications of the malady here presented. Identity of lesion is insufficient for this : "We want" as Dr. Drysdale has said, "a Pathological simile far more exact and qualitatively like than that afforded by mere coarse morbid Anatomy, which is common to all cases alike." We get this by fitting together the variety of phenomena manifested in disease and in drug-action by "covering" the one with the other. We may not be able to explain why certain symptoms are present in certain cases ; but we must believe that each has its proximate cause, and that the combination of such causes constitutes the individual malady from which the patient is suffering, and to which our drug must be fitted.

For drug-therapeutics on the Homœopathic principle, therefore, symptomatology may justly supersede diagnosis, as being in many cases surer and in all more thorough. It gives us a further advantage (which I have already touched upon), in that it often enables us to attack maladies in their forming stage, before they have developed such lesions as physical signs can manifest. The totality of symptoms is intended to be a curative indication ; and if disease is to be cured it should be taken as early as possible, before such results have occurred as become the subjects of morbid Anatomy POST MORTEM, or even of Pathology during life. In such early stages maladies are often recognisable by rational signs alone, and mainly by symptoms of a subjective nature. This point has been forcibly made by Carroll Dunham, in his Essay entitled, "The Relation of Pathology to Therapeutics"; and I would take the opportunity of commending the writings of this "beloved physician" (by no name less tender can those who knew him speak of him) to your most earnest attention. His lucid style is but an index to the clearness of his thought ; and in him Hahnemann finds an expositor who knows how to reconcile him to science and expound him in reason without sacrificing an iota of his essential principles. In the Essay I have mentioned he shews, that as Physiology takes cognisance, not of life, but of the results of life, so that with which Pathology is concerned is the result of the abnormal and perverted life which we call disease. The products of disease Pathology sees, hears, or infers : It knows nothing of disease itself. Hence, to base Therapeutics upon Pathology alone is to make the former merely palliative —a pumping out a leaking ship instead of stopping the leak. It may be said that we do not know where the leak—the primary disturbance —is, and that if we knew we could not reach it to stop it. But by the

proving of medicines we obtain agents which their powers to cause similar inundations, and therefore presumably, similar breaches, which —upon the principle SIMILIA SIMILIBUS—it is the hypothesis that they can repair. If then, the comparison between the results of disease and of drug-influence be thoroughly and accurately made, the parallelism of action must reach also to that which originates either. "And here," Dr. Dunham writes, "I cannot refrain from tendering homage to the wonderful prevision of genius by which, in an age when Pathology, as we understand it, was unknown. Sammuel Hahnemann anticipated all that we have said, and all that the most advanced thinkers of our day have taught, respecting the scope and influence of Pathology in relation to Therapeutics. The symptoms of the urinary organs in connection with the discharge of morbid urine would at one time have been regarded as the proper subject of treatment. But Pathology has now taught us to trace these symptoms back to the kidneys and beyond the kidneys to the blood, and beyond the blood to the nutrition and the destruction of all the organised tissues. As Dr. Carpenter remarks, —'When, for example, the urine presents a particular sediment, our enquiries are directed not so much to the sediment itself, as to the constitutional state which causes an undue amount of the substance in question to be carried off by the urinary excretion, or which prevents it from being (as usual) dissolved in the fluid.' To confine the attention, therefore, in prescribing for a given cause, to the immediate organ the perversion of whose functions is most obviously pointed out by the prominent symptoms, is to disregard the clearest indications of Pathology. We must analyse these prominent symptoms, and must include their remotest elements in our indications. Nay, these remotest elements—the constitutional disturbances of which Carpenter speaks —are even more—important indications for treatment than the more obvious and objective symptoms. But how can we analyse these more obvious symptoms, and ascertain those 'constitutional disturbances' in which they have their origin ? In no other way than by a study of the functions of the entire organism—in what way and to what extent they are performed in an abnormal manner. And this brings us at once to that rule on which Hahnemann so strongly insisted, that the entire organism of the patient should be examined in every possible way, and that the 'totality of symptoms' should be made the basis of the prescription ; nay, that the constitutional, general symptoms are often more conclusive as to the proper treatment than the more obvious local symptoms. The grand old master reached at a single bound the same conclusions to which the labours of a half century of able Pathologists have at last, with infinite research, brought the medical profession."

All this time we have been dealing with general principles : but let us look at special forms of disease, and see whether or not the

Hahnemannian mode of regarding them is sufficient for their treatment.

1. The FEVERS constitute a group which plays a large part in daily practice. They are maladies in which morbid increase of temperature exists prior or out of porportion to any local inflammation which may be present. The theory of this state is still a moot one. According to some Pathologists it depends upon excessive heat-production; according to others upon deficient heat-radiation; while yet another class (with whom I venture to think the truth resides) believe that both factors operate at one time or another in the process.* But whatever be the genesis of fever, it remains a positive fact, a clinical entity, with which we have to deal. Upon the Homœopathic principle, we have to treat it with drugs capable of producing fever. How they do so, we may not know; but our ignorance of the process matters little if we are sure about the result. "An infinitesimal quantity of *Atropia*—a mere atom," writes Dr. John Harely "as soon as it enters the blood, originates an action which is closely allied to, if it be not identical with, that which induces the circulatory and nervous phenomena accompanying Enteric or Typhus Fever." This is sufficient; and as soon as we learn it to be a fact from Hahnemann's proving of *Belladonna* (made, I may add, before Dr. Harely was born), yet minuter quantities of *Atropia* (in the form of the juice of its mother plant) became in our hands trusted remedies for these very fevers. Again, the classification of fevers of which we have already spoken, so necessary for science and so valuable for general purposes, has but the smallest influence upon drug-selection. The old divisions of Synocha, Synochus, and Typhus (the last with its "nervous" and "putridus"), worthless as they are from a scientific point of view, are much more useful for our practice than those of Typhus, Typhoid, Relapsing, and Ephemeral. They denote the KIND of fever with which we have to do, its quality and mode of life; and to us it is all important that our drugs, next to being really febrigenic, should correspond in their action to the kind of fever present. They can hardly set up a whole Typhoid, in its complete evolution; but the febrile state they develope is certainly either a Synocha, a Synochus, a Typhus nervosus versatilis or stupidus, or a Typhus putridus; and if we find these states existing, in the essential fevers, the exanthemata, or elsewhere, in them we shall have our remedial means.

*See my "Knowledge of the Physician," Lecture V.

2. After FEVERS, the most important group of disease consists of the INFLAMMATIONS. To the Pathology of this morbid process many pages are devoted at the commencement of every treatise on Medicine or Surgery. Whether, after all that has been written, we know much about it in its essence, may well be doubted; but even if we do, of what avail is our knowledge for treatment—at any rate for medicinal treatment? The old phenomenal signs, DOLOR, CALOR, RUBOR, TURGOR, still for all practical purposes constitute INFLAMMATION, when externally manifested and when it is internal, and so invisible, the facts which lead us to infer its presence and seat are no less of the symptomatic order, as I have already argued. To treat Inflammation Homœopathically, it is only necessary to find a drug capable of setting it up, at the same spot, and in the same manner, as evidenced by the symptoms.

3. The NEUROSES, of which I would in the third place speak, are still—as Libermeister says symptomatic groups. Their unity is one neither of cause nor of lesion; it is clinical only. It is of much interest to know what is the seat and process of the Epileptic paroxysm; but our choice of Anti-epileptic remedies must be determined mainly by the power they have of inducing similar paroxysm in the healthy subject, explain it or not as we can. In like manner is it with Cholera and Tetanus and Hysteria; no conceivable knowledge we can gain as to their intimate nature would make us better able to fit Homœopathic remedies to them than we should be, if we possessed their symptomatic analogues in drugs.

It thus appears that of the three elements which exist in all knowledge—phenomena, laws, and causes, it is the first which for positive therapeutic action, chiefly concerns us in disease. Not that the other two are worthless to us, even for this end. Our laws here are classification—the recognition in morbid states of genera, species and varieties analogous to those of animated nature. These enable us to form groups of remedies associated with them, instead of having to wander through the whole Materia Medica for each prescription: They also give a continuity to medicinal treatment, without which the USUS IN MORBIS were of no avail. Hahnemann led the way here, by constantly insisting on the existence of fixed and definite types of disease, to which standing remedies should be applied; and by giving us group of "Antipsorics." I fear, however, that he must be considered as having rejected all enquiry into causes—I mean proximate causes, the noumena of the phenomena—in this sphere. In so doing we need not follow him. His ground for taking symptoms as the element of parallelism between disease and drug-action was that they only were surely known in his day this was true, and his selection of

them was most prudent. But to maintain that they alone were knowable was unwarrantably to bar the progress of science. His stricter followers have acted on the DICTUM, and have looked askance on the positive Pathology of the present day, with its physical diagnosis and post-mortem confirmations. They have always been a decade or more behindhand in their recognition of such distinction as those between Typhus and Typhoid, between Chancre and Chancroid, and in their use of such means as auscultation and thermometry. Now this is altogether wrong. An inference from symptoms, if sure, is as good a basis for treatment as symptoms themselves. This sureness is assumed in the prognosis given and the general management instituted : Why should it not be also for purposes of drug-selection ? By proceeding upon it we secure another route to the SIMILE we desiderate. We use symptoms to reach it, because they are its most certain expression; but if it can be otherwise attained, the alternative access may often be useful. Morbid lesions sometimes occur almost, if not quite, without symptoms, as for instance Caries of the Vertebræ and Senile Pneumonia. To attempt to "cover" these from the results of the proving of drugs would be futile. But Toxicology and experiments on animals here come to our aid and give us in *Phosphorus* a substance capable of inflaming alike the cancellous structure of bone and the pulmonary air-cells ; so that with it we can combat these diseases, however latent and expressionless they may be. There is indeed something fascinating about similarities of this kind ; and our late colleague Dr. Sharp proposed (following in the footsteps of Paracelsus and Rademacher) to make seat of action instead of symptoms the basis of our methed, which accordingly he would call "Organopathy." That remedies so led to may prove effectual is undoubted ; We have a good example of them in the *Ceanothus Americanus* which, though never proved on the healthy, and only known to "act upon" the spleen, has been found strikingly effective in pains, enlargements, and other disorders of this organ. But we should never, if possible, rest content with identity of seat between disease and drug : We should aim also at making their kind of action the same, and this can only be done by securing similarity in their symptoms. In this way we elevate the SIMILE to a SIMILIMUM, and proportionately enhance its energy in cure.

We thus come back to the phenomena as our mainstay in practice ; for therapeutic purposes, the totality of symptoms, constitutes the disease. As a result of this view, the examination of patients by the Homœopathic prescriber is far more minute than that ordinary practised. He can hardly, indeed, inspect and explore for himself more thoroughly than does the well-trained practitioner of to-day ; but he listens to and

questions the sick person with greater patience and more painstaking completeness. He pays more regard to subjective symptoms. I have already more than once indicated the large part played by sensations in Homœopathic proving and prescribing of medicines: I am glad now to support our appreciation of these from an Address delivered by the late Dr. Russel Reynolds in 1874.

Russel Reynolds

"Is it not coming to this," he protested, "that but little attention is often paid to the accounts which patients give of themselves, their ideas, emotions, feelings and physical sensations? These are things which we cannot weigh in our most guarded balances—measure by our finest scales—split up by our crucibles—or describe in any terms save those which are peculiar to themselves and which we cannot decompose. These symptoms are often disregarded and set aside : And the patient, whose story of disease is made of them, is thought fanciful, hypochondriacal, hysterical, nervous, or unreal : because, forsooth, we have physically examined thorax, abdomen, limbs and excretions, and have found in them nothing wrong ; because we have looked at the retinæ, examined the limbs electrically, traced on paper the beatings of the pulse, weighed the patient and not found him wanting. Still he is miserable, in spite of placebo and assurance that there is nothing organically wrong ! There may be in him a consciousness of a deep unrest ; or of a failing power which he feels, but which we cannot see ; or of a something worse than pain, a sense of impending evil that he is conscious of in brain or heart; a want of the feeling of intellectual grasp, which he may call failure of memory, but which memory—when we test it—seems free from fault ; a want of the sense of capacity, for physical exertion, which seems, when we see him walk or run, to be a mere delusive notion, for he can do either well or easily to our eyes and those of others ; and so he is called nervous, and told to do this or that, and disregard those warnings which come to him from the very centre of his life. And let me ask whether or no it has not again and again happened in the course of such a history as that which I have only faintly sketched, that some terrible catastrophe has occurred : Do we not see minds gradually breaking down while we say there is no organic change in the brain ? Hearts suddenly ceasing to do their work, when after careful auscultation we have said there was nothing to fear ? Suicide or sudden death sometimes disturbs the calm surface of our scientific prognosis of no evil : We may be startled, and may then see all that we ought to have before, But when the ripples that such unforseen events have occasioned on that smooth surface have subsided, we go on as we have already done, and still pay but little attention to what the patient feels, and delight ourselves in the precision of our knowledge with regard to

physical conditions of which he may know nothing and may care still-less. No one can appreciate more highly than I do the value of precise observation, but I do not believe that minute, delicate, and precise observation is limited to a class of facts which can be counted, measured or weighed. No one can see more distinctly than I do, the wrong conclusions at which a physician may arrive at by accepting as true the interpretations which fanciful patients may offer of their symptoms; but I am sure that if we pay no heed to these mistaken notions of a suffering man, we loose our clue to the comprehension of the real nature of his malady. Morbid sensations and wrong notions are integral parts of the disease we have to study as a whole, and we are bound to interpret their value for ourselves; but we can ill afford to set them aside, when we are as yet but in the dawn of scientific Pathology, and are endeavouring to clear away the obstacles that hide the truths we hope hereafter to see more clearly about the mystery of disordered life. The value of such symptoms may be slight in some kinds of diseases, when compared with that of those phenomena which may be directly observed; but we are bound to remember that there are many affections in which they furnish the earliest indication, and there are not a few of which they are throughout the only signs."

In the light of this, which is but one among the many advantages of Hahnemann's mode of observing disease, I think we may make claim for it as being, not only the one safe thing for his own time, but also a mode of procedure most important in itself, and never to be left behind. It needs especially to be emphasised at the present day. It is with us as before the Reformation, when the Bible was used by the Church as a rule of faith only—a source whence were to be inferred the doctrines and practices obligatory on her children. What Luther and his followers did was—as Dr. Robertson Smith has well shown—to recover the Book itself in the totality of its thoughts and words, as a means of grace to each individual soul. The fruitful results thus achieved in the spiritual sphere will be paralleled in the medical as the clinical study of disease is allowed its due preponderance, and is made the direct road to Therapeutics. Of this reformation Hahnemann was the preacher in his day: And his voice must ever be echoed by his disciples when they see the profession straying into the alluring, but less practical, paths of Pathological speculation.

In support of thus acting, they could cite the words of another acknowledged leader in English medicine, also now deceased—Sir Andrew Clark. In his Presidential Address at

the Clinical Society of London in 1883, this distinguished physican said:—*

"Another great work of our Society has been and continues to be, the unfolding of the exact relations which morbid Anatomy and incidentally, Experimental Pathology should hold to clinical medicine. These two chief servants of our art, excited and carried away by their marvellous successes, and assuming a joint sovereignty over our art, look down with condescending superiority upon clinical medicine, ridicule her claims to supremacy, scoff at her empirical distinctions, reproach her with being unscientific, and strive to torture her into a slavish subjection to their theories. But the true relation is not this: It is, indeed, the converse of it. For the structural change is not disease, it is not co-extensive with disease; and even in those cases where the alliance appears the closest, the Statical or Anatomical alteration is but one of other effects of Physiological forces, which, acting under unphysiological conditions, constitute by this new departure the essential and true disease. For disease in its primary condition and intimate nature is in the strict language dynamic; it precedes, underlies, evolves, determines, embraces, transcends, and rules the Anatomical state. It may consist of mere changes in the relations of parts, of re-arrangements of atomic groupings, of recurring cycles of vicious chemical substitutions and exchanges, of new conditions in the evolution and distribution of nerve-force; and any or all of them may be invisible to the eye, inseparable from life, and undiscernible in death. Undoubtedly the appearance of a structural alteration in the course of disease introduces a new order of events, sets in action new combinations of forces, and creates disturbances which must be reckoned with, even as mechanical accidents of the Pathological processes. But always behind the Statical lies the Dynamic condition; underneath the structural forms are the active changes which give them birth, and stretching far beyond the limits of Pathological Anatomy, and pervaded by the actions and interactions of multitudinous forces, there is a region teeming with manifold forms of disease unconnected with structural change and demanding the investigation which it would abundantly reward. It is in this mysterious and fertile region of dynamic pathogenesis that we come face to face with the primitive manifestations of disease, and learn how much knowledge from all sources is needed to understand it aright; it is here that we see how, without the help from Physics, Chemistry, and Biology, collecting, converging, and meeting in a common light, no single problem in disease can be completely solved; it is here that we are made to comprehend how the nature of a Pathological product cannot be determined by its structural character, but by the life-history of the processes of which it is only a partial expression; it is here that we observe how, in therapeutic

*LANCET, Feb. 3, 1883.

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experiments, the laws of the race are conditioned and even traversed by the laws of the individual; and it is here that we discover how clinical medicine is to become a science, and how she is already, beyond all question, at once the mother and the mistress of all the medical arts."

* It is pleasant to find Dr. Clifford Allbutt following in this direction his eminent predecessor. "Mere observation of disease," he said in his inaugural lecture at the Middlesex Hospital School in 1900, "and morbid Anatomy have taken us almost as far these means can do. ... We must track our morbid processes in their earliest dynamic irritation, so as to arrest them at these stages." (BRIT. MED. JOURN., Oct. 6, 1900).

LECTURE V.

THE KNOWLEDGE OF MEDICINES

At our last meeting we spoke of the knowledge of disease required for the practice of Homœopathy. We saw that the phenomena we call "clinical"—the symptoms of maladies, subjective and objective, rational and physical, in their connection, conditions, and order of evolution—form for this purpose the main object of our study. They do more than enable Nosology to classify their sum and Pathology to diagnose their seat; they directly avail, under the guidance of the method of Hahnemann, for the choice of their remedies. Nosology aids in this, by grouping drugs around definite morbid species, and Pathology by utilising their local affinities; but both need completing by symptomatology to determine finally the one medicine which shall be the SIMILIMUM of the disorder we have to treat. We heard some of the ripest medical thinkers of our time bearing witness indirectly to the validity of this mode of procedure, recognising the dynamic origin of disease, the importance of subjective symptoms as indicating its beginnings, and the necessity of taking all symptoms into account if we are to arrive at a true conception of a case. The inference is that to the clinical study of disease the Homœopathic student and practitioner should devote his chief attention. He should learn, indeed, all that Pathology, which is the science of disease, can tell him about it in various forms; but should use the light of such knowledge, not so much to gaze upon in scientific interest, as to illumine his perception of the actual features of that with which he has to do.

Our subject today is the KNOWLEDGE OF MEDICINE, which are the tools of the healing art, as disease is the material on which it works. What are medicines? I do not know that any better definition of them can be given than that which was put forth by Hahnemann in 1805, in the Preface to his "Fragmenta de Viribus Medicamentorum positivis":—Quæ corpus mere nutriunt, ALIMENTA, quæ vero sanum hominis statum (vel parva quantitate ingesta) in ægrotum—ideoque et ægrotum in sanum—mutare valent, MEDICAMENTA appellantur." My own difference with him would be that I should place the corollary foremost, and define a medicine as a substance which

has the power of changing sickness into health, and therefore —on the principle, 'nil prodest quod non lœdit idem'—of altering health to sickness.

Now on what ground is any substance to be reckoned a medicine? And how is it to be ascertained what are the morbid conditions and processes it can favourably modify? There are but two ways by which to arrive at such conclusions, the empirical and the rational.

1. Many, perhaps most, of the ordinary remedial uses of drugs, have been stumbled upon by chance. It has generally been the "common man" (as Hahnemann calls him), sometimes even the still lower brute, that has discovered them; and the professional healer has taken the hint and adopted the practice. After this manner has been gained *Bark* as a remedy for Ague, burnt Sponge for Goitre, *Arnica* for the effects of falls and strains, *Graphites* for Tetters, *Sulphur* for the Itch. Not less empirically, though among the practitioners of medicine, has arisen the use of *Mercury* and *Iodide of Potassium* in Syphilis, of *Bismuth* in Gastralgia, of *Arsenic* in Psoriasis. Theories of the MODUS OPERANDI of such remedies have often been subsequently framed; but it is certain that their original adoption grew out of no such theories; but was an accidental discovery.

Now it would be the height of unwisdom to neglect information from this source. A remedy is a remedy, however, comes at, and whether conforming or not to any laws of action we may suppose to prevail. Experience is the test even of medicines rationally ascertained to be such: It is but beginning the process a little lower down when experience itself discovers them. But on the other hand it is obvious that the empirical method is a very uncertain one, and affords no guarantee of further additions to our remedial wealth. Indeed, it is no method at all, but mere guess-work and chance picking-up. It is only hopelessness as to rational therapeutics which has led such writers as Wilks and Druitt in the past to make empiricism a matter for satisfaction and a standard of advance, and it is with regret that we see it rampant in the highest ranks of the medicine of today. Sir William Gowers has for sometime been regarded as one of the leading authorities upon Nervous Diseases, and as a Neurological specialist is in great request for consultative purposes. In an Address published in the LANCET of 1895 (November 23rd) he has shewn us what is in this case the "scientific medicine" on the possession of which that periodical so often felicitates the profession. "It has not been my privilege," he says, "to add much to our therapeutical resources," but the few agents I have recommended have been based on pure empiricism." He gives

as examples his employment of *Borax* in Epilepsy and of *Aluminium* for the pains of Locomotor Ataxy. Of the former his words are—"It was one of many things I tried, simply as a peasant might try in succession a number of herbs"; of the latter, "I had no better reason for trying it than the fact that Arsenic is a metal, and so is Aluminium."* If this is the only mode of progress that "regular" medicine at its best can adopt, we may be content to remain "irregular."

2. There are certain pseudo-rational modes of discovering remedies which have brought undeserved slight on those truly bearing the name. Such is the doctrine of "signatures," and much of the iatro-mechanical and iatro-chemical theory of former and later times. When a real medicine has been gained by these means—as *Chelidonium* in disorders of the liver and *Euphrasia* in those of the eye, as *Iron* in Anæmia and *Muriatic acid* in Low Fevers—it has— been by coincidence, not from induction: The result is practically empirical. The truly rational method is that which infers the place and the power of a drug in disease from its behaviour in health. Every such substance, on being introduced into the animal organism, causes certain disturbances, certain changes. Each has its proper series of effects; each selects certain organs and tissues, or certain tracts and regions of the body, and there sets up phenomena of a definite kind. This is the only source of information about them which is certainly and infinitely fruitful. If from observing the Pathogenetic effects of a substance we can conclude (subject to the teachings of experience) as to its therapeutic virtues, we have but to experiment with fresh poisons to gain as many additional remedies.

In two of his Essays—the "Suggestions" of 1796, and the "Examination of the Sources of the common Materia Medica" of 1817—Hahnemann has fully considered the empirical and pseudo-rational ways of arriving at the knowledge of medicines, and has proved them wanting. In the latter he discusses the ascription of general therapeutic virtues, as when drugs are styled resolvent, tonic, and so forth; the inference from sensible properties, as those of the bitters and aromatics, or from chemical qualities; and the USUS IN MORBIS, shewing conclusions from this source to be vitiated by polypharmacy and lack of individualisation. In the former Treatise he also enquired how far Botanical affinity

* It is rather curious that the very unusual Aluminium should have been the first metal thought of by Sir W. Gowers as a succedaneum to Arsenic. Is it possible that the fact had reached him (it is mentioned in my "Therapeutics") that Bœnninghausen many years ago published two cases of Tabes dorsalis in which a cure had been effected by *Aluminium metallicum* in the 200th dilution?—See AMER. HOM. REVIEW, I. 107.

could guide to medicinal virtues. His conclusion is that none of these sources is trustworthy, and that the only sure one is the effect produced by drugs on the healthy organism.

It is needless at the present day to vindicate the wisdom of Hahnemann's rejection of the fanciful modes of apprehending drug-action mentioned above. We still, indeed, hear of "tonics" (though not of "resolvents"); but that three such incongruous substances as *Iron*, *Quinine* and *Arsenic* should stand at the head of the list of these shews how little of scientific worth there is in the conception. The USUS IN MORBIS of course maintains its ground, but it is confessed to be only available as a guide when freed from the elements which in Hahnemann's day made it useless. A steadily growing usage, together with ever-multiplying admissions, shews that the proving of drugs on the healthy will ere long be recognised as being all that Hahnemann claimed for it. But in the meantime there is on the part of many such a tendency to look askance at it, and with all so much grudging of Hahnemann's merits as its initiator, that its exposition—if not justification—here becomes a necessity and a duty. We have also, on the other side, to present some critical estimate of the manner in which the work has been done by himself and his disciples, and of the materials we have gained thereform for our practice,

The organisms on which the effects of drugs can be ascertained are those of the lower animals and of man.

1. There was a time when the CORPUS VILE of brutes was thought the only ground on which FIET EXPERIMENTUM; and even now it plays by far the largest part in the pharmacological research of the profession at large. If this were sound practice, Hahnemann would be somewhat discredited; for he, recognising that it was available, deliberately rejected it. But have his arguments against its adequacy ever been answered? The first is that the effects of drugs are different on them and on us, and different as between themselves. "A pig can swallow a large quantity of *Nux vomica* without injury, and yet men have been killed with fifteen grains. A dog bore an ounce of the fresh leaves, flowers and seeds of monkshood: what man would not have died of such a dose? Horses eat it, when dried, without injury. Yew leaves, though so fatal to man, fatten some of our domestic animals. . . . The stomach of a wolf poisoned by monkshood was found inflamed, but not that of a large and a small cat, poisoned by the same substance."* Thus Hahnemann, and similar facts have come to light in later times, among which I may mention the impunity with

* Lesser Writings, p. 299.

which the rabbit may be fed for days upon *Belladonna* leaves. The argument from them has been urged afresh in the Forty-first Volume of the BRITISH JOURNAL OF HOMŒOPATHY, and shewn to be borne out by the contradictory results of later pharmacological research on animals. The second is yet more destructive: It is that we cannot obtain subjective symptoms from dumb creatures, and we have learnt how important these are in the knowledge—for curative purposes—of disease and therefore also of drugs. We may see this by the instance of *Aconite*. In experiments on animals, loss of sensibility of the surface is always noted; hence the drug is supposed to be an anæsthetic, and suited for employment in Neuralgia and other simple pains, for which must be given in Physiological doses, or—where the affected parts can be reached—applied locally. But consult human poisonings, or—still better—provings, and another tale is told. While the surface may be insensible to external impressions, it is not so to the patients' own consciousness. It is a Dysæsthesia, an Anæsthesia dolorosa, from which he is suffering, which —as in the case of Schroff's provers—may devolope into actual Neuralgic pain, to which therefore *Aconite* is truly Homœopathic, and which it will cure by internal administration and in non-perturbing dosage.

These objections are surely fatal to any exclusive to even predominant reliance on experiments upon animals for ascertaining the properties of drugs. But on the other hand they have a place, which Hahnemann himself was ready to acknowledge (thirty years before Magendie began their systematic institution) and which the provings of his school, when thorough, have always given them. Besides the induction of the more violent effects of the drugs, we can learn upon these subjects the results of their long-continued employment in doses sufficient to change without killing. In this way, Wegner has ascertained the power of *Phosphorus* to induce a plastic irritation of periosteum, and of the interstitial tissue of the stomach and liver; and Eugene Curie has shown *Bryonia* capable of exciting pseudo-membranous deposit and *Drosera* that of Tubercle. Again experiments on animals lend themselves to analysis and interpretation. Sir Lauder Brunton has well-shown how in this way the rapid circulation of *Atropia* has been proved to be due to paresis of the terminal extremities of the vagi in the heart; and the opposite effect of *Digitalis* has been demonstrated to result from stimulation of the same inhibitory fibres at at their origin. It is not always that here LE JEU VAUTLA CHANDELLE—that we have taken much by our knowledge: but assuming it to be worth having, it is certainly from experiments on animals that we must obtain it.

II. Such experiments, then, being of subsidiary value only, turn

to the action of drugs on the human body as the main source of our knowledge of them. Thus knowledge must be gained here, as elsewhere, by observation and by experiment.

I. Observation, in the present instance, has for its field poisoning of healthy and over-dosing of sick persons; and each of these subdivisions requires separate discussion.

a. Poisoning is obviously limited to the comparatively small class of drugs sufficiently virulent to produce such effects. Here, however, it is of great value. It supplies the more violent disturbances and the POST-MORTEM changes induced by medicinal substances better (because more surely) than experiments on animals can do: It aids us greatly in arriving at the lessons they can produce and in obtaining similarity of seat between drug-action and disease. Records of poisoning and works on Toxicology have therefore been always largely employed, from Hahnemann downwards, in the construction of our pathogeneses; and nothing can be said against this source of knowledge save that it is, as it were, illegitimate. Poisonings are the product of crime or of carelessness, and in the progress of society should become more and more rare: So that we may not lean too confidently upon them as materials of future information.

b. Overdosing may also be said to be a remediable error: but as long as traditional medicine is practised, it will be liable to occur again and again, as it has occurred in the past. The object, both of Antipathic and of Allœopathic medication being to induce the Physiological actions of drugs, these are continually being observed: while even in "alterative" treatment the ponderable doses deemed necessary, and the occasionally quick susceptibilities of patients, occasion the development of collateral effects. The older Treatises on Materia Medica draw largely on such observations, partly for knowledge as to pathogenetic action, and partly for warning as to excessive doscage. They formed, as we have seen, Hahnemann's earliest source of symptoms: and continued to occupy a prominent place in all his collections. Ere long, indeed, they assumed a position there, which our present knowledge must declare unwarrantable. Their obvious weakness in the uncertainty which belongs to them, owing to their exhibitor being already the subject of disease. Of course, if this be of a definite and limited character, and consisting with fair general health; and if all symptoms conceivably resulting from it, or occupying the same seat, are excluded, and likewise all phenomena previously observed in or by the patient during his illness—then pathogenetic effects of drugs may be observed almost as well as upon healthy subjects. Some of our best records of the effects of

Atropia, as those of Grandi, Michea and Lussana, have been in this manner obtained; and without it we should know next to nothing of the Physiological action of the *Bromide* and *Iodide* of Potassium and so *Salicylic acid*. But Hahnemann, though he perceived the necessity for such precautions, soon came practically to ignore them. An exaggerated notion of the potency of drugs led him to set down well-nigh all the phenomena and sensations noted in patients from day to day by their physicians as effects of the drugs they were taking; and this in the presence of other sufficient causes and often in the face of the most glaring improbability. I have shown how he has treated the cases of Greding, Storck, Carrere, and Collin in this way*; and these are but specimens of his pervading practice. At first, it was only from the writings of physicians of the old school that symptoms so obtained were taken; for the Homœopathic dosage was conceived as reducing the power of drugs to do harm. When, however (about 1824), the theory of dynamisation began to influence his mind, and attenuations became potencies, there seemed no reason why these should not produce pathogenetic effects, and they became credited with the changes observed in patients taking them as previously had been Stork's *Conium* and Greding's *Veratrum*. The pathogeneses of the 'Chronic Diseases,' and the new symptoms of the Third Edition of the 'Materia Medica Pura,' are—so far as they are Hahnemann's—exclusively due to this source, and are untrustworthy in proportion.

This verdict must be passed still more decisively on another mode in which Hahnemann, in later years, utilised the sick in the construction of his pathogeneses. I refer to aggravations, real or supposed, of their symptoms. In 1813, he expressed the opinion that such aggravation "most probably indicates that the medicine given can itself also excite similar symptoms," but he would not have such symptoms set down as pathogenetic. In the 'Chronic Diseases,' however, there is good reason to believe that he departed from his salutary caution; and many of the apparently wonderful effects of drugs which experience has proved of the 'Materia Medica Pura,' are—so far as they are Hahnemanner obtained.

2. We come now to experiment, which here, as in other departments of research, should be our principle resource. Very little use, however, had been made of it before the time of Hahnemann. Haller's insight had perceived its need; and he had written—"It is upon the healthy body first that the medicine, free from any foreign admixture, is to be tested: 1st taste and odour to be ascertamed, and

* See my "Pharmacodynamics," p. 28-30.

then, small doses being swallowed, their effects to be fully noted, how the pulse behaves, how the temperature, how the breathing, how the excretions." * But his words have fallen on barren ground; for there is no trace of any connection between them and the few provings which were extant at the end of the last century. Stork (1750-1760) had swallowed a few doses of *Aconite, Conium,* and *Colchicum*—merely, however, to ascertain whether and how far they could be administered with impunity. Alexander (1768) had tested on his own person *Castor, Suffron, Nitre* and *Camphor;* but here again as much to try whether these substances had any activity at all (which in the case of the first two he was led to answer in the negative) as to ascertain their "doses and effects" if really operative. Grimm (1767), Crumpe (1793) and Bard (1765) had made some experiments with *Opium,* Coste and Willemet some with *Asarum,* and Wasserberg one with *Belladonna.* These were the only forerunners of Hahnemann; and how few and (mostly) feeble were their efforts! He, on the other hand, once persuaded of the necessity for therapeutics of drug-provings on the healthy human body proceeded to institute them on the most extensive scale. I have already mentioned the publications in which his results appeared; and two of these—the "Fragmenta de Viribus" and the "Reine Arzneimittellehre"—are mainly made up of provings. The pathogeneses of the "Chronischen Krankheiten" consist, as I have said largely of observations on the sick; but the contributions thereto of others besides himself are in most instances the product of experiments made in health. Of the subjects, manner and mode of presentation of these provings I have now to say a few words.

a. For the provings whose results are given in the 'Fragmenta' (1805), and in the First Volume of the First Edition of the 'Reine Arzneimittellehre' (1811), Hahnemann had as subjects only himself and some members of his family—"some others" as he describes them "whom I knew to be perfectly healthy and free from all perceptible disease." By the time, however, that the Second Volume of the latter work was published (1816), he had gathered round him a band of disciples, and enlisted them in the task. The names of thirty-seven appear in the subsequent issues; and for the Pathogeneses of the 'Chronic Diseases' he can acknowledge the co-operation of twenty-six more. These men conducted their trials of drugs mostly under Hahnemann's eyes, and on their own persons; in some instances, however, as internal evidence shews, they experimented on others, and

* Pharm Helv., Preface.

those who lived at a distance communicated their results by letter. In all cases the Master, being responsible for his disciples' work, supplied the fullest instruction and the most watchful superintendence, so that the results are as genuine as he could make them.

b. As regards doses and mode of administration, it is to be regretted that more definite information has not been vouchsafed to us. We may infer, however, from hints which are dropped, that the symptoms of the 'Fragmenta' were the result of single full doses of the several drugs; and that the provings of the 'Reine Arzneimittellehre'—at least up to 1826—were conducted with the first trituratoins (*i, e,* 1 to 100) of insoluble substances and the mother tinctures of vegetable drugs, repeated small doses being taken until some effect was produced. Towards the end of the first quarter of the century, Hahnemann had began to entertain his later views about dynamisation; so that we find the three medicines added to the Second Edition of the Sixth Volume (1827), *viz.*: *Ambra, Carbo animalis* and *vegetabilts,* proved in the third trituration, and the symptoms of *Natrum muriaticum* supplied by three persons to the Fourth Volume of the First Edition of the 'Chronic Diseases' (1830) were obtained from the thirtieth dilution. As in the Fifth Edition of the 'Organon' (1833) Hahnemann recommends that provings be ordinarily made with this potency, as yielding the best results, we may fairly suppose that it was used in all the fresh experiments whose results are contributed to the Second Edition of the 'Chronic Diseases,' which appeared between 1835 and 1839.

It is only this last mode of proceeding which needs—if it bears—defence. The question is part of the general one of the infinitesimals of Homœopathy, which I shall have to discuss when I come to the administration of the similar remedy.* I shall there adduce good evidence to show that attenuation of a potent drug like *Arsenic,* even to degrees representing fractions ranging from the hundred millionth to the quintillionth, does not destroy its pathogenetic activity; while in the case of common Salt, almost inert in its crude state, but VIRES ACQUIRENS EUNDO, such activity positively increases at least up to a certain point, so that the provings made with it at Vienna, more abundant results were obtained from the higher, than from the lower dilutions. Others among the Austrian provings exhibit the same thing, positively if not comparatively, and later experiments furnish numerous corroborations. I may mention, EXEMPTI GRATIA, Dr. Conrad Wesselhœft's results from *Iris versicolor,* as reported to the American Institute in 1868. The tincture, in repeated doses of ten to fifty drops, produced little but local effects,

* Lecture X.

whereas the 5_x dilution developed a genuine (though not severe) Sciatica, which was renewed a month later by the 3_x and intensified by the 1_x, under which last Rheumatic and Neuralgic pains occurred in other parts also. These, he expressly says, were not developed by the tincture." Dr. Wesselhœft has so little of the fanciful about him that this experience of his is of special value. I am quite aware that such results are exceptional; that you may give attenuations to twenty students, and one or two only shall report effects from them. I recognise also that special care must here be taken to avoid illusion, and to eliminate the working of expectant attention. But when all this is said, it remains that potencies will produce medicinal effects which crude drugs cannot excite, and which we of all men, heirs of this great discovery of Hahnemann's must not neglect.

The symptoms thus obtained, moreover, are of a class especially suitable to Homœopathic practice. They are of the "contingent" kind (to use Dr. Drysdale's nomenclature)—dependent upon special susceptibility, rather than "absolute"—producible on all subjects if only sufficient doses are given; and they present, as a rule, those resemblances to the minuter features of idiopathic disease which enable us to select SIMILLIMA instead of SIMILIA only. I shall not be suspected of undervaluing the importance of Pathological lesions and pathognomonic symptoms when I urge the claims, in their own place, of these finer shades of the morbid picture. Let us indeed get images of sicknesses in our drug pathogenesy, but let us also get images of sick persons, in all the variety they display; and this we can sometimes best do by experimenting with infinitesimal quantities. I do not mean such "airy nothings" as the hundredth, thousandth and millionth dilutions employed (or supposed to be employed) by the extreme left of our school. I do not mean "fluxion potencies" of any one's manufacture. I am speaking of the graduated attenuations of Hahnemann's scale, carried up to any reasonable height the experimenter may choose, the same lattitude being given here which we allow in clinical reports.

c. The mode of presentation adopted by Hahnemann in his provings is less defensible. Instead of giving us in detail the records of the experiments, he has distributed the symptoms obtained in a schema, mainly Anatomical, proceeding from head to extremities, and ending with generalities and physical phenomena.* The names of the observers, and frequently the time of occurrence after a dose, are affixed to each; but beyond this no information is given as to connection and sequence in which they occurred. The result is a mass of DISJECTA MEMBRA which impresses on the mind of its

*In his later pathogeneses these last were placed first.

would-be student a sense of utter confusion and discouragement. As has been said (in allusion to the order of the schema), he begins with Vertigo, and ends with Rage.

This unfortunate procedure has been fatal to any acceptance of Hahnemann's provings on the part of the profession at large; and it has been almost universally lamented among his own followers. I may quote Dr. Dudgeon's caustic description of the schema. "It is," he says, "as unnatural and artificial an arrangement of the features of many allied morbid portraits as though an artist should paint a family group, arranging all the eyes of all the members of the family in one part of the picture, all the noses in another, the ears all together, the noses all together, and so on. From such a picture, correct though each feature might be, it would be a difficult matter for us to build up each separate portrait, and it is equally difficult for us to ascertain the various morbid portraits from the TABLEAUX, Hahnemann has presented us with in his Materia Medica." *"The fact is that he never intended his disciples to discover such portraits A PRIORI, but only A POSTERIORI, from the treatment of disease." His ideal of Homœopathic practice was that the symptoms of the patient should be ascertained and recorded, in the order of the schema, and then compared with the Materia Medica to see what medicine has produced all, or the greatest number, or the most characteristic of them. For such a proceeding the schema-form would seem to suffice. But the Master forgot that his disciples had not the clue to the maze which he possessed in the knowledge of the original-provings, and did not recognise that without it they were liable to go astray and find out false resemblances without end. To use the Materia Medica aright even upon this plan it is necessary to know the significance of the several symptoms as fully as may be, and to be acquainted with the general sphere and character of the medicine. A mere mechanical symptom-covering is as likely to miss as to hit the mark.

a priori / a posteriori

This is one of the points in which we have improved upon Hahnemann, even in the structure of his own machine. SIMILIA SIMILIBUS is our aim, as it was his: but we desire to trace our similarities where possible A PRIORI in the Physiological action of drugs. The schema is very useful, as a CATALOGUE RAISONNE in which we may find individual symptoms, and to cover cases as anomalous and incoherent as itself. But it should supplement the details of provings, not be substituted for them. To give the latter, in the narratives of the experimenters, has been the rule in Homœopathic literature ever since the Austrian Society (1842)

*Lectures, p. **234.**

showed this more excellent way; and exceptions are to be found only in the limited circle which calls itself Hahnemannian, and copies with Chinese accuracy the defects as well as the merits of its eponym. The vicious procedure will call down its own punishment; for in the Materia Medica of the future their uninteresting and uninstructive contributions, if admitted at all, will receive the comparative discrediting of smaller type.

The members of his party have wrought another great evil in the field of Materia Medica. Hahnemann, in his later years, made too large use of patients (as we have seen) for eliciting symptoms. Not only were fresh sensations and phenomena occurring in the course of their treatment set down to the medicines they were taking, but aggravations of their existing troubles were ascribed to these, and registered as pathogenetic effects accordingly. But here the Master has been quite outdone by the disciples. When in a prover some existing deviation from health disappeared under the influence of a drug, Hahnemann recorded it, adding "Heilwirkung" (curative action). Only in the case of *Iodine* has he done this with definite maladies (as Goitre and Enlarged glands) treated with the medicine, But the Hahnemannians have seized upon the proceeding, and carried it to lengths from which he would have shrunk aghast. They have freely admitted "clinical symptoms" into our pathogenetic lists, cutting up the cases which have recovered under the action of a remedy into their component parts, and showing these in the appropriate divisions of the schema. They at first denote such symptoms by a sign (° or *), but soon grew careless about affixing it and at last (as in Lippe's "Text-book" and Hering's "Condensed Materia Medica" and "Guiding Symptoms"), avowedly omitted it altogether.

I have spoken of 'the Materia Medica of the future." The antithesis in the past which I contemplate is not Hahnemann's work —which, for good and for evil, must stand as it is—but the collections of pathogenesy which serve for daily study and reference. Provings, as made, are published ordinarily in Journals; it is obvious that the practitioner cannot thus have them to his hand. Accordingly, certain amongst us have from time to time set themselves to make a digest of this material, and to present it in a compact and accessible shape. The names of Jahr and of Noack and Trinks are well-known in this connection, and they supplied the wants of the second generation of Homœopathists. For us, the third, a similar but far more extensive work was done (1874-9) by Dr. T. F. Allen, of New York, and our Materia Medica of yesterday was contained in his ten well-filled volumes. But alas! they presented the same bewildering and repelling appearance as those of Hahnemann.

their symptomatology was given almost throughout in schema. This was pardonable, and perhaps unavoidable, in the older works, where the great preponderance of material existed only in this form. But Dr. Allen had to his hand a wealth of detailed provings, the translation and collation of which would have been an incalculable boon to the profession: And I must keenly regret that he should have cut up these, and also the records of poisoning he has employed, into the fragments of the Hahnemannic arrangement. His last Volume suggests that the same regret has been growing on his own mind; for the fresh material given in its Appendix has suffered no such distortion.

For this reason, and for many others, bearing on questions of trustworthiness and accuracy, it became our persuasion in this country that the work must be done over again, and the British Homœopathic Society determined to undertake it. It made overtures to the American Institute of Homœopathy, which also had the subject on its mind; and the result was the appointment of editors and consultative committees from the two countries, and an agreement as to the principles on which the new Materia Medica was to be constructed. This was in 1884; and, the work being at once taken in hand, by the end of 1891 the "Cyclopædia of Drug Pathogenesy" was completed. Leaving Hahnemann's work in this department to stand on its own merits, it collated all available material accruing since his time or from outside his sphere in such a form as to make it alike genuine and intelligible. Genuine, because all versions and copies have been (where possible) traced back to their ultimate originals, and verified, corrected, or reproduced therefrom; because all "clinical" (*i.e.*, merely cured) symptoms and supposed medicinal aggravations have been excluded, and phenomena observed in patients taking drugs accepted only on amply sufficient evidence; because provings themselves have been critically scrutinised, and not admitted (at any rate to full-sized type) unless their source and method seemed free from objection. And intelligible, because all observation and experiments have (again where possible) been related in detail or sufficient summary, so as to preserve the order of evolution of the drug's effect; and, where this could not be, the symptoms of each prover given separately, so that some approximation might be made to the same type. We thus have a series of individual pictures of the morbid conditions induced by our medicines; and have only to fit these to idiopathic disease on the principle SIMILIA SIMILIBUS, to have the Homœopathic method at our full disposal.

When I say this, I am thinking of disease as clinically studied; for here again the phenomena, in their totality, are those which

claim our most earnest attention. The aspect of disease chiefly utilised for Homœopathic Therapeutics must have its complement in the acquaintance we make with medicines: to obey the Law of Similars we must have wholes to compare with wholes. In the ordinary practice men aim at knowing what drugs can do, that in disease they may induce such effects with them when they deem it desirable. In old days, accordingly, they cared only to learn whether a given one could purge, or puke, or sweat, that they might class it as cathartic, emetic, or sudorific; and now they correspondingly limit their investigation to the question whether it is an excitant or depressant of certain nerve-tracts. For such purpose dumb creatures suffice; and hecatombs of these unfortunates are now annually sacrificed in enquiries as to drug-action. The differences of result, and therefore of opinion, are endless; and the gain is proportionately small: as our General Medical Council, by banishing "Pharmacology" from the place they had given it among subjects for students' examinations, seems to have come to think. We on the other hand, have wanted the whole picture of the effects of drugs for comparison with the phenomena of disease, and have gone to work accordingly. As it is human disease to which we need SIMLIA, and as this is largely made up of subjective symptoms, it is on the human subject that we experiment; and we faithfully record the whole series of morbid changes which occur after the ingestion of a drug. We test the effect of single full doses to get analogues of acute disease; and of long-continued small ones, that chronic maladies may find their anti-types. Thus our pathogenetic knowledge, when truly obtained and registered, is like a picture-gallery, in which the discerning eye may perceive the lineaments of all morbid conditions known of likely to occur. Our provings minister to medicine as an art: They are synthetic and sensuous, full of colour and detail. Those of the other camp are analytic, appealing to the reason; and are available only so far as morbid processes are scientifically understood. The record of the one recalls the graphic picture of Hippocraces, Sydenham and Watson, to whose ever-fresh lineaments the mind returns with pleasure, wearied with the merely intellectual refinements of modern Nosography. The work of the Physiological laboratory goes hand in hand with that of the deadhouse. Hahnemann's Pharmacology and Pathology alike move in the region of life.

But you will remember that, when speaking of the knowledge of diseases, we saw that their clinical aspect is not the only one in which we should regard the ills which flesh is heir to. From Pathology—the science of disease—its phenomena are always illuminated, and sometime even rendered transparent so that through them we can see the noumena. Pharmacology should

seek a standpoint no less advanced. Provings correspond with our studies at the bedside or in the consulting room; but as to interpret these we go to the dead-house, so to provings we must add—where possible—poisonings and experiments on animals, that the lesions wrought by drugs may be positively ascertained. Records of this kind should find place in the actual Materia Medica of Homœopathy. This, in the "Cyclopædia," has been done; but yet our work is not over. We must use these facts also as materials for inductive generalisation; we must seek to connect, classify and interpret them, to ascertain their laws, to trace them to their causes. In proportion as we do so, we make our Pharmacology a worthy mate for the Pathology which is growing into maturity beside it. In neither do we content ourselves with generalisations alone; the clinical history of diseases and the detailed provings of drugs must ever form the basis—and the visible basis—of any super-structure which may be reared. But while (to employ another figure) these are the text of our Materia Medica, we should read it with the help of a commentary which may illuminate it by the best available lights. "There are some who think they are best following Hahnemann by shutting their eyes and ears to all that has been learned since his time; by recognising nothing in disease but the patient's sensations and obvious appearances, and nothing in drug-action but a scattered heap of symptoms of like kind. We should not go to the other extreme, and ignore any aid which may thus be gained in practice. But we should regard the human body, whether idiopathically or medicinally disordered, as one of whose order we are not wholly ignorant—as a sphere in which we are to some degree at home, and where we may speak and act as no mere strangers. In studying the Materia Medica we are to be more than symptom-rememberers, in applying it more than symptom-coverers; we are CLERI and not LAICI here, and we fall short of our vantage ground if we work mechanically only."

Ostrich mentality

Whether such commentary should form part of the "Materia Medica Homœopathica" is a moot question. "The editors of the "Cyclopædia of Drug Pathogenesy" have thought it should not. They have had the records of provings, poisonings, and experiments on animals given apart by themselves just as elicited from Nature without touch of human hand in the way of either explanation or transposition of features. But as on the side the last is required in the form of a schematic index, for the needs of the practitioner, so on the other student should have an introduction and companion to the text, supplying him with illuminative and exegetical commentary. In monographs on medicines, like those of the Hahnemann Publishing Society, all will go together; but for the Materia Medica at large separate treatises seem necessary." I have done what I could in this way in my

"Pharmacodynamics"; Dr. Hempel, in his "Lectures," had preceded me, and Dr. Burt, in his "Physiological Materia Medica," has followed me. Under the guidance of one or other of us, and in the new form in which our pathogenetic records are now presented, we hope that the student may find these, though perhaps "a mighty maze," yet "not without a plan."

LECTURE VI.

SIMILIA SIMILIBUS

We have studied together the two elements contained in the maxim SIMILIA SIMILIBUS CURENTUR—the phenomena and sensations of disease and of drug-action respectively. It now becomes our task to see how we are to put the SIMILIA together so as to CURARE by their means. Before we can do so, however, we must enquire if the whole series of drug-effects on the healthy are available for the treatment of the sick after this manner; and we shall soon find that some of them are by their nature excluded from the category. Thus :—

(1.) Drugs, being material substances, must, if introduced in sufficient quantity into the body, act MECHANICALLY, by their bulk and weight, and so forth. Such properties of theirs have found little use in medicine—the swallowing of crude *Mercury* to overcome Intestinal Obstruction, of *Olive oil* to detach Biliary Calculi, being the only familiar instances. Whatever its value—and the latter practice seems effective and is certainly harmless—it has nothing to do with our present subject; SIMILIA SIMILIBUS has no application here.

mechanical action

(2) Drugs, when taken from the mineral kingdom, have CHEMICAL properties; and they exert these within the organism as they do outside it, with such modification as the higher laws of life there reigning impose upon their action. An *Alkali* will neutralise an *Acid* in the stomach as in a test-tube, and so may give immediate relief to heart-burn. A solvent of *Uric acid*—such as the *Boro-citrate of Magnesia* seems, and *Piperazin* is reputed, to be—will act thus upon it in the kidney almost as well as in the apparatus of the laboratory. These are examples of the chemical action of medicines. They might be multiplied largely, and would bring us at last into more debatable regions, as the treatment of Rheumatic fever by *Potash salts* because of a presumed excess of *Lactic acid* in the blood. Stopping short of these, in the cases I have instanced it is obvious that Homœopathicity plays no part, and yet that they are rational enough in themselves. We have better remedies for the tendency to Gastric Acidity and to Renal Calculus; but when these products are formed, and are causing distress by their presence, if we can remove the symptoms by chemically-acting drugs we are bound to use them.

Chemical action

(3) We are thus shut up, for the sphere of Homœopathic action, to the third and last kind of drug-energy, which may be called DYNAMIC from its analogy with the forces of Nature generally VITAL from its manifestation only in the presence of life. It is the reaction which drug-stimuli excite in living matter. But even here we must recognise a limitation. Vital action which is exclusively topical does not necessarily, or even ordinarily, conform to the Law of Similars. It may do so. The local application of *Nitrate of Silver* in inflammations of skin and mucous membrane, which Trousseau cited as the cardinal example of "the great therapeutic principle of substitution which at present rules supreme in medical practice",—this is obviously an illustration of SIMILIA SIMILIBUS, as the same writer admits. "It was soon perceived," he writes, "that the primary effects of such agents were analogous to that produced by inflammation; and it was easy to understand that inflammation artificially induced in tissues already inflamed led to a cure of the original inflammatory attack." If Anstie* and James Ross,† with Fletcher‡ before them, are right, a similar explanation is to be given of the effects of counter-irritation. Blisters are not revulsives, but substitutive agents, acting through continuous and contiguous parenchyma, or through the nerves along the paths of reflex action. But if we follow up our topical agents, we shall find the relation of similarity to fail us. The action of *Arnica* in easing the pain and promoting the resolution of contusions is a dynamic one; but no such condition can be induced by applying *Arnica* to a healthy part. *Calendula* is a vulnerary by no chemical or mechanical properties it possesses; it cannot act otherwise than vitally; yet it has no power of causing wounds on the unbroken skin. And conversely, it does not follow that because the fumes of *Osmium* set up Eczema on the parts exposed to them, that metal taken internally will act upon idiopathic Eczema as *e.g.*, *Arsenic* will. The latter inflames the skin, however introduced into the system; it is therefore constitutionally Homœopathic to Dermatitis, while the other is (so far as we know at present) only locally so.

Dynamic action, to be available according to the Law of Similars, must thus not to be topical only. It must further be exerted on the living matter of the patient's self, and not on that of guests to which he is against his will playing the part of host. It is not by Homœopathic action that *Sulphur* ointment cures the Itch, for its influence is exerted on the Acarus scabiei rather than on the skin

* PRACTITIONER, iv., 156.

† "On Counter Irritation" (Churchill).

‡ "Elements of General Pathology" (1842), p. 484. See also Dr. Drysdale's Exposition of Fletcher's Doctrine, in B. J. H., xxvii, 494.

that parasite irritates. The same statement may be made as to the living creatures which infest the intestines. *Santonine* kills the round worm, *Filix mas* the Tænia, by dynamic toxic power directly exerted: the practice is as rational as that which we follow in Scabies, but there is nothing in it which lends itself to the rule SIMILIA SIMILIBUS. And so of more complex morbid states, whose causation is traceable to agents of this kind. The pernicious Anæmia of the East, known as "Beri-beri," is now believed to depend on the presence of the Ankylostoma duodenale at the seat its name imports. If we were to treat it symptomatically with *Arsenic*, or to attack its cause with *Thymol*, we should in either case be acting on living matter, but in the former only should be giving a Homœopathic remedy. You will think at once of the applicability of such reasoning to Malarial fevers, as now understood; but I must reserve that question till I me to their treatment.

Once again, there are drugs, like *Mercury* and *Iodine*, which have peculiar solvent, loosening effect upon organic substance, melting it down and favouring its ready deportation by the absorbents. The action is a vital one, and we utilise it when we give such drugs in small doses for similar conditions of relaxation and wasting. But we may also employ it directly. New growths and adventitious products are susceptible to this influence as well as the ordinary tissues; they may, indeed, feel it and give way to it before the latter are appreciably affected. It is in this way, I opine, that the lymph of plastic Iritis disappears under Mercurialisation, the Gumma of Syphilis from the administration of *Iodide of Potassium*. Whether the good done here outweighs the evil I do not now attempt to decide. I only give the instance to illustrate what I mean by vital actions of drugs which are outside the possible range of the method of Hahnemann.

It is, nevertheless, within this sphere that the method finds its place; it is dynamically acting drugs influencing living matter which is neither parasitic nor adventitious, and doing this constitutionally and not merely topically, which can become Homœopathic remedies. From their list we reach these, ordinarily, by the rule "let likes be treated by likes." The similarity here required is, as we have seen, to be found in the pathogenetic effects of drugs as compared with the phenomena of disease. To establish it, therefore, a collection of such of these effects as had been hitherto observed, and a systematic eliciting and recording of fresh ones, was necessary. This task was initiated by Hahnemann, and has been continued by his followers, in the manner I have already described. From the four large volumes of his "Materia Medica Pura" and "Chronic Diseases,"

and the similar number complementary thereto of the "Cyclopædia of Drug Pathogenesy, a full acquaintance with the disease-producing energies of drugs can be obtained by the English reader; and now it only needs the discovery among them of similar conditions to make them also disease-curing.

We have got, then, our dynamic constitutionally-acting drugs; we have the record of their effects of this kind in health; and now we wish to apply our knowledge. There are, Hahnemann has pointed out, three modes, and three only, in which such application can be made.

1st. Having ascertained that a given substance has the power (say) of exciting any bodily function, you give it in disease of other parts when you think such excitation desirable. Thus, you administer diuretics in Hydrothorax, and purgatives in Apoplexy. It is not that kidney or bowels are inert and require raising to their normal activity, but it is that you think an exaggeration of their ordinary function likely to benefit the water-logged pleura, or the congested brain. There is here no relationship between the Physiological effects of the drug and the phenomena of disease. They are foreign ἀλλοιος, the one to the other: we may fairly call the practice so exemplified Allœo- or Allo-pathic. *

2nd. The same discovery having been made, you apply your knowledge in dealing with opposite conditions of such functions themselves. You give your diuretic in Ischuria, and your purgative in constipation; you administer paralysing agents for Spasm and anæsthetics for pain. Here you are acting directly on the part affected, and the symptoms of drug and disease admit of true comparison. The relation between them is expressed by the ancient formula "CONTRARIA CONTRARIIS" ἐναντια ἐναντιοις: The practice is Enantio- or Antipathic.

3rd. But there is yet a third alternative. Still acting upon the part affected, you may give your drug in morbid states thereof similar instead of opposite to its Physiological effects. You may administer your diuretic in Polyuria, your cathartic in Diarrhœa: you may treat Mania with *Stramonium* and Tetanus with *Strychnia*. If you do so, you are, as Sir Thomas Watson recognised in regard of the latter piece of practice (which yet he suggests), acting "according to the Hahnemannic doctrine—

* I have mentioned (p. 16) that Hahnemann, at least in the Fifth Edition of the Organon, always employs the more correct form, Allœopathic"; but his followers having dropped into the more convenient "Allopathic," Dr. Dudgeon has adopted this term in his translation. It is, of course, only partially correct to use it, as ordinarily, to describe traditional medicine as a whole, this being multiform in character.

SIMILIA SIMILIBUS CURANTUR—a doctrine much older, however than Hahnemann."* SIMILIA SIMILIBUS is the Greek ὁμοια ὁμοιοις: your procedure is Homœopathic.

It is of the third mode of procedure that Homœopathy avails itself. Before I show you how it does so, let me say a few words in comparative commendation of its action. You must pardon me if in so doing I go again over the ground already trodden while we considered the Organon together.

Hahnemann's objections to Allœopathic medication are two. There is, first, its uncertainty: You MAY do something by your evacuant and derivative measures, but it is quite as likely that you will not; your procedure is indirect, roundabout, and one guessing at the problem rather than solving it. Secondly, it is actually injurious: it disorders healthy parts, and floods the system with large and poisonous doses of drugs—these being necessary to produce the desired effects. It disobeys that sage counsel which Dr. Paris used to give to his students: "If you cannot heal your patient, gentlemen, at least do not hurt him." It is a doing evil that good may come, which, if not so absolutely banned in medicine as in morals, should at least be ventured on but rarely and for very good cause.

The Antipathic use of drugs has more in its favour, in that it is certainly and rapidly palliative, while it is as direct as the Homœopathic. No one would hesitate to employ it in cases of acute poisoning, to antidote—for example—*Morphia* by *Atropia*; and no one refuses *Chloroform* to the parturient woman because it is on this principle that it allays her labor-pangs. Why then should there be any prejudice against it in other brief and sudden sufferings? Why should not the deadly spasm of Angina be relaxed by *Nitrite of Amyl*, and the keen agony of the passage of calculi receive what solace it may from a kindly *Opiate* or even anæsthetic? I must hold that the man who denies his patients such relief is sacrificing them to his prejudices, is preferring system to humanity, and is unworthy of the name of physicians. I thus entirely go with Dr. Kidd † in holding CONTRARIA CONTRARIIS to be equally with SIMILIA SIMILIBUS, a law of therapeutics. It is the law of palliation; and such palliation is often, in temporary disorders, all that need be done, ‡ while in incurable disease it is sometimes all that can be done.

But the very fact that it is palliation to which it guides, and not cure, limits its range of usefulness. It is helpful only for immediate

* Lectures, 4th Ed., i., 591.

† "The Laws of Therapeutics," 2nd Ed., 1881.

‡ See Hahnemann's introduction to *Opium*, MAT. MED. PURA, tr. by Dudgeon, H.

needs and passing troubles: it is not competent to deal with complex, persistent, or recurrent maladies. It is here rarely practicable, from the few really opposite states which exist between natural disease and drug-action: It is inadequate, from being seldom able to deal with more than a single symptom at a time; and the inevitable reaction which follows from its being put in operation leads to a return of the evil, often in greater force. These are Hahnemann's arguments against Antipathy (or, as he more correctly called it Enantiopathy) and they seem to me quite unanswerable.

By cognate reasons it is easy to show the (at least theoretical) superiority of the third, or Homœopathic method. Like the Antipathic, it acts directly on the affected parts, leaving healthy regions unharmed; but this last end it is more certain to secure, from the non-perturbing dosage which answers its purpose. It is thus gentle in its manner, opening the closed door of the diseased body, not by smashing the lock with a crowbar, but by finding the proper key. Again, it is of inexhaustible fertility. The fevers, the inflammations, the neuroses, which constitute the greater number of typical diseases, are all more or less plainly figured in drug-pathogenesy: And quite as readily can those unclassifiable morbid states which so often meet us in practice be covered therefrom, though their interpretation remain unknown. Homœopathic treatment, moreover, is complete; it does not, like its rival, employ bits of Physiological action, but opposes wholes to wholes, tracking—by its investigation of the totality of symptoms—the malady in its entire evolution, and so reaching it in root as well as in branches. It is lastly, permanent; for the law of action and re-action which makes the secondary effects of Antipathic palliatives injurious here oparates beneficially. The primary influence of the drug being in the same direction as the morbid process, any recoil there may be will directly oppose and extinguish it. Hahnemann, as we shall see when we come to the Philosophy of Homœopathy, supposed that such secondary action always took place, and explained by means of it the MODUS OPERANDI of similar remedies. We may not be able to agree with him on this point; but at least it is clear that any benefit wrought by a Homœopathically-acting medicine is in its nature lasting, and liable to no injurious reaction.

These are arguments which, in substance, I have already cited from the 'Organon,' I would fix your attention to-day on three further points—the safety of the method; the superiority IN KIND of the remedies it educes; and the success which it has uniformly displayed when fairly contrasted with traditional medication.

1. The Antipathic and the Homœopathic modes of applying

the pathogenetic effects of drugs to the treatment of disease have this advantage in common over the Allœopathic, that they act directly on the affected parts, and avoid disturbing those that are healthy. But then, of the two, the Homœopathic use commends itself to us by its greater gentleness. The Antipathic drug has to oppose the morbid process that is going on. It must do this by force, by inducing its own equally morbid condition in the suffering organ, without pledge that this shall subside when that is neutralised. It must therefore be given in full doses; and it is not easy so to proportion these that some side-action shall not be exerted elsewhere as they circulate in the blood. In Allœopathic and Antipathic medication alike you have to induce the Physiological action of drugs—that is, you employ them as poisons: In the Homœopathic we convert them into medicines. "Their whole Physiological action" as our lamented Drysdale used to say, "is absorbed into their therapeutic." Their influence is mild; it solicits and persuades rather than compels; the patient is conscious of nothing save the amelioration of his distress. Acting thus, they need no large quantities; and here comes in one characteristic feature of Homœopathy—the smallness of its dosage. I am not now alluding to infinitesimals: they form a subject by themselves to be hereafter discussed. They are fully capable of defence; but their use forms no essential of Homœopathy: The small dose does. In employing this term, I am thinking of such an obvious inference as led *Ipecacuanha wine* to be given by single drops only when administered to check vomiting instead of to excite it; and to such experience as Dr. Ringer relates with *Amyl nitride*. In treating with this substance flushes like that it causes, "the author," he writes, "began with 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 counteract the flushing." Dr. Murell has had similar results from *Drosera* in Spasmodic Cough and Sir L. Brunton from *Opium* in Constipation; and it has been the almost uniform experience of those who have used Homœopathically-acting remedies, so that to the gentleness of their working is added the smallness of their necessary dosage.

The result is comfort and peace to the patient is manifest; and this is no slight advantage, especially with children. Had such non-perturbative treatment been available in the days of Montaigne, he would not have written as he did of doctors and physic. "I have," he says, "a contemptuous indifference to medicine at ordinary times; but when I am taken ill, instead of coming to terms with it I begin more thoroughly to hate and fear it, and reply to those who press me to take physic that they must wait, at any rate, until I am restored to my usual

health and strength, that I may be better able to stand the potency and danger of their compounds." I would emphasize these last words, and would claim for Homœopathy the high merit that it obeys, that cardinal maxim of medicine, PRIMO NON NOCERE, which ordinary treatment does not. Against the benefits which our profession has undoubtedly rendered to the world must be set, I fear, a long array of ills produced by drugging. The "Cyclopædia of Drug Pathogenesy," of which I have spoken, finds copious material for its "Poisonings" section in the records of over-dosing with medicines. Nor is this a thing of the past. Physicians no longer, perhaps, lead their patients into *Opium*-taking; and a Coleridge with his poetic power blighted, his philosophising emitted only in fragments, and—worst of all—his moral life wrecked, may not be extant now, though we have heard of a *Morphia*-Mania which is hardly less distressing. But those who knew Rossetti best have hinted plainly that what made him the melancholy and unfruitful recluse of the last ten years of his life was the abuse of *Chloral*; and a lesser, though true, poet—Sydney Dobell—has told us himself how all motive power was paralysed in him by the *Bromide of Potassium* forced upon him by his medical advisers. "He had hoped" writes his biographer, "to abandon the habitual use of a sedative medicine which he took always under protest, with a sense that it poisoned life and fettered the use of his brain, but which, during the last eight years had been prescribed for him by every physician consulted. The result of medical experiment and observation now led to its being prescribed in larger quantities. This was a severe disappointment, as during the few days of its discontinuance he believed that his mind worked more freely and easily."* The picture here presented, of a noble "life poisoned" and a creative "brain fettered" by the constant administration of a fashionable sedative, tells its own sad story, and points its burning moral. Of how many private tragedies may not these public ones be indices! Medicinal Mercurialism—so disastrous in the past—is rarely seen now, though a recent observation of Mr. Hutchinson's† warns against its possibility; and Iodism, in its constitutional form, does not seem to affect other people as Coindet and Rilliet observed it in the sensitive Genevese. But Aresenicism has been in full process during the last generation: It is from the medical use of this substance that we have learned its Homœopathicity to Shingles, to Pemphigus, and to Cancer.‡ *Iodine*, moreover, in the form of its compound with *Potassium*, so lavishly employed during the last sixty years, has done almost as much harm as good. To the

* Life and Letters of Sydney Dobell (1878), Vol. ii. See his own words quoted in M. H. R., xxiii., 321.

† Cycl. of Drug Path., iv., 644.

‡ Ibid., i., 448; ii., 726.

older observations of its noxious effects left us by Wallace, Ricord and Langston Parker, we have later ones to add collected by Lewin and Morrow.* They exhibit its injurious effects upon the skin, the tongue, and the nervous system; and it is shrewdly suspected that the kidneys do not escape damage while eliminating the mass of chemicals in this shape introduced into the circulation. Men speak lightly of the Deafness and tinnitus characteristic of *Quinine;* but the aurists are beginning to cry out against the wrong thus done to the delicate structures of the ear, and I have more than once seen Labyrinthine Vertigo resulting from the abuse of the drug. The Coal-tar products which have come into such large use of late as heat-reducers and pain-killers have already an extensive pathogenesis, and much of the severity and even mortality of the recent Influenza has been traced to the *Antipyrin* so freely employed to subdue its fever. Antisepsis, too, with all its virtues, has opened a new source of medicinal poisoning, and its *Carbolic acid* and *Corrosive sublimate*, used to bring local death to bacteria, have proved by absorption indefinitely harmful to the patients they would protect against them. Drugging has increased of late, is increasing, and must be diminished. Better expectancy than this! Skoda, Dietl and Hughes-Bennett in Pneumonia, Gull and Sutton in acute Rheumatism, many practitioners in Typhoid and other self-limiting diseases, have left their patients almost, if not altogether, to Nature, with results far from satisfactory. It is often charged against Homœopathic medication that it is a pretentious doing-nothing. If it were so, it might be worse. Doctor and patient are sustained by the idea that treatment is being adopted, and the one may lay the flattering unction to his soul that at least the other has not been harmed by him.

2. But Homœopathy has further claims than such negative ones as these. Its remedies are inoffensive; they are non-perturbative; they are liable to do no injury from too liberal or long-continued use; but they are also positive agents, of a kind which forms, the highest DESIDERATA of medicine. Sprengel, the greatest historian of our art, writes:—"Hahnemann, by a true induction, demonstrated that most of those potent medicines known under the name of specifics are useful just because they set up an artificial excitement which often produces phenomena very like those of the malady." It is so; and, conversely, the medicines given in Homœopathic practice—given because they set up in health an artificial excitement producing phenomena very like those of the malady—display that potent kind of action known as "specific." Homœopathy is specific medication, and SIMILIA

Ibid., ii. 713-6; iv. 627.

SIMILIBUS is an instrument for the discovery of specific—not for types of disease merely, but for each individual case. Hahnemann claimed this place for his method, (which till 1808 he called) simply "specific;" and even after he had begun, in that year to use the term "Homœopathic," he often conjoined the other with it. Hufeland, the head of German medicine in Hahnemann's day, allowed the claim. He said that the knowledge of medicines which produce in a healthy state symptoms similar to those of disease may be very well profited of, in order to discover specifics; and in another place, that "the aim of Homœopathy is to find specifics for individual forms of disease, by doing which it may render great service to medicine."*

I am quite aware that at the present day to claim the possession of specific positively prejudices our cause in the minds of the profession. Medicine, they have decided, is to be an applied science, and is not to run before the knowledge by which it works, while specifics belong to the sphere of pure art. The result is fairly expressed in the following passage from a recent Editorial in the LANCET.†

"Bacteriologists may be fairly asked to furnish us with definite knowledge as to whether a characteristic micro-organism uniformly present in Pneumonia, and if so, whether its life-history affords any clue to the phenomena of the disease. While this question remains in abeyance, the treatment of Pneumonia —always one of the most disputable and difficult in the whole range of medicine—becomes more difficult than ever. If the disease be truly parasitic, and if the destruction of the parasite be the true object of therapeutics, then it is evident that the Antiphlogistic treatment of former days and the stimulant treatment of the present day are alike mistaken and futile. . . . . At another point the uncertainty overhanging the Pathology of Pneumonia is very embarrassing. Is the Pyrexia the reaction of the organism to the action of a morbid substance—whether bacillary or not—in the blood? Is it simply the effect of such a poison, or is the effort of the organism to rid itself of the poison? In other words, as Dr. Hale White puts it, is the Pyrexia one of the defensive mechanisms of the body?" We cannot answer these questions with any confidence or certainty in the present state of our knowledge, and yet until they are answered our treatment must remain halting and tentative."

* For this subject of "Specifics," see Dudgeon's Lectures, Lecture iii., and Russell's "History and Heroes of the Art of Medicine," pp. 194, 267.

† July 27, 1895.

If those who think thus would look into the literature of Homœopathy, they would find a treatment of Pneumonia there reoognised for many decades past, which is neither Antiphlogistic nor stimulating, which is uninfluenced by theories of the bacterial origin of the inflammation or the "defensive" part played by the fever; but which apportions individual specifics to the different forms and stages of the disease, with results in diminishing its mortality and lessening its duration which no other treatment, positive or negative, can show. *

Happily (perhaps) for their patients, the readers of the LANCET do not really wait till these theories have settled their conflicts, but are quite ready to try any remedy which professes to be good for this or that, whether they understand its action or not. If they did not, indeed, they would soon be deserted by their patients, who wish to be cured, and care little for the mode in which this end is attained. Men like Bacon and Boyle have made themselves their spokesmen, and they have urged upon the profession from without the search for remedies of this kind. Sydenham, from within full of the fresh sense of the blessings of specifics gained from the introduction of *Bark* in the treatment of Agues, believed in their existence and advocated their cultivation. But the leading physicians generally, from Hippocrates onwards, in their desire to be rational instead of empirical, have aimed at treating patients according to systems which they have excogitated, and have left specifics to quacks—who have thriven accordingly. Hahnemann once more bent attention in the true direction; while, by discovering the law of specific action, he rescued it from empiricism and haphazard, and made it as rational as it is beneficial. I say, beneficial; for would it not be an immense boon for suffering humanity if all diseases could be treated as Ague is treated with *Quinine*? It is because Homœopathy is working towards this end—and indeed towards something still more perfect, for to give *Quinine* in every intermittent without discrimination is but rough practice—it is for this reason among others that its method is not only positively but comparatively desirable.

3. There could only be one challenge to this inference—the appeal to facts. If, in spite of its pleasantness and harmlessness, and of the theoretic promise of the remedies it employs, Homœopathy had failed to hold its own in actual practice, we should have to keep silence about it, and at the best wait for a brighter day. But it has been very far otherwise. The early battles over it in this country were fought (at least on our side) largely on the ground of statistics. I

* See Dr. Pope's articles on the treatment of this disease in the MONTHLY HOM. REVIEW of 1892.

do not propose to renew the combat in detail; but this gage I must throw down; prepared to maintain it A OUTRANCE, that never has the method of Hahnemann had fair opportunity of pitting itself against its rival that it has not come off victorious in the contest. It was so when Tessier had half the beds in the Hospital St. Marguerite at Paris; it was so when Fleischmann handled his Cholera patients at Vienna with such comparative success as to win from the Government the long-withheld toleration of the practice; it was so when similar results obtained in this disease in the London Homœopathic Hospital (then in Golden Square) had the honour of being stifled by the official reporters, lest they should reflect upon the less favourable statistics of other institutions. It has been so since, when the Michigan and Illinois State Prisons were served by the two systems in successive terms of years; when the mortality of the one Orphan Asylum of New York which has Homœopathic treatment was set against that of the six others during the same time; when the Homœopathic portion of the Cook County Hospital at Chicago recently compared notes with the other wards of the charity. To come nearer home, when the National Temperance Hospital was able to show better results than the metropolitan hospitals generally, it was obliged to except the London Homœopathic. It could only account for so surprising a fact by the supposition (which was, of course, entirely unfounded, and was promptly contradicted) that we did not admit acute cases! Is there any failure to set against these triumphs? There is none; and yet, on the assumption of the nullity of Homœopathy, every such trial ought to have ended in discomfiture—that is, if the ordinary treatment were itself of any value. If the same assumption be persisted in, in face of the facts, then the higher mortality which the figures show for ordinary treatment means simply that it is to this extent positively murderous. I do not myself draw this conclusion; but then I do not believe that the rival method is merely expectancy.

The conclusion arrived at is that Homœopathic remedies are, from their nature, from their negative advantages, and from the comparative results obtained with them, the best that can be employed, and such as should always be resorted to when practicable. I could enlarge more fully, did time allow, on the argument from their nature. I could show that they are constitutional SUBSTITUTIVES, acting by elective affinities instead of topical application, and so of much more penetrating influence and grasp of disease as a whole. * I could exhibit them as

* Dr. George Wood, in his "Pharmacology and Therapeutics," maintains that this is the MODUS OPERANDI of *Quinine* in Intermittent Fever—the standing type as I have shown and have yet to show of a Homœopathic specific.

ALTERATIVES, having all the merits of the drugs so called—silently and peacefully, without evacuation or other intermediate action, extinguishing the morbid process at the seat of mischief; the only trace of their working being that where there was a storm there is calm, where there was pain there is ease, where there was weakness there is strength. But I must pause. I have said enough, I think, to vindicate Hahnemann's choice of the Homœopathic, as distinguished from the Antipathic and Allœopathic methods of utilising drug-action in therapeutics. We have yet to study the mode of selecting the similar remedy: And this will occupy us at our next meeting.

LECTURE VII.

THE SELECTION OF THE SIMILAR REMEDY

That likes should—wherever practicable—be treated by likes, and that the elements of the comparison should ordinarily be the clinical features of disease and the symptoms produced by drugs in the healthy—these points have now been established. Can we—as it would seem we could—proceed at once to select our remedies?

It might have appeared to Hahnemann at first that the problem was thus simple. But in the Fourth Edition of the 'Organon' (1829) he introduced a paragraph which recognised the necessity for wider considerations. It is that numbered § 5 in the Fifth Edition, which is the one we have in our hands as translated by Dr. Dudgeon. Let me read it to you :—

"Useful to the physician in assisting him to cure, are the particulars of the most probable exciting cause of an acute disease, as also the most significant points in the whole history of a chronic disease, to enable him to discover its fundamental cause, which generally depends on a chronic miasm. In these investigations, the apparent physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual functions, etc., are to be taken into consideration."

There are, you will observe, two distinct points made in this aphorism. The first is that the causes of disease, predisposing and exciting, are to be taken into account, not merely that they may be removed where possible, but as guides to the selection of the remedy. Thus, in choosing between *Nux vomica* and *Pulsatilla* in a case of Dyspepsia, the sex, temperament and disposition of the patient, as also the kind of food which most disagrees, go for something in including the balance; in prescribing for Rheumatic pains, we think of *Aconite* or *Bryonia* if dry cold, of *Rhus* or *Dulcamara* if damp, has been the exciting cause. If a morbid condition is traceable to a fit of anger, we are thereby inclined to give *Chamomilla* for it; if to a fright, *Aconite* or *Opium;* if to long-continued depressing emotions, *Phosphoric acid*. For complaints having origin in an injury, *Arnica* is always useful, not only immediately upon its reception, but long afterwards.

Dr. Drysdale is the only writer—as far as I am aware—who has enquired into the reasonableness of this practice, upon Homœopathic principles. He suggests* that any similarity to the effects of definite exciting causes discoverable in the symptoms of a drug indicates that the latter has acted as a predisposing cause, making the system more susceptible to the morbific agency in question. *Dulcamara* is Homœopathic to Catarrhal Diarrhœa, not because it is a purgative, but because patients under its influence are more liable to have Diarrhœa induced by cold and damp than they are without it. It thus goes deeper than the immediate attack, and not only removes this, but renders the patient less apt to its recurrence. The whole action is just another instance of the use of the totality of the symptoms in selecting the similar remedy.

But Hahnemann speaks further of ascertaining the "fundamental cause" of chronic disease, which (he says) is generally a "chronic miasm"—referring to his doctrine of the origin of a large proportion of such disease in Syphilis, Sycosis or Psora. This we have discussed already, as one of Hahnemann's theories. The question now is, why it is useful to have this causation known? Hahnemann again shall speak for himself. In a note to § 80 of the Fifth Edition of the 'Organon,' he writes concerning "Psoric diseases":—"I spent twelve years in investigating the source of this incredibly large number of chronic affections, in ascertaining and collecting certain proofs of this great truth, ... and in discovering at the same time principal (Antipsoric) remedies, which collectively are nearly a match for this thousand-headed monster of disease, in all its different developments and forms. . . . . Before I had obtained this knowledge, I could only teach how to treat the whole number of chronic diseases as isolated, individual maladies, with the medicinal substances whose pure effects had been tested on healthy persons up to that period; so that every case of chronic disease was treated by my disciples according to the group of symptoms it presested, just like an idiopathic disease, and it was often so far cured that sick mankind rejoiced at the extensive remedial treasures already amassed by the new healing art. How much greater cause is there now for rejoicing that the desired goal has been so much more nearly attained in as much as the recently discovered and far more specific Homœopathic remedies

* B. J. H., xxvi., 275.

for chronic affections resulting from Psora (properly termed Antipsoric remedies), and the special instructions for their preparation and employment, have been published; and from among them the true physician can now select for his curative-agents those whose medicinal symptoms correspond in the most similar (Homœopathic) manner to the chronic disease he has to cure; and thus, from the employment of (Antipsoric) medicines more suitable to this miasm, he is enabled to render more essential service, and almost invariably to effect perfect cures."

The object of seeking the "fundamental cause" now appears. It is that medicines suitable, not only to the existing symptom-group, but to the "miasm," may be taken into account in the selection of the remedy. Translate the dubious "Psoric" into "Syphilitic," and you have the conception free from prejudice. We know that to trace a malady to a Syphilitic origin is of the utmost importance as regards treatment. It guides us to a class of remedies of which otherwise we might not have thought. It is so no less so, Hahnemann teaches, in Homœopathic practice. He considered it a positive gain when morbid states, hitherto regarded as individuals, could be referred to a common type and treated by remedies chosen from a definite group, instead of being made the subject of an indiscriminate search through the Materia Medica.

Now this is obviously bringing Pathology to the aid of symptomatology, and supplies another instance of its usefulness. Nor does it stand alone in Hahnemann's writings. He ever recognised that there were a certain number of diseases of fixed type, acquiring this by origination from a specific cause; and to these he appropriated one or more specific remedies, as always applicable and usually indispensable.

Let me give a few citations and references in support of this statement.

Hahnemann's earliest and fullest utterance on the subject may be read in his 'Medicine of Experience' (1806).* "We observe," he there writes, "a few diseases that always arise from ONE AND THE SAME CAUSE, *e.g.*, the miasmatic maladies—Hydrophobia, the venereal disease, the Plague of the Levant, Yellow Fever, Small Pox, Cow Pox, the Measles, and some others, which bear upon them the distinctive mark of always remaining diseases of a PECULIAR CHARACTER; and, because they arise from a contagious principle that always remains the same, they also, always retain the same character and pursue the same course, excepting as regards some accidental concommitant circumstances, which however do not alter their essential character."

* P. 502 of Dudgeon's translation of the 'Lesser Writing' of Hahnemann.

"Probably some other diseases, which we cannot show to depend on a peculiar miasm, as Gout, Marsh-ague, and several other diseases that occur here and there endemically, besides a few others, also arise either from a single unvarying cause or from the confluence of several definite causes that are liable to be associated and that are always the same, otherwise they would not produce diseases of such a specific kind, and these would not occur so frequently.

"These few diseases, at all events those first-mentioned (the miasmatic), we may therefore term specific, and bestow upon them DISTINCTIVE APPELLATIONS.

"If a remedy have been discovered for one of these, it will always be able to cure it, for such a disease always remains essentially identical, both in its manifestations (the representatives of its internal nature) and its cause."

Turning now to the last edition of the 'Organon' (1833), we find Hahnemann dividing miasmatic diseases into acute and chronic. Among the former he names (§ 73) in one category, Small Pox, Measles, Whooping-cough, Scarlet Fever, Mumps; in another, Plague, Yellow Fever, and Asiatic Cholera, adding to each list an "&c." His chronic miasmatic diseases (§ 78—80) are three. The first is Syphilis; the second is another morbid entity, abstracted by him from the manifestation of the former malady, and named Sycosis; the third is Psora. Under the latter head he ranges (as we have seen) all non-venereal chronic diseases not traceable to bad Hygiene or injurious medications, and so refuses the name of specific to such maladies as Gout, Cancer, Rachitis and Scrofula. On the other hand, he does refer them all to the "Psoric" miasm, and provides a special group of remedies with which they are to be encountered. The "Antipsorics," indeed, are numerous, while the Antisyphilitics and Antisycotics are only three in all. But this Hahnemann explains by the hundreds of generations and millions organisms which Psora has infected, and the consequently various forms its influence has assumed (§ 81). The mass of medicines, nevertheless, are apsoric, and are not to be used save as temporary inter-currents in the treatment of chronic non-venereal disease; just as *Mercury* only is to be given in Syphilis, and *Thuja* and *Nitric acid* are to be our sole reliance in Sycosis.

Another class of specific disease recognised by him here are the epidemic fevers. These are not indeed to be referred to known types, and treated accordingly; for each epidemic has features of its own. Itself, however, is the product

of a single cause, and all instances of it are amenable to one and the same specific remedy, which is to be reached by a study of the phenomena of several cases, carried on until the symptom-totality of the epidemic is reached and its SIMILIMUM found (§ 73, 100—102, 235—242).

Again, in his "Examination of the Sources of the Common Materia Medica," prefixed to the Third Volume of his 'Reine Arzneimittellehre' (1816 and 1825), he writes thus :

"From the circumstance that constant remedies have already been discovered for those diseases, few though they be, which have a constant character,* one might infer, that for all diseases of a constant character, constant (specific) remedies might be found. And accordingly, since the only trustworthy way, the Homœopathic, has been pursued with honesty and zeal, the specific remedies for several of the other constant diseases have been discovered." To this (in the Second Edition) he appends a note, giving as instances the use of *Belladonna* in Scarlatina, of *Aconite* and *Coffea* in "Purpura miliaris," of *Spongia* and *Hepar sulphuris* in Croup, of *Drosera* in Whooping-cough, of *Thuja* in Condylomata, and of *Mercurius corrosivus* in autumnal Dysentery.

These extracts must suffice. But if, in addition, you will, in reading Hahnemann's writings, consider his estimate of *Bark* in endemic Malarial fever, *Spongia* in Goitre, and of *Veratrum album* in the Water-colic of Lunenburg; his recommendation of *Aurum* in the propensity to suicide; and his belief in the uniform prophylactic power exerted by *Belladonna* against Scarlatina and by *Copper* against Cholera—I think you will admit that my position is amply supported. It is true that for the multitudinous and diverse forms of disorder which come before the physician, arising from common causes (atmospheric and such like), and having no permanent character, selection by totality of symptoms alone and treatment as individual maladies formed the best mode of proceeding. But it is also evident that he was no mere individualiser; that to him there were morbid species, and specific medicines; and that he counted it real gain to reclaim forms of disease from the desert of symptomatology, to trace them to a common origin and connect them with certain remedies. Modern Pathology must often differ from him as to details: It has at times (as in the "Psoric" diseases) to separate where he has blended, at times (as with Syphilis and Sycosis) to identify where he had distinguished. But the difference is not one of principle. The great work which it has accomplished, in forming so many genera, species, and varieties out of the diverse forms of disease which come before us, has—so far as it is real—his entire concurrence, and becomes directly subservient to his therapeutics.

* Of these he had previously mentioned *Spongia* for Goitre, *Murcury* for Syphilis, *China* for Ague, and *Arnica* for mechanical injuries.

Hahnemann's ideal Homœopathy was thus to obtain a group of medicine for each morbid species, to be chosen from in each case according to its peculiar features. This was not altogether his earliest conception. In the "Suggestions" of 1796 he expresses himself "convinced that there are as many specifics as there are different state of individual diseases, *i.e.*, that there are peculiar specifics for the pure disease, and others for its varieties;" and again—"we only require to know, on the one hand, the diseases of the human frame accurately, in their essential characteristics and their accidental complications, and, on the other hand, the pure effects of drugs, that is, the essential characteristics of the specific artificial disease they usually excite, together with the accidental symptoms caused by difference of dose, form, etc., and by choosing a remedy for a given natural disease that is capable of producing a very similar artificial disease, we shall be able to cure the most obstinate disorders." In a note to the first quotation, he writes—"The history of diseases is not yet advanced so far that we have been at pains to separate the essential from the accidental, the peculiar from the adventitious—the foreign admixture, owing to idiosyncrasy, mode of life, passions, epidemic constitution, and many other circumstances. When reading the description of one disease, we might often imagine it was a compound admixture of many histories of cases, with suppression of the name, place, time, etc., and not true, abstractedly pure, isolated characteristics of a disease separated from the accidental (which might afterwards be appended to it, as it were). The most recent nosologists have attempted to do this; their genera should be what I call the peculiar characteristics of each disease, their species the accidental circumstances." Later, in the 'Organon,' Hahnemann took a juster view of what is specific and generic in disease. "In the course" he says "of writing down the symptoms of several cases of this kind" *i.e.*, of an epidemic fever "the sketch of the morbid picture becomes ever more and more complete, not more extended and spun out, but more significant (characteristic) and more comprehensive with respect to the peculiarities of this collective disease; on the one hand, the general symptoms (*e.g.*, loss of appetite, sleeplessness, etc.) become particularly and exactly defined, and on the other, the more marked and special symptoms which are peculiar to but few diseases and of rarer occurrence, at least in the same combination, become prominent, and constitute what is characteristic of this malady." These "general symptoms," which are charac-

teristic of all fevers, should surely be classed as generic; these "marked and special symptoms," which characterise the particular epidemic under observation, as "specific.' We shall thus have another category left, answering to the "varieties" of natural history; and in this we can place the "accidental circumstances" of Hahnemann's previous description, which are the peculiarities due to the individual idiosyncrasy.

Similarity between disease and drug-action should thus be generic, specific and individual.

I. Generic similarity is that expressed in the sayings, "NIL PRODEST QUOD NON LOEDIT IDEM" and "MAGIS VENENUM, MAGIS REMEDIUM". To make his case a SIMILE of drug-action at all, a person must be ill; on the other side, if he be ill, his remedy must be one capable of causing illness in the healthy, and the more seriously ill he is, the more potent should be the poison with which he is treated. These are broad generalities, but they are the basis of Homœopathy, and the surer one from such breadth. Then we go a little further, and say that the class of affections from one of which the patient is suffering must be such as the drug is capable of producing. If his illness is febrile, his remedy must be pyreto-genetic; if the one be an inflammation, the other must be an irritant.

II. Specific similarity (I use the word now in its scientific, not its medicinal sense) implies the existence of species. These, in natural history, mean forms capable of reproducing their kind; and such we have in the infectious diseases. But no less entitled to the name are those which, though barren, spring from a common cause, as the Malarious fevers and constitutional Syphilis; those which depend on a definite morbid process taking place in particular organ, as Pneumonia and Cirrhosis of the Liver; or those having a known clinical history, as Diabetes and acute Rheumatism. These are recognised and stable forms of disease; each sufferer from them presents their essential features, though each may have them in his own way. If we had drugs which caused them all, as *Strychnia* causes Tetanus and *Arsenic* chronic Morbus Brightii, we should only have to give these, with preference—when more than one existed—to that which corresponded to the individual peculiarities of the case. But it is rarely so; and indeed, in the nature of things, could hardly be expected. "The specific morbid states cannot be convinced of as having been fresh creations, full-blown at first and ever since the same. They are the result—probably the gradual result—of interaction between the organism and its environment: even those which now reproduce their kind may well have been evolved in this way, as Darwin has taught us with regard to the species of plants and animals. In this way the PREDISPOSITIONS DEFINIES of which Tessier speaks have been

established, resulting, under the action of common causes, in fixed forms of disease: In this way specific viruses, themselves the seed (and now perhaps the only source) of fresh disease of the same kind, have been slowly distilled in the alembic of the organism, till they have become what they are. I venture to think that this is a truer account of the matter than to suppose all infectious diseases to have been parasitic, according to the now fashionable germ-theory. "

Specific maladies having thus originated, then can seldom—I say—be imitated by drugs *ab ovo usque ad mala*. The substances so called are either elements and simple compounds, or are the results of the vital Chemistry at work in organisms themselves evolved by natural selection and other processes. They thus move in no parallel plane with the causes of disease; and the only point of contact between the two is the living body, in which one and the other effect changes, which may well be like—not to say identical—at points, but can hardly be as wholes to wholes. Specific similarity must generally content itself with such correspondences here and there, and is more or less perfect according as they are quantitatively or qualitatively considerable. Let us consider some of its elements.

1. The first requisite for specific similarity is that the drug shall have the same seat of action as the disease. I have already shown how provision is made for this necessity in the rule that the totality of the symptoms is to be covered. If the phenomena correspond, so also must the noumena. In this way, moreover, identity of seat is secured alike more certainly and more thoroughly; more certainly, because on any other plan it must be an inference, which may possibly be mistaken, and more thoroughly, because the full range and even primary origin of the malady, may lie beyond the organ obviously at fault. But I have also pointed out that" there are cases where symptoms fail us as a guide, and where the "Organopathy" of Paracelsus, Rademacher and Sharp comes in welcome aid. Identity of seat is half the battle; only half, it is true, but to have conquered so far is fair promise of entire victory, and the promise is often fulfilled. "

The "seat" of disease contemplated by Dr. Sharp is, as his name for the method implies, an ORGAN; but he is careful to postulate that the skin shall for such purposes be accounted an organ. It is really a tissue: And this leads us to see that action upon the tissue involved in the disease is sufficient for specific similarity, though there be no correspondence in the localisation. When de Merriot tells us that "the mucous membranes, ten minutes after the injection of *Atropia*, are red, injected, and dry,"

he is speaking from those which can be observed, but has no hesitation in inferring the same thing of others who are invisible. That inflammation should have its seat in mucous membrane is therefore, CÆTERIS PARIBUS, and indication for *Belladonna*, and this wherever the membrane may be. Symptomatic correspondence will give us this identity also; but in lack thereof it may often be obtained by analogy. It was, for instance, a long time before we had adequate provings by women; and in the absence of these we had little sure knowledge of the action of drugs on their sexual apparatus. But it was justly argued (as by Dr. Leadam *) the substances which inflamed mucous membrane or provoked hæmorrhage elsewhere should be Homœopathic to Endo-Metritis and Metrorrhagia; and so they proved to be.

Another mode of securing what may be called "tissue-remedies" was initiated by Dr. von Grauvogl, and has been elaborated by Dr. Schussler. As each part selects from the blood the elements it requires for its nutriment, so does it behave with the drugs brought to it by the circulatory current. But there must be a difference according as such drug is or is not an actual constituent of the part, still more if it be altogether foreign to the body. In the two latter cases the drug must be classed as a "function-remedy," *i.e.*, it exalts, depresses, or otherwise modifies vital activity without effecting substantive change. It is different when the part for which it has affinity normally contains the substance in question. If this can act elsewhere as poison in health, as medicine in disease, here would seem to supply pabulum only—to be a food; and such it doubtless is as long as the supply is proportioned to the demand. But what occurs when it is in excess? The reason why each part selects from the blood its proper pabulum seems to be that such nutritive elements act as specific stimuli thereto, evoking its assimilative activity. Excess of such stimulation must cause, either morbid hypertrophy, or—by exhaustion—deficient nutrition in respect of this very element; and the latter seems the more frequent occurrence. On the other hand, in such malnutrition idiopathically induced, the best remedy will consist in small doses of these very substances—not as aliment (which proper food best supplies) but as specific stimuli, raising the depressed vital activity to its normal lines.

This was von Grauvogl's argument; and he called such substances "nutrition-remedies," instancing their usefulness by the employment of *Calcarea phosphorica* in defective ossification of the cranium, leading to chronic Hydrocephalus, and of *Silicea* in Enchondroma of the fingers. Dr. Schussler was so enamoured of

* See B. J. H., x. 59.

medicines of this kind, that he would have had us abandon the whole Materia Medica in favour of a dozen of them—the *Fluoride, Phosphate* and *Sulphate of Calcium*, the *Phosphate of Iron*, the *Chloride, Phosphate* and *Sulphate of Potassium*, the *Phosphate of Sodium*, and *Silica*. I need hardly say that he has found no followers (among the profession) in his exclusiveness; but a large measure of success has been obtained with the new remedies of the kind he has proposed for adoption, and by generally following out the indications he has urged on our notice. *

2. Seat of action is of such value in the endeavour after specific similarity; but KIND of action is of no less importance. By this I mean something more than was spoken of among the elements of generic similarity, *viz.*, that the Pathological process shall be the same—fever, inflammation, ulceration, and so forth. I am thinking of the quality which such processes receive from the diathesis or general disease of which they are the outcome. Sydenham long ago pointed to this as an essential element in specificity. "In overcoming a chronic disease," he wrote, "he has the best and truest claim to the name of physician who is in possession of the medicine that shall destroy the species of the disease; not he who merely substitutes one primary or secondary quality for another. This he can do without extinguishing the species at all; *i.e.*, a gouty patient may be cooled or heated, as the case may be, and his Gout continue unconquered." In like manner we may say, that a medicine may be Homœopathic to simple inflammation of an organ, but not to that peculiar modification impressed upon the process by its occurrence as a result of Scrofula or of Syphilis. Intestinal ulceration, again, is a simple thing in itself; but it varies in character according as it is a part of a Typhoid Fever, the ultimate issue of a Dysentery, or the consequence of Tuberculous deposition in the course of Phthisis. To these differences and variations our medicines must correspond so far as is possible. To reach the most suitable remedies for the QUALITIES of morbid processes is no easy task. It requires symptomatic comparison, Pathological inference, analogy, and clinical experience; but when obtained it is worth all the trouble. The superiority of *Colchicum* in gouty inflammation to the *Bryonia* or *Pulsatilla*, the Arthritis would otherwise demand, is an instance in point.

* See "The Twelve Tissue Remedies of Schussler," by Drs. Boœricke and Dewey. Dr. Schussler evolved his theories out of Homœopathy, carried them out for many years in fellowship with our body, and gave them to the last in Homœopathic form and dose. Latterly he (rather ungratefully) withdrew himself from our ranks, and took an independent position. It is amusing to notice that in the last Edition of his Book on the Subject, issued just before his death in 1898, he omits one of his twelve medicines, on the ground of the doubtfulness of its presence as a constituent of the organism. Yet this *Sodium sulphate* has been in use by Schusslerites for many years, and has not been found less active than its associates.

3. Of another feature of specific similarity I have already spoken. It is that modification of disease which its originating CAUSE impresses upon it. It differs according as it is of physical or mental origin, and these classes have to be further sub-divided. A Rheumatism arising from dry cold is one thing, from damp cold another; a Neuralgia induced by injury to a nerve is different from one brought on by Malaria or by Gout. Jaundice from mental emotion is not the same disorder as that arising from heat or from a too stimulating diet. I might multiply examples; but these are sufficient to show my meaning. Now to these modifications also our remedies must correspond; and here again the correspondence may be arrived at in various ways. *Dulcamara* supplies a good illustration. Carrere, who published in 1789 a treatise on its virtues, states that he had several times noticed in patients under its influence some twitching of the eyelids, lips and hands on exposure to cold damp weather, which readily subsided under the application of dry warmth. The Homœopathic inference therefrom was that *Dulcamara* would be suitable as a medicine to affections thus caused, and so it has proved to be in numerous instances. However arrived at, such casual Homœopathicity (if I may so express it) is of the utmost value, and many a time leads as no other guide would to the specific remedy.

4. Another useful point of comparison between disease and drug-action is the CHARACTER of the pains and other sensations present. There is a reason why one should complain of burning pain, another of tearing, another of gnawing, and so forth; we may not be able to explain it, but the kind of sensation present characterises the suffering and on being found in pathogenesy establishes the specific similarity of the drug which causes it. The burning pain of *Arsenic* is a good example—the more so because it is at present inexplicable. It has been thought to depend on mucous membrane being the seat of its action; but this cannot hold good of its Neuralgia, where it no less obtains.

5. Lastly, I would speak of "CONCOMITANCE, that is the coincidence of two or more marked symptoms in the pathogenesis of a drug and in the phenomena of a disease. Its value rests on the mathematical law of combinations, or—as it is technically called—permutations." The number of the possible rearrangements of the figures of a series increases in proportion to their number, but by leaps and bounds exceeding not merely arithmetical but even geometrical progression, so that while for five figures it is 120, for seven it is 5040. In the same ratio increase the probabilities against any one combination occurring by chance. You will see, then, if three distinctive symptoms of a case can be found to have been excited by a medicine, there is already considerable likelihood of its acting on the same parts and in the same manner; and that the odds in its favour increase rapidly as the points of analogy are multiplied.

If you have three legs to your stool, Constantine Hering used to say, you may well sit down upon it; but a four-legged chair is better still. He, however, judging from the shape in which he published most of his provings, did not appreciate the full value of this mode of proceeding. It is a small matter that symptoms should be present, compared with their being present in a certain connection and sequence; and this it is as impossible to discover in the schema of Hering as in that of Hahnemann. Now, with the detailed provings in our hands, we can ascertain order as well as occurrence, and thus enhance many-fold our probability of arriving at genuine results.

Dr. Woodward, of Chicago, and Dr. Ord, and Bournemouth, have of late years urged on us the importance of chronological sequence in respect of organs or tissues affected, and have shewn that many a success may be scored by securing Homœopathicity in this matter between disease and drug-action.*

"1) Seat of action, then, in organ or tissue; 2) kind of action, in diathesis or other quality; 3) in causative modification; 4) in character of sensations, and 5) in concomitance and 6) sequence of symptoms—these are the main elements of specific similarity. The more you can secure of them the better your prospect of reaching the "Pathological SIMILE," as Drysdale called it, which is the aim of all your endeavours and the best hope for your patient."

* See Transaction of International Hom. Congresses of 1881 and 1896.

LECTURE VIII.

THE SELECTION OF THE SIMILAR REMEDY (*contd.*)

III. Similarity of drug-action to disease is to be generic, specific, and individual. We have considered some of the elements which go to make up generic and specific likeness and have now to see what can further be done by way of making the similarity individual. That it should so be, if possible, must be evident. Even the essential, typical diseases affect each subject in his own way, so that he presents a variety of the species; and that which is distinctive in him must be taken into account. Individualisation is as important in therapeutics as it confessedly is in education. Still more decisive are such indications for the choice of the remedy in those anomalous morbid conditions, coming under no definite category, which constantly come before us. I cannot quite go with the saying "il n'y a pas des maladies, il n'y a que des maladies;" but here it is certainly applicable, and we may go with Dr. Clifford Allbut in viewing as "wholesome" the "tendency to the fall of diseases, as abstract names, and to the rise of the patient." * Of the mode of dealing with such cases I shall speak further on: At present let us consider individual as complementary to specific similarity.

In pursuit hereof must be taken into account the patient's constitution and temperament, his mental and emotional state, the conditions of aggravation and amelioration presented by his sufferings, the side of the body affected, and the time of day or night at which his symptoms are most pronounced.

1. To almost every medicine of importance in Homœopathic practice has been assigned, as it has become well-known, a type of patient to whom it is suited. *Bryonia* corresponds to brunettes of bilious tendencies and choleric temper, with firm flesh; *Arsenicum* to worn and exhausted constitution; *Nux vomica* to vigorous persons of dry habits and tense fibre, addicted, it may be to "high thinking." but not to "plain living"; *Pulsatilla* to the lymphatic, and *Ignatia* to the nervous temperament, in woman and children; and so forth. These adaptations have mostly been reached by clinical experience, but

* BRITISH MED. JOURN., Oct. 6, 1900.

sometimes the Physiological effects of drugs will lead to them; and Teste has suggested that we may often get useful hints from the results of experimentation on animals—poisons which have most effect on carnivora or harnivora respectively finding most receptivity as medicines in corresponding types of human constitution.

2. The mental and moral state of the patient is often a feature of his general temperament, but it may also supervene in the course of his existing malady. It is a matter on which Hahnemann always laid much stress. "In all cases of disease" he wrote in the 'Organon' (§ 210), "that we are called on to cure, the state of the patient's disposition is to be especially noted, along with the totality of the symptoms, if we would trace an accurate picture of the disease, in order to be able therefrom to treat it Homœopathically with success. This holds good to such an extent, that the state of the disposition of the patient often chiefly determines the selection of the Homœopathic remedy." In this category we have the emotional tension of *Aconite*, with fear of death; the crossness of *Chamomilla*; the Melancholia (often suicidal) of *Aurum*; and the ENTETEE state of *Platina*.

3. Conditions of aggravation and amelioration have always played a large part in Homœopathic therapeutics; and as there must be cause for them, it would be wrong to ignore them. It is certainly on account of some real difference in the pains they cause that those of *Bryonia* aggravated by motion, those of *Rhus* (at any rate after the first) relieved by it; and here it may plausibly be suggested that the difference depends on the more acute and inflammatory-like character of the former. But there are other instances in which no such explanation is available, and yet the fact remains, and is fruitful of practical application. The increase of the head pains of *Belladonna* on lying down and of those of *Spigelia* on stooping; the aggravations of *Lachesis* after sleep and the ameliorations of *Nux vomica* from the same cause; the relief afforded by cold to the pains of *Coffea* and by warmth to those of *Arsenicum* and *Silicea*—the latter in its turn making worse those of *Mercurius* and *Pulsatilla*—are examples of what I mean. The "conditions" of every drug commonly employed in Homœopathic practice are known, having been ascertained either by experiment on the part of the provers (as enjoined by Hahnemann) or from clinical observation; and they are worthy of all attention. They are misused only when they are too widely generalised and when, because the pains of a drug are aggravated by motion, the same is assumed to hold good of all its diverse symptoms. This MAY be, so, indeed, as it seems to be in the case of *Lachesis* and the increase of suffering after sleeping; but it must not be taken for granted A PRIORI.

4. The side of the body which is affected may be thought a thing of no moment save when unilateral organs are concerned. Sometimes, indeed, the determination of the malady thereto may be thus accounted for, as when we find right supra-orbital pain associated with herpetic disorder, and calling for *Chelidonium*, while on the left side it is often traceable to the stomach, and is relieved by *Kali Bichromicum*. But how are we to account for such a fact as that which is established in relation to *Viola odorata*, that it removes Rheumatism of the right wrist only, so that if both joints are affected it leaves the left untouched? There are many similar (though hardly so pronounced) phenomena in our pathogenetics and therapeutics: And they may not be ignored. Teste has contributed a valuable suggestion here, *viz.*,: That the left must be regarded as the weaker side of the body, and so most impressible by lowering causes and depressing drugs; while the disorders and medicines of the right side are rather of the sthenic kind. Whatever be the explanation, the fact of the one-sidedness of the action of many drugs certainly hold good. Dr. Gaston Delaunay, in a thesis presented to the Faculte de Paris in 1874, has shown that in many respects the right and left sides of the body have a separate Physiology and Pathology; and the phenomena of Aphasia point in the same direction.

5. The time of day at which symptoms occur or undergo aggravation is made no small account of by many Homœopathic practitioners. The exacerbations of *Nux vomica* about two and three a. m. and of *Pulsatilla* in the evening were early noted by Hahnemann: and we have since come to fix those of *Lycopodium* for 4 p. m. Dr. Claude has published a very interesting essay, entitled "Sur le rythme de quelques medicaments," in which he illustrates this last bit of periodicity by several cases of Bronchitis and Intermittent Fever; and has also established 8 p. m. as an hour of aggravation calling for *Atropine*

Here, too, we have a suggestion in explanation of the phenomena derived from general Physiology. M. Spring, in observation on the diurnal variations of temperature, pulse, and respiration, has found that from 3 to 9 a. m., and from 1 to 5 p m. are periods of functional increase, while from 9 a. m. to 1 p. m., and from 6 p. m. to 3 a. m. are times of diminished functional activity. Drugs and diseases which induce over-stimulation may therefore be expected to show their main influence at the former epochs, and VICE VERSA. Whether any of our observed medicinal periodicities can thus be accounted for I am unable to say; but, whatever be their explanation, they often guide us to the choice of a right remedy. In Ague, especially, the hour at which the paroxysm tends to occur is reckoned of much importance; and Dr. Elias Price, of Baltimore,

has published a time-chart expressly to aid in the selection of medicines therefrom.

In the union of specific and individual similarity, secured by as many as possible of these elements, lies—generic correspondence being of course assumed—the ideal Homœopathy. It is well illustrated by Dr. Dunham in his "Homœopathy, the Science of Therapeutics.

"Let us suppose" he writes, "a case of uterine hæmorrhage. As many as forty drugs probably produce uterine hæmorrhage. On the basis of this symptom, they form a group isolated from the three hundred and forty remaining drugs of the Materia Medica. We select this group from the Materia Medica, and now we must select a remedy from the group. It is a tedious task to consider and compare them one by one. But we group them again; ten of them produce dark-coloured and ten florid hæmorrhage; ten limpid and ten clotted discharge. Our case has a dark-coloured discharge. Our choice is now restricted to ten drugs. But of the ten which produce a dark discharge, only five produce simultaneously a congestive Headache. Thus we are limited to five drugs. Thus far, the distinctions on which our grouping has been based (or which have been characteristic of the groups) have had a Pathological significance and importance. We can find no such basis for any further subdivision into groups. But we observe in the case a peculiar subjective symptom. The patient complains, 'as though a living body were moving through the abdomen.' This may seem trivial. It is equally, however, a symptom produced by *Crocus*, which is one of the five remedies to which our choice had been restricted, and it is produced by no other drug in the Materia Medica. It is, then, a characteristic symptom of *Crocus*, enabling us to individualise *Crocus*, and to distinguish it from all the other drugs which in many respects agree with it."

Dr. Dunham here conducts his individualisation by means of a single peculiar symptom—one of those of which we shall have hereafter to speak under the title of "characteristics." But he shows further on that the determining feature is sometimes a condition, which may be of time, or circumstance, or concomitance—thus bringing it into the categories we have just been discussing.

This is ideal Homœopathy, and should always be aimed at. But a very little experience will show that it is not always attainable. The deficiency may be either on the side of specific qualities or on that of individual features, or it may be on both. Clinical experience will here often come to our aid; but, if we Homœopathize it all, we must do it by way of individualisation

by itself or by that of generalisation by itself. The first secures likeness in the instance, ignoring the type; the second aims at conformity to the type, and disregards the peculiarities of the instance. Which course shall we follow? The former is that advocated by most Homœopathic writers; but it has great disadvantages. It rests for its basis on a minute symptomatology which is at the best uncertain, which even after the sifting it has received cannot always be relied on as a body of genuine drug-effects. Even if the symptoms, which serve as indications, be trustworthy, there is no knowing what relation they bear to the disorder as a whole. Their own Pathological basis (their proximate cause) may be part of its foundation, and then its removal by the drug given is a real gain; but it may just as well be only an outgrowth, and contribute nothing to the strength of the main building. To vary the simile, the pursuit of such indications is too often a lopping off of boughs and leaves, instead of a cutting at the root of a tree.

There is, again, a better word to be said for the alternative of generalisation than is usually conceded to it. If you conduct a school for boys, it is important, as already said, that you consider the character of each individual committed to your care, and act towards him accordingly. But it is quite as important that you make your general arrangements such as to be suitable to the young of the masculine variety of the genus homo. You may not know much about a given new-comer, but you are safe in treating him as a boy. And so with disease. If you must choose, it is surely of greater consequence to secure similarity to the Pathological process itself than (in Hahnemann's words) to some accidental concomitant circumstances, which do not alter its essential character." By pursuing individualisation you MAY strike your mark; but your weapon's point is so fine that though it pierces deep when it hits, it is very liable to miss. Generalisation gives a blunter point, but a broader one; your impression may be less incisive, but it can hardly fail to be made. Since, then, imperfect similarity is confessedly better than no similarity at all, it may often be wiser to make sure of this than to aim at a mark more dimly seen. That less attenuation of dose is here necessary is no argument against the proceeding; for a similar necessity is admitted even in the sphere of minute symptomatology and the higher infinitesimals.

It will be seen that I am far from advocating generalisation as an habitual practice, still less as the ideal mode of Homœopathizing. Though "so careful of the type" I may seem, I would not be "careless of the single life"; while pleading for due subordination in the hierarchy of symptoms, I would have none despised as playing no part in the whole. But individualisation—valuable as it is—was not to Hahnemann (as I showed

in my last lecture), and is not in the nature of the case, the be-all and end-all in the selection of the Homœopathic remedy. It is always the better for having generalisation as its complement; and the latter may often be preferably followed when we have to choose between the two. Wurmb and Casper saying of *Arsenic*, that "it will often cure" chronic Intermittents "when other remedies selected with the greatest care have failed";* Espanet reporting that in the numerous cases of Dysentery treated by him in Algeria, he "never found the least advantage from substituting for *Mercurius corrosivus* another remedy which seemed more Homœopathic to the febrile phenomena or the abdominal symptoms";† the general experience vouched for by Homœopathists like Jeanes and Sircar, Jousset, Bahr, and Panelli,‡ that nearly every recent and uncomplicated Ague can be cured by *Quinine*—these are testimonies to the practical value of judicious SPECIFICKERING (as the Germans call it) which are not to be despised.

There are cases, however—as I have freely admitted—in which all idea of conformity to type must be abandoned and we must commit ourselves to individualisation without reserve. In so doing, may follow one or other of two methods—that by totality of symptoms, or that by characteristics.

1st. The first is Hahnemann's mode of proceeding. It is to write down the symptoms of a case in the order of the schema, and then to find what medicine has caused the whole, or the greatest number, or the most characteristic of them. It is illustrated by the two cases he has related in the Preface to the Second Volume of the 'Materia Medica Pura.'§ One was a Gastralgia made up of six symptoms, the patient's health being otherwise good. *Bryonia* was found to possess all the features of the malady, and in a more marked manner than any other medicine; it also corresponded to the patient's disposition, which was passionate. This remedy was accordingly chosen, and cured in a single dose. The second case was one of Dyspepsia, and to its seven features, and again to the patient's disposition, the pathogenesis of *Pulsatilla* was found quite parallel; and it effected a similar cure. His Materia Medica was framed (as I have pointed out) in such a manner as to favour comparisons of this kind. At first memory could hold the symptoms, or a little hunting find them; but as the remedies which had been submitted to proving increased in number, indices to their effects were required.

* See B. J. H. xiii. 430, note.

† BULL. DE LA SOC. MED. DE FRANCE, xix. 179.

‡ See B. J. H. xxxii. 723; M. H. R., xviii. 522; UNITED STATES MED. INVESTIGATOR, iv. 161.

§ It may be found in Vol. 1, p. 18, of Dudgeon's translation.

Hahnemann early perceived their need, and appended one to his first pathogenetic collection—the 'Fragmenta de Viribus.' As the Materia Medica grew towards its present dimensions, the indices to it had to form distinct volumes wrought by separate hands, and hence the "Repertories"—finding-means—of Muller, Hempel, and others. We in this country have been somewhat later in supplying them; but we have tried to make up for our delay by aiming at a fulness hitherto unattempted. The 'Repertory' of the Hahnemann Publishing Society, as far as it went, presented every symptom in full under every category in which it could be reasonably looked for. It effected this without intolerable bulk by an ingenious system of cypher, which, though it has frightened many away from using the repertory, is admitted by all competent judges to be of inestimable value. That the symptoms should always be presented in their completeness is an obvious advantage, and in no other way could this have been done. At the same time, as has been pointed out, the repertory can be used like other works of the kind, without any employment of the cypher whatever; while those who seek counsels of perfection in this matter can do so by mastering its (very moderate) difficulties.

I am the more desirous of doing honour to this most laborious and praiseworthy undertaking, because I have myself endeavoured to supersede it. I have, at the desire of the colleagues who worked with me at the 'Cyclopædia of Drug Pathogenesy', compiled an index to that work which has also embraced the trustworthy material of Hahnemann's symptom-lists. I have explained in the Introduction why I have departed in many respects from the British repertorians and others. The distinctive features of my compilation, however, is that it is not a repertory to the whole range of drug pathogenesy, but an index to a special collection of such phenomena. This may be by some accounted a deficiency: to others, however, it will give a sense of confidence they have hitherto lacked. They may prefer working with a limited body of well-attested and sifted material to taking their chance over a wider area. At any rate, such is the "Repertory to the Cyclopædia of Drug Pathogenesy,"* which is now before the profession, and whose method is fully described in its Indroduction.

In using repertories, two cautions must be borne in mind. The first is that you must not prescribe FROM them, but be guided by them to the Materia Medica, where only you can find the data on which to base a right selection. The repertory can be nothing but an index, and is not responsible for the value of the elements to which it points: This must always be

London; Gould and Son, 59, Moorgate St.

tested by its employer. Again, a medicine may have produced a symptom which the patient has, but in so different a connexion that no real similarity is thereby established: This a repertory cannot tell us, but the Materia Medica may. The second caution is that while you should seek the totality of your patient's symptoms in a medicine, you should not expect to find all the symptoms of the medicine in your patient. If *Cantharis* is indicated by his renal symptoms, you must not reject it because he has no Dysuria: If *Belladonna* is suited to his Angina Faucium, it requires no delirium to be present to validate its Homœopathicity. These are independent morbid states, each with its own proximate cause, and the drug can extinguish as it can excite them separately.

2nd. The other method of which I have spoken works by what are called "characteristics". Hahnemann, in the 'Organon', taught us the importance of securing resemblance above all things in those symptoms which are peculiar to each drug as an individual. "In the search" he wrote, "for a Homœopathic specific remedy . . . . . the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view; for it is more particularly with these that very similar ones in the list of symptoms of the selected medicine must correspond, in order to constitute it the most suitable for effecting the cure. . . . If the antitype constructed from the list of symptoms of the most suitable medicine contain those peculiar, uncommon, singular and distinguising (characteristic) symptoms, which are to be met with in the disease to be cured in the greatest number and in the greatest similarity, this medicine is the most appropriate Homœopathic specific remedy for this morbid state' (§ 153, 154). Carroll Dunham expanded the same teaching—"We are so to study Materia Medica" he wrote, "as above all, to bring into strong relief and fix firmly in memory those peculiarities of each drug which are not met with in any other, and which therefore serve to individualise and give character to the drug that produces them, and are called its characteristic symptoms. This term having been much and loosely used of late, it may not be unprofitable to devote a few words to the subject of characteristic symptoms.

"By some writers the leading and most obvious and most frequently recurring symptoms are called characteristic. Thus Bennett calls fever a characteristic of the Exanthemata. By others the pathognomonic symptoms of a class of diseases are called characteristic—by others the Pathologico-Anatomical. Now, the signification of such a word as characteristic is not absolute. It depends on the connection in which you please to use it,

and which is determined by the question, 'characteristic of what?" In the instances just adduced, the varieties of symptoms cited may indeed be called characteristic, but—characteristic of what? Of classes (the Exanthemata), of groups (nosological),—but not of individuals. But the only sense in which Homœopathists can use the term is in its application to INDIVIDUALS. Hence a characteristic symptom must mean one which is possessed by none other than the individual drug of which it is predicated, and to which therefore it gives character as an individual. In this sense it corresponds precisely to those features of a man by which his friends are enabled to distinguish him from other persons and to recognise him at a glance.

"It is obvious that these characteristic symptoms so precious to the Therapeutist may seem to be of little or no Pathological value—may even seem accidental to those who forget that there are no accidents in Nature. They would be valueless if we did not need to individualise, but could be content with grouping our diseases and remedies. To the Naturalist whose object it is to group his specimens, it is sufficient to know that John Doe has a vertebral column, is a mammal, has two hands, and is a Caucasian—because this enables him at once to place John Doe in variety Caucasian of the species of man, and his analysis goes no further. From this his whole Physiological status follows. But these items of general knowledge would hardly enable the SHERIFF to recognise John Doe in Broadway. It is of no importance to the naturalist that he has such 'accidental' peculiarities as an aquiline nose, black eyes and hair, and a brown mole on the left ala nasi: but these very peculiarities are all important to the sheriff, for they give him the means of detecting the object of his search upon the crowded street. It must not be forgotten, however, that the points on which the naturalist laid stress are equally important to the sheriff; for if the latter should bear in mind only the INDIVIDUAL peculiarities of the subject of his quest, and should forget that he is a Caucasian, he might find the former in the person of an Indian, or, if he should forget that he is a bimanous creature, he might arrest a monkey.

"To drop the figure, then, it is evident that we must seek to discover among the symptoms of every drug certain ones that are produced by no other drug, and which shall serve to distinguish it from all other drugs similar in other respects; and that these symptoms will often be unimportant and trivial in a Physiological point of view."

It was evidently Dunham's idea that these characteristic symptoms should be employed in selecting, from groups of medicines specifically Homœopathic, the one individually so—as illustrated by the example

of *Crocus* in Metrorrhagia already cited from him. But they have of late years assumed a much more important place in the minds of a number of our practitioners, of whom Dr. Henry Guernsey, of Philadelphia, was the foremost representative. They have become in their hands the basis of a "keynote system," which dominates their whole practice. If, they say, the characteristics of a drug are present in a patient, the rest of his symptoms will in all probability be found in its pathogenesis, and they identify such characteristics with the peculiar differences which each drug presents as compared with all other. Dr. Guernsey has expounded it, in an essay which you will find in the Third Volume of the HAHNEMANNIAN MONTHLY, and also in the Preface to his treatise on 'Obstetrics.' In the latter he illustrates it by the instance of picking of the nose as an indication for *Cina* in Metrorrhagia. It is well known that the presence of worms in the intestines, has kept up for months, a constant stillicidium of blood from the uterus; and "here" he writes, "we can readily see the relation between the comparatively trifling symptoms of picking of the nose and the irritation of the bowels, caused by the ASCARIDES and consequent uterine irritation and hæmorrhage. The fact that in many cases it is impossible to trace any Physiological connections between remote symptoms, which still seem to be characteristic, and the disorders themselves, should not therefore induce us to conclude that such connection does not exist."

Such a position is unexceptionable, and only requires testing by facts. But when we examine the "key-notes" affixed to drugs by Drs. Guernsey, Cowperthwaite, Hawkes, and others, we find them far from being identical with their individual characteristics, as explained by Dunham, and by no means always present in their pathogenesis at all. This, however, though it destroys their professed basis, would not make it impossible that they should serve as guide-posts to the remedy which should be found to answer to the totality of the symptoms of a case. But when the practice of the advocates of the method, as reported by themselves, is observed, it is evident that this further enquiry is regarded as of quite secondary importance, and that its negative result does little to outweigh the presence of the characteristic, which thus become not suggestive only, but determining. In the essay already referred to, Dr. Guernsey says of the "keynote"—"it is something peculiar in the case, some prominent feature or marked symptom, that directs to a certain drug, "AND THE TOTALITY AFTERWARDS CONFIRMS OR DISAPPROVES THE CHOICE." But on the next page he relates a case of Dysmenorrhœa to which he was called in consultation. Struck with the "devout, beseeching, earnest, and ceaseless talking" of the patient, he suggested *Stramonium*. The attending physician replied that the other symptoms of the patient were not under the head of that medicine (he might have added that the keynote itself is not to be found there). Dr. Guernsey replied, "that *Stramonium* was undoubtedly the remedy, and if

it were properly proven and on every variety of temperament and condition, all of her symptoms would be found in the record of its pathogenesis."

It is obvious that the practice so exemplified, while it may be successful, has no claim to be a following of Hahnemann. It is wholly empirical and hypothetical. The very term used to denote it involves, either a confusion of thought, or a false assumption. It is equivalent, as the late Dr. Madden has argued, to asserting "that two instruments will harmonise if attuned to the same key, on matter whether they play the same tune or not. It seems to us," he goes on, "that the only way of escaping this dilemma is to assert that every drug can cure every disease, provided the drug and the disease agree in the one particular; an assertion which would overthrow all our ideas of specific relationship. Of course, in Dr. Guernsey's analogy, the living body represents the instrument, and the drug and the disease are the players. If, then it is enough to ascertain that the two which are expected to harmonise are playing in the same key, the drug must be capable of playing any tune in that key, otherwise the disease might be playing the Dead March in 'Saul,' while the drug—in the same key—struck up 'Champagne Charley.' Will this constitute one of Nature's harmonies? We trust not.

"Our views of specific relationship, and we think they exactly correspond with those of Hahnemann, would represent medicines as automaton players, whose performances were limited to playing a definite number of tunes in certain fixed keys; and the use of the proving is to determine these two facts; *viz.*, the tunes which each automaton can play, and the key in which each is played. When, therefore, we wish to discover the simile to any disease, we first ascertain the tune which is being played (diagnose the concrete disease), and then compare the remedies known to be capable of playing that tune, so as to determine which agrees in key with the case in point."

Our conclusion must be that these "characteristics" should be somewhat closely scrutinised in themselves, to see if they have any warrant, pathogenetic or clinical; and the best should play the part of suggestions only, their presence not being allowed to outweigh a specific similarity on the part of another drug to which they may not have been affixed. Used in this manner, they may occasionally be of service; but their present predominance in certain fields of practice is, I am convinced, the choice of IGNES FATUI for our guide in place of the steady pole-star of SIMILIA SIMILIBUS with the totality of symptoms for its elements of comparison.

In what has now been said there has always been the assumption that the Homœopathist arrives at—or has in the first instance

arrived at—his remedies by applying the Law of Similars. This, however, is far from holding good in every instance. Clinical experience, the USUS IN MORBIS as our older writers used to call it, is largely employed amongst us. Hahnemann himself, though deprecating resort to it, and publishing but few cases in its aid, has left enough "therapeutic hints" in his writings to make, in Dr. Dudgeon's compilation, a nice little volume; and his disciples have largely added to this element in our literature. It has found outcome in two ways—the one belonging to the specific, the other to the individual, similarities I have described.

1. We have seen that the species of disease can rarely be reproduced, as wholes, in drug-effects, and that their SIMILIA must rather be sought by correspondences in seat and kind of action, and such-like. But there is another mode of reaching them. Suppose that chance, theory, or any other mental process has led to the discovery of remedial powers in a drug; suppose that this influence is not to be accounted for by any physical or chemical properties it may possess, or by any evacuation on which the effect may indirectly depend, and is not in the same direction with that it exerts in health, we are justified, by the process of exclusion, in assuming it to act Homœopathically, even though no similar phenomena are presented by such pathogenesis as it may have. Sooner or later they are pretty sure to appear; but we need not wait till they rise above the horizon. There are (to vary the figure) breech presentations in Homœopathy as in Obstetrics, Hering wittily says; and though the mode of entrance is abnormal, the child is assuredly born. The power of *Colchicum* over Gout is an instance of this. So many facts have come to light, showing that the irritant properties of *Colchicum* can be exerted on the joints, that the remedy can be claimed for Homœopathy as all specifics have been or may be.* The pains in the joints it cause in the human subject are in animals developed into obvious congestion, so that experimenters upon them are compelled to conclude that it "produces its therapeutic effects by an irritant action," and again that in Gout "it produces a substitutive irritation of the articular surfaces." SUBSTITUTIVEMENT, C'EST A DIRE HOMŒOPATHIQUEMENT, writes Trousseau, and the maxim is never more applicable than in the present example.

2. Here, then, clinical experience re-enforces our attempts at specific similarity: It fills up the groups of remedies for definite types of disease which our treatises on practice present. In another direction, it is employed to supply the gaps in individual similarity which pathogenesy too often displays. Many of the indications of the kind of which I have spoken, derived from the constitution and

* See HAHN. MONTHLY for March, 1895, and REVUE, HOM. BELGE, April, 1887.

temperament of the patient, his mental state, the "conditions" of his sufferings, the side of his body affected, the times of day at which he is worse, are derived from the USUS IN MORBIS only, as also are large part of the "characteristics" I have described as so much relied on by a number of our practitioners. One result of this is the development of a new kind of Materia Medica amongst us. Hahnemann applied this name only to "a record of what medicines express concerning their true mode of action in the symptoms they PRODUCE in the human body." In the compilations, however, of Jahr, Bœnninghausen, Hering, Lippe, Cowperthwaite, Gentry, Clarke and others, these pathogenetic effects are mingled (often without note of distinction) with symptoms which have been reported as disappearing under the medicinal use of the drugs. There is no objection to this, so long as they are understood to be what they are, and are not (as too often) quoted in proof of the Homœopathicity of remedies; so long, also, as their use is not held up as a pure following of the method of Hahnemann. It is a supplementing of that method by empirical practice, which, however necessary in this rough work-a-day world, is not to be vaunted as a matter for pride, but rather to be excused as a concession to the weakness to our nature.

The real justification of such proceedings is, that they lead to the Homœopathic remedy where the ordinary paths thereto are wanting; and in this instance, at least, the end justifies the means. It is for that reason that I have taken so much pains at previous meetings, to characterise these agents in their own essential nature, apart from the mode of reaching them. That we have an assured one in the rule SIMILIA SIMILIBUS; that we are not left to chance for their turning up or to blind experience for their perpetuation, is our claim and our satisfaction. But when they are reached otherwise than by pure inference from pathogenesy—by mixed methods or even by the merest empiricism, they still have features by which we can recognise them; and we feel at home in their employment. We are not prescribing Homœopathically; but we may be employing a Homœopathic remedy.

LECTURE IX.

THE ADMINISTRATION OF THE SIMILAR REMEDY

We have now obtained our similar remedy, and have only to consider how to administer it. As we divided its elements of similarity into generic, specific and individual, so let us say that it should be administered, as a rule, singly, rarely, constitutionally and minutely. The first three of these points will occupy our attention today.

1. Hahnemann very early came to entertain a strong aversion to the polypharmacy so prevalent in his day. In the Essay of 1797—"Are the Obstacles to Simplicity and Certainty in Practical Medicine insurmountable?"—one of his main points was the impossibility of obtaining definite results unless remedies were given singly; and of his own practice at this time he writes (in words I have already cited)—"Dare I confess that for many years I have never prescribed anything but a single medicine at once, and have never repeated the dose until the action of the former one had ceased; a venesection alone, a purgative alone, and always a simple, never a compound, remedy, and never a second until I had got a clear notion of the operation of the first?"

In so acting, he was surely before his own time, and even the practitioners of this enlightened day have hardly risen to his level. The Theriaca and Mithridate of our ancestors, with their sixty-five and fifty ingredients respectively, had indeed become obsolete before the beginning of this century. But the PHARMACOLOGIA of Dr. Paris, the leading English treatise on medicines from 1812 to 1843, had for its avowed object (as Dr. Sharp has shown) to expound the "theory and art of medicinal combination," and it opens with the sentence—"It is a truth universally admitted that the arm of physic has derived much additional power and increased energy from the resources which are furnished by the mixture and combination of medicinal bodies."

That polypharmacy is not yet extinct will appear from the

following monstrous prescription for a case of Paraplegia, which I copy from the manuscript of a Glasgow physician:—

R. Strychniæ, gr. 1/6	Sol : Mur : Morph ; 3 j.
Liq: Arsenicalis, gtt. xxxvi.	Sp : Chloroform : 3 iij.
Ammon: carb: 3 iss.	Æth : Sulph : 8 iij.
Ferr : citr : ammon : gr. cxxxii.	Ext : Ergot : liq : 3 viij.
Potass : iodid : 3 ij.	Tinct : Cinch : Co : 3 viij.
Potass : brom : 3 vss.	Glycerin, 3 viij.

Infus : Quassiæ ad 3 vj. I

Ft. Mist. : cujus capiat cochl. magn. ter in die, I may mention in passing that the morbid state, which this charge of grapeshot failed to scatter, was much diminished in force by the single bullet of an attenuation of *Picric acid*.

In contrast to all this, Homœopathy has—like its founder—"dared to confess" that the single remedy has always been the rule in its hand. When we say "single," it must of course be understood that we do not exclude the use of chemical compounds—like the salts—or of vegetable products, as *Opium*, which analysis may find of complex constitution. If we know their Physiological effects as simples, then as simples they can be employed. We may even, though cautiously, go further, and administer compounds where we are only acquainted with the action on the healthy of their separate elements. In this way we have made good use of the *Iodide* and *Arseniate of Calcium*, of the *Phosphide of Zinc* and the *Picrate of Iron*. But when we are urged to go further, and to combine in one prescription two drugs of known action, but incapable of entering into chemical combination, we must pause ere we assent. This was the proposal of two of Hahnemann's immediate disciples—Lutze and Ægidi, and almost (it is said) secured the Master's own expressed approval. I am far from saying that such mixtures would be ineffective; but their use would be fatal to the simplicity of the Homœopathic method, and would embark us once more on the confused and unscientific polypharmacy from which we have so happily escaped. Still more strongly does this apply to the complex blendings of our remedies lately advocated by Drs. Pinella and Conan. All good purpose to be served by such combinations can be better obtained by the successive, or—if need be—the alternate, administration of their component drugs.

This matter of alteration requires some fuller treatment here. In the 'Organon', Hahnemann from the first deprecated it, on the ground of the possible interference of the two drugs one with another. In the last Edition he disallows it on another ground. "If" he writes, (§ 169, 170) "on the first examination of a disease and the first selection of a medicine, we should find

that the totality of the symptoms of the disease would not be sufficiently covered by the disease-elements of a single medicine —owing to the insufficient number of known medicines, but that two medicines contend for the preference in point of appropriateness, one of which is more Homœopathically suitable for one part, the other for another part of the symptoms of the disease, it is not advisable, after the employment of the more suitable of the two medicines to administer the other without fresh examination, for the medicine that seemed to be the next best might not, under the change of circumstances that has in the mean time taken place, be suitable for the rest of the symptoms that then remain; in which case consequently, a more appropriate Homœopathic remedy must be selected in place of the second medicine, for the set of symptoms as they appear on a new inspection. Hence, in this as in every case where a change of the morbid state has occurred, the remaining set of symptoms now present must be enquired into, and (without paying any attention to the medicine which at first appeared to be the next in point of suitableness) another Homœopathic medicine, as appropriate as possible to the new state now before us, must be selected. If it should so happen (as it seldom does) that the medicine which at first appeared to be the next best seems still to be well-adapted for the morbid state that remains, so much the more will it merit our confidence, and deserve to be employed in preference to another."

Now, if we had no knowledge of disease but that which consists in the survey of the symptoms of each case as it occurs, there could be no doubt of this being the ideal Homœopathy. But I have already argued that in this region we are CLERI, and not LAICI, and must utilise our special acquaintance with the subject. Hahnemann admits that the second remedy MAY prove to be that which at first seemed almost equally indicated; why should not the skilled physician be able to recognise the cases where it will be so, and prescribe it at once accordingly? Again, all recognise that the alteration is often led to A POSTERIORI—that fresh examinations of the patient's case point now to one, now to another of the two or more remedies which first occurred to us in connection with it. Why may not the physician equally anticipate here, and so provide for cases where frequent inspection is impracticable or unadvisable? It is the existence of real species of disease which enables him to do this; and Hahnemann, who had a full sense of their existence, was practically an alternator, or at any rate an A PRIORI prescriber of successions, in many of them. Thus, in Croup, he tells us always to precede *Spongia* by *Aconite*, and sometimes to follow it up by *Hepar sulphuris*—a practice which one of his most liege disciples, von Bœnninghausen, created into a system, giving to all cases five powders in succession

containing respectively *Aconite, Spongia, Hepar, Spongia, Hepar*, in this order. In Purpura miliaris he advised the alternation of *Aconite* and *Coffea*, giving indeed the indications for each, but saying that one or other should be given according to these every twelve, sixteen, or twenty-four hours. Of Cholera, he writes,—"The best Homœopathic practitioners have found *Cuprum* indispensable in the second stage of the fully-developed disease, alternated, if the symptoms indicates this, with *Veratrum album*. I have also advised the alternation of these two substances from week to week as a preventive against the disease." And no less plainly does he say of the Post-choleraic Fever—"in this *Bryonia*, alternately with *Rhus toxicodendron*, proves of eminent service." These are acute diseases; but as regards chronic ones of fixed character, the first three Editions of the 'Organon' recognise the occasional necessity of alternation in these, and the Second and Third speak of the absolute impossibility of doing without it in complicated maladies—instancing, in the Second, the use of *Mercury* and *Sulphur* when Syphilis and Psora coincide, in the Third, the addition of *Thuja* or *Nitric acid* when Sycosis also is present. And in the last Edition, when contemplating the possibility of having to repeat *Sulphur* many times, he advises the occasional interposition of doses of *Hepar sulphuris*.

Dr. Dudgeon has shown us that in this occasional use of the practice of alternation, Hahnemann was followed by many of his foremost disciples, among whom I may mention Hering, Gross, Rummel, Hartmann, Ægidi and Hirsch. It is now largely adopted among Homœopathists; and is defended, by some as an expedient, by others on Philosophical grounds. Of the latter the most prominent are our own Drysdale and Russell, and Drs. Martiny and Bernard of Belgium, who contributed an elaborate essay on the subject to the Transactions of the International Homœopathic Convention of 1881. Dr. Drysdale, after showing that no interference of action need be feared unless the two medicines are (Homœopathic) antidotes, proceeds to argue that an alternate remedy may revive the susceptibility which would otherwise tend to be exhausted, illustrating this by the well-known laws of the re-action of the retina to colours. Dr. Russel, proving that even specific morbid processes—as Typhus and Variola—may concur, suggests that much disease is similarly, though not so palpably, complex and that by judicious alternation we enhance our power for good, and raise the melody of our practice to harmony. Our Belgian colleagues rest their thesis mainly on the practical value of the proceeding, in favour of which they cite many authorities and examples; but they argue that "the medicines alternated act sometimes as useful auxiliaries, sometimes as correctives of each other, sometimes by forming a sort of new remedy, sometimes by drawing out in various ways the re-actions of the organism to make them converge to a cure."

The only formidable opponent of alternation in later times has been Carroll Dunham. In a series of papers (which also you will find in the posthumous volume of his, entitled "Homœopathy, the Science of Therapeutics") he discusses the practice at some length, and disposes—as he thinks—of the arguments alleged in its support. But it is evident that with him every case of disease is an unity, a manifestation of a simple derangement of a central "vital force"; whereas, as Dr. Drysdale has well-shewn, it is by no means always so, several centres of morbid action often co-existing. Dunham, moreover, allows that the A POSTERIORI alternation, which of course is legitimate, may be foreseen and prescribed A PRIORI, as with Bœnninghausen's powders; and this covers a great many of the ordinary instances of its use.

My own views on the subject are, briefly, these:—I earnestly deprecate the slip-shod practice of habitually alternating, so that when you mix medicines in your patients' houses two glasses are brought for you as a matter of course. I further believe that in many cases in which we most of us alternate, a third medicine might be found which should cover the whole case, as we often supersede two opposite half-truths by some deeper whole truth which embraces them both. But I am persuaded that there may be a real "binary Homœopathy"—to use illustrations of Dr. Madden's double stars in the firmament of medicine, compounds which are themselves radicals in therapeutic Chemistry. To arrive at these with certainty, medicines should undoubtedly be proved in alternation; but even in lack of such evidence inferences can be formed as to their relative and joint action. I would further urge that in definite diseases the presence of urgent complications is better met by alternation than by change of remedy—that, *e.g.*, *Mercurius corrosivus* should be continued throughout Dysentery and *Aconite* as long as the fever of Measles lasts, though Colic, Tenesmus, Cough or Ophthalmia should require other medicines concomitantly. Beyond this I have not myself gone at present and the single remedy is entirely the rule in my practice: but I am not indisposed to listen to the suggestions of Drs. Martiny and Bernard in favour of a wider and more methodical use of medicinal groups in the management of complex cases.

II. The second rule for the administration of the similar remedy is that it should be given RARELY. You will remember that Hahnemann, speaking in 1796 of the monopharmacy of his practice for some time then past, adds, "and I have never repeated the dose until the action of the former one had ceased." The single dose, as well as the single medicine,

continued to be his ideal for many years thereafter. The two cases I have already related, given by him in 1816 as illustrations of Homœopathic practice, exhibit this feature, and so do all others mentioned in his writings up to 1833. When giving practical instructions, as in the "Medicine of Experience" and the 'Organon,' he lays it down that a second dose should only be given when the action of the first is exhausted. That this point had been reached he at first proposed to determine by ascertaining the duration of each drug's action. But in the First Edition of the 'Organon' he substituted for this rule, as based on an uncertain quantity, another which direct that the manifest effects of the first dose should be allowed to subside ere a second, if necessary, was given. In the recommendations about medicines given in the prefaces and notes of the REINE ARZNEIMITTELLEHRE we find this principle constantly recognised. Suddenly, however, in the 'Organon' of 1833 a complete change appears. The waiting for a dose to exhaust its action is declared needlessly to delay the cure, and more frequent repetitions are counselled, at intervals to be determined A PRIORI and with regard rather to the disease than to the drug.

In this instance Hahnemann's later views have been adopted by the more liberal school of Homœopathists, while those who call themselves peculiarly by his name lean rather to his earlier practice. These, however, do not reject the use of frequently repeated doses in hyper-acute diseases such as Cholera; while, on the other hand, their more advanced colleagues feel the influence of the older mode of practice. There are few of us, I suppose, who do not sometimes, when a medicine has declared its influence, pause for awhile, and allow it to act; and I can myself testify to the value of the plan illustrated especially by the practice of our French colleagues, of intercalating days of repose when a drug has to be taken for a length of time. Professor Hoppe, of Basle, in an ingenious paper which you will find in the Twentieth Volume of the BRITISH JOURNAL OF HOMŒOPATHY, shows how—in recent diseases—a single medicinal impression may well be conceived of as rectifying the disordered balance, and setting going the processes which lead back to health.

I think that the action of single doses in disease has hardly been sufficiently studied,* and that it might derive more light than it has done from the provings of medicines. We know

* A good illustration of their value is furnished by Dr. Stens, in a cough of six months' standing, in which, malady and patient calling clearly for *Bryonia* the drug was nevertheless ineffective in both high and low potencies giving in the usual way. A drop of the mother tincture was taken one evening on retiring. By next morning the cough had taken its departure and it did not return. (See HOM. RECORDER, April, 1894).

that there it makes a great difference how we proceed, whether, giving a single full dose, or—which is the same thing—a succession of smaller doses till some effect is produced, we watch the results until their complete subsidence, or whether we keep the subject of experiment under the continual influence of the drug by doses repeated at regular intervals for some space of time. The former plan produces effects which in their regular evolution resemble the course of acute disease: The latter gives rise to the numerous, varied, and apparently incoherent phenomena of chronic disorder. In therapeutics, accordingly, there seems no reason why single doses should not neutralise so much of the disturbance of a recent malady that the remainder might readily undergo resolution. We have an instance of this being done in the use of *Hyoscyamine* in Mania advocated by Dr. Lawson. He gave a grain of the alkaloid once for all, and the artificial mental disorder thus induced dissipated to a large extent the existing one, and left the patient comparatively same.*

In all probability the determining indication for single or repeated dosage is the amount of re-action of which the patient is capable. If this is deficient, you may redouble your medicinal impressions without stint: If it is excessive, you must hold your hand. I am inclined to agree with a recent French writer that we make too little of this—that we ply our patients with medicines till we fret their morbid condition into renewed and accelerated activity. We are not afraid, like our old school friends, of saturating their systems with drug-material, but we do not consider the dynamic disturbance we may set up by repeated drug-action. We are sending an ever-fresh series of vibrations throbbing through the frame, and may shake its delicate machinery out of gear and exhaust its capacity of vital response. I have often been struck by the rapid course taken by cases of hopeless disease, especially of Phthisis, when Homœopathic treatment has been tried as a DERNIER RESSORT. Since it could not save them, there has been little to regret in this; but it would not be justifiable practice if we knew it.

On all these grounds, then, I would emphasize our present rule, and say—whenever the case admits of it, give the similar remedy RARELY.

The foregoing was the advice I gave to my class at the London School of Homœopathy in 1880-3, and it represents my views and practice since. The subject has been re-opened lately by one of our most original therapeutists, Dr. Robert Cooper, in a manner which deserves attention. In a series of

* West Riding Lunatic Asylum Medical Reports, Vol. v. (1875), p. 40.

Articles in journals and separate publications dating from about 1893, he has advocated and illustrated the treatment of chronic disease by what he calls "arbori-vital" medication. This consists in the use of the freshest possible preparations of plants, and the administration of these in material but single doses allowed to act for a length of time. The principle of the selection of the plants is implied to be Homœopathic; though Dr. Cooper employs a number of them hitherto unknown to medicine and certainly unproved on the healthy body, and gives no reason for their choice.

Dr. Cooper's pharmacy is obviously in the right direction; his posology will be grateful to many of us; and his single-dose method is a reversion to Hahnemann's earlier mode of proceeding which I have already urged as worthy of cultivation. His results, in many instances, merit the most respectful attention. I cannot, however, follow him in the theory by which he justifies his practice—comparing, as he does, the effects on the body of the administration of a dose of plant-juice with the germination of plant-seed when sown in the earth. Neither can I see any fruitfulness in the apparent hap-hazard or at best single-symptom similarity by which he selects his medicines. I do not think that he will induce us to use vegetable medicines only, any more than Schussler has persuaded us to employ none but salts of minerals. Few, if any, will be found among the profession to accept arbori-vitalism, as few, if any, have accepted Bio-chemistry, as a dominating working theory; but we shall have to thank the authors of these schemes for many a valuable remedy and mode of procedure.

3. The similar remedy is to be administered singly and rarely; it is also to be given CONSTITUTIONALLY. It is chosen from the correspondence of the totality of its symptoms with those of the patient, that it may embrace his whole malady. It must, therefore, therapeutically as pathogenetically be taken into the system. Its mode of entrance is comparatively unimportant. This may be the olfaction of Hahnemann's practice at one time, or the hypodermic injection advocated for occasional use by Kafka: It may consist in absorption from the cutaneous surface or through the rectal mucous membrane. Ingestion through the mouth into the stomach is ordinarily most convenient, and forms our usual method.

But are local applications never desirable in Homœopathic practice? The answer to this question must occupy us for some little time.

At the British Homœopathic Congress of 1878, Dr. Dyce Brown read a paper "On the Use of External Applications in

Homœopathic Practice." * It grew out of a recommendation of his to the students of London School of Homœopathy, that in obstinate cases of Follicular Pharyngitis they should swab the throat with a solution of *Nitrate of Silver*, which—being printed in the MONTHLY HOMŒOPATHIC REVIEW—had been severely criticised by the stricter practitioners amongst us. He did not succeed in disarming their opposition, and Dr. Fenton Cameron, among others, several times expressed himself very adversely to the employment of such measures. Dr. Gregg, of Buffalo, U.S., had for some time previously been publishing in the HOMŒOPATHIC TIMES a series of articles on the subject, in which he goes still further than Dr. Cameron in condemning all local measures; while in the BULLETIN of the Societe Medicale Homœopathique de France for June, 1878, Dr. Hammelrath makes as decided a departure in the other direction, advocating the direct application of the medicine which is being given internally, whenever this measure is practicable.

You thus have plenty of material from which to build up your own thoughts on the subject. I would aid you by enquiring, regarding local application of remedies, first, "Is it Homœopathic?" "Does it conform to that method of Hahnemann which I am now expounding?" and secondly, 'Whether it is so or not, is the practice necessary, or at any rate advantageous?'

Now, when we have to inquire as to the conformity of any therapeutic procedure to the method of Hahnemann, it is obvious that Hahnemann's own doctrine and practice on the subject—is ascertainable—must have great weight in our determination. It is not decisive, for he like other men was fallible; but it counts for a great deal. I think that Dr. Brown makes too much of the Master's opposition to local applications when he says that he "strongly discouraged, or rather forbade, the use of any external treatment whatever." In the last edition of the 'Organon' (§ 205) he does, indeed, speak to that effect; but only with reference to the manifestation of constitutional infection, whether primary or secondary. His objection to any local interference with these rests on the Pathological ground, that thereby the natural evolution of the malady is checked, and its force either diverted to other and, perhaps, more important organs, or so pent up in the system as to be a source of continued ill-health and recurring complaints. Of course, believing as he did that all chronic disease not traceable to unhealthy living or medicinal poisoning was due either to Psora, to Syphilis, or to Sycosis, his objection to local applications held good for most maladies of long-standing. But it makes nothing in relation to acute diseases, or to non-miasmatic chronic affections:

* See H. H. R., Dec., 1878.

and even admits of exceptions in its own sphere, as we shall see immediately. We must inquire further, therefore, for Hahnemann's general views on this matter.

Dr. Dudgeon, in his Lectures (pp. 516 and 565), mentions two exceptions as made by Hahnemann to his general rejection of topical applications. These were the use of *Arnica,* of *Rhus,* and of *Arsenicum* or heated *Alcohol* for Bruises, Strains, and Burns respectively, and of *Thuja,* for old Condylomata. He shows, indeed, that in earlier times he availed himself more largely of such measures, but these he retained up to the last (1830-5). What, then, is the rationale of the applications now specified?

External Applications

1. Bruises, Strains and Burns are local injuries, which may occur in an otherwise healthy person. They are PRIMARILY local, only affect the general system—if at all—secondarily and by way of sympathy. It is rational, therefore, to treat them locally, whether by medicinal agents specifically adapted to the changes the parts have undergone or (as with burns) by a Homœopathic application of temperature. The reason, I take it, why Hahnemann was content with topical treatment here, but eschewed it elsewhere, was his persuasion of the necessity of covering the totality of the symptoms, and making the medicinal action correspondent to that of the malady. All true disease, he believed (as distinct from external injury), proceeded from within —from a primary derangement of the "vital force." The Pathogenetic action of medicines was similarly induced when these were introduced into the body; and hence the precept SIMILIA SIMILIBUS CURENTUR could only be fully obeyed when the drug corresponding to the patient's morbid state was internally administered. He says nothing anywhere that I know of in condemnation of a conjoint internal and local use of the Homœopathic remedy, but seems to have been so satisfied with the former that the question of the need of the latter hardly occurred to his mind.

2. The application of *Thuja* to Condylomata seems quite another thing, and Dr. Dudgeon characterises it as a departure on Hahnemann's part from his avowed principles. But let us consider the exact terms of his recommendation. In the introductory essay to his treatise on 'Chronic Diseases' (at p. 106 of the first part of the Second Edition, 1835), after recommending the internal administration of *Thuja* 30 and *Nitric acid* 6 he goes on:—'This will suffice to remove both Gonorrhœa and Condylomata, *i. e.,* the whole Sycosis, without its being necessary to apply anything of an external character, save, in the most ancient and stubborn cases, the touching of the larger Figwarts once a day with the mild pure juice (mixed with equal parts of *Alcohol*) expressed from the green leaves of the arbor vitæ." I

think there can be no doubt of his meaning here being that he regarded these "old and stubborn" Figwarts as well-nigh extravital things, remaining behind after the whole internal malady —"the entire Sycosis"—had been cured. They were dead results of a past process, withered fruits of a germination which had ceased to proceed; they had no root in the system, and could not be reached from within, and were, therefore, best dealt with by the local application of the remedy. This, it is important to observe, is to be carried out with the mother-tincture, while for internal use a high attenuation is recommended. The infinitesimal dose was in Hahnemann's eyes most suitable to the dynamic process—the crude drug to its material results. It is another illustration of the same view when he says (in 1801),* "In cases where, along with a local affection, the general health seems to be good, we must proceed first from the small doses to larger ones." I think that on this principle we can explain how it is that the substantial quantities of *Arsenic* given in the old school cure without much aggravation the many forms of chronic cutaneous disease to which the drug is so perfectly Homœopathic. The patients thus affected are generally otherwise in good health. In this case, you cannot—as with Condylomata apply the "larger dose" locally; but you carry out the same thought when you administer it internally, leaving it to reach the skin by elective affinity.

The conclusion seems to be that Hahnemann's only objection to local applications arose from their failing in most cases to cover the totality of the symptoms. When the affection was local from the first, or had become so secondarily, he was entirely in favour of the topical use of the indicated remedy, and this in doses far more substantial than those he recommended for internal administration.

I think that we need hardly go further in our inquiry. Local applications, under certain circumstances, are Homœopathic upon Hahnemann's own showing: We need not ask whether they are so inspite of his contrary judgment, or whether, not being so, they are nevertheless to be employed. The only question that remains is, how far do the local applications in ordinary use among (so-called) Homœopathic practitioners conform to Hahnemann's canons?

As affections local from the first in which we employ them a good many may be ranked. There are the Bruises, Strains and Burns already mentioned, to which we may add—as of like character—Wounds and Stings. There are then several forms of Conjunctivitis, and especially the various kinds of purulent

* Lesser Writings (Dudgeon's transl.) p. 446.

Ophthalmia, all of which seem to be due of the actual contact of virulent matter with the eye. Malignant Pustule is often caused by inoculation at the spot affected, and involves the constitution secondarily: Stomatitis, Œsophagitis and Gastritis set up by irritant poisoning belong to the same category, and several affections of the skin due to external irritations. Whatever we can do in all these instances by the local application of medicines Homœopathic to them, we are doing according to the method of Hahnemann.

A still wider sphere is open to us when we look for lesions which, at first the product of some internal malady, have now become local only. Almost all chronic inflammations of skin and mucous membrane, which are of fixed area and of unvarying persistence, find place here. Such are Granular Ophthalmia, with its Pannus; and other forms of chronic Conjunctivitis; chronic Otorrhœa: Ozæna; chronic Laryngitis; Winter-cough, with dyspnœa (*i.e.*, chronic Bronchitis, with thickening of mucous membrane): Gleet, Ulceration of the Cervix Uteri and many local Eczemas, as of the ears and scrotum, with other cutaneous affections. These mordid patches have often become as nearly extravital and as purely local as Hahnemann's old Condylomata, and require topical treatment accordingly. Without it, indeed, they will rarely get well. In this same category might sometimes be ranged the Follicular Pharyngitis, the recommendation of *Nitrate of Silver* applications for which by Dr. Brown has caused so much disturbance in certain minds. But here we are on less certain ground, as this lesion is often a symptomatic affection only—
—the gouty, hæmorrhoidal, or herpetic diathesis lying in the background. It will generally, I think, be our wisdom to treat it mainly by internal medication, even though in obstinate cases we conjoin topical measures.

We are thus led to the question whether, even in local affections having a constitutional root, we do not act wisely in bringing our remedies to bear directly upon them, where practicable, while covering the totality of the symptoms by giving them internally at the same time. Dr. Dudgeon quotes several Homœopathic authorities in favour of a limited use of this method,—among them Gross, who is found recommending *Lachesis*, *Silicea* and *Rhus* as external applicants to Ulcers of the Leg. But this practice has now been advocated and carried out on a very extensive scale by Dr. Hammelrath. In the communication to which I have referred, he has told us how he has brought it to bear wherever available, using always the same remedy locally which, upon Homœopathic principles, was being given internally. He began with affections of the eyes, and was (he says) "astonished at the results which he obtained." He then went on to affections of other parts, as the ears, the nares, the mouth, and

the ano-genital region: And had the same markedly increased success as compared with that which he had previously gained from internal treatment alone. He commonly employed the remedies locally in the first trituration or (aqueous) dilution, adding lard or water as required.

I think that such practice deserves further consideration and trial; * and that, although we have not Hahnemann's example or precept in its favour, it is in entire conformity with the spirit of his method. What then shall we say to Dr. Gregg, who denounces all local measures, even to the pulling out of an aching tooth or the poulticing of a Gumboil? I think it is quite possible to agree with him also in substance, though we cannot follow him into all the details through which he would carry us. The arguments and facts he brings forward relate to violent repressive measures—cauterisations and such like, and to morbid states in which the possibility of metastasis exists. In such maladies and by such means topical treatment is indeed to be condemned; and it is one of the great benefits conveyed by Homœopathy that its practitioners have always set their faces against it. How many affection of the brain, eyes and ears have resulted in children from the forcible suppression of eruptions on the head! and from how many have we saved them by our invariable practice of curing such eruptions from within!

But this brings us to the question of the NATURE of our local application. Hitherto those we have had before us have been chiefly such as consist of the drugs internally Homœopathic to the malady present, *i.e.*, capable of producing something like it from within. Such is the relation of *Arnica* to Bruises, of *Rhus* to Strains, of *Arsenicum* to Burns, and of *Thuja* to Condylomata; to the same class belong the topical applications of Gross and of Hammelrath. But Dr. Brown would carry us further. He would embrace in his means of treatment remedies locally Homœopathic to the lesion, *i.e.*, capable of inducing its SIMILE when externally applied, and thus only. He would take up the words of Trousseau (which I have already cited): 'The primary effect of *Nitrate of Silver* and similar agents is 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 the view was once acquired, there flowed from it the great therapeutical principle of SUBSTITUTION which, at present, reigns supreme in medical practice." Re-

* Dr. J. S. Mitchell's result with *Arsenical* triturations, locally applied, as well as internally administered, in malignant ulcerations are favourable illustrations of its value (see NEW ENGL. MED. GAZETTE July, 1895).

place (as Trousseau himself warrants us in doing) "substitution" by "Homœopathy," and (Dr. Brown says) we have the justification of any topical treatment of this kind which we may find desirable.

I do not see how his position can be controverted, so long as he deals with lesions primarily or secondarily local only. *Cantharis* is Homœopathic to a Burn or Scald, because its external employment causes similar inflammation and vesication, not because of any symptoms resulting from its internal use. Yet it is Homœopathic, and its curative action is undoubted and most satisfactory. The same drug, employed as a blister, if applied to the thorax of a healthy animal produces a patch of inflammation in the subjacent pleura. Though we had no evidence of its power to cause Pleurisy when taken by the mouth we should not be quite justified in claiming for Homœopathy any benefit which blistering can produce in this malady. Similar reasoning may be used in all cases in which a local irritant is applied to cure a local inflammation.

But I cannot go with Dr. Brown when he attempts to explain the rationale of the process, and upon the basis of the theory propounded to advocate the use of other applications, not provedly Homœopathic to the case. He supposes that irritants act by causing primary contraction and secondary dilatation of the blood-vessels, and that, when applied in moderate strength to an inflamed part, they induce their primary influence only upon it, contracting its vessels, and so reducing its hyperæmia. Any substance or agent, therefore—as temperature or astringent drugs—which can contract the vessel is suitable for the purpose, and is presumably Homœopathic to the mischief; for, if it, can primarily contract, it can secondarily dilate. I have more than once given my reasons for believing that this is a very imperfect account both of inflammation and of the action of irritants; and I cannot think that we are warranted in assuming its truth and acting upon it. I would remind Dr. Brown of what Dr. Drysdale had said about "substitutive" treatment: "The cure also is only partial, and consists most probably in mere constriction of the capillaries without removal of the other elements of the morbid process, for dilatation of the capillaries or mere hyperæmia does not of itself constitute inflammation, as is well shown by Virchow, although it is essential to the manifestation of all the prominent symptoms."*

I cannot, moreover, assent to the explanation which would resolve all the effects of hot and cold applications into similar changes in the calibre of the small vessels. Cold has its own

* B. J. H., xxvii, 500

physical effect in robbing an inflamed part of its preternatural heat, which should be taken into account; and such pleasant warmth as is ordinarily applied in poultices than fomentations rather relaxes the muscular coats of the arteries that contracts them, as any one can see by applying a hot sponge to the surface of his body. It probably does this by raising the whole vital energy of the part, and so inducing a fuller afflux of blood to it. I must urge my esteemed colleague to look a little beyond nerves and blood-vessels in his explanations of Pathological conditions and Pathogenetic effects, if he would satisfy all the requirements of the case.*

These, gentlemen, are the views I would impress upon you on the subject of local applications. They do not, as you will have perceived, involve the advocacy of any indiscriminate use of such measures: They are, indeed, only an extension of the principles laid down by Hahnemann himself, and an application of them to instances beyond the range of his recorded perception. They should not, therefore, I submit, receive the condemnation of the most devoted follower of the Master; and the practice to which they lead should not be stigmatized as any departure from the method he has bequeathed to us.

* Holding the views above expressed as to the superiority of constitutional over local treatment, it may be imagined that I hailed with warm welcome Sir Felix Semon's lectures (BRIT. MED. JOURN., Nov. 2nd and 9th, 1901) on the subject, which appeared while this sheet was going through the press. Sir Felix points to the established treatment of Syphilitic lesions, and the recently introduced serum-therapy of Diphtheria, as shewing how victoriously topical treatment may be superseded by general, and he hopes for a similar change to be wrought by the judicious use of *Tuberculin*—of which in our hands the following pages will show many an example.

LECTURE X.

THE ADMINISTRATION OF THE SIMILAR REMEDY
(*continued*)

We have seen how the remedy arrived at by the Law of Similars is to be administered, as a rule, singly, rarely and constitutionally. We have today to consider the precept that it be given MINUTELY; and in so speaking we raise the whole question—truly a QUŒSTIO VEXATA— of the Homœopathic dose.

I have already touched upon this subject more than once. In defining at the outset what, in its essence, Homœopathy is, I included in the statement the provision that its remedies should be given "in doses too small to excite aggravation or collateral disturbance"; and I endeavoured to shew the reasonableness and advantage of such a requirement. In lecturing on the 'Organon' I went a step further. I shewed that even in its Second Edition, Hahnemann had come to occasionally recommending infinitesimals—thousandths, millionths, and yet higher fractions of a grain; and that from the Third Edition onwards he had propounded a theory (that of dynamisation) to account for their efficacy when prepared according to his directions. I did not disguise my conviction that, whatever be the value of the theory (as propounded by him), the practice was a distinct step in advance, a discovery well-tested and fruitful. I cautioned you, however, against viewing it as of the essence of Homœopathy. The small dose is a logical consequence of the Law of Similars; infinitesimals belong to it historically only.

Historically, however, they do belong to it; and you will justly expect me to give you some information and guidance about them here. I will not go again over the ground traversed in the Lecture (VII) on "Homœopathic Posology" which you will find among the preliminary matter of my "Pharmacodynamics.' But, referring to or summarising this as may be needful, I will endeavour to lay before you the past and present of the subject, and to give you some suggestions for wise thought and action about it.

When Hahnemann first began to prescribe medicines according to the rule SIMILIA SIMILIBUS, he gave them in the usual quantities.

It is not surprising that his patients' symptoms, even though ultimately removed, were often in the first instance severely aggravated. It needs no argument to shew that the ordinary doses of *Arsenic*, against which even a healthy stomach needs to be shielded by its administration after meals, would increase the irritation of one already inflamed—for which, nevertheless, the Homœopathic principle would direct its being given. So Hahnemann found, and he reduced his doses accordingly. At what stage of this reduction he found that fractional quantities of a smallness (hitherto undreamt of) exercised a potent influence, we cannot say. If you will read the Article on "Hahnemann's Dosage" which I have reprinted as an Appendix to my 'Pharmacodynamics' you will see that the transition was made, somewhat PER SALTUM, between 1798 and 1799. It only then took him as far as ten-thousandths and millionths, and it is not till 1809 that we find him using higher fractions than these. But from the trillionths and sextillionths arrived at then we see him in 1816 mounting in the case of *Arsenic* to decillionths, in which finally, in 1829, he (for the sake of uniformity) advised all Homœopathic remedies to be given. To make such solutions he devised a graduated attenuation which after some variations, settled down upon a centesimal scale. The first dilution was made to contain one part of the drug in a hundred of vehicle. This was done for dry plants, which were treated with twenty parts of *Alcohol* for a given time, by adding eighty parts more subsequently. The tinctures prepared from fresh plants by mixing their expressed juice with equal parts of *Spirit* were to be considered as of half-strength, so that 2 drops were to be added to 98 of *Alcohol* to make their first dilution. Henceforward, the attenuation was to be carried on through successive phials by adding 1 part of the first to 99 more to make the third, and so on; from which it will be seen that in his final decillionths Hahnemann had reached the 30th degree of the scale adopted. In the case of insolubles like the metals, attenuation was obtained by adding to a grain of the substance 99 grains of Sugar of Milk, and after trituration in a mortar sufficient to ensure thorough admixture adding a grain of the product to 99 more grains of the vehicle. This process might of course be continued indefinitely, but Hahnemann saw reason to believe that after the third degree the substance treated became practically soluble; he accordingly directed the fourth attenuation to be prepared with water, the fifth with equal parts of water and Spirit, and the sixth and upwards with pure Spirit—all in the proportion of one part in a hundred.

With the exception of a suggestion in the Preface to the proving of *Thuja* that such a drug might be with advantage raised even to the 50th, and in a statement in the Fifth Edition

of the 'Organon' that the 60th, 150th, and 300th potencies displayed more rapid and penetrating, though shorter, action than the 30th, Hahnemann seems to have kept himself to the latter as an ultimatum. Some of his disciples, however, were not content with this. They pushed on until the exalted region into which the Master had looked but seldom entered, became their habitual dwelling-place, and from thence they mounted higher and even higher. You will find an account of the doings of these "high-potency men" in Dr. Dudgeon's Lectures. They have nearly died out in Germany, and have found very few representatives in France or England. But in America the school has taken a fresh lease of life. With a number of practitioners there the 200th is considered a low potency, suited for common use; while the 1000th forms a new unit from which to start, and we hear of cures being wrought by the millionth.

I must advise you to reject these preparations, not so much upon the grounds of science and reason as upon those of pharmacy. They are simple impossibilities. It has been calculated that to make the millionth potency of a single medicine according to Hahnemann's instructions would require 2,000 gallons of *Alcohol*, and would occupy more than a year in the process. Whenever, accordingly, we are able to learn the manner in which these preparations are made (and the tendency is to keep it a secret), we always find it other than that recognised among us, and illegitimate in itself. Jenichen's, which first broke ground in the new field, are now known to be simply succussions of an ordinary attenuation with only occasional dilution—so many shakes being reckoned as producing a potency one step higher in the scale. Korsakoffs contact potencies need only to be mentioned to be rejected. The preparations which go under the names of Fincke and Swan are made by what is called "fluxion." A stream of water is allowed to flow in and out of a vessel holding a fixed quantity, which is previously filled with a given dilution of a drug. This is supposed to be further attenuated according to the quantity of water which passes through the vessel, or according to the time required for a certain fixed quantity of water to pass. In Dr. Swan's method a "perturbation more violent than succussion" is superadded by letting the water pass through a finely perforated tube into the potentising vessel. The question at once arises—does this continuous "displacement" effect attenuation in the Hahnemannian proportions? Tests with *Eosine* have answered it in the negative; and in Dr. Swan's case a further error has been made in confounding addition with multiplication, so that his millionth comes to equal Hahnemann's tenth! Dr. Fincke's process does not come quite so badly off, but it has been found to

give "unesimal" dilutions instead of centesimal, so that his 1000th is Hahnemann's 151st. Dr. Skinner, who has done much in exposing the unreality of his colleagues' preparations, thinks that in his "centesimal fluxion potentiser" he has avoided their errors. But while he believed their potencies genuine, he testified that he found no difference between them and his own. The inference is obvious.*

I am glad that I have not to justify to you these insensate and often dubious proceedings. They are a chapter in the history of Homœopathy which had to be glanced at; but we will trust that it has only been an episode, and will go back to the practice of Hahnemann's method as he left it. Can we sustain even this in the face of science? Is matter divisible into such fractional parts as are denoted by the high figures of even his potencies? Is it still active as far as it goes? And is there any ground for preferring it in this finely-divided state to preparations of a cruder kind?

I. The pharmaceutical question obviously requires a distinct answer according as it is trituration of insolubles or dilution of solubles which is being practised.

1. The Homœopathic triturations were about twenty years ago made the subject of a very thorough microscopical investigation by Drs. Conrad Wesselhœft, Samuel Jones and Edwards Smith in America and Dr. Buchmann in Germany. Of this an account was given in the Thirty-Eighth Volume of the BRITISH JOURNAL OF HOMŒOPATHY (p. 324). The results were there summed up as follows:—

"*a.* It is clear that trituration, to approach anywhere near its ideal, must be conducted upon a better method than that laid down by Hahnemann, and with a rigid scrutiny of its results as it proceeds. With this view the instructions of our own Pharmacopœia † may be called, as of much value. It directs not only that a decimal scale shall be followed instead of the centesimal, but that the first step of this shall be the rubbing-up of the medicinal substance with EQUAL PARTS of Sugar of Milk; and it adds—'as the reducing of the medicines to the finest possible powder is a most essential point in this method of preparation, and as it is very difficult to effect this after a large proportion of Sugar of Milk has been added, a small portion of the trituration should be carefully examined under the microscope at this stage, and if the particles are found to be very unequal in size, the trituration should be continued until the reduction of the

* For full development of this subject, see B. J. H., xxxix. 17.

† "British Homœopathic Pharmacopœia." London: Gould and Son. 3rd Ed., 1882.

particles to a uniform degree of fineness is complete.' The remaining eight parts of Saccharum Lactis are then gradually added and incorporated, the whole process lasting an hour. The subsequent attenuations are effected in two stages, taking forty minutes in all. Triturations thus prepared bid fair to be all that can be expected of them.

"*b.* This 'all,' however, is not so much as their theory requires, or as we have hitherto supposed it to be. The concurrence of all observers shews that a large proportion—about one-third—of the drug undergoes nothing but coarse comminution; that much of the finest subdivision is already reached in the first step of the progress; and that at the succeeding stages there is a progressive diminution in the number of particles present. We cannot, therefore, say with any precision that a grain of the third centesimal trituration represents a millionth of a grain of the original substance. All we can affirm is that it contains an indefinite number of more or less minute particles thereof; and those hardly smaller while certainly fewer than would be furnished by a similar proportion of the second potency. It begins to look as if Hahnemann was wisest in his earliest practice with triturations, in which the first was used for provings and the second for medicinal purposes. We hardly seem to gain anything by going beyond this point.

"*c.* The question of the solubility of insoluble can hardly be said to have been decided by these investigations. They certainly do not make anything in favour of substituting trituration for dilution above the third, as was once recommended; for they shew that on this plan few particles of the drug would survive at the sixth. If we would raise the drug further, it must be by means of a liquid medium; and here again our Pharmacopœia seems to speak most wisely. 'At this point'—the third—'experience has shown that even the most insoluble substances have become soluble both in water and in *Alcohol*; OR, IF NOT ACTUALLY SOLUBLE, THEY ARE REDUCED TO SUCH MINUTE PARTICLES THAT THEY ARE CAPABLE OF PERMANENT SUSPENSION THROUGH THE FLUID, so that it retains their medicinal virtues, and answers all the purposes of a perfect solution."

As regards the last point, the "Amethystine fluid" of Faraday is cited. This is Gold dissolved in Aqua Regia, and reduced therefrom with an Etherial solution of *Phosphorus*. There results a fluid in which Gold is present in the proportion of one part of the metal to 760,000 parts of liquid. In this the highest power of the microscope fails to find any particles of Gold; but if it be illuminated by a cone of condensed sunlight the golden gleam in the path of light shews that the Gold is present in

suspension, not in solution, and a film of it is left after evaporation. Dr. Wesselhœft found a similar result when he diffused through water finely powdered glass. But as to the solubility, or quasi-solubility of metals, science has made a vast stride in the researches of Nägeli. I shall have to cite these immediately in support of the power of infinitesimals to produce Physiological effects. I mention them now as showing that Copper, at least, can be taken up by Distilled Water in sufficient quantity to poison a spirogyra growing in it, though the metal was presented to it in the crude form of coins.

2. This brings us to the other distinctive feature of Homœopathic pharmacy—its dilutions. There can be no question here of the adequacy of the mode of preparation to effect all of which the process is capable. The doubt is how far attenuation can be carried

This has been expressed from within our ranks as well as from without. Thus we have Essays from Dr. Samuel Cockburn, of Glasgow,* and Dr. S. Whitney, of Boston, U.S.A. † The former argues that succussion of a liquid must result in uniform size of its particles, and hence, that the drop of the first dilution, containing a hundredth part of the drug, cannot be subdivided another hundred times at the second step, as the theory requires. Dr. Whitney points out that to suppose a drop of the juice of a plant to be uniformly diffused through the mass of fluid representing the third attenuation is to make it 640 times more attenuated than it would be in the gaseous form, which he assumes to be the ultimate rarefaction of matter; and maintains that this is impossible.

Now these objections might very well be met on their own ground of theory. To Dr. Cockburn we might reply that he makes no allowance for diffusion, but suppose his drop of the first dilution to live an isolated life among those of the next dilution to which it is introduced; which is absurd. To Dr. Whitney it might be urged that the "radiant matter" of Crookes has already shown us a fourth state in which it can exist, and that it would be most unwise to fix a rigid limit, derived from our present knowledge of it, beyond which we cannot allow it to be separable. But there is a more conclusive answer to either; the doubt SOLVITUR AMBULANDO. Take as Dr. Deschere has done,‡ a deeply colouring matter like *Eosine*. You will see it with ordinary vision pervading every portion of the second attenuation, where it must exist in the proportion of one ten-thousandth, and the cone of concentrated sunlight will

* ANNALS OF BRIT. HOM. SOCIETY, iii. 21.

† N. ENGL. MED. GAZETTE, DEC. 1879, p. 268.

‡ N. A. J. H. Feb., 1880, p. 417.

show its fluorescence in the fifth, where its attenuation is represented by the ten-thousand millionth.

Here, too, comes in the evidence furnished by chemical analysis, by the microscope, and by the spectroscope. The first has detected Nitrate of Lead and Sulphate of Copper pervading the third attenuation.* The second of course has no place where true solutions are to be examined; but if Mayerhofer's experiments can be relied on, has followed up several suspended metals to dilutions (on a scale of 2 to 98) ranging from the tenth to the fourteenth. The third in Dr. Douglas Hale's hands,† has revealed the presence of Strontium and Barium in the 5th dilution; and Dr. Ozanam's, ‡ of Lithium in the 6th, and of Sodium in the 8th. Dr. Wesselhœft's repetition of experiments with the two last metals failed § to trace the former above the third decimal, the latter above the the 7th of the same scale; but there seems no reason to question the validity of the older observations.

We have, moreover, additional testimonies derived from experiments made to see how far semen, vaccine lymph and septic blood can be attenuated without losing their distinctive properties. I adduce these here, rather than under the head of the proofs of the activity of our potencies. Since the substances used can hardly be ranked as drugs in respect of MODUS OPERANDI. Dr. Arnold has fecundated frogs' eggs by immersing them in the 3rd dilution of their semen, and has successfully vaccinated children from the first (aqueous) dilution of vaccine lymph.** But it is with septic blood that the most astonishing results have been obtained. You will find in the Thirty-First Volume of the BRITISH JOURNAL OF HOMŒOPATHY an account of the experiments made herewith by M. Davaine, who is no Homœopathist, though he has diluted according to the Hahnemannian scale He found that the blood of rabbits dying of Septicæmia could, in the dose of a ten-trillionth of a drop, induce a similar and fatal disease in other animals of the same species. As this represents a point between our 9th and 10th attenuations, it shows conclusively that matter can be carried by the Homœopathic process to that degree without ceasing to be present, or losing the activity proper to it.

But a far more serious objection has arisen of late years, not indeed to the soundness of the points we have hitherto made, but to the possibility of indefinite attenuation. The conception

* B. J. H., xx. 278.

† ANNALS, iii. 31.

‡ L'ART MEDICAL, Jan. 1862 : see also Vol. xx. of B. J. H., p. 282.

§ HOM. TIMES, Aug., 1880.

** Dudgeon, Lectures, p. 368

of the infinite divisibility of matter current in Hahnemman's day* has now been exchanged for that of its atomic constitution, which implies that we must at length arrive at a stage at which we can divide more. This idea was not disturbing to us at first, as imagination might suppose the atom as small as it pleased, and far beyond the reach of any attenuation reasonable Homœopathists were likely to use. Our confidence was rudely shaken, however, when physicists began to attack the question of atomic magnitudes, and agreed that these—minute as they were—did not carry us into numbers exceeding trillions. Thompson and Clark Maxwell estimate the number of ultimate atoms which can be contained in a space $\frac{1}{1000}$ of an inch cube as between a hundred billions and ten thousand billions; and supposing these atoms to be of Oxygen and Hydrogen, and to unite to form water, Sorby calculates that four thousand billions of molecules of water might occupy such a space. † Drs. Wesselhœft and Sherman ‡ have shown that, upon such data, the molecures of a liquid drug would become exhausted at about the eleventh centesimal dilution, and at the twelfth would cease to be even probably present.

This startling difficulty is evaded by some by saying that the atomic constitution of matter is at best only a theory, that it can never be proved. Others, with more plausibility, affirm that the size of atoms may hereafter be found more minute than at present estimated. The late Dr. von Grauvogl attempted to make a great point of the experiments of Jolly, who found that a certain amount of contraction accompanied the attenuation of a solution of Saltpetre. "Since every new attenuation," he wrote, § "produces, by molecular contraction, a new MINUS of the volume present before their preparation," "Hahnemann's decillionths and all other calculations fall to the ground." But when we come to look at the amount of this contraction, we find that at the first stage it is only 21 c.c. in 2257, *i.e.*, about one part in a hundred, and that on further dilution the proportion diminishes still further. Although, therefore, some allowance must be made in our calculations in consequence of this discovery, it cannot make a difference of more than one or two steps of the centesimal scale.

* He takes it for granted that "a substance divided into ever so many parts must still always contain in its smallest conceivable parts *somewhat* of this substance." (Organon, 5th Ed., § 280, note).

† MONTHLY MICROSCOPICAL JOURNAL, March, 1876.

‡ Transactions of Amer. Institute for 1879; AMERICAN HOMŒOPATHIST, May, 1878.

§ Text-book of Homœopathy, tr. by Shipman, ii. 65.

On the other hand, in support both of the limited divisibility of matter and of the estimates made as to the size of its ultimate particles, we have the negative bearing of the facts already adduced. That vaccine lymph is active at the first dilution and semen at the third; that colour is perceptible in the second and fluorescence in the fifth; that Chemistry can detect substances in the third potency, and spectrum analysis in the eighth; that septic blood retains its virulence even in the ninth—all this has hitherto been urged only as proving the extent of our power of subdivision. But state the facts conversely—that lymph will not vaccinate beyond the first dilution, or semen impregnate beyond the third; that Chemistry and Spectroscopy find decreasing evidence of the presence of drugs as we go on attenuating, and at length lose sight of them altogether; that septic blood at a certain degree of dilution will no longer infect—and they no less forcibly suggest that that power has a limit. It is curious, moreover, that the highest point yet reached—Davaine's ten-trillionth—closely corresponds with the physicists' calculations as to what the limit is.

. Our second question was—Is matter still active as far as it is divisible? Some of the experiments already adduced answer this question in the affirmative as far as animal ferments are concerned: We have yet to establish the same fact as regards drugs. It is to this mainly that I have addressed myself in the lecture referred to in my 'Pharmacodynamics.' I have there shewn, on unimpeachable testimony, the astonishing heights to which poisons like *Arsenic* and *Phosphorus*, alkaloids like *Atropine*, *Strychnine* and *Aconite* can be carried without losing their power to produce their wonted Physiological effects. That lecture stands as it first appeared in 1880. Were I writing it now I could add several pertinent observations of like nature. Let me indicate a few of them.

1. Darwin, in his experiments on the quasi-sensibility of insectivorous plants, was led to try how far dilution and reduction of dose could be carried without re-action failing. The plant chosen was the Sundew (Drosera rotundifolia); the re-agent consisted of Salts of Ammonia. His letters, as published by his son, shew amusingly how surprised he was at the extent to which he was carried, and how much he feared that his results would be accounted incredible. "You will laugh," he first says to a correspondent when telling him that the Drosera leaves detect (and move in consequence of) gr. $\frac{1}{2880}$ of the *Nitrate*; but before he has finished he has ascertained that similar results follow gr. $\frac{1}{20000000}$ of the *Phosphate*.

2. Dr. Blackley, in the course of his well-known researches on Hay-fever, thought of trying how small a quantity of the causative

agent of this trouble—the pollen of plants—could induce its phenomena. "From careful and oft-repeated experiments" he writes, "I am certain that so small a quality as the $\frac{1}{1000000}$ of a grain of pollen will give rise to very perceptible symptoms if this is inhaled within a given time.

3. Pollen, you may say, is not exactly a drug; but you will allow that Copper is. Carl von Nägeli has recognised a lethal potency in this metal so far exceeding any chemical power that he has coined a new word, "Oligodynamic," to denote it. His experiments had their origin in the observation that water drawn from a brass faucet, or distilled in Copper vessels, had a fatal effect on spirogyra. He then began to try how far he could reduce the amount of poison without losing its effects. He distilled one litre of water in glass retorts, suspended four clean Copper coins in such water during four days, and found that this solution killed his plants in a few minutes. When the water was poured away, the glass rinsed and washed carefully and refilled with neutral water, the spirogyra again died in a very short time. This rinsing and refilling could be repeated many times before the walls of the vessels lost the "Copper force" they had acquired, and their power of communicating it to their contents. † If, however, the glass was washed out with dilute *Nitric acid*, and refilled with fresh neutral water, the plants flourished and remained healthy. Nageli attempted to ascertain the amount of Copper dissolved by suspending twelve small Copper coins in twelve quarts of neutral water, during four days. These twelve quarts were slowly evaporated, and the minute residue, supposed to be a hydroxide of the metal, was found to be in the proportion of one part to nearly one hundred million of the vehicle. From this and other experiments he concluded that the "Oligodynamic" effects of Copper result from solutions in the proportion of from 100 to 1000 millionth.

4. Professor Oswald, of Leipzig, published in 1897 some interesting researches on the crystallization of super-saturated solutions. This took place, he found, on the addition of very small quantities of the same or an isomorphous substance in the solid state. Wishing to ascertain how minute the added matter might be, he availed himself of the Homœopathic triturations, and found that crystallization could be effected in the case of Salol and Thymol with traces of the 6th, in that of *Thiosulphate of Soda* with the 9th,

* M. H. R., xxziv, 604.

† This observation has been thought to give scientific sanction to the "bottle-washing" attenuation practised by Fincke, Swan and others, and to render inexcusable the putting any limit whatever to the extent to which such process may be carried. Though the vessels lose their communicating power "very slowly" however, they do lose it in time; and a thousand millionth is only the 9th dilution of the decimal scale.

and in that of *Chlorate of Soda* with the 10th dilution of the demimal scale.

5. Lastly, let me bring to your notice the facts which Becquard, Curie and Debierne have ascertained relative to the Phosphorescence of certain metals—Uranium to wit, and the more recently discovered Polonium, Radium and Actinium. The luminous emanations they give forth have been conceived of as corpuscular, but the loss of substance hereby induced is so minute that it has been calculated that a flat piece of Radium one centimetre square, shining continuously with an appreciable glow, would diminish in weight by less than a milligramme in 1,000,000,000 years. How infinitesimal is the quantity of luminiferous matter given forth, then! and yet it suffices to impress the retina with the sensation of light. Debierene's discovery is that such Phosphorescence can be transmitted, as from a metal like Radium, which has it, to one like Barium which by nature has it not; and that even in solution. This would seem to make the luminous energy a dynamic one.

III. The foregoing are facts; but they do not carry us beyond the point at which we reached when considering the subject from the pharmaceutical standpoint. Physiologically we can get as far as we can physically; action corresponds to substance. But after all we have only got as high as the 15th dilution at the utmost; it is a far cry to Hahnemann's 30th's and what shall we say to Dunham's 200th's—which, prepared by himself in legitimate manner he comes to use almost exclusively in his practice, esteeming them of more efficacy, both in acute and chronic disease, than any lower attenuation? * Bœnninghausen had preceded him, and Tessier and Grauvogl have followed him in the same estimate—positively if not comparatively—of this exalted potency. We cannot ignore such testimony; yet even if Hahnemann's theory of dynamization could be accepted, and would substantiate their experience from the scientific side, we could not get over the lack of evidence that matter is so far divisible, or can transfer its medicinal property to the vehicle in which it is dissolved or suspended. We must act here, if at all, on empirical grounds only, admitting that Logic has nothing to say for us, and that science—which has gone with us so far—is now not only inactive but become our opponent.

The one field in which a real dynamization can be reasonably recognised is that of those substances which are inert in their crude state, but which, when rubbed up with some indifferent vehicle so as to ensure a fine division of their particles, become active enough.

We have a familiar instance in *Mercury*, which as pure

* See his Homœopathy, the Science of Therapeutics, pp. 227-266.

Quicksilver may be swallowed by the pound, but which, when intimately mixed with confection of roses or with chalk, becomes a potent drug. It is now recognised that the amount of oxidation which takes place in the preparation of blue-pill and grey powder is very small, and that minute sub-division is the essence of the process. Hahnemann, as you have been told, largely developed this mode of preparing drugs, introducing the improved method of a graduated trituration with Sugar of Milk. The metals—Gold, Silver, Platinum, Zinc, together with such neutral substances as Charcoal, Flint, and Lycopodium, are awakened to energy by this potent process, and show themselves capable of no little influence upon the organism. But it is obvious that since in this way a real development of power is effected, there must be a certain stage in the process at which the drug, inert in its crude state, begins to be active, and another at which this newly-awakened energy is at its height, after which all further attenuation must have a contrary effect.

Hahnemann indeed thought that an indefinite development of power resulted from the dilution he at first practised to avoid aggravations and collateral effects. When asked to explain how such increased power could be elicited, he replied that the thorough solution and diffusion of the medicine enabled it to present so many more points of contact to the living matter. That is the same thought which has subsequently been expressed by the phrase, that medicines act by their surface, not by their mass, and are therefore effective in proportion as the former is extended. Grauvogl aptly says:—"It is a matter of indifference what quantity of Iron I make red hot, even were it many hundredweights, whose quality of heaviness might crush me; it could burn me, on coming near to it, only so far as it could touch me with its surface." This thought was pushed by Doppler to a calculation of the extent of surface developed by the Hahnemannic trituration, which reached from two square miles in the third trituration to the whole area of the constituents of the solar system in the ninth. But it has been pointed out * that such calculation assumes that the whole original grain is carried on into every successive trituration; whereas we know it to be reduced a hundredfold at each step, so that "even supposing each successive trituration to be thoroughly penetrated with the medicine, the superficies can never exceed that which was presented by the first." Conversely, then, it would seem better that we should dilute without reduction of mass, and this idea Hahnemann at one time countenanced, saying in the "Organon" of 1833. "I dissolved a grain of *Soda* in an ounce of water mixed with *Alcohol* in a phial, which was thereby filled half full, and shook the solution continuously for half an hour, and this was in dynamisation and energy equal to the 30th development of

* Dudgeon, Lectures, p. 366.

potency." In 1839, however, he tells us that it is absolutely necessary to dilute medicines in order to potentise or dynamise them:—"The greatest amount of succussion or trituration of substances in a concentrated form will not enable us to liberate and bring to light the more subtle part of the medicinal power that lies still deeper."

As my penultimate quotation shows, Hahnemann came later to ascribe an occult virtue to the processes of trituration and succussion employed by him, independent of their aid towards effecting a more thorough solution. In this he has been followed by many of his more enthusiastic followers; but I am glad to find the latest of these falling back upon the more rational explanation. I refer to Dr. Skinner, who has written a series of Articles on "The Dynamisation of Medicines" in the Journal edited by him called THE ORGANON. I would call attention to the arguments adduced in the number for January, 1880, as entirely commending themselves, save where he ends by saying that the 30th centesimal of Hahnemann can be made by allowing 3,000 minims of water to pass slowly (through a funnel) in and out of a 100-minim measure containing one minim of mother-tincture. It is not only that the process is quite inadequate to the task, as Dr. Skinner himself admits in the next number of his Journal (p. 194); but is very doubtful whether any SOLUTION D'EMBLEE can be equivalent to the graduated method devised by Hahnemann. Grauvogl made some experiments to determine this. He found that the 30th, 10th and 3rd decimal attenuations of *Arsenic* prepared in the usual way, produced a certain definite effect upon him (the first showing its influence by great thirst). He then made at once a solution corresponding in strength to about the 7th decimal, and not till after taking this for six days did he experience an effect, which at the utmost only amounted to that which the 30th produced on the second day of proving it.

Returning from this digression to our former point, it seems that extension of surface will not account for development of power in the Hahnemann attenuations beyond the first. A later discovery of science, however, comes to our aid; and seems to show that separation of particles may have something to do with it. We refer to the researches of Crsokes on the behaviour of matter in a fourth state—beyond the solid, liquid, or gaseous—which he calls "radiant." If from a closed globe full of air as much as possible be withdrawn by an exhausting pump, the molecules that remain require an astonishing activity, manifesting itself by luminous, thermic, and electric phenomena according to the circumstances. Dr. Garcia Lopez, in the CRITERIO MEDICO,* has fairly turned this fact to account in defending the energy of the Homœopathic infinitesimals: And we truly get far enough when we find that on reducing the pressure to

* Feb., 1880.

the millionth of an atmosphere or less, gases acquire these peculiar properties. It is impossible to say how much further the separation might not be carried without advantage. On the other hand it must be remembered that the energy manifested is rather that of the forces of Nature than of the properties of matter, and that drug-action belongs to the latter category. It would seem to be the greater scope for molecular motion afforded by the wider range given to the particles which enables them to display the phenomena of Light, Heat and Electricity in this enhanced degree; and it would not be easy to apply such a conception to the reactions of medicinal particles with the living matter of the organism. At the best, suggestions derived from this source must stand or fall with the doctrine of the atomic constitution of matter, and cannot harmonise with the notion of its infinite divisibility. If separation of particles be the cause of their greater activity, the time must come when further distance will outweigh ampler space, and the energy allowed by the latter will be lost in the expenditure required for the former.*

* The above paragraph would be my answer to the ingenious considerations brought before the British Homœopathic Society by Dr. Percy Wilde, and published in the Tenth Volume of its JOURNAL under the title of "Energy, in its relation to Drugs and Drug Action." I cannot think that the power of drugs to induce changes in protoplasm is a result of any potential energy they may possess as physical substances; nor can I admit that even this is INDEFINITELY increased by separation of their particles, that is, fails to diminish and finally disappear as these lessen in number and increase in distance from each other.

LECTURE XI.

HOMŒOPATHIC PRACTICE

We have now surveyed the method of Hahnemann, in all that is essential to it. It is a rule—LET LIKES BE TREATED BY LIKES. The "likes" are—on the one-side the clinical features of disease, with such knowledge of its Ætiology and Pathology as can be had; on the other, the Physiological action of drugs. Their similarity is to be, as far as possible, generic, specific, and individual; and the remedy thus selected is to be given (as a rule) singly, rarely, constitutionally, and minutely. If you have followed with concurrence the reasonings I have set before you, I trust you are satisfied that this method has every claim—scientific and practical—upon our acceptance; that our wisdom as medical men is to carry it out wherever it is applicable.

I have yet to speak to you of some subsidiary matters—of the Philosophy of Homœopathy, the rationale of its curative process; of its history in the world of medicine; and of its claims on the profession. But before passing on to these, I feel bound to dwell on another series of considerations. I am assuming that you accept the method of Hahnemann, that you intend to adopt "Homœopathic practice." What does this involve? What alteration does it make in your relation to the profession and the public? What duties does it lay upon you? What provision must you make, and what course of action must you follow, to carry it out aright? You may well ask such questions; and I am bound to answer them. Let us pass today, then, from the principles of Homœopathy to its practice.

I. When Hahnemann first propounded his method, he did so in the ordinary medical journals, addressing himself to his colleagues. He wrote, as he acted, in the liberty which every qualified physician is supposed to have, of doing what he thinks best for his patients, and of expressing his views among his peers. But this liberty, which had been granted to every systematiser who had preceded him, and has never since been refused, was denied to him. The reform in Therapeutics he proposed was so great, so sweeping; the mode of treatment he would substitute for that then current so put to shame its

complexity, its violence, its absence of solid base, that the practitioners of his day could not bear it. They silenced him in their journals; they stirred up the druggists to hinder him dispensing his medicines; they invoked the arm of the State to forbid the new practice. If any man would carry it on, he must do secretly. It was outlawed alike professionally and politically.

Nevertheless, it was believed in: It was adopted. Those who dared to adhere to it, found themselves excluded from all the associations whereby the practitioners of medicine seek to advance themselves in the knowledge of their art. Membership of medical societies, practice in established hospitals, freedom of utterance in professional journals, was denied them: The recognition of truth to which their reason led them, and the application of it for the good of their patients to which their conscience constrained them, were treated as crimes. Their only wish was to practise freely, in their natural position, what their judgment dictated to be best; but this was sternly disallowed. What was the result? As they multiplied, they set up societies, hospitals, journals for themselves, calling these by the name of the method to which they were devoted. As time went on, school and colleges had to be established to teach the new method, whose very mention was tabooed in the existing educational institutions; and Homœopathic pharmacies became necessary, where our medicines could be obtained, and Homœopathic directories, from which the public could learn who were practitioners of the system.

The consequence is, that Homœopathy has acquired an organisation. From a creed it has become a church. The new adherent to it at the present day finds it in this position, and the first question he has to decide is whether he shall join this church or not. Shall he simply embrace the creed, practising it as far as his patients and colleagues permit, and professing it no more than occasion demands? Or shall we avow his faith, affiliate himself to Homœopathic institutions, and allow his name to appear in the HOMŒOPATHIC DIRECTORY, or at least in the annually published list of members of the British Homœopathic Society? Now I am well aware of how much there is to be said for the former alternative. In the abstract, it is the legitimate course to follow. It was the mode of proceeding adopted in every country at the first, until the intolerance of the profession compelled its abandonment; and each new convert must feel strongly induced to attempt it afresh. But, much as I sympathise with the sentiment which actuates him, I can have no hesitation in advising him to prefer the other course. The organisation of Homœopathy was, indeed, forced up on it; but, however acquired, it now belongs to it as a body to its

soul. The position it has taken up was not of its seeking; but having been occupied, it cannot be abandoned without fatal misunderstanding. We, who have held the fort for many a days, must continue to hold it until our claims are yielded, and our method receives its legitimate recognition, our mode of practice, its due liberty asd honour. We cannot do so unless from time to time we receive reinforcements to supply the gaps left by age, sickness and death. The greater our numbers, the better our Institutions are manned and our Journals filled, the more respect we shall win for our system, the nearer we shall bring the day when the profession shall be forced to recognise it and to invite us back to free fellowship. Till then, do not weaken the cause by standing aloof from its embodiments. Allow your names to be placed in our published lists, or rather, be proud of it as of an enrolment in a Legion of Honour. Seek service in any Homœopathic hospital or dispensary which may be in your neighbourhood; send cases to the Homœopathic Journals: apply for membership in the British or other Homœopathic Society. Every man who acts thus lends fresh strength to the witness we bear to truth in medicine, and hastens the day of its victory.

I know that in the meantime the course of conduct to which I invite you involves heavy sacrifices. Things are not indeed as bad as they were, when to avow one's belief in Homœopathy meant professional and even social outlawry. But the price is still a heavy one one to pay. Such memberships and appointments as you may have, you will find it hard to retain, and you will get no more. Consultations and assistance will be generally grudged, often refused. By many of your fellows you will be treated as a black sheep; spoken of behind your back as a fool, if not knave; met face to face with significant coldness. Even the more liberal-minded, though they tolerate you, will do it with a pity which is often contemptuous. There are, of course, exceptions to this rule, in individuals, and even in circles—among which Birmingham deserves honourable mention; but as a rule it holds good. You must run the risk of being so treated. But what of that? Are you the first who have had to suffer to truth—to go, if need be, without the camp, bearing its reproach? Count the cost, indeed, before you make your avowal; but do not let it deter you from making it. To some extent you will find compensation. Another fellowship will welcome you, other places of honour and usefulness will be opened to you. Still, you will be a heavy loser, and can only incur the loss in the firm conviction that you are thereby serving the cause of truth. The conviction is mine; I trust it may also be yours.

II. This, then, is the first thing I have to advise—that you

avow your new faith in the most practical way, identify yourself with its body and not merely its soul, join its church as well as profess its creed. And now arises the next question—What are the duties of the new position you have taken up? In what way do they differ from those of every practitioner of medicine?

Do you, in acknowledging the truth of Homœopathy, bind yourselves to its exclusive practice? No; by no means. In becoming (as men will call you) "Homœopaths," you have not ceased to be physicians. "Medicus nomem, Homœopathicus cognomen," we may say after St. Augustine's manner. It is the supreme duty of us all to do what we judge best for our patients, irrespective of any creed or system. We have protested against the tyranny which has ostracised us because we believe this "best", ordinarily to be Homœopathy; and it is not for us to be entangled again with any other yoke of bondage. We must let no one impugn our right of unfettered therapeutic choice. In allaying ourselves to Homœopathic Institutions we manfully recognise a truth which has laid hold of us, but which is at present denied and cast out: We in no way determine how far its practical consequences shall reach. Take up this position from the first; Claim to be priests of the one Catholic Church of Medicine, however much the prevailing majority deny your orders and invalidate your sacraments. They force you into a sectarian position; but let them not inspire you with a sectarian spirit. Assert your inheritance in all the past of medicine, and your share in all its present: Maintain your liberty to avail yourselves of every resource which the wit of man has devised or shall devise for the averting of death and the relief of suffering. This is the only legitimate ground to occupy, and you should make it plain that on this you stand.

But while desirous of impressing this primary truth upon you, I would remind you that you have duties as "Homœopathicus," and not only as "medicus." Duties to your patients, for they will seek your aid as such: Duties to the method itself, under whose name you enlist, and whose advantages you enjoy. The correlative of liberty here, as everywhere else, is loyalty; and without such counterpoise it degenerates into mere haphazard and empiricism. Our special vantage-ground is our practice according to law, instead of in the "unchartered freedom" of which our old-school colleagues boast, but of which the best of them must often tire. Do not readily forsake it. At the outset think even of liberty as little as possible. Children are not the better for being free; and the same may be said of novices in the method of Hahnemann. Your wisdom at the first is to practise it as exclusively as you can. Let experience rather than A PRIORI assumption, teach you where

it needs supplementing by other means. You will actually do more good to your patients on the whole, than if you began as eclectics; and you will be acquiring habits of order and precision which will stand you in good stead as you go on.

I am speaking thus, as regards men who are about to commence practice in a new locality as avowed Homœopathists. There are others, of course, who—already in harness—must erect their new building within the walls and under the cover of the old. They will begin by treating selected cases with their novel remedies, leaving unchanged the great bulk of their practice. As they learn confidence and experience, they will push their Homœopathy further on, and let their former expedients drop more and more into the background. At last the latter will have become the exception, and the former the rule of their practice, and the term "Homœopathic" becomes justly applicable to their position and mode of treatment. They will then have reached the ground already occupied by those who have practised Homœopathically from the beginning. But there will be this difference. They will have learnt what are the exceptions to the rule SIMILIA SIMILIBUS CURENTUR, and what are the auxiliaries with which it must be carried out. No man can know these so well as he who has worked out the subject for himself. Nevertheless, Homœopathic practice as a whole is regarded scientifically, a vast experiment towards the decision of the question how far likes cure all diseases without the aid of other means; and the results of that experiment, so far as it has gone, are available for the beginner. Let me briefly indicate them here.

1. First of all, let me remind you again that drug-giving, however important, is not the beginning and end of the physician's duty. He has to adapt to his patient all natural forces and circumstances within his control—heat and cold, light, air and water, rest and exercise, food and stimulus. He has to remove mechanical obstacles, and neutralise chemical or organic infections. You must not call the measures—surgical, regiminal, hydropathic—by which you effect these ends, "auxiliaries"; you must not imply that they lie outside the ordinary path of medicine. Do not enter upon Homœopathic practice with the thought that all your knowledge and command of natural influences may henceforth be laid aside. You must be—as Hahnemann ever was—Hygienists, that you may also be healers.

2. This applies to the fundamental duty of the physician, whatever be his medical creed. He must obey the rule "TOLLE CAUSAM" when practicable, before any other; he must remove the LŒDENTIA and supply the JUVANTIA of Nature at large. But

when, now, the physician practising Homœopathically comes to his own rule, SIMILIA SIMILIBUS CURENTUR, he must bear in mind the limitations of it inherent in its own nature. Likes can only be treated by likes, where likes are to be found. Where your patient's trouble is one which drugs cannot stimulate on the healthy body, you cannot apply your law. You will remember the instances of this which were suggested when we were were on the subject. How can drugs produce anything like the disorder of sensation and function attending the passage of a calculus? How can they supply analogues to neoplasmata? Homœopathic MEDICINES may do something for such conditions, as every now and then they have done; but there is no Homœopathy, strictly speaking, in their selection. The Homœopathic practitioner is not passing by his law, if in the one case he hushes pain or relaxes spasm, if in the other he melts down the morbid growth by a liquefacient.

3. But, over and above such qualifications and limitations, the rule SIMILIA SIMILIBUS may have practical exceptions —exceptions found to be such from experience, not necessary, not such as could be foreseen A PRIORI; in all probability provisional only, but actual, and to be duly regarded. Are there many, or any, such? Well, my proposed teaching expressly contemplates contingencies of this kind. I am to tell you what Homœopathy can do in the various recognised forms of disease. There may be diseases which lie beyond its possible range and still more likely is that there are diseases which have not yet come within its practical range. Accordingly, our first step must be to enquire how much it can effect, as compared with the capabilities of old physic, in each malady that comes before us. If the answer to such enquiry should be its disparagement, we must follow the leading of the facts. Thus:

(*a.*) The use of cold baths in Typhoid Fever seems to give somewhat better statistics as regards recoveries than even our own treatment can boast.*

(*b.*) The recurrence in Relapsing Fever cannot be prevented by Homœopathic remedies; but can be by antiseptics like the *Hyposulphide of Soda.* †

(*c.*) We have nothing to take the place of full doses of *Iodide of Potassium* in Tertiary Syphilis.

(*d.*) In Peritonitis from perforation we must give full doses of *Opium,* as in ordinary practice, if we are to have a chance of saving our patients.

* See Dr. Bakody's Report of the Pesth Hospital (B. J. H., xxxiv. 149).

† See Dr. Dyce Brown in B. J. H., xxxi. 363.

(*e.*) In Cardiac Dropsy we can rarely get the good effects of *Digitalis* and its congeners without the induction of their primary Physiological effect, so raising the arterial tension.

(*f.*) *Nitrite of Amyl* is a better palliative in the paroxysms of Angina Pectoris than any Homœopathically-acting remedy.

(*g.*) The use of *Iodide of Potassium* in Aneurism, seems outside the range of our method and is yet a valuable piece of practice, on which we can hardly improve.

(*h.*) In uræmic Coma, measures for relieving the brain of the "perilous stuff" which is oppressing it—if needful, venesection itself —are of more avail than the best drug-treatment.

These eight are only instances that at present occur to me in which, Homœopathic treatment being applicable in the nature of things, it is at present so excelled as to be displaced by measures of another kind. You will see at once how few they are in proportion to the mass of ills where the balance is just the other way. You will thus be encouraged to commit yourself freely, with such reservations, to the guidance of the Homœopathic law. Let none impugn your liberty, but let all respect your loyalty: So you will witness to the method you profess, and will have the approval of your own best judgment.

III. Such is the counsel I would give you as to the general ordering of your practice. Let us now go more into detail, and see what should be your actual work at the bedside and in the consulting room.

I have spoken of the selection of the Homœopathic remedy. I have shown you that its similarity should be, as far possible, generic, specific, and individual: I have indicated the parts which generalisation and individualisation respectively should play in the process. Descending now from principles to practice, let me advise you to let generalisation predominate in your prescriptions for acute disease. That is, do not let your thoughts range down the whole Materia Medica, from *Aconite* to *Zincum* (as we used to say; now it must be from *Abies* to *Zizia*), in search of your similimum. Fix them rather upon the group of medicines which general consent has associated with the malady before you. They were first arrived at by the rule SIMILIA SIMILIBUS; or, if obtained EX USU IN MORBIS, they have seemed warranted A POSTERIORI by it. They have stood the test of long and wide experience, so that you may be sure of their answering to the species—the essence of the disease. Suit them, as among themselves, to the form and stage of the malady; but do not, without very grave cause, go beyond them in search of a closer similarity, which is too often

illusory. Of course no finality is contemplated; new remedies must from time to time be introduced and old ones extend their known range of action. Leave this, however, to men of larger experience; as beginners, you had better keep to the ground already surveyed. In the presence of Pleurisy, the best thing you can do for your patient is to appropriate *Aconite* and *Bryonia, Cantharis* and *Apis, Arsenicum, Sulphur* and *Hepar sulphuris* to the inflammation and effusion. If Pneumonia is before you, *Aconite, Bryonia* and *Sulphur* again, with *Phosphorus, Iodine* and *Tartar emetic*, comprise the whole ordinary Therapeutics of the disease. Some five or six medicines in Variola, seven or eight in Scarlatina, ten in Continued Fever, twelve in chronic Intermittents (in recent ones four will suffice), are as many as are ordinarily required for your choice; and our best comparative results have obtained where — as with Yellow Fever and Cholera—our remedies have been few in number and everywhere the same.

The same rule holds good even in chronic disease, where the disorder conforms to a recognised type. You will rarely get good, in Diabetes, by deserting *Phosphoric acid* and *Uranium;* in Rickets, by going beyond *Calcarea, Phosphoric acid*, again or *Phosphorus*, and *Silicea*. But when your patient's narrative has gone so far as to satisfy you that you have to deal with an anomalous case of no definite character, you will do well to let your mind work freely among the medicines which the symptoms suggest. Go upon the plan of exclusion. Test the remedy which first occur to you by the next symptom mentioned. If you have chosen aright, it will harmonise therewith, if not, it will suggest another, and the symptom next following will decide between these, or supply a third candidate for your acceptance. So, step by step, you will proceed; and when the whole case is before you, you will have obtained as the result of your elimination one, two or three medicines which seem well to cover the case. These you will then prescribe, in succession or alternation as you may determine; and, if you have proceeded carefully, you will find them the fundamental remedies for the disorder. They may be with advantage suspended for a time, or even replaced by others; but you will be driven again and again to them, and ultimately it will be with them—if ever—that you gain the day.

In thus choosing, do not neglect to supplement your memory by reference to the Materia Medica, and to its indices—the Repertories. Do not, indeed, be ashamed of doing so in the presence of your patients, if need so requires: They will not complain of you for taking too much pains. But especially when the day's work is over, when a new case has come before

you, or an old one hangs fire—review its symptoms. Look them up one by one in your Repertory; follow the drugs indicated in the Materia Medica, and weigh well what you find. Do not be hasty, or too fondly credulous: Examine into the source of symptoms ere you trust them; but if you can safely do so, essay the medicines to which they point. You will thus frequently gain unexpected successes, and will be ever enriching your armamentarium. In acute and typical diseases, the fewer your remedies the better, but beyond this range, you can hardly have too many. It is here that the more SPECIFICKER, the mere organopathist fails; while the full method of Hahnemann wins victories which are a continual source of delight.

IV. And now a few words about the choice of dose. I think I have spoken with sufficient fulness of the general facts and principles of Homœopathic Posology. Short of actual experience, you are in a position to judge for yourselves what you will do in the matter. I do not wish unduly to bias you on so moot a question. It would, however, be carrying reserve too far, it would be neglecting your obvious interest, if I failed to give you some practical advice—from an experience of over forty years—as to the doses you should commonly employ.

And here, as in the choice of the remedy, I would distinguish two categories into which your cases will fall. We have seen that the object of attenuation is two-fold—to avoid aggravation and collateral disturbances, and to develop the peculiar properties of drugs. Now in the acute, typical disorders—the fevers, inflammations, catarrhs, neuralgias, spasms—which constitute the bulk of daily practice, the first-named object need alone be sought. The medicines with which you combat them are such as are already active in their crude state; your only care need be to protect your patients from their over-activity, to see that their Physiological be wholly absorbed in their Therapeutical action. For this purpose but moderate attenuation suffices. If you carry in your pocket-case the first decimal of *Aconite, Baptisia, Belladonna, Bryonia, Gelsemium, Ipecacuanha, Iris, Nux vomica* and *Spongia;* the first centesimal of *Apis,* and *Tartar emetic;* the third of *Mercurius corrosivus, Phosphorus,* and *Veratrum album*; the sixth of *Arsenicum*; if you reinforce these with a few medicines of full strength to meet special contingencies —as *Hamamelis* for hæmorrhage, and *Camphor* for shock and collapse—you will have a quiverful of shafts which will rarely need augmenting. By further dilution, if need be, at your patient's house you can exactly proportion the dose to age, sex and susceptibility; and you will rarely do anything but pure good.

It is otherwise when you have to deal with chronic disorder in its almost infinite variety. Your range of medicines here is a

wide one, and so also must be that of your dose. Of the drugs among which you will have to choose many are such as only develop active properties after a certain degree of attenuation: such are *Sulphur, Calcarea, Silicea, Lycopodium, Natrum muriaticum, Sepia.* Certain actions, moreover, of the more potent, and even of the feebler drugs, belong to them peculiarly in infinitesimal form. I may cite *Arsenic, Phosphorus,* and *Nux vomica* in the former category, *Chamomilla* and *Coffea* in the latter. In my 'Pharmacodynamics', when speaking of the dosage of each drug, I have noted these points; and they may well lead you, as they have led me, to associate certain potencies with certain medicines, making the two almost as inseparable as the words and tune of a song. *Sulphur 30* is a definite remedy to me, dose and all. I know what I can do with it as I know the powers of *Aconite* 1x. So I can say of *Lycopodium 12* and *Silicea 6,* and of many other drugs. I require here, therefore, a wide range of dosage as regards my remedies; and still more as regards my patients. Their variations in susceptibility are great; they require change of potency from time to time as well as of medicines; the protean transformations of their maladies have to be followed up with corresponding shiftings of the means. I do not know that you need go higher than Hahnemann's 30ths; but, as you have thus already got beyond the estimated divisibility of matter, you will hardly be taking a fresh step if you dip occasionally into Dunham's 200ths.

In such affections, then, while not neglecting the lowest preparations, I advise you to rely largely upon the medium and higher—to use attenuation for developing the finer action of drugs which you desire to bring into play. In prescribing for other than acute disorders, you should always—if possible—do so from a Homœopathic Chemist. There are plenty of such in this country—intelligent, well-informed men; they have an excellent Pharmacopœia for their guidance: You may rely upon them, and should support them. The best way of prescribing is to order a drachm or two of the tincture or trituration, directing the proper number (three is a good average one) of drops or grains to be taken at a dose. The tinctures can be thus measured by being dropped into water from the phial; for the triturations small scoops are provided, holding about three grains by weight, which will best be taken dry on the tongue. Tablets of these are now prepared and are very convenient. Sometimes, when quantity is no consideration, and when the convenience of busy men or the tastes of children are to be consulted, you may give the medicines in the form of pilules, or even of globules; but I confess that I am not fond of these preparations, and do not advise their preferential choice.

V. A practitioner's medicines form his chief apparatus for practice; but next come his books. What works, you may fairly ask me, should you add to your library, and what use should you make of them, to enable you to superadd a literary knowledge of Homœopathic to that of medicine in general?

Well: First of all you should be well grounded in the principles of our system. You should study Hahnemann's 'Organon,' in the light of the introduction to it I gave you in the Second and Third Lectures of this course: And should follow it up by a thoughtful preusal of the volume of essays I have often mentioned, by Carrol Dunham, entitled (from the first of the series) "Homœopathy, the Science of Therapeutics." For an independent study and presentation of the subject, I may commend to you the 'ESSAYS ON MEDICINE' of Dr. Sharp. If you will also read the "Lesser Writings" of Hahnemann which under that name Dr. Dudgeon has collected and translated for us, you will have attained a thorough and scholarly knowledge of the basis of the new method you intend to practise.

Next, you must possess, in some form or other, the Materia Medica of Homœopathy—the collection of the pathogenetic effects of drugs with which it works the rule "let likes be treated by likes." You should procure Hahnemann's own "MATERIA MEDICA PURA," which we now have in excellent rendering and shape. Its prefaces and notes alone make it worth possessing; and though you may not learn much A PRIORI from reading its lists of detached symptoms, yet, when a Repertory refers you to them, you will have them in their oriignal and only available form. To this add the "Cyclopædia of Drug Pathogenesy," and—if you feel inclined to range beyond its borders—Dr. Clark's "Dictionary of Practical Materia Medica." Read also as we have no lecturers on Homœopathic Materia Medica in this country, some of the exposition of this kind which have found their way into print, among which I may name Hempel's, Dunham's, and my own as contained in the latter editions of my "Pharmacodynamics."

Of 'Repertories' themselves I have already spoken to you; it only remains that I indicate the best treatises on the Homœopathic practice of physic. By some amongst us these are discountenanced altogether, on the ground of the pure individualisation which is conceived of as governing our Therapeutics. To this I need not tell you that I cannot assent: I hold it on the contrary a great gain that the accredited Homœopathic treatment of the definite types of disease should be set down for the guidance of the beginner. I have worked myself in this field also; but far more elaborate treatises have been given us by Drs. Bahr and Kafka in Germany, Dr. Jousset in France, and Dr. Goodno in America. 'The SCIENCE OF THERAPEUTICS' of the

first and the 'CLINICAL LECTURES' and 'PRACTICE OF MEDICINE' of the third, are available for us in an English dress; and we shall all welcome Dr. Dyce Brown's addition to our store, when he gives to the world the teachings on the subject which were so long valued in the London School of Homœopathy. Read such books through; consult their appropriate sections when you have to treat each form of disease; and you will gain strength and light incalculable for your daily work.

In addition to these, take in as many Homœopathic Journals as you can afford, from England, from America, and from other countries with whose language you may be acquainted. Take them in, AND READ THEM—a consequence which does not always follow. Give those who edit and supply them the support of feeling that their work is appreciated; and reap the utmost benefit of it for yourselves. Dwell in no isolation; indulge in no self-sufficiency. You can only live in the life of the body to which you belong: In its growth alone can you grow. You are cut off at present from the wider fellowship of the profession at large; but you can cultivate the corporate virtues in your narrower circle. The great hindrance to the spread of Homœopathy in the old world has been the lack of ESPIRIT DE CORPS among Homœopathists; had it not, indeed, possessed the vitality which truth alone can give, it had perished long ago in the midst of our dissensions and divisions. I trust that you will not contribute to these, but will rather bring strength to the heart of the body—its centre of the life and unity. You will do this as you think more of the essentials of the method than of its accidents, as you cultivate it for the good of your patients rather than of the filling of your own pockets; as you count all difference of opinion as to means a small thing in comparison with our common end—the promotion of the good cause we have at heart. Practise Homœopathy in this spirit; and you will do your part, small or great as it may be for the reform in medicine which one day will be seen to mark with white the nineteenth century of our era.

LECTURE XII.

THE PHILOSOPHY OF HOMŒOPATHY

Homœopathy, as I have hitherto presented it to you, is a METHOD. It has indeed been framed by scientific processes—reached by inductive generalisation and tested by deductive verification: But the thing framed is not a law of science,—it is a rule of art. It does not say—such and such is: it says—let such and such be—in this case "let likes be treated by likes." My exposition and vindication of it, accordingly, has dealt solely with facts. We have considered the elements of the comparison, the relation between them, and the manner of carrying out the rule, with pure reference to their sufficiency, practicability and advantage; and, if you were to choose to stop here, you would be in full possession of Homœopathy as a a working method.

But the mind of man is not so constituted as to rest content in phenomena only. He must know the "why" and "how," and not merely the "what"; and Homœopathy has been throughout an object of thought as well as of fact. From his first writing on the subject Hahnemann endeavoured to explain how likes were cured by likes, and his followers have never been weary in suggesting further explanations of their own. You may well ask me to tell you something about these, and whether I can commend any of them to you as affording a satisfactory rationale of the process. This accordingly, I shall endeavour to do to-day.

There is, indeed, a special reason why the Homœopathic cure should be accounted for. There is no difficulty in understanding the action of drugs Allœopathically or Antipathically related to the disorder presented for treatment. The former by some evacuation or revulsion, the latter by direct opposition to the seat of the morbid change, can readily be conceived of as restoring the affected part to its normal condition. But it is not so when we come to give drugs which cause in the healthy a similar disorder to that before us. It would seem at first sight, as if nothing but aggravation could ensue; that if one fire can put out another's burning when applied to other parts of the body than that which is the sea of conflagration, if directed to

the same part it can but increase the original flame to twofold intensity. Yet it is not so. Even were the general experience of the Homœopathic school put out of sight, there is no doubt that *Arsenic*, which causes Gastritis and Enteritis in the healthy, cures irritative Dyspepsia and chronic Diarrhœa in the sick; or that it is capable of setting up nearly every form of the cutaneous mischief for which it is so efficient a remedy. Here, if nowhere else, we should have to enquire, IN QUO MODO? But we Homœopathists know that the field of the problem is co-extensive with specific medication, and are deeply concerned in making what approach we may to its solution.

Now, since medicines whose influence is directly opposed to the tendency of the morbid process operate in cure after a manner easy to be conceived, it is not strange that attempts should have been made to resolve into such an operation the behaviour of similarly acting medicines; to suppose that, though they seem Homœopathic, and are selected because of such apparent relationship, they are really and within the system antipathic.

1. The first to propound such a theory of cure by SIMILIA SIMILIBUS was Hahnemann himself. He supposed that every drug, whether given in health or disease, produced two series of effects, the secondary being precisely opposite to the primary; that, if given in morbid states corresponding to its secondary effects, *i.e.*, Antipathically, it acted at first as a palliative, but then its own secondary operation supervening, increased the disease: While, if given when a condition answering to its primary effect was present (Homœopathically), it caused a temporary aggravation indeed, but then by its secondary effects, which were opposite to the disease, a considerable amelioration thereof.

I believe that this was substantially Hahnemann's doctrine from first to last. But as a somewhat different account of it has been given by the historian and exponent of Homœopathy to whom I so constantly refer as an authority—I mean Dr. Dudgeon— it is necessary that I should say somewhat in justification of my statement. Dr. Dudgeon considers that in the "Medicine of Experience" and the "Organon", Hahnemann conceived of Homœopathic action as the substitution we have heard of from Trousseau, that is, as the overpowering and annihilation of the natural disease by an artifical one excited at the same spot, which latter, being but of brief duration, soon subsides, leaving health behind. "At a subsequent period, however," writes our author, *viz.*, in the Preface to the Fourth Volume of the 'Chronic Diseases' (1838), Hahnemann attempted another explanation of the curative process." This is the doctrine

that it is the vital force which is always the conqueror of disease; that in our patients, especially those chronically sick, its power is insufficient for this victory; and that by administering a medicine acting in a direction similar to that of the malady, the vital force is, as it were, stirred up to fresh efforts in opposition, "until" (I quote Hahnemann himself) "at length it becomes so much stronger than was the original disease as that it can again become the autocrat in its own organism, can again, take the reins and conduct the system on the way to health." But if you will listen to a short extract from the "Organon" (§ xxix), I think you will agree that the earlier and later thoughts of the Master had very much in common :—

"As every disease," he writes, "(not strictly surgical) depends only on a peculiar morbid derangement of our vital force in sensations and functions, when a Homœopathic cure of the vital force deranged by natural disease is accomplished by the administration of a medicinal agent selected on account of an accurate similarity of symptoms, a somewhat stronger, similar, artificial morbid affection is brought into contact with, and, as it were, pushed into the place of the weaker, similar, natural morbid irritation, AGAINST WHICH THE INSTINCTIVE VITAL FORCE, now merely (though in a stronger degree) medicinally diseased, IS THEN COMPELLED TO DIRECT AN INCREASED AMOUNT OF ENERGY; but, on account of the shorter duration of the action of the medicinal agent that now morbidly affects it, the vital force soon overcomes this, and as it was in the first instance relieved from the natural morbid affection, so it is now at last freed from the substituted artificial (medicinal) one and hence is enabled again to carry on healthily the vital operations of the organism."

Now, though there is certainly a substitution of medicinal for natural disease contemplated here, rather than the reinforcement of the one by the other as suggested in the 'Chronic Disease,' yet the exaltation of the reactive vital force is (in the words I have capitalised) distinctly stated to be the means whereby the ultimate cure is effected, just as it is in the latter putting.

It remains only to connect this view of Hahnemann's with his doctrine as to the primary and secondary actions of medicines which again is hardly done by Dr. Dudgeon.

In the "Essay on a New Principle for ascertaining the Curative Power of Drugs," published in 1796, Hahnemann writes :— *

* Lesser Writings (Dudgeon's translation), P. 312.

"Most medicines have more than one action; the first a DIRECT ACTION, which gradually changes into the second (which I call the indirect secondary action). The latter is a state exactly the opposite of the former. In this way most vegetable substances act."

After saying that such opposite states are not so discernible in most mineral medicines, he goes on :—

"If, in a case of chronic disease, a medicine be given whose direct primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body to be brought about; but sometimes (especially when a wrong dose has been given) there occurs in the secondary action a derangement for some hours, seldom days."

This, however, he says, is a mere transitory affection, and if, troublesome, may readily be suppressed by a dose of some antagonistically acting palliative, as *Opium* when the medicine was *Hyoscyamus*.

Opium antidotes Hyoscyamus

Thus the cure, in Homœopathic treatment, is conceived to result from the induction of the secondary action of the drug, which is antagonistic to the morbid condition present. And now, in the "Organon," we find him identifying this secondary action of the medicine with the stirring up of the opposing vital force of which we heard previously.

"Every agent * that acts upon the vitality, every medicine deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or shorter period. This is termed PRIMARY ACTION. Although a product of the medicinal and vital powers conjointly, it is principally due to the former power. To its action our vital force endeavours to oppose its own energy. THIS REACTION BELONGS TO OUR PRESERVING VITAL FORCE, OF WHICH IT IS AN AUTOMATIC ACTION, AND IT IS TERMED SECONDARY ACTION OR COUNTER-ACTION.

"During the primary action of the artificial morbific agents (medicines) on our healthy body, our vital force seems to conduct itself merely in a passive (receptive) manner, and appears, so to say, compelled to permit the impressions of the artificial power acting from without to take place in it, and thereby alter its state of health. It then, however, appears to rouse itself again, as it were, and to develop, (*a*) the exact opposite condition of health (COUNTER-ACTION, SECONDARY ACTION) to this effect (PRIMARY ACTION)

* Organon (Dudgeon's translation), §§ exiii, exiv,

produced on it, if there be such an opposite, and that in as great a degree as was the effect (PRIMARY ACTION) of the artificial morbific or medicinal agent on it, and proportionate to its own energy; or, (*b*) if there be not in Nature a state exactly opposite to the primary action, it appears to endeavour to indifferentiate itself, that is to make its superior power available in the extinction of the change wrought in it from without (by the medicine); in the place of which it substitutes its normal state (SECONDARY ACTION, CURATIVE ACTION)."

He here seems to set down all the effects which follow the administration of a drug to its direct action. Later, when the conception of a vital force had taken hold of his mind, the secondary drug effects were ascribed to its reaction. But the hypothesis remained essentially the same. The disorder was not cured by the primary but by the subsequent and opposite results of the medicinal impression. The process seemed to be Homœopathic, but was really Antipathic; the remedy was chosen as a similar, but acted as a contrary.

This is Hahnemann's rationale of Homœopathic cure. As we study his Works we find it carried on into all its logical consequences. One of these is the 'Homœopathic Aggravation,' on which we know him to have insisted as being in some degree a necessary step in the process of cure. Another is the merely temporarily palliative and ultimately injurious effects of all medicines whose primary action is antagonistic to the disorder present. He makes this point continually in his Prefaces to the pathogeneses of the various medicines in his "Materia Medica Pura." Of what avail is it, he demands, that you induce upon the quickened circulation of a Phthisical subject the retardation which is the first effect of *Digitalis*? Secondary reaction will speedily follow, and your patient will have a more rapid pulse than before. What is the use of forcing sleep on this excited brain by *Opium*, when, as soon as its primary soporific effect has worn off, by the recoil of the organism the sleeplessness will become more complete than ever? On the other hand, he says, give the Homœopathic remedy; and, though a slight and fleeting aggravation will ensure during its first effect, the permanent reaction it will excite is just the healthy condition you desire to restore.

II. Dr. Dudgeon, after criticising Hahnemann's theory of the nature of Homœopathic cure, concludes that it is unbearable. The same, he considers, must be said of those of the later Homœopathists, which he goes on to enumerate. Some of these assume as their basis the reaction or the substitution which we have already described. Others conceive of the similar remedy as hurrying the disease through its stages, and so making a speedy

end of it. I know of no facts which warrant such a notion; and the process seems hardly a desirable one in itself. Dr. Dudgeon's own view, as also Dr. Drysdale's, is that of Fletcher. This eminent Physiologist, though not practising, and therefore never ranked amongst Homœopathists, took great and sympathetic interest in Hahnemann's method, and proposed an explanation of its rationale, which I shall now proceed to expound.

Fletcher's doctrine is, like Hahnemann's, based on the primary and secondary actions of drugs, and the opposition between them; but it is radically different both in the account it gives of these phenomena, and in the application it makes of them. With Hahnemann, the secondary effects were such as the constipation which follows the action of a purgative, and the sleeplessness which ensues upon the sopor induced by *Opium*. Fletcher has no regard to these, and Dr. Drysdale dismisses them as merely signs of exhaustion and fatigue after excessive vital action. He does not allow them as to be medicinal effects at all, and agrees with Hahnemann in rejecting them from the drug-pathogeneses which we apply to disease according to the rule SIMILIA SIMILIBUS. Fletcher's primaries and secondaries lie within Hahnemann's primaries. He considers that all morbid actions, whether produced as diseases or by drugs, are of the nature, or at least conform to the type, of INFLAMMATION. There is here a primary increase of the vital activity of the part showing itself in a contraction of the capillary vessels; but this is followed by a secondary depression in which the capillaries are relaxed and dilated. The former stage is mostly latent; it is the latter which presents the classical features of inflammation—CALOR, RUBOR, TUMOR, DOLOR, and in which we are ordinarily called upon to treat it. Drugs also, like the causes of disease, are primarily stimuli, and contract the vessels of the part on which they act. But here again the action is latent; and it is the reactive depression which is noted as the condition produced by the drug. When, therefore, a medicine is given upon the rule SIMILIA SIMILIBUS, it is the secondary effects of drug and disease which coincide. But, the disease being already in its second stage, the primary action of the drug finds a condition present which it precisely counteracts, so that unless the dose have been excessive, its secondary influence is never manifested at all. "The first stage of the drug-action," writes Dr. Drysdale, "fits into the second stage of the disease, thereby filling up a want, and not overpowering an exalted diseased action by a still greater medicinal action. The therapeutic action is, therefore, antipathic after all, though the drug be Homœopathic in respect to its Physiological action," I should rather say, "apparently Homœopathic."

* "Elements of General Pathology", Edinb. 1842 : Book III. ch. 2.

Dr. Dudgeon expresses himself to the same effect, as a single extract from his discussion of the subject will show, "I was much gratified," he writes, "to observe in an essay by Dr. Clotar Muller, of Leipzig, that he takes a very similar view of the curative process to that which I have given. He takes the inflammatory process as his theme of illustration, and after showing that inflammation consists in a kind of partial Paralysis of the nerves of the capillaries, he asserts that the medicine cures by the stimulation it applies to these paralysed nerves, by virtue of its primary action; that its action, in fact, is the opposite of the actual condition of the diseased part, and that the principle SIMILIA SIMILIBUS is merely our guide to the selection of a remedy, but that it by no means expresses the part that remedy performs in relation to the disease. APROPOS of this explanation, I may mention a remark of J. Hunter's which is strikingly corroborative of these views. 'If,' says he 'we had medicines which were endowed with the power of making the capillary vessels contract, such, I apprehend, would be the proper medicines in inflammation'; and such undoubtedly, are our Homœopathic remedies in their primary action."

This theory is a fascinating one, and the names of those who advocate it give it weighty recommendation. I will not stay, however, to examine it, but will pass on to the other forms the doctrine has assumed.

III. The doctrines of Hahnemann and of Fletcher both invoke for their purpose the opposite results of the primary and secondary actions of medicines, though differing widely in their conception of these actions, and their application of them to the curative process. I have now to give an account of another set of hypotheses. These likewise declare that when we seem to be practising Homœopathy, it is really Antipathy we are carrying out; that while SIMILIA SIMILIBUS is our principle of drug selection, CONTRARIA CONTRARIIS expresses the facts of drug-action. But they find their contraries, not in the primary and secondary effects of medicines, but in their larger and smaller doses. They aver that small doses—those below a certain line of division special to each substance—have an action precisely the reverse of that of longer quantities; that the pathogenetic phenomena we seek to fit to the symptoms of disease are the effects of large doses; so that, when we give a small dose of a similarly-acting remedy, it will necessarily exert an opposite influence, at the same seat and of the same kind, to the morbid condition present, and hence cure it.

Here, also we have more than one advocate of the hypothesis, and as many conceptions of it as there are expositors. I will endeavour to set forth the views of each.

1. The first, so far as I know to propound any idea of the kind

was Dr. Bayes. In a series of Papers entitled, "Cure-Work," which appeared in the MONTHLY HOMŒOPATHIC REVIEW for 1869, and were subsequently published in his "Applied Homœopathy" (1871), he advanced the view that disease is always a negative state, a condition of debility; that specific restorative stimulation is true indication for its cure; and that such stimulation is best applied by drugs acting upon the tracts, parts, or organs of the body invaded by the disease, such drugs being only to be discovered by proving them upon the healthy body. Further, that in such provings the large doses employed cause a depressed condition of the part affected; ALL DRUGS BEING STIMULANTS IN SMALL DOSES BUT PARALYSERS IN LARGE; but that these very substances, administered in small doses in conditions similar to those which they cause, will excite their specific stimulation therein, and thereby restore the part to its healthy state.

In a later Presidential Address delivered at the British Homœopathic Congress of 1875, Dr. Bayes somewhat modified his theory. He cannot now agree with Dr. Chambers that "diseases, IN ALL CASES, is not a positive existence, but a negative." He thinks that "large classes of disease exist, whose whole phenomena are not satisfactorily explained upon the dynamic or adynamic theory alone"; and that, where it is so, Hahnemann's system fails to apply. He can only "claim for Homœopathic Therapeutics that they best guide us in the cure of all such diseases as arise from a want of balance between the functional action of the various parts and organs of the body, and are characterised by pains and sensations." Within this sphere he maintains his former explanations, adding to his doctrine of disease that the depression he postulates resides in the nervous supply of the part affected—motor, sensory, or sympathetic, and that thereon also must the medicinal stimulation be exerted.

Now this is surely a very serious result to which we are brought. If Dr. Bayes' doctrine be true, "large classes of disease" are excluded from the operation, at any rate the preferable operation of the Homœopathic law; and among these he specifies the infectious, contagious, and Malarious diseases— *i.e.*, (among others) the acute Exanthemata and the Continued and Intermittent Fevers. If, moreover, the fact about inflammation ascertained by modern Pathology are valid, this process also must be excluded from the functional neurotic disorders of which alone he allows Homœopathic Therapeutics to be our best guide. Thus nine-tenths of acute diseases and a fair half of those classed as chronic are excluded by this remorseless theory from the range of the method of Hahnemann. We must scrutinise with some suspicion an hypothesis which brings us to such unwelcome conclusions.

We are told that all drugs are stimulants in small doses, but paralysers in large. What is the evidence for this sweeping proposition? Dr. Bayes' chief instance, in both his utterances, is *Alcohol*. Now I must hold that this substance is a most unfortunate one from which to draw inferences as to the action of drugs. *Alcohol* is not a mere drug; unlike these, it is oxidised and consumed in the body very little of an ordinary dose passing out by the emunctories. This fact the experiments of Anstie and Dupre have conclusively established. It follows that *Alcohol* is a supplier of force; and so far a food and a rapidly acting one. This confusing element accordingly comes in whenever we regard its action, as if it were a mere drug, and vitiates our inferences. I cannot, therefore, think that Dr. Bayes is warranted in assuming, because *Alcohol* increases the arterial tone when lowered by fatigue or other depressing causes, while it diminishes it when given in health, that all drugs act in the same manner upon one or more of the three divisions of the nervous supply of the parts they affect. It is entirely an assumption (I use the word of course in a logical sense): he makes no attempt to argue it. But let us take such a drug as *Strychnia*. In the moderate quantities in which it is ordinarily used it is what Dr. Bayes would call a stimulant, *i.e.*, an excitant of nervous function. But let it now be given in large, even poisonous lethal doses. Does it depress? Nay; it excites still more potently, till it kills by the violent spasms it sets up. We give it Homœopathically for such conditions of excitement and spasm, so that upon Dr. Bayes' principles—it must be called a stimulant in large doses, but a sedative in small. Or let us take a drug of another kind—*Kali bichromicum*. Throughout the pathogenesis of this Salt, throughout its clinical uses, I find no trace of either excitation or depression of nervous function: Everywhere is displayed the irritation of organic substance which characterises it, and which makes it so valuable a remedy in many conditions of sub-acute and chronic inflammation—such as those, for instance, which the Rheumatic and Syphilitic poisons set up.

I submit, therefore, that there is no evidence that all drugs act dynamically by disordering nervous function, or that those which do so act, are all stimulant in small doses but depressant in large; and hence that such supposed law of drug-operation is inadequate to explain Homœopathic cure, and that we need not exclude more than half our practice from the range of the method of Hahnemann because it does not conform to the theory put forward to account for the success of that method. Dr. Bayes' own practice is the best antidote to his theory; for in the pages of his very useful book occur numerous instances of the beneficial operation of Homœopathic remedies in those very morbid conditions to which he would make them comparatively inapplicable.

2. It will have been observed that the opposite action of large and small doses affirmed by Dr. Bayes belongs to two different regions. All drugs, according to him, are paralysers in large doses when taken in health, stimulants in small doses when administered in diseases. But at the meeting of the British Homœopathic Congress at Leamington in 1873, it was announced from the presidential chair that a number of medicines had been found by experiment to have this reverse action according to dose IN HEALTH: and that here, assuming the same fact to hold good of all medicines, was the explanation of likes being cured by likes.

The occupier of the chair on this occasion, and the propounder of the view thus stated, was the late Dr. Sharp. The Address he delivered, and some subsequent papers from him to the same subject, may be read in the volume of "Essays on Medicine" which he published in 1874. His well-known "Tracts" are contained herein, and many other communications to journal and medical meetings: I again commend the whole to your best consideration.

Dr. Sharp maintains, as I have said, that all medicines have two actions in health, according to the dose in which they are given—the effect of a large dose being the direct opposite to that of a small one. The dividing line is a shifting one, according to the drug used, and the individual experimented upon; but in all cases it is there, and constitutes a real point of transition between the two reverse actions. This (supposed) general fact he denominates ANTIPRAXY. When, accordingly, we give in disease small doses of a drug which in large doses has caused a similar condition to that before us, we are administering an agent whose influence is in direct opposition to the morbid state. He would call the process what it is, ANTIPATHY, reserving the name HOMŒOPATHY for the principle of selection.

It will be seen that Dr. Sharp here avoids what I have ventured to describe as the untenable assumption made by Dr. Bayes, that all medicines are stimulant in small doses, and depressant in large. He affirms nothing as to the direction of action of large or small doses, but simply that they are opposite one to the other. Nor does his theory require (in terms) that all diseases to come within the range of Homœopathic action must be merely functional derangements. So far, he is not open to the objections I have made to the doctrine of his predecesosr. But inferences quite as serious are necessitated by the position he takes up, as I shall now proceed to show.

First, if the power of medicines to cure diseases similar

to those which they cause depends upon the dose in which they are given, no Homœopathic cure is possible save with the minute doses with which Dr. Sharp gets his reverse actions in health, these being, as will be seen, in nearly all instances from one or three drops of the first centesimal dilution. Substantial quantities, such as are used in ordinary practice, could not cure morbid states like those which they cause, as they would be Homœopathic to them, not in appearance only, but in reality; and antipathic action is required for real remedies. If this were, so, there might be a satisfaction in finding our small dose more closely interlocked than ever with our principle, by being the essence of its MODUS OPERANDI. But I would point out that, upon this showing, all arguments in favour of Homœopathy drawn from ordinary practice are invalidated. Hahnemann's collection of cures wrought by similarly acting drugs in the introduction to his 'Organon,' Dr. Dyce Brown's later series appended to Dr. Reith's Pamphlet on "Homœopathy, &c."—these seventy instances in which disease-exciting and disease-curing properties of drugs were seen as coincident, are nearly all put out of court. The same thing would apply to Hahnemann's own cases published before 1800. They could not have been really Homœopathic cures, for they miss the indispensable small dose.

A still more important consequence follows in the sphere of the Physiological action of medicines. As none but small doses can effect Homœopathic cures, so no symptoms of drugs can be used in Homœopathising save those produced by large doses. When, in our existing pathogeneses, opposite effects are ascribed to the same medicine, these must be supposed to have resulted from different doses, and only those belonging to the larger doses to be available for working the Law of Similars. Dr. Sharp perceives and unhesitatingly adopts this conclusion. But he does not seem aware that a very large proportion of our pathogenetic material has been obtained by provings with what he would call small doses, representing indeed the least possible effect producible by the medicines; while, according to him, such symptoms are quite inadmissible for comparison with disease as likes to likes.

We have now to enquire into the basis of a doctrine fraught with such destructive operations. But before doing so, I desire to notice the manner in which the same theory has been brought before us by the Editors of that excellent Journal, the MONTHLY HOMŒOPATHIC REVIEW.

3. From the first enunciation of Dr. Sharp's views on this subject, the REVIEW declared itself in their favour. In an Article entitled, "Similia and Contraria" in its number of April, 1874,

it defended them against one of the objections raised to them by the BRITISH JOURNAL OF HOMŒOPATHY in the previous October. This paper, I imagine, bears traces of the style of Dr. Herbert Nankivell, who was then on the editorial staff. Subsequently, in 1875, the opposite action of large and small doses was affirmed as part of "the scientific basis of Homœopathy"; and in 1876 the Journal went as far as to say, that if it were not a fact, "farewell to the Law of Similars?" The "double action of medicines" was elaborately argued out in that year's volume; and two of the present editors, Dr. Pope and Dr. Dyce Brown, have issued pamphlets on Homœopathy, under their own names, in which the doctrine is maintained.

Substantially, the putting of the MONTHLY REVIEWERS has been the same as that of Dr. Sharp. But they have more lately shown a tendency to affiliate their views to those of the primary and secondary actions of medicines, as expounded by Fletcher. By Dr. Pope this connection has been fully enunciated. All disease is asserted to be a "modification of functional activity." and "every form of functional disturbance, howsoever arising," to be "traceable in its earliest phase to inflammatory action." This process is then described as Fletcher conceived it, *viz.*, as consisting in primary contraction and secondary dilatation of the blood-vessels of a part. Drugs are next affirmed to act similarly to the causes of disease; and like these, while pursuing one course, to have two stages of action, the one reverse of the other; while "the degree to which each stage is developed is contingnt upon the dose in which it is administered." "A small dose of a drug will set up the first or stimulating stage of inflammation," *i.e.*, the contraction of the capillaries, "which will be more or less distinctly marked, while the second, or stage of re-action, will be scarcely, if at all, observable. If, on the other hand, a large dose is given, the first stage is but faintly marked, passes rapidly into the second—that of depression, and this alone it is which attracts the attention of the observer." "In disease, as it is presented to us at the bed-side and in the consulting-room, the primary and stimulated condition of parts have given place to that which is secondary or depressed," and which therefore resembles the effect of large doses of drugs. Give a small dose, accordingly, of the most similar remedy, and you will induce upon this depression a precisely analogous stimulation, and so cure the disease.

Now if this theory were sound, it would supply a missing link in Dr. Sharp's chain; it would show HOW large and small doses of drugs should have an opposite action, which at present is by no means easy to conceive in every case. But it is obviously open to all the objections which might be made to the doctrine of Fletcher. All diseases are not

inflammatory, or of the type of inflammation; inflammation itself cannot be set up by mere depression of the vaso-motor nerves; when it does occur, dilatation of the vessels is not necessarily preceded by their contraction, still less is a necessary result thereof. Again, all drugs do not cause inflammation; those which do may act by irritating the extra-vascular tissue rather than by affecting the functions of the vaso-motor nerves; inflammation cannot be directly cured by contracting the blood-vessels of affected part, and it would require strong and repeated doses of any drug to do so. It is the advantage of Dr. Sharp's doctrine that it keeps clear of all these theories of disease and of drug-action; it is, indeed, less complete thereby, but it is also less assailable. If only it had a sufficient basis in fact, it might be accepted in its own sphere.

There is, however, I fear, very insufficient evidence of the alleged opposition. In a lecture on "The Rationale of Homœopathic Cure" which you will find in the MONTHLY HOMŒOPATHIC REVIEW for April, 1877. I have analysed the experiments made by Dr. Sharp, and the observations adduced by the REVIEWERS, and have arrived at the conclusion that the residuum of fact left behind is far too insignificant to be the basis of a general doctrine. Instead of affirming that all drugs have an opposite action, according as they are given in large or small doses, I submitted that we must simply say that under these circumstances some drugs exhibit opposite phenomena. Nor can the instances of contrary working according to quantity brought forward by Dr. Cretin, who communicated a paper supporting this view to the International Congress of 1881, avail to alter this conclusion. They all belong to the extra-pharmaceutical sphere—to Heat, Light, *Alcohol*, etc., and admit of an entirely different explanation.

I have been unable to conceal my lack of satisfaction with the various hypotheses which explain apparent Homœopathic action by maintaining that in the system it becomes antipathic. If, nevertheless, I commend the essential thought to your acceptance, it is because this bids fair to be a common ground on which we and our brethren of the old school may stand together. In 1868, Dr. Reith, of Aberdeen, arrived independently at Fletcher's doctrine of the primary and secondary action of drugs upon the capillary vessels, and began to expound his views in the EDINBURGH MEDICAL JOURNAL. He was at once told that they were merely Homœopathic under another name. At first he repudiated the identification, but, further enquiry convincing him of its truth, he fearlessly acknowledged the fact. He had of course to suffer the penalty of his honesty, and to go without the camp, bearing the reproach of the cause he had espoused. He was however, only a few years too

soon. In 1875, Dr. (now Sir Thomas) Laude, Brunton, Lecturer on Materia Medica at St. Bartholomew's delivered himself thus: "The opposite action of large and small doses seems to be the basis of truth on which the doctrine of Homœopathy has been founded. The irrational practice of giving infinitesimal doses has of course nothing to do with the principle of Homœopathy, SIMILIA SIMILIBUS CURANTUR; the only requisite is that mentioned by Hippocrates, when he recommended *Mandrake* in Mania, *viz.*, that the dose be smaller than would be sufficient to produce in a healthy man symptoms similar to those of the disease." * On the death of Dr. Anstie, Dr. Brunton became Editor of the PRACTITIONER. In 1877, articles appeared in that Journal from the pen of Dr. Rabagliati, surgeon to the Bradford Infirmary. They were entitled, "Are there Therapeutic Laws?" and their aim seemed the demonstration that the apparently opposite effects of large and small doses were due to the primary and secondary actions of drugs, and their various developments thereby, these actions themselves being to his mind the most important facts in Thrapeutics. The ingenious author was of course entirely unaware that the same views and reasonings were household words in our own school. In 1878, a better-informed writer, Dr. James Ross, physician to the Royal Infirmary at Manchester, was allowed to publish in the same Journal an article containing the following sentences: "No one who is competent to form an opinion can deny that one or two of the principles lying at the foundation of this" (the Homœopathic) "system are fundamentally true. These principles are what may be briefly termed the local action of medicines or the elective affinities of tissues, the double action of medicines, and the opposite effects of large and small doses." Finally, the Editor himself, after permitting Dr. Sharp to express his own views in his pages, said in a note to one of them—"As there are many drugs which in small doses will produce an action the contrary of that which they produce in large ones, it is evident that Homœopathy and Antipathy are one and the same thing as regards drugs, and differ only in dose." †

Now I cannot say how far the language of Drs. Brunton, Ross and Rabagliati would be endorsed by their colleagues generally. They seem, however, to be fairly representative men; and no one has come forward to protest against the admissions they have made. What, then, is the situation? On the one side are a body of men, guided by the Homœopathic law of selection, but explaining the effects of remedies so chosen by the actions and reactions of medicines, and the opposing influence of varied dosage, so as to make them really

* "Experimental Investigation of the Actions of Medicines," Part I, p. 12.

† PRACTITIONER, June, 1879.

antipathic to the morbid condition. On the other side we have these doctrines accepted as true in themselves, and as veritable explanations of apparently Homœopathic action. How can those who think thus harmoniously stand much longer in disunion? For such prospect of peace we may well be content to sink merely intellectual differences. If the explanation now current commend our method to those who have hitherto refused it,* render it in their eyes reasonable and admissible, what is it if to some amongst us, as to myself, it seems to give an inadequate account of the facts? We must say so, but we may be wrong; and in the meantime the facts are true, the method no less precious though the theory affixed to it be disputable. I only plead that the method be not so bound up with its explanation that the two must stand or fall together; and then I am quite content to allow the latter as plausible enough for provisional acceptance. If our liberty to practice apparent Homœopathy be acknowledged, we care little about its being considered real Antipathy; and if, because so considering it, our colleagues of the other school will join us in following it, our content will merge into gladness.

This at least is certain, that opposite EFFECTS result from many drugs in health and disease, respectively, and it is a fair inference that opposite ACTIONS also may be exerted. Opposites to concrete states, though not always predictable or producible in health, may be induced in disease. This is well-argued in the Editorial Article in the MONTHLY HOMŒOPATHIC REVIEW for 1874 (p. 195), and by Dr. Sharp in the same Journal for 1880 (p. 531). In the former, it is maintained that there are and must be opposites to the state or states which lie at the bottom of the surface phenomena we call disease · There must also be some reverse direction to that which the abnormal change has travelled, and along which the part may be conducted back to health. Dr. Sharp in like manner writes—"Did we know what the inflammatory process is (which we do not), we should doubtless see that there could be an opposite process, and very probably see small doses of *Belladonna* produced that opposite.

In connection with this point, let me call your attention to two interesting Papers by Dr. Percy Wilde, appearing in the Fortieth Volume of the MONTHLY HOMŒOPATHIC REVIEW. Dr. Wilde thinks that we are not doing justice to SIMILIA SIMILIBUS when we limit it to drug-action. He would extend it to all agents influencing vital substance; and would state the law of their action thus :—

"A maximum stimulus abolishes the functions of the vital element either completely or temporarily.

"A medium stimulus excites the functions of the vital element,

* It seems to do so to Hueppe also. See M.H.R. xliii, 400.

such stimulation being followed by exhaustion, the result of over-stimulation.

"A minimum stimulus increases the function of the vital element, and when this element if previously weak such stimulation restores the normal balance, and is not followed by exhaustion." Drugs, he would say, conform to these laws of action because they are stimuli. He has such respectable authority for the assumption that I do not feel inclined to dispute it, though to my mind it presents grave difficulties. If it could be granted, I should have no difficulty in following Dr. Wilde when he extends his principles to all kinds of stimuli, whether chemical, thermal, mechanical, or electrical. For the present, however, in face of the difficulties to which I have alluded, I have confined my enquiries to drug-action on its own merits, leaving the other fields to be cultivated by those who would work on them.

APPENDIX TO LECTURE XII.

Two good illustrations of the apparently opposite action of large and small doses, as such, have been furnished of late years by the LITERATURE OF TRADITIONAL MEDICINE.

1. In 1880, Dr. Murrell reported in the LANCET (April 27th), the results of treatment of Whooping-cough in an adult. He first took *Bromide of Potassium* for a fortnight without any benefit, whereupon he was given "five drop doses of a 1 in 10 tincture of *Drosera rotundifolia*." "He took this," says the narrative, "for a week, and then returned, saying that it had made him much worse. It increased the spasm and cough, and made him whoop more; he whooped as many as twelve times in one paroxysm." The dose was then reduced to half a drop of the same tincture, and at the end of a week he came reporting great improvement which in another fortnight resulted in complete cure.

2. In 1896, Dr. Lauder relates in the same Journal (May 30th), his experience with *Opium* in constipation, a pretty enough Homœopathic prescription. Given indiscriminately to his hospital out-patients, it naturally gave only occasional satisfaction; but in a private case the results were interesting. The patient—a lady—was ordered one minim of the ordinary tincture every night. After a week the report was better. He replied, "Double the quantity." In a few days the word came, "Rather worse." He then wrote to say, "Give her half the first dose." Three or four days afterwards he had a letter to say that the last medicine acted well, if anyhing too violently.

LECTURE XIII.

THE HISTORY OF HOMŒOPATHY

In inviting you to practise Homœopathy, I have urged that you should not adopt a creed but join a church. I have today to tell you what manner of institution this church is; to show you how the method of Hahnemann has organized itself during the nineteenth century, which saw its birth and growth, and in what shape and dimensions it exists at the dawn of the twentieth at which now we stand. The authentic materials for such a history lie ready in our hands. To the International Homœopathic Congresses, held quinquennially since 1786, have been presented reports from all civilised countries in the world dealing with the past annals and present condition of our system; and in the published Transactions of the Congresses we have these reports before us. From them I shall draw the information I now bring under your notice.

The early history of Homœopathy is the genesis of the idea in the originator's own mind, and this we have sufficiently traced. He remained its one advocate, so far as we know, until, in 1810, he settled in Leipzig, and, in 1812, Germany obtained permission to lecture in the University of that capital. He soon gathered round him a band of disciples who learned from his lips, assisted him in his provings, and one by one went forth to carry out in their chosen fields of practice the method he had taught them. This was the beginning of Homœopathy in Germany; and to it belong the well-known names of Stapf, Gross, Franz, Hartmann, Herrman, Lehmann, Ruckert, Wislicenus and Moritz Muller. The first and second of these, in 1821, established the first Homœopathic journal, well-known as the ARCHIV, which continued to appear until 1843. In 1832, another journal was founded, the ALLGEMEINE HOMŒOPATHISCHE ZEITUNG; and this, under various editors, has survived to the present day. In 1830, the adherents of Homœopathy had grown so numerous that they felt the need of regular intercourse and a CENTRAL VEREIN was constituted, to meet annually in some German city, as it has done ever since. The first meeting was held in Leipzig, under the presidency of Muller, and

a proposal was set on foot for establishing a hospital in this city, which took form in 1832. After ten years of useful life, it was merged in a Dispensary—a Policlinic as they call it in Germany; and this, mainly under Clotar, the son of Moritz Muller, flourished for thirty-five years, carrying out its operations on a large scale, and forming a practical seminary for the incipient Homœopathists of the country. It played the same part in Germany as that performed by Liverpool in England, and as in that city, the Dispensary was in its turn re-merged in a hospital. This was opened in 1888, with 200 beds, and continues its useful work.

The Homœopathic like other bodies has had its parties, and these are very like those of the French Parliament. There is a Right, to which tradition is dear, and which departs as little as possible from the established ways of medicine; there is a Left, which cuts itself entirely adrift from the past, and lives by its prospects for the future; and each of these has its extreme wing and its centre. Hahnemann's earlier disciples were of the "Left" type, as their master himself increasingly became: but a representative of the "Right" had already appeared in Muller, and he was later reinforced by Griesselich, Rau, Schron, Trinks, Arnold and Paul Wolf. The HYGEA (1834-1848) ably expounded the views of these physicians, and was followed later by the VIERTELJAHRSCHRIFT and the INTERNATIONALE PRESSE of which Clotar Muller was the inspiring soul. These with Hirschel's ZEITSCHRIFT, have disappeared with their editors; and the only living contemporary of the A.H.Z. (as we briefly style it) is the ZEITSCHRIFT DES BERLINER VEREINS HOMŒOPATHISCHER AERZTE, a journal which has appeared monthly since 1882, and is a credit to our school both in form and substance.

Under the influence of the men, the journals and the institutions I have mentioned, Homœopathy has continued to "hold its own" in the land of its nativity. The number of avowed Homœopathists practising there is given as 300 in 1876, 400 in 1896, 500 in 1900.* Besides the hospital in Leipzig already mentioned, there has for many years been one in Munich and in Stuttgart; and another has just been founded in Berlin, Veith Meyer, Hoppe, Rapp, Bahr, Grauvogl, Elb, Sorge, Goullon, Heinigke, Villers and Lohrbacher are names which have added lustre to German Homœopathy; and welcome aid has of late been afforded by Drs. Augo Schulz and Arndt, of the University of Greifswald, who, without identifying themselves with us, have supported our doctrines and practice in a very effective manner. The CENTRAL VEREIN is supported and fed by several local societies of Homœopathic physicians; and a marked

* In 1891 it is estimated at 600; but this is probably a slip either of the reporter or of the press.

feature of our existence in Germany is the number of lay societies for the advancement of the system. "The whole of Germany is dotted over with a network" of these, wrote Dr. Lorbacher in 1891. Several periodicals are issued under their auspices, and serve to keep the flame of Homœopathy burning among the people.

Little provision for the teaching of our method has existed in Germany. Hahnemann's lectureship in the University of Leipzig was continued by Moritz Muller, and Dr. Buchner occupied a similar position in that of Munich; that is all that can be said. It is pleasant to hear, therefore, that since 1898 regular courses of lectures have been delivered at the Berlin Dispensary by physicians of that city, and have had greater success than could have been expected.

Austria-Hungary

As was only natural, Austria was the first-country to catch a spark from the new fire kindled in Germany. Homœopathy had made sufficient advance there in 1819 to be forbidden by Imperial Decree, and had in spite of this so successfully asserted itself by 1837 that in that year the edict was rescinded. Marenzeller, first in Prague, then in Vienna, and Fleischmann in the Capital itself, were the main agents in this progress; and when once the new method had won its liberty, a number of able man flocked to its standard. Arneth, Gerstel, Huber, Mayerhofer, Wachtel, Watzke, Wurmb and Zlatarowich are some of the best-known names among them. They founded a Society, established a journal (the OESTERREICHISCHE ZEITSCHRIFT) and conducted a series of provings and reprovings of the most admirable character. One public and two private hospitals in Vienna were placed in their hands and Fleischmann's results at the Gumpendorff and Wurmb and Caspar's clinical studies at the Leopoldstadt made the men and the institutions famous. The contagion soon spread over the Empire. Hospitals were established at Linz and other places, including Buda-Pesth, in which University two chairs of Homœopathic doctrine and practice were founded, and given to Drs. Haussmann and Bakody respectively.

This rate of progress had hardly been maintained and the later Austrian Homœopathists, with the exception of Kafka, of Prague, have not been of the stature of the earlier groups. They maintained their hospitals, however, and one of their chairs in the Hungarian University; and the method has a large following among the upper classes of both divisions of the Dual Monarchy. Statistics are rarely given; but as far as can be inferred from the data there have not been more than 300 practitioners of our method in this country at any given time.

As Austria received Homœopathy from Germany, it transmitted it to Italy; and thus the three nations which now form the "Tripple Alliance" for military purposes were at an earlier time a TRIPLICE in possessing the new medical truth.

Italy

An Austrian occupation of Naples took place in 1821; and the commander of the foreign troops, Baron Francis Koller, was a devoted disciple of Hahnemann. He had not been there long when he sent for his physician Dr. Necker, to come and settle in the Italian city. Necker had been a pupil of the master and was a practitioner of distinction. During the four years he remained in Naples he made a most favourable impression with the new practice; and when he left, three of the leading physicians of the city had become converts to it. These were Romani, Mauro and De Horatiis. A full account of their career is given in the Transactions of the Congress of 1876. They translated the 'Organon' and the 'Reine Arzneimittellehre,'; they founded a journal (1892), entitled EFFEMERIDI DI MEDICINA OMIOPATICA; and they made converts all over Italy.

But, as in Austria, this good beginning has hardly fulfilled its promise for the future, Romani, died in 1847, De Horatiis in 1850, Mauro (nearly a centenarian) in 1857. Among their converts and successors the only prominent name is that of Rubini, who lived into our own time, and has earned our gratitude by giving us *Cactus grandiflorus*, and proving (after Hahnemann) what wonders *Camphor*, freely administered, can work in Cholera. Other worthy names in Italian Homœopathy are Centamori, De Rinaldis, Panelli, Ladelci, Dadea, Pompili, Bonino and Cigliano; but they do not attain to the level at first reached. Dr. Pompili founded, and has for many years carried on a small monthly journal—the RIVISTA OMIOPATICA. To Dr. Bonino, mainly, we owe the organisation of the Italian Homœopathists of the present day into the 'Instituto Omiopatico Italiano,' which meets annually; publishes from time to time a fasciculus entitled L'OMIOPATIA IN ITALIA; and sustains a small hospital in Turin and dispensaries in this and other Italian cities.

The number of Homœopathic practitioners in Italy has rarely exceeded 100, and is not above 50.

It was from Italy that both France and England received Homœopathy. The former enjoyed priority in order of time and so must be taken first here.

"In 1828", we are told in the Report of 1876, "Hahnemann or his doctrine was scarcely known in France . . . At this epoch the Comte des Guidi, a Doctor of Medicine and Science

and Inspector of the University of Lyons, was in Naples, Unsuccessful in arresting the supposed fatal malady of his wife, who accompanied him to get the benefit of the baths of Pozzuoli, he was induced to consult Dr. Romani.

France

Her cure by his treatment made a profound impression on des Guidi, and induced him to study the doctrines of Hahnemann." He also followed a clinique which Romani, with De Horatis, was then carrying on at the Ospedale Delia Trintia. In 1830, he returned to Lyons, and devoted himself to the practice and advocacy of Homœopathy. Antonie Petroz, a physician of high-standing in Paris, was one of his earliest converts, and he in turn won many others over: so that when Hahnemann, after his second marriage in 1835, migrated to Paris, he found a body of disciples there to welcome him, organized into a society ("Institut Homœpathique") and represented by two Journals (JOURNAL and ARCHIVES DE LA MEDECINE HOMŒOPATHICQUE). When he died in 1843, he left his system firmly established in France—among its adherents being a professor in the ancient Univeristy of Montpellier, Dr. d'Amador.

Nor have we here, as in the case of Austria and Italy, to lament any subsequent decline. In 1847 Tessier, one of the hospital physicians of Paris, became an avowed convert, and, maintaining his appointments, took advantage of his position to shew by clinical evidence the relative superiority of Homœopathic treatment. He brought with him into our ranks a number of pupils and friends who have since been among their brightest ornaments: I am thinking especially of Timbart, Gabalda, Milcent, Devasse, Fredualt, Ozanam and Jousset—the last of whom still remains to adorn and serve them. Dr. Imbert Gourbeyre, Professer in the School at Clermont-Ferrand, has taken d'Amador's place as our academic representative, and has enriched medical literature by a number of valuable monographs. The literary output of French Homœopathy has indeed been phenomenal, both in quantity and quality, especially considering the paucity of its numbers; which have rarely reached 300 at any epoch, and have often been nearer 200.

The older school of Parisian Homœopathists were at first disposed to look somewhat askance at the new body of adherents, who called Tessier their master rather than Hahnemann, and distinguished between the latter's doctrine and practice. The result was that for a long time the practitioners of the capital were divided into two camps, each having its hospital, its society, and its journal. These feuds are now healed. The "Societe Francaise d'Homœopathie" at this day unites them all; and though L'ART MEDICAL, the journal founded by Tessier, is still carried on by the Joussets, PERE ET FILS (and long may it

flourish !), it has no polemical aspect, and the REVIEW HOMOEOPATHIQUE FRANCAISE, the organ of the Society, contains contributions from both sides alike. The two hospitals, the Hospital Hahnemann and St. Jacques respectively (making up about 100 beds between them), continue as separate establishments, but with no antagonism; and to them has recently been added a hospital for children.

In the provinces, French Homœopathy is well, though too sparsely represented. The Hospital St. Luc, at Lyons, founded in 1875, endowed and flourishing, is the only institution of the kind to be found outside Paris; but dispensaries abound everywhere, as (I might have said) they do in the Capital itself.

Several attempts have been made to establish systematic teaching of Homœopathy in Paris; and during 1836-1845, 1863-9, for some years after 1880, and again during 1898-9, regular courses of lectures were delivered, with varying success.

Besides the names I have mentioned, others that have shed lustre upon Homœopathy in France, have been those of the Leon Simons, GRANDPERE PERE ER FILS; the Curies and Molins, PERE ET FILS; Cretin; Meyhoffer; Charge; David Roth; Jahr; Espanet; Teste; Claude and Gonnard.

Among the physicians who, with des Guidi, attended the clinique of Romani and de Horatiis at the TRINITA in 1829 was Frederic Foster Quin. Quin had been graduated at Edinburgh in 1820, and was intending to practise in London; but

England

delicate lungs induced him to spend some years first in Italy. He went as travelling physician to the Duchess of Devonshire, and subsequently settled in Naples to practise amongst the large English Colony there. In 1825, his attention was directed to Homœopathy by Necker, and he saw and read enough to make him feel that the system deserved a serious examination. He went to Leipzig for the purpose, became more and more satisfied of the value of Hahnemann's method, and after some wanderings having settled in London in 1832, determined to advocate and practise it. His good connections and high social qualities, combined with his ability, energy and knowledge, made him an apt apostle of the new practice in the English Metropolis. He soon gathered colleagues around him, and in 1844, with seven others, he founded the British Homœopathic Society, the presidency of which he enjoyed—by repeated re-elections—till his death in 1878.

Meantime something analogous to the accession of Tessier and his disciples in Paris had taken place in Edinburgh. Drysdale and Russell, influenced by the Physiological Professor of whom I have already spoken—Fletcher, has devoted their early

post-graduate years to a study of Homœopathy in Germany and Austria. Black, learning from them, had gone to Paris to study and practise under Hahnemann himself. On their return, Drysdale settled at Liverpool, but Black and Russel reverted to the city of their studies, and opened a Homœopathic Dispensary there. In 1844, Henderson, Professor of Pathology in the University, became an avowed convert; and was followed by not a few of his students, amongst whom the most distinguished name is that of Madden. Thus arose the "Edinburgh School" of British Homœopathists, which, while loyally embracing the method of Hahnemann, has formed what I have called the "Right" of our body here, and has found many to hand on its traditions.

In London, Edinburgh and Liverpool, British Homœopathy now had three centres, and from these it steadily widened out over the kingdom. Round Quin came Cameron, Hamilton, Kidd and Yeldham; Edinburgh sent Pope and Ker to join our ranks; Drysdale converted Dudgeon, Chapman and Hilbers. In 1843, the BRITISH JOURNAL OF HOMŒOPATHY was founded, and continued to appear quarterly (or oftener) up till 1884. Its editorial staff had included at different times the names of Drysdale, Black, Russel and Dudgeon, and with these champions of our cause I was myself honoured by association for the last twenty-two years of the Journal's life. In 1856, it was reinforced in its advocacy of the new system by the MONTHLY HOMŒOPATHIC REVIEW, among whose editors the names of Pope and Dyce Brown shine out with the brightest lusture. In 1850, the London Homœopathic Hospital was founded, and dispensaries sprang up wherever converts settled for practice. Among these were numbered a former President of the British Medical Association, Dr. Horner; a Lecturer at St. Bartholomew's, Dr. Conquest; and a F.R.S, Dr. Sharp of Rugby, whose "Tracts" did great things towards propagating the cause. In 1857, it was reckoned that there were upwards of 200 practitioners in the British Islands.

Nor have we to lament in this country a blight on the promise of our spring such as we have seen in Austria and Italy. The forty years and more which have elapsed since the foregoing estimate was made, have seen many changes, but retrogression and decadence have not been amongst them. Our numbers reach 300 rather than 200—the British Homœopathic Soceity alone counting more than the latter on its roll. This body has continued to meet monthly from its formation, and since 1860 has issued its transactions, under the title first of the ANNALS, then of the JOURNAL of the Soceity. The London Homœopathic Hospital has continued to grow, and during the nineties was

rebuilt on its foundations at a cost of £45,000 and re-opened with a capacity of 100 beds. It has, since 1891, published an annual volume of REPORTS, embodying much of the experience gained within its walls. It has been gratifying to witness the growth of sister-institutions in many parts of the kingdom, among which I may specify Liverpool, Birmingham, Bath, Plymouth, Bromley and St. Leonards, all of which are doing good work. In journalism we have a new accession in the HOMŒOPATHIC WORLD, a semi-popular monthly, edited successively by Drs. Ruddock, Shuldham, Burnett and Clarke.

The teaching of Homœopathy in England, has not been uncared-for. Besides sporadic courses of lectures at the Hospital in London during 1852-1864, given by Drs. Quin, Leadam, Russell and others, an attempt at systematic instruction was commenced (mainly at the instance and by the efforts of Dr. Bayes) under the auspices of the British Society in 1874, which culminated in the establishment of the London School of Homœopathy in 1877. Its Chair of Practice was from the commencement filled by Dr. Dyce Brown; that of Materia Medica successively by myself, Dr. Pope, Dr. Burnett and Dr. Clarke. After some eight years of existence, it was merged in the Hospital, which has always added "and School of Medicine" to its title; and courses of instruction conducted by members of the staff and others have been continued with varying regularity ever since.

Before leaving our own country, we must say something of the history of Homœopathy in the various colonies and dependencies which make up the British Empire.

The early annals of the system in INDIA are occupied with the occasional sojourns there of foreign Homœopathists—among whom the names of Honigberger, Tonnerre and Berigny may be mentioned—and spasmodic attempts made by native magnates to establish dispensaries and even hospitals for its practice in their domains. Its real history begins with the conversion, in 1867, of Dr. Mahendra Lal Sircar, a graduate of the University of Calcutta, and a man of high-standing in that city. He founded a Dispensary for the poor, and a Periodical—the CALCUTTA JOURNAL OF MEDICINE; both of which he has carried on single-handed to the present day. In 1891 he was able to report that there were thirty qualified Homœopathic practitioners in Calcutta and its suburbs, and as many more in other parts of India. Besides these, there are multitudes of native lay practitioners scattered over the country—the demand for knowledge of the system on whose part has led to the establishment of two Schools of Homœopathy in the metropolis, conducted by Drs. Majumdar and Bose respectively. The INDIAN HOMŒOPATHIC

INDIA

REVIEW, edited by the former of these gentlemen, and the INDIAN HOMŒOPATHICIAN, of which Mr. Ghose is the conductor and almost the sole writer, represent this section of our following, and the number of Homœopathic pharmacies in Calcutta, which minister to and depend mainly on their practice, is said to be extraordinary.

CANADA first reported in 1881. It seems that Homœopathy was introduced there in 1846 by a Dr. Lancaster. It has made fair progress, and has representatives in most towns of the Dominion. Five of its practitioners have seats on the Ontario Medical Council, which is the licensing as well as governing body of the Canadian profession. From later reports we learn that we have a share in two hospitals, one in Toronto and one in London; and in Montreal possess one of our own which has 25 beds. In 1880 the number of Homœopathists in the Dominion was about 110, and no great accessions seem to have been made since then.

And now as regards AUSTRALASIA. Our system was introduced into Sydney and Melbourne about 1851. In the former city it has, after rising to a certain level, remained pretty stationary; but in Melbourne a hospital has been in existence since 1869, which has done such good work, especially in the treatment of Typhoid, that it has received large support and Government grants, and occupies now a building erected for it making up 60 beds. We have also a place in the hospitals of Adelaide, S.A., and of Bathurst, N.S.W.; while Hobart and Launceston in Tasmania have lately opened institutions of the kind devoted entirely to the practice of our method. New Zealand is not so forward, but Homœopathy is worthily represented in several of its cities. It was introduced there as early as 1853.

From SOUTH AFRICA we are glad to learn that the Boers have at least this good point about them that they appreciate Homœopathy. Their practice of it is mainly domestic; but Capetown long had a capable professional representative of the method in its midst, in the shape of Dr. Kitchen, who died last year.

Homœopathy was first practised in JAMAICA by a Spanish physician from Cuba, Dr. Navarro. We have had no reports from the island since 1876, but a Dr. Reinke writes from it in an American journal of 1883.

I have next to speak of SPAIN. It would have been strange had no news leaked into this country from France or Italy of the reform in medicine associated with Hahnemann's name; and there are traces of a knowledge of it as early as 1829-30. In 1833, however, a real beginning of Spanish Homœopathy was made in the persons of three physicians—

Spain

Pinciano, Hurtado and Querol. How they were made converts does not appear, possibly through literature imported during the former epoch just named: but they did great things to spread the knowledge of the new method, by translations of its publications as well as by their own successful practice. There were then already a number of Homœopathic practitioners in Spain when Numez, who had learnt the method from des Guidi and practised it in Bordeaux, came to Madrid in 1844, and rapidly reached the leading place in the movement. He was appointed physician to then Queen Isabella, and was ennobled by her. He founded the Hahnemannian Society of Madrid, and induced it to issue a periodical BOLETIN which subsequently became EL CRITERIO MEDICO and continued to represent Spanish Homœopathy for many years—doing so, for all I know, to this day. Still more important was his action in promoting the establishment of a hospital and school of medicine. The Hospital (dedicated to St. Joseph) was opened in 1878, containing 50 beds; and the course of teaching in connection with it inaugurated. In 1879, Nunez died, leaving all his fortune to it, and thus in nearly every respect being in Spain what Quin had been in England.

His country, with its colonies, is said to have contained in 1865, as many as 600 Homœopathic practitioners.* Cuba and Puerto Rico, now lost to it, stood first among the colonies; but the other island groups—Balearic, Canary, Philippine—had representatives of the system. We have had little news from Spain since 1881. What has come is chiefly from Barcelona, which publishes a REVISTA HOMŒOPATICA of its own, and has a flourishing local Society.

I would add a word as to what may be called SPANISH AMERICA. We hear of Homœopathy at times from many of the republics embraced within this category, but have definite information concerning Mexico and Uruguay only. In Montevideo, the capital of the latter state, there were seven Homœopathic practitioners in 1875, the one who reports having been such from his graduation in 1847. In Mexico, our system seems to have begun its career in about 1853, when practitioners from Havana and Spain (Navarrete and Cornellas) settled there. It has advanced since with commendable rapidity and steadiness. Two Societies have existed since the early seventies and three journals have been issued—one of which, at any rate, LA HOMŒOPATIA, continues to flourish. In 1880, two wards of a public hospital were made over to us, and a School has been founded,

* This estimate must be too liberal, or there must have been a great falling-off, for in 1885 we find the Homœopathists in Spain itself only 241 in number.

the degrees of which are recognised by the government as qualifying for practice.

From Spain we naturally pass to PORTUGAL. We heard nothing from this country till 1896, when a layman—Senhor A Nery de Vasconcellos, of Oporto—kindly collected and sent the necessary information. As early as 1883, we find a Professor in the medical school of Lisbon requesting permission from the government to try practically the Homœopathic method. This was refused him; but, being in 1839 president of the Society for Medical Sciences of that city, he prevailed upon it to make Hahnemann an honorary member of its first class. This was, I believe, the only old-school distinction our Master ever received. In the succeeding years stragglers from Brazil began to practise Homœopathically in Portugal, but in the fifties it first acquired a solid footing there through the favour shewn it by the Duke of Saldanha, the foremost statesman in the country. Lisbon and Oporto soon had a fair complement of practitioners, who have continued to represent our cause to this day, when they are between 20 and 30 in number. At Oporto, they have a ward in the general hospital, and a hospital for children of their own.

Portugal

BRAZIL has been so long connected politically with Portugal that the history of Homœopathy in it seems best recounted here. It begins earlier than in the mother country, dating from about 1837, when a student from Leipzig made the method a subject of his graduation thesis, and induced a physician named Estrado to study and practise it. It made rapid progress, and in 1876—to which belongs its only Report—it had about 75 practitioners, organized in two Societies.

We must now turn northwards again, and first must enquire how Homœopathy has fared in RUSSIA.

In the Second Edition of the Sixth volume of the REINE ARZNEIMITTELLEHRE published in 1827, we find among the provers of *Carbo vegetabilis*—"the Russian physician, Dr. Adam." He seems to have become acquainted with Hahnemann in Germany in 1823 and soon to have begun to practise his method in St. Petersburg. A letter from one of his converts in Stapf's ARCHIV of 1823, shows considerable progress have been already made, and favourable criticisms were written by Sahmen in Dorpat and Marcus in Moscow. An important adhesion was made about this time in the person of Dr. Bigel, physician to the wife of the Grand Duke Constantine, and the cause now rapidly made advance. Its story is related in the detailed reports supplied to the Congress from 1876 to

Russia

1891 inclusive by one of its leading personages—the late Dr. Bojanus. When the infirmities of age rendered him unable to take up the pen, another protagonist of our method assumed it, and the reports of 1896 and 1900 were supplied by Dr. Brasol. It is impossible in this place to summarise the mass of information thus supplied. It shews the usual phenomena—rapid advance among the laity, slow adoption by the profession. All Russia does not contain more than 50 Homœopathic practitioners, 17 of whom are at St. Petersburg. Together with their lay friends, they have formed 12 Societies, most of which support pharmacies and dispensaries. A hospital has been erected in the capital, making up 50 beds; and it was opened in 1898.

Besides the names already specified, those of Deriker, Villers Sen, Hermann, Dahl and Dittmann may be mentioned as prominent in Russian Homœopathy. In Poland, Wieniawski attained some eminence, and did a good stroke of work in converting, before his own decease, a Professor at the Hospital of the Holy Ghost in Warsaw, Dr. Drzwiecki.

Of the three Scandinavian countries, SWEDEN and NORWAY were reported of in 1876 by Dr. Liedbeck of Stockholm. He told of several Swedish practitioners of our method in the past, but of one only living colleague. In Norway also he knew of only two. We heard nothing more from Sweden till 1896, when Dr. Hagemark presented himself at our Congress, telling us how he and a Dr. Grundal alone occupied the place at Stockholm which Dr. Liedbeck had vacated by death in 1876. Of Norway he could say nothing.

Scandinavia

We did not hear from DENMARK till 1886, but then Dr. Hansen of Copenhagen, gave us an unexpectedly far-reaching history of Homœopathy in that country. Lund having begun its practice there as early as 1821. The succession of its representatives has never been broken, and when Dr. Hansen wrote, he had eight like-minded colleagues in the kingdom. Little change is noted in his subsequent Reports of 1896 and 1900, but it is pleasant to learn that they have 450,000 Francs in their hands for a hospital in Copenhagen.

Of HOLLAND we only heard in 1896. Dr. Von dem Borne, of Amsterdam, who came to our Congress that year, sent us also an account of the present state of Homœopathy in his country, but gave no details or dates as to its past. There were only six physicians practising it when he wrote, a number sadly disproportionate to the wants of the thousands of its lay adherents. "There are regions," he writes, "as in the province of Zeeland, where the totality of the inhabitants

Holland

are partisans of our method of treatment, where physicians of the other school cannot earn their livelihood, and where yet it is quite impossible to find a Homœopathic doctor." Our four representatives have formed a Society, and issue a monthly journal—the HOM. MAANBLAD.

Belgium

The other division of the Netherlands had begun to appreciate the blessings of Homœopathy before it became an independent kingdom. Dr. de Moor of Alost, described as "titular Surgeon" of the Civil Hospital of that city, embraced it in 1829; and though too old to do much towards its propagation, gave us in his son, Dr. Charles de Moor, a worthy inheritor of his name and convictions. In 1831, Dr. Carlier and in 1832 Dr. Varlez began its practice in Brussels; and, with the adherents who accrued in 1837 founded a society and a dispensary.

Thus inaugurated, Homœopathy went on prosperously up to 1896, when Dr. Schepenes could report to the London Congress that there were about 100 avowed practitioners of the method, as well as many practising it partially or secretly; that as a rule, all were doing large and lucrative practices; and that there were specialists—surgeons, oculists, &c.—who openly professed to be Homœopathic in their convictions. He reported two Societies, and two Journals issued under their respective auspices. He related, moreover, the triumph obtained in Antwerp, where the Bureau de Bienfaisance of the city had placed one of its Dispensaries under Homœopathic control.

Either, however, Dr. Schepens saw things too much EN COULEUR DE ROSE, or his successor has taken too gloomy a view, for Dr. Mersch reports to the Congress of 1900 the number of practitioners as fallen to 30, one of the Journals (the REVUE HOMŒOPATHIQUE BELGE) discontinued, and the Antwerp Dispensary—though the poor flock to it in rapidly increasing numbers—hardly able to carry on its medical service. There is no doubt that here, as almost everywhere else, the need is MEN; and could we only manufacture Homœopathic practitioners, as America can, our system would be sure of an ample following.

Besides the names already given, I may mention Mouremans, Bernard, Martiny, Gaudy, Stockman and Gaillard as prominent among Belgian Homœopathists. The last-named was an intrepid controversialist, and the Journal he long sustained, L'HOMŒOPATHIC MILITANTE, well represents his energy and his learning.

Switzerland.

The last European country I have to include in this sketch is SWITZERLAND. There are no historical notices of Homœopathy in it; but in 1876, Dr. Bruckner reckons 33 practitioners of the method, and a small hospital in Basle. In 1886, however, when the Congress met in that city, we heard nothing about its hospital; and Switzerland sent us only nine representatives. In 1891, Dr. Bruckner again reports, with the old story; abundance of popular favour and success of lay practitioners, but hardly conversions enough to make up our death-losses.

United States.

And now we must cross the Atlantic again landing this time not at Quebec, but at New York; must view the method of Hahnemann, not as it just maintains its foothold in Canada, but as it counts its practitioners by the thousand, its institutions by the hundred, in the UNITED STATES OF AMERICA. Here alone in all the world it has been seen what Homœopathy can do on a fair field with no favour, but on the other hand with no prejudice to obstruct and officialism to stifle its natural growth. The results have been most satisfactory. In 1825, the system had but one representative in the States: in 1900, the most moderate computation reckons its practitioners there as 9,369 in number. It has nine national societies (one, the American Institute of Homœopathy, having 1,900 members); 34 State and 116 local societies; 70 general hospitals making up between them some 4,829 beds, and 32 special ones with 6,592. There are 20 Medical Schools, which either on their own account or by the co-operation of a University to which they are affiliated, graduate medical students and qualify them for practice. They turn out between 400 and 500 alumni each year, and so not only fill gaps in our ranks but augment their members continually.

To trace the history of American Homœopathy would require a lecture to itself. It has spread from several centres, and gathered around many men. The one representative, I have said it had in 1825, was Dr. Gram, a Dane by family, but born in Boston (in 1786). After practising with distinction in Copenhagen, and there becoming a convert to Hahnemann's method, he returned to his native country to carry it out and propagate it. He soon obtained disciples in New York, where he settled, among these the names of Gray, Hull, Channing and Curtis being best known. He died in 1840. Seven years before his decease Constantine Hering (born in 1800) had settled in Philadelphia. He came from Germany, where he had become a disciple of Hahnemann; and he brought with him a vigorous and original mind, a vast store of knowledge, and an indefatigable energy. Under his auspices Philadelphia became a second centre of Homœopathy in America; a college was founded to teach it, provings were made to supply materials for its practice, and in 1844 the "American Institute" organized to bind together its scattered practitioners. Round Hering gathered Jeanes, Gardiner, Williamson, Kitchen, Neidhard—all honoured names; Reichelm set up the banner in Pittsburg and Detwiller at Euston. And now new centres began to form. Gregg and Flagg led the way

in Boston, and were succeeded by the Wesselhœfts, de Gersdorff and Talbot—to the last of whom the flourishing state of our system in Massachusetts, and its splendid "institutions" are mainly due. Illinois soon followed, with David Smith, Temple and Lord. Chicago naturally took the lead among its cities, and found in Ludlam and Small, chief corner-stones on whom its present Homœopathic edifices could be erected. And so progress went on. The first published list of the members of the American Institute (1846) shewed 137 names, but in ten years more these had become 327, and in 1866 they were 535. The pioneers, I have mentioned, were succeeded by scores of others rivalling them in ability and emulating them in zeal. I can only specify Carrol Dunham, J. P. Dake, Farrington, Lippe, Guernsey, Hempel, McClelland, T. F. Allen, Raue and Holcombe, to whom must be added the surgeons who, with Helmuth at their head, have repaid Homœopathy by their credit for the aid it has brought them in their art. These pioneers also have mostly gone to their rest; but if sublunary things are known to them now, and they have their pristine interest, they must be warmly gratified to see the present flourishing state of the new Therapeutics which in their life-time they did so much to advance.

LECTURE XIV.

THE PHILOSOPHY OF HOMŒOPATHY.

I have now sketched for you, in the bare outline which time would allow, the manner in which Homœopathy has become organized in the several countries of the civilised world in which from a creed it has become a church. Before we go on, let me point the moral of this story.

It was in 1796 that Hahnemann first published his "New Principle for ascertaining the Curative Powers of Drugs." In 1801 he began to speak of the power of minute doses; and in 1805 the "Fragmenta de Viribus Medicamentorum Positivis" appeared. Homœopathy may thus be said to have lived for just upon a century. This has been ample time for it, if it be a delusion, to sprout up and die down again; or if it be a truth, to grow to a maturity which shall be some test of its value. Well, our survey of the present status of Homœopathy shews that it has at the present time no less than 12,000 avowed practitioners in the world,—there being some 10,000 in America and 2,000 in Europe. In nearly all countries where it is represented, there are Homœopathic journals —quarterly, monthly, fortnightly or weekly, and also medical schools. Whatever the most unfavourable criticism may find to object to in these men, these publications, these institutions, at least their number is of indubitable significance. They have sprung up from the seed which Hahnemann cast into the ground a hundred years ago; hence comes all their independent life. How could they exist were not that seed the receptacle of mighty forces, the germ of luxuriant growth?

And then consider that this host of medical men implies a corresponding CLIENTELE, that if there are thousands of doctors there must be millions of patients, The testimony of a large body of skilled practitioners is worth much; but perhaps the testimony of the still larger body of suffering subjects is worth more. The laity are indeed incapable of deciding between rival medical theories. But they are after all the best judges of what cures their complaints most safely, most quickly and most pleasantly. As Dr. Garth Wilkinson once said—We may not understand

cobbling, but we know when our boots fit. I think it must be admitted that, so far as their verdict has been given, it is in favour of Homœopathy. It is reasonable to suppose that the great majority of those who now adopt it have also had experience of the other system; while, on the other hand, it is probable that by far the greater number of people have never tried Homœopathic treatment at all. Hence the testimony in its favour of its adherents far outweighs that of its non-adherents against it; for in the former case only has there commonly been opportunity of comparison and choice.

There is an obvious objection to this argument from the large adhesion of the laity. It may be cited (it will be said) in favour of every medical quackery and delusion. But there is this difference in kind between the lay support of Homœopathy, and that which has been and is accorded to panaceas and wonder-workers. In the latter case, when anything more than the habitual *DOMESTIC* use of certain secret remedies (which may have their virtues), it is the resort of persons labouring under chronic or inveterate complaints to some new pretender to their cure. The orthodox medicine of the day has failed to relieve their sufferings; and they can hardly be blamed for seeking elsewhere for aid. But with Homœopathy it is quite different. Here the patient selects for his habitual adviser a medical man who, while indeed holding himself at perfect liberty to treat his patients as he may think best, nearly always thinks it best to do so according to the Hahnemannian method. With no other professional help scores of thousands of families now live and die; and this among the educated as largely as among the working classes. These are not the features, nor is the past of Homœopathy the history of a delusion. They tell rather of a successful practice swiftly working its way in spite of inertia and prejudice.

In such numbers, with such features, Homœopathy has become an organized body. I must ask you to believe that its followers have not sought such a separatist attitude; that they have been forced into it by the intolerance, hostility and persecution everywhere shown towards it by the profession at large, as I have described in my Lecture XI. A large part of its history, as related in the Transactions from which I have drawn it, is taken up with the narrative of the attacks made upon its practitioners. But I think we may say with the poet—

"Now hath descended a serener hour."

The recent utterances, say from 1881, on the subject of Homœopathy have breathed a far milder spirit than those of the thirty years beginning with 1851; the medical journals notice our

doings with good-humoured badinage instead of the truculent animosity to which we were accustomed; and most of us have of late years found in professional intercourse an amenity which was as welcome as it was unexpected. I think the time has come for serious endeavours to heal the breaches and terminate the schism; and to all, on either side, whom these words may reach I would re-state the causes which hold us apart, and the claims on the part of Homœopathy the frank allowance of which would justify, indeed would compel, our re-absorption into the general body of the profession.

First of all, let us recall what is the doctrine which constitutes our creed and has formed us into a church. Doctrine, I say; for Homœopathy is this, and nothing more. Like every other doctrine, it has practical corollaries; and one of these, the small dose, has caught the common eye as the prominent distinction of our method. But as every one who will look into our literature may satisfy himself, we are not globulists, or even necessarily infinitesimalists: we are not characterized essentially by any of the theories or practices which may have marked the school of Hahnemann. We are simply HOMŒOPATHISTS; i.e., adherents of the relation of similarity between disease and drug-action as the cardinal principle of Therapeutics.

Let me explain.

Dr. Hughes Bennet, in the Introduction to his "Principles and Practice of Medicine," after showing that the difference between the exact and the inexact sciences is the possession by the former of a "primitive fact," writes thus:—

"Medicine, then, in its present state possesses no primitive fact, but is it not very possible that it may do so at some future time? During the many ages that existed before Newton, Physical Science was as inexact as that of Physiology is now. Before the time of Lavoisior, Chemistry, like Physiology, consisted of nothing but groups of phenomena. These sciences went on gradually advancing, however, and accumulating facts, until at length Philosophers appeared who united these together under one law. So medicine, we trust, is destined to advance; and one day another Newton, another Lavoisier, may arise whose genius will furnish our science with ITS primitive fact, and stamp upon it the character of precision and exactitude.

Now Homœopathy is nothing more than one of the many attempts which have been made from time to time to supply this missing "primitive fact." Like Brown and Broussais, Hahnemann propounded his doctrine from within the ranks

of traditional medicine, and indeed, from no undistinguished position there. One would have thought that its reception might also have had the same course as theirs. That there should have been Hahnemannists would not have been strange any more than that there should be Broussaists and Brownists. But the task of the profession at large was to examine the New Doctrine, to estimate the worth of the arguments alleged in its support, to test it in practice, and ultimately to assign its place in the resources of Therapeutic art.

Had this been done, there would not have been at the present day a number of medical men known as "Homœopathists," and occupying a separate position. No other doctrine, not even that of Rademacher, has led to a schism and formed a sect. How has it come about in the case of Homœopathy? I will not re-open the question. History must one day pronounce upon it, and we may well leave the decision to her impartial verdict. We have a strong conviction that though there were doubtless faults on both sides, in the main we were not to blame. But however it may have been in the past, there can be no doubt of the cause of our combined separateness now. It is because we are denied the liberty to which every qualified medical man has a right, and which he is bound to vindicate for himself—the liberty to practise according to the best of his judgment. When I say that we are denied of this, I do not mean that Physical force is put upon us, or that attempt is made to restrain us by an action of the law. But Pericles has spoken,* and Mill written,† in vain, if these are to be esteemed the only fetters whereby man's freedom can be abridged by his fellows. Practise as you think best, it is said; but if your best thinking leads you to the system called Homœopathy, we shall send you to Coventry. You shall enjoy no membership in the Societies we have formed for mutual intercourse and improvement. If you are on the staff of any hospital, we will resign EN MASSE rather than act with you. You shall not have an article published or your books advertised in our Journals. If any patient you attend requires our diagnostic or mechanical aid, you must stand out of the way, temporarily or altogether, ere we will render it. All public appointments and the service of the Army and Navy, shall be closed to you; for we will not associate professionally with you. Call you this liberty? It is not liberty; it is terrorism.

I think it very important that we should insist upon this one cause of our isolation to the ignoring of all other considerations. An attempt is often made by our opponents to evade the real issue, and to represent us as excluded because of the irrational nature of our doctrine or the sectarian character of our proceedings. Our reply on the first count is that it is entirely irrelevent to the question. We claim freedom, as qualified medical men, to do what commends itself to OUR judgement, not to yours. You may think our principles absurd; to us they are as reasonable as they are fruitful, and we demand the liberty we concede to all others—the liberty of putting them in practice without prejudice to professional fellowship. To say, you are free to do everything save what wa consider irrational,—this is not to open our prison: it is but to lengthen the tether of our chain. We protest against all such interference with freedom, as injury to science: we should protest were we not ourselves the sufferers, we should (as Montalembert said under similar circumstances) feel the gag in our own throats. And as to sectarianism,—of course there have been INTRANSIGENTS and even black sheep amongst us, as there have been also amongst you; but such fault cannot be found with our main body and for its conduct you have no one but yourselves to thank. You have thrust us into separateness, and kept us there; we have only done what in such a position was befitting to men who knew the value of free discussion and full experiment, who desired to promulgate their method and to practise it. If we are a sect, it is you who have made us one. There is nothing in our spirit which has led us into schism; and nothing in our doctrine and practice which keeps us there. Open your doors; make us free of the organization of the profession at large; and if we do anything sectarian, then condemn us and degrade us if you will.

Accordingly, our position is this:—We are ready to admit that in the past there have been faults of temper and errors in judgment on the one side as on the other. But as regards the ground taken up by the leading maintainers of Homœopathy—as represented, for instance, in this country by the British Homœopathic Society, the BRITISH JOURNAL OF HOMŒOPATHY and the MONTHLY HOMŒOPATHIC REVIEW—we have no foot to stir and no pardon to ask. We earnestly desire reconciliation and reunion, but these can only come about by a frank recognition on the part of our colleagues of the soundness of our contentions. They are already, as we have seen, here and there admitting them; we ask them only to do it generally, officially, and without ARRIERE PENSEE.

What, then, are these claims for which we do not so much crave a hearing, as demand acknowledgement?

The first is this—that the treatment of disease by medicines selected for the similarity of their effects to the symptoms present, is a legitimate Therapeutic method, one which may be avowedly practised and which requires investigation. We do

* See Grote's History of Greece, ch. xlviii. † "On Liberty."

not parade it as universal and exclusive. We do not claim credence for even its partial value without trial. We only ask that no prejudice should operate against its fair consideration, The profession is confessedly not so armed at every point against its foe as to be able to slight an additional weapon offered to its hand. Let every physician in the presence of disease feel himself free—aye more, BOUND—to consider whether this is a case in a which a similarly-acting remedy promises to do more than one of contrary properties, or one operating only indirectly upon the morbid process. That is, let his choice lie between Homœopathy, Enantiopathy and Allœopathy, as we have seen these defined by Hahnemann. At present the second and third only are thought of; or, if the first be allowed a place, it is in slience—as when, noting the 'intense desquamation of the skin" occuring in Myxœdematous patients 'under treatment with Thyroid extract, Dr. Byrom Bramwell was led to test the remedy in Psoriasis, where he found it very effective, with apology; or under another name such as Trousseau's "substitution." As long as prejudice thus operates to exclude the trial of similarly-acting medicines by the profession at large, so long we must appear singular in admitting them, and must, perhaps, be partial in preferring them. If our brethren wish us to be impartial, they must be impartial too. They blame us for basing our practice on an "exclusive" theory; but it is they who make it such by excluding it from their own. We urge upon them to let it be thus no longer. Let them test the principle in their own way, if they please—with such rough pathogenetic knowledge as they have, with such limited range of dose as they are accustomed to use. We are sure that the results will lead to further enquiry, and will support the claim of the further principles we maintain.

Secondly: The rule SIMILIA SIMILIBUS can obviously be carried out only in proportion as the effects of drugs on the healthy body are ascertained. We therefore place, as the second plank of our platform, the necessity of the proving of medicines. We hail with gratification the attempts of the kind made in various quarters. We ask only that they be carried on systematically and thoroughly, and that the contributions of Homœopathists towards the knowledge of Pathogenetics be not ignored or rejected without trial. The effects of poisons on animals, the symptoms caused in main by large and single doses, must not be assumed to suffice for our need: if true similarity is to be ascertained, the symptomatology of drugs must be not less exhaustively and minutely studied than that of disease. Our interminable SYMPTOMEN-CODICES are derided. By all means let better ones be given us; but at least let it be admitted that the attempt was in the right direction. The results of such long and painful labours may show more grains of Gold than might be supposed to

careful sifting. But however this may be, we make no claim for our practice; we assert it only for the principle.

And now our third demand is this—that the question of DOSE be thrown open, and all judgment upon it reserved till further experiment has been made. Let our brethren remember that their associations on this subject are derived from practising with a view to oppose the direction of disease (Enantiopathy), or to act on healthy parts (Allœopathy). They cannot A PRIORI say what reduction of dose may be required for medicines acting on the diseased parts similar to the morbific cause (Homœopathy). It is obvious that some reduction is required; that *Strychnia* in quantities suitable to excite the cord in Paralysis, would aggravate its trouble in Tetanus. Ringer had to go to sixtieths of a grain before he could get good without harm in Athetosis. And it is evident that, when similarly-acting remedies have been applied with admitted advantage, it has always been in minute dose, like the drops of *Ipecacuanha* wine in Vomiting. But it may be said from the other school—This is all very well; it is when you get among your infinitesimals that we cannot follow you. Good; we should be thankful to you if you could prove their needlessness. We have no pleasure in dealing with these impalpable points, these inconceivable fractions. We would (most of us) gladly abandon them, if we could apply the Law of Similars without them. And so we are farthest from the wish to impose them upon others. Our claim is not for the recognition of certain doses, but for freedom in the use of all doses. It is absurd, in these days of continued demonstration by science, of the activity of the infinitely little, to draw a hard and fast line of medicinal quantity, and say —Thus far shalt thou go, and no further. If we have gone too far, prove it by experiment: ridicule has here no place, and incredulity must not be allowed to debar enquiry.

This is all. The word "Homœopathy" often suggests to the minds of its opponents the many fancies and follies which have been connected with it—Psora and dynamization theories, globule-sniffings, provings of inert and loathsome substances, and the like. Well: we have read in the annals of traditional medicine of hypotheses as baseless, of practices as objectionable. We have no more to do with the inanities of our school than the present race of physicians with those of their own in former times. Homœopathy proper is responsible only for the Law of Similars, for the proved medicines, for the reduced dose. There is surely nothing in these which required a separate organization for working it out, nothing which justifies exclusion of its supporters from the main body of the profession. If medicine is not wide enough to embrace us, the fault is medicine's not ours; and it is a fault easily remediable. The profession has

only to say—"There has been misunderstanding; we have been provoked by some extravagances from amongst you, and have allowed ourselves to be prejudiced against your real position. Resume your place in our ranks, from which it is our fault that you were ever expelled. If you have doctrines to propound and practices to recommend, our journals, our societies our hospitals and dispensaries, are as open to you as to any other qualified men." Do our brethren know what would be the result of such generous policy? We should at once cease to exist as a separate body. Our name would remain only as a technical term to designate our doctrine; while "Homœopathic" journals, societies, hospitals, dispensaries, pharmacopœas, directories, UNDER SUCH TITLE, would loose their RAISON D'ETRE, and cease to be. The rivalry between "Homœopathic" and "Allopathic" practitioners would no longer embitter doctors and perplex patients. If (as is now generally admitted) we have hit upon some good things, they would become the general property of the profession; and we on our part should be even readier than we are to avail ourselves of all that is useful in the ordinary practice. You can only kill Homœopathy by recognising it. Allow it to be legitimate and valid as far as it goes; and then the part will be, and will rejoice to be, amalgamated with the whole, and will lose its independent and troublesome identity. How far it will leaven the whole, time only can decide. We have our thoughts on the subject; but at least whatever happens in this direction will be the just result of the comparison of practice.

Do our brethren shrink from making such advances? Very well, then, we must wait. But let us assure them that to this, sooner or later, they must come. It is not possible to escape it. It is admitted on all hands that there is a Homœopathic action of medicines. Then this method of using them must be discussed exactly in the same way and with the same freedom as any other theory in medicine or in the arts and sciences generally. We claim for it (as I have said) no position or predominance other than what may be found to be its due after proper testing. We assert, and have asserted from the beginning, that we do not know what that position is. We are quite prepared to abandon the attempt to apply it to any particular diseased conditions so soon as it is demonstrated to be inapplicable to them, or inferior to other methods of treating them. And in such cases we are prepared to use, and in fact have all along used, other means, either as substitutes or as auxiliaries. As far as our experience goes, these cases are comparatively few. But if wider experience in the hands of competent men shows them to be more numerous, we are prepared to accept the inference. Again, the necessity of proving on the healthy is acknowledged. When this has been properly carried out, it must be determined after what manner the results are to be applied—whether solely according to their primary action, as giving *Opiates* for Sleep and Purgatives for Constipation, or upon the Homœopathic specific plan. This can only be decided by the ordinary rules of scientific experiment, and in no other way; and, whatever the result, it must be accepted. This is precisely our position; this, and nothing more than this. The dose likewise must be settled in the same fashion. The medicine of the future must, therefore, perforce follow our methods; there is no third way.

To our position, we say, sooner or later all must come. The accidents of our separate existence are but temporary; but we claim for our essential standpoint that it is the only tenable one. We are the assertors of liberty in medicine. We call ourselves, our literature, and our associations "Homœopathic," not as implying an exclusive devotion to this creed, but simply as meaning that here it is recognised and its proper value allowed. If any one of its opponents have anything worth saying against it, the pages of our journals are open to him; and we are sure that there are none of our societies but would give him a patient hearing and a candid discussion. How little liberty of this kind exists on the other side has been already seen. Which course of conduct implies most confidence in principles and desire of progress? If our brethren would satisfy their own conscience, and approve themselves in the public eye, let them be at least as ready AUDIRE ALTERAM PARTEM in Homœopathy's favour as we are when the argument is against it. Let the mistakes and errors, the strifes and bitterness of the last hundred years be buried by common consent; and then we shall find ourselves, as it were, at Hahnemann's original starting-post when he propounded the rule "Similia Similibus," and began to prove medicines and experiment upon the dose. Could any honest and enlightened physician of the old school allow himself now in the blind opposition which greeted the German Reformer then, and which has perpetuated itself towards all his adherents since? If not, the opportunity is offered of showing how much the present generation has advanced in liberality. I have set forth once again (as has often been set forth before) what is our essential doctrine. I think I speak for my colleagues when I say that we shall be more than willing to forget its reception in the past, if we can secure a hearing and a testing for it now.

But one word more. If any of the highly-trained hospital physicians of this day should read these words, and should look into the little world we inhabit apart, he must not expect to find it TOTUS TERES ATQUE ROTUNDUS. He will not indeed be offended by anything which he (and we no less) resents as

"quackery". We have no secrets or mysteries,* no pompous pretensions, no panaceas. But he will find in us much weakness and imperfection. Our central principle remains a phenomenal, not to say empirical, rule. Our provings of medicines are mostly fragmentary, and the records of many of them well-nigh useless through mal-arrangement. We are widely, and to present seeming, hopelessly, divided on the question of dose; and many other practical matters—as repetition and alternation —remain unsettled. But let him not despise this day of small things; rather let him ask how it is that it has not waxed greater. And the answer is simple. It is because the profession at large has refused us any help in our task. It is because no one has been allowed to cultivate this field or practice except at the price of ostracism from his brethren and loss of position and prospects. The treatment of Henderson did not serve POUR ENCOURAGER LES AUTRES; and it is not strange that we have but few men of note amongst us. Persecution is bracing air, as a rule; but sometimes it proves stifling. In this case it has hindered all but a few hundreds in the several countries of the Old World from devoting themselves to the despised doctrine. No wonder then that, overwhelmed by the demands of the public upon our time, we have been able to do so little towards deepening and widening our foundation, towards investigating the significance of our provings. The marvel is that so much has been accompanied. What we say to our brethren is—come and help us. Bring to our inquiries and experiments your numbers, your wealth, your leisure, your trained observers, your ample materials. There is probably much that is partial and extreme of which you may cure us. If only with this motive, take, we beg of you, our Homœopathy, and throw it into your crucible. We know what wealth of Gold will come out; and then we hope for it to go on accumulating, far faster than in our feeble hands. What medicine might become in ten years, if only the profession at large would test Homœopathy as it deserves, is a dream almost too bright to dwell upon.

So far I have been addressing myself to the general profession. But I pray my own colleagues of the Homœopathic body to observe the consequence of the position thus taken up. It

*How little is really known of us may be inferred from a fact like this. An eminent Practitioner of the old school wrote a short time ago to a Homœopathic friend:—"What is really wanted is some common ground on which various hypotheses of the mode in which matter and materials act on the human or animal frame can be tested. THIS CAN NEVER BE DONE UNTIL YOUR PHARMACOPŒA IS AS OPEN AND PUBLIC AS OURS, and with every one who practises on his fellow creatures knows exactly and can prepare what he is ordering, on any system". Now, our mode of preparing our medicines has never been any mystery; and since the publication of the BRITISH HOMŒOPATHIC PHARMACOPŒA in 1870, he who runs may read it.

is that should our claims be allowed, and the liberty we demand be granted us, we must renounce our separateness, and resume the place in the body of the profession from which we should never have been extruded. I cannot say that the signs of the times indicate such a consummation as never than when I forecasted it at the British Congress of 1879. But ever and anon they do unexpectedly shine out; and be it near or far, it must come one day, and we should be prepared for it. It would be a change not to be effected without difficulties and perhaps some painfulnesses. We have lived so long shut up in our prison that its walls have seemed our natural limits, and its habits have grown part of our nature. Some of us, perhaps, like captives of whom history tells, may decline to go forth, and prefer to end their days in their accustomed seclusion. But we should be inconsistent with our principles if, as a body, we refuse to avail ourselves of the rights we have demanded, when they were yielded to us. Once made free of the City of Medicine, it will behove us to play our part in its civic life.

I go further, and maintain that we should be untrue to our cause if we did otherwise. I believe that the greatest hindrance to the consideration of Homœopathy on the part of our old-school colleagues is the existence of the Homœopathic body. Its rival institutions, its competing practitioners, prejudice the system itself in their eyes, and keep up a bitterness against it which is quite out of place in a question of science. Our desire must be that it should leaven to the uttermost the practice of medicine, and acquire the confidence of the greatest possible number of medical men. With this view we must heartily welcome the obliteration of distinctions which keep men apart from one another, and too often cause the subject to be viewed in that LUMEN MADIDUM of passion which Bacon deprecated, instead of the LUMEN SICCUM of unclouded reason. If our cause can best be served by our individual extinction, or rather absorption into the common mass, let us not shrink from any self-abnegation that may be required.

Nor need we doubt that here, as elsewhere, to lose our life may be to gain it. Though we are not the cause of the schism which isolates us, we are the sufferers from it. The dangers which haunt all small societies, gathered round a special principle, and withdrawn from the main current of the life of the body from which they are separated, do press sorely upon us. We all know how among men so situated, narrowness of sentiment and exclusiveness of view are almost inevitable; how rife are personalities, rivalries, jealousies, how vehement controversies about the details of the common faith. In such associations, those disproportions come to prevail which have given rise to the figure of the triton among the minnows, and the proverb

"Parmi les aveugles le borrne est goi." And when, as here, there is bread-winning connected with the questions at issue, there is the additional peril that the standard may be joined for the sake of gain, that men may trade on the distinctive name and position taken up, I am sure that we Homœopathists cannot claim to have been exempt from the evils thus incident to our situation. See with what bitterness discussion has been conducted between the two sections into which such a body must needs fall—the COTE GAUCHE and COTE DROIT of which I have spoken, those who cultivate exclusively and to the uttermost the method of Hahnemann and those who seek rather to harmonize him with general medicine. Such a division has existed amongst us in every country, and it has involved us in continual internecine strife. See how difficult it is for us to unite in any common course of action. The storms which in this country have raged round the cradle of the British Homœopathic Society, the London Homœopathic Hospital and the London School of Homœopathy, have been paralleled in many other parts of the world, and have sadly wasted our time and strength and resources. I am afraid, too, that we are not altogether free from narrowness. Indeed, to hear some amongst us talk, it would seem as if Homœopathy (at any rate in their hands) could cure everything, and no other way of proceeding could cure anything. To deliver us from these faults, we need the freer air and less dense aggregation we should obtain by being transferred from our little encampment into the general array of the profession.

It will require, indeed, much wise deliberation to accomplish the transition without rude harm. There must be due regard paid to vested interests, and much tenderness exercised in dealing with existing ties and expectations. It may be that no very great changes will be required, at any rate at first. It will be a long time before Homœopathy becomes to all the guiding-star of Therapeutics; for many years it is likely to be followed, as a dominant rule, by the few only. There may still be place then for some "Hahnemann Society" where under a name which could repel none who love the art of healing, his method might receive adequate cultivation and criticism. Some "Journal of Specific Therapeutics" may still be required, in which there shall be secured due space for the essays and records illustrative of our system. The most difficult question is that of our hospitals and dispensaries. In maintaining them in existence, however—should we decide so to do—we should have the precedent of the Temperance Hospital. This has been established at the instance of those who believe Alcoholic stimulants to be at least unnecessary in the treatment of disease, and for the benefit of the poor who may elect to be so treated. Its physicians and surgeons, in accepting office there (and no

one has challenged them for so doing), pledge themselves to nothing beyond a general acceptance of the principle; they do not bind their hands to any abstention from *Alcohol*, if in their judgment it should become necessary. The staff of a Homœopathic hospital takes up a precisely parallel position; and these should not, any more than those do, incur odium thereby. We have here, moreover, to consider the interests of the public as well as of the profession, and especially of its proper position. It will be easy enough for the well-to-do to find practitioners who will treat them Homœopathically, especially as the peculiarities of our pharmacy will probably always require the existence of distinctively Homœopathic chemists. But how are the multitudes of the poor who prefer our treatment to obtain it, unless there are charitable institutions devoted to its practice? For them, therefore, if for nothing else, it would seem that our hospitals and dispensaries must be maintained; though the example of the Hahnemann Hospital of Liverpool shews that they do not necessarily require an even apparently sectarian name,

For such changes, I say, we ought to be prepared; but till there come the great changes on the part of others which will necessitate them, let us loyally support our institutions as we have them. Let there be no individual secessions, no abstention because one is in a minority, Let us all stand firmly in our ranks, doing our duty where Providence has placed us until the time comes when as a body we can reconsider our position, and make what changes are necessary in our organization. And one further caution I must add, and that is that it is not for us to take the first step towards the reconciliation we nevertheless invite, and devoutly desire, We cannot do so without misunderstanding. There must be no excuse for saying that we have "hauled down our flag": when we evacuate the fort we have so long held, it must be with all the honours of war, with drums beating and colours flying. A true note was struck by the late Dr. Hayle, of Rochdale, when at the British Congress of 1876 he compared our attitude to that of St. Paul in the dungeon of Philippi. "Let them come themselves and fetch us out". It was from no pride that the Apostle spoke thus, no unwillingness to overlook the wrong done him: but the rights and immunities of Roman citizenship had been violated in his person; and he owed it to them, and to those who shared with him in them, not to condone the offence. We too, for like reasons, having expressed our readiness to receive overtures of peace, and laid down the grounds on which alone we can make it, must wait the action of the other side. I can hardly now say, as I did twenty years ago, that I hope my generation will see 'it. The next, however, it will assuredly visit. For our children we may safely anticipate the time when the name

of Homœopathy shall no longer denote a prosecuted sect, but a faith and practice recognised universally as legitimate and largely as true; when the antagonisms of to-day shall have ceased to separate between brethren, and all shall be united in generous emulation as to who shall do most good to the objects of their care.

LECTURE XV.

GENERAL DISEASES.

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THE ACUTE INFECTIOUS DISORDERS

We have now spent some time together in considering the principles of Homœopathy, including its history and the position and claims of the body of practitioners designated by its name. I will ask you to carry in your mind what we have thus ascertained while I proceed to apply to special Therapeutics, the method I have been describing. I will ask you also to posses yourselves of, or secure ready access to, my "Manual of Pharmacodynamics" in one of its later editions. I have there gone fully into the actions of drugs, both pathogenetic and curative, and do not want to spend time in traversing the ground anew on our present journey. I wish to take up the subject from the side of disease to tell you, as I have said, what Homœopathy can do for its various forms, and how it does it.

You may ask why I do not refer you for this purpose to the treatises on the 'Practice of Medicine' which already exist in the school of Hahnemann (I have mentioned some of them in my Lecture XI.), and which aim at superseding, for Homœopathic students and practitioners, the ordinary text-books. I do not mean indeed those of the last generation, as Hartmann's,* Laurie's, † or Marcy and Hunt's. ‡ Whatever their measure of usefulness in their time, they are to us alike imperfect and obsolete. But in the works of Bahr § and of Jousset ‖ (and, if you read German, I would add that of Kafka ¶) you will find nothing to repel you and much, very much, that will interest and instruct. I SHOULD content myself with referring you to these excellent treatises, but for one defect they all possess. Each

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*"Acute and Chronic Diseases and their Homœopathic Treatment," by F. Hartmann. Tr. Hempel.

†"Elements of the Homœopathic Practice of Physic." 1850. (See B. J. H., vi., 227).

‡"Homœopathic Theory and Practice of Medicine." 1865. (See IBID., xxiii., 475.)

§"Science of Therapeutics according to Principles of Homœopathy." Tr. by Hempel. 1869. (See IBID., xxviii., 607.)

‖ ELEMENTS DE MEDICINE PRATIQUE. 1868. (See IBID., xxvii., 123.)

¶ DIE HOMOOPATHISCHE THERAPIE AUF GRUNDLAGE DER PHYSIOLOGISCHEN SCHULE 1865-9, (See IBID., xxvii., 333.)

author is limited in his Therapeutics by the experience of himself and his compatriots. Bahr and Kafka know nothing of French Homœopathic literature and Jousset as little of German; while (with rare exceptions) both display entire unacquaintance with the writings in the English tongue which have come from this country and from America. The same may be said of the otherwise excellent 'Treatise' which I have commended to you from the pen of Dr. Goodno of Philadelphia;* and still more of a volume I shall often quote—the "Forty Years' Practice" of the well-known Jahr, which is, as its title implies, a purely personal record. The result is that in none are the means and the possibilities of Homœopathy in the treatment of disease fully set forth. I strongly recommend you to procure and study as many of these books as you can; but I cannot feel that by such advice I am meeting your whole need.

In the lack, accordingly, of other works fitted for the object, I proceed myself to discourse to you on special as I have done on general Homœopathic Therapeutics. In so doing, I shall make no attempt to follow most of the authors I have mentoined in constructing a complete Practice of Physic. It is quite unnecessary for your purpose. You know disease as well as I do. I can tell you nothing about the history, the diagnosis, or the Pathology of its various forms but what you know already, or at any rate may acquaint yourselves with, by consulting the authorities on your bookshelves. You will meet me halfway here; and I may spare myself the travel over the familiar road. What you want to know is this. Here is a recognised malady, you have learnt or have been accustomed to treat it in such and such a way, and with such and such success. Has Homœopathy discovered how to treat it as well, or better? How far shall you be justified in any given case in dispensing with measures which, however rude, are TRIED, and trusting unreservedly to the action of specific medicines? The question is a fair, and indeed an imperative one for you to put. The Law of Similars, relating as it does solely to the dynamic action of medicines, has obviously limitations inherent in its own nature. It is further only capable of application to practice when similarly-acting medicines have been discovered. There may be diseases, therefore, which lie beyond its possible range; and still more likely is it that there are diseases which have not yet come within its practical range. Accordingly, our first step must be to inquire what Homœopathy can do—as compared with the capabilities of Old Physic—in each malady that comes before us. And next you will require to know what are the specific remedies with which success has hitherto been obtained and how far they need supplementing by auxiliary means.

* "The Practice of Medicine." Philad., 1894.

To answer these questions, from a survey of Homœopathic literature, and from my own experience, will be my only and sufficient task. I shall say no more upon the nature of the various diseases than is necessary for their identification, that we may know we are thinking of the same thing. Confining ourselves thus to their prognosis and treatment, we shall have an infinity of time and space, and shall be devoting our energies to what are really the only points on which your adoption of Homœopathy will require you to have fresh knowledge and modified views.

The literature on which I shall draw consists of the clinical records scattered throughout Homœopathic Periodicals, or brought together in the collections of Ruckert* and Beauvais;† and of the Monographs we have on special forms of diseases. To these I shall make copius reference as I go on. I shall also glean all I can from the text-books, and refer you to them when their teatment of any subject is especially instructive. My lecture will thus serve as an index to our Therapeutic literature at large; so that under their guidance you will be able to read up most of what has been written on any malady which is demanding your special attention.

In choosing a classification of diseases for my purpose, I shall adopt, as in duty bound, the Nomenclature drawn up by the Royal College of Physicians, and furnished to us officially by our government (3rd Ed., 1896). I shall not, however, deny myself the liberty of making occasional transferences of order and shiftings of place—still less of supplying ommisions—when such alterations seem to subserve the practical ends I have in view.

Concerning all these forms of disease I shall have to tell you, as I have said, the actual results Homœopathy has obtained in their treatment, and the means it has employed. But ever and anon, I shall come upon a malady which has never fallen under my own notice, and regarding whose specific Therapeutics we have no recorded experience. What am I to do then? Well, I shall consider the features of the disorder as described by those who have seen it; and shall specify what medicines seem to be Homœopathically indicated for it in its several varieties and stages. But, besides this, you yourselves will continually be meeting in practice with cases which do not readily fall into the categories of the best classification, to which indeed you

* KLINISCHE ERFAHRUNGEN IN DER HOMOOPATHIC, 1852, &c. (See also BRITISH JOURN. OF HOM., XX., 491.)

† CLINIQUE HOMOEOPATHIQUE. 1850.

can hardly give a name, but which are not less true cases of disease. What are YOU to do? for my lectures will hardly help you here. The answer is obvious: you in your turn must draw upon your knowledge of Pharmacodynamics, and select the medicine most appropriate to the phenomena before you.

But here another consideration comes in. The appropriateness of a remedy in Homœopathic practice depends upon the similariry of its pathogenetic effects to the symptoms of the disease; and the closer the similarity the more perfect the appropriateness. Now these cases of which I speak consist ordinarily of a good many symptoms. Your aim must be to "cover" all or as many as possible of these with the corresponding medicine, so that you may get no rough SIMILE merely, but a SIMILLIMUM, to the morbid state before you. Can any 'Manual of Pharmacodynamics' picture all the pathogenetic effects of all drugs, or can any study of the 'Materia Medica' itself enable you to retain them all in your mind? It is evidently impossible. You must, under these circumstances, adopt unreservedly Hahnemann's original mode of Homœopathizing, as he has described and illustrated it in the Preface to the Second Volume of the later editions of his REINE ARZNEIMITTELLEHRE.* You must note the symptoms of the case before you; and then turn to the 'Materia Medica' itself and not your mere recollection of it, to find the medicine which most closely corresponds.

But the 'Materia Medica' of Homœopathy is at the present day a most voluminous collection. Are you to wade through it every time you prescribe for such cases in search of your SIMILLIMUM? Nay, you must have an index; and such indices exsist (as I have told you) in no small number in Homœopathic literature, under the title of 'Repertories'. A Repertory, as its name implies, is a means of FINDING that to which it belongs. The subject matter of a Homœopathic Repertory is the Symptomen-Codex, and its object is to save us the turning over every page of that collection in search of what we want. But an index may be a good or a bad one. It is good in proportion as it is copious—as by repeating each topic in every element of which it consists it ensures immidiate success in consulting it. I have told you where you may best find such guides, and can only urge that you possess yourselves of one or other of them, as indispensable to the practice you have in view.

Nor is it in these anomalous cases only that you should, with the aid of your 'Repertory,' consult the 'Materia Medica.' You will ever and anon, have to do so in the treatment even of the

* Vol. I., p. 20, of Dudgeon's translation.

ordinary forms of disease. Lectures on Therapeutics can only deal with species and their recognised varieties: but the practitioner has to care for individuals. Such individuals MAY be undistinguished members of the species, or variety of the species, to which they belong; and then you have nothing but the disease to consider, and its standard remedies to apply. But sometimes, especially in lingering or chronic maladies, the peculiar tendencies of the patient will imprint a character of their own on the morbid process, and will make him, in fact, a "variety" by himself.* Now here you must know how to make the right choice among the several medicines which correspond to the disease present; and you can only do this by comparing the patient's special symptoms with theirs, as they are recorded in the 'Materia Medica.' Nay, more. You may have to go beyond their range. If there is anything very distinctive about the case before you, and you find similar peculiarities to have been produced by a drug, you will do well (especially if the ordinary remedies are not telling) to try that drug even though it has not produced the lesion present in the patient. Sometimes, indeed, it will fail to do more than extinguish the symptom which had indicated it: it has cut (as Dr. Madden expreses it) at a branch, and not at the root. † But sometimes, on the other hand, the disappearance of the disease does prove the proximate cause of the symptom which you remove, to be the root of the whole malady; or, as is more probable, it establishes the true Homœopathicity of the medicine to it, although its proving has not been carried sufficiently far or wide to effect the change in question. It is an encouragement so to act when we learn that it was in this way that Hahnemann discovered the virtues of *Aconite* in Inflammatory Fever.‡

There are some of our American brethren, indeed, who would make such practice the rule instead of the exception; who

* "Chronic diseases, forming themselves slowly in us, and arising most frequently from original or acquired vitiations of our constitution, are, if we may so speak, much more personal, much more idio-syncratic, than acute diseases. In acute diseases the physician should consider the malady much more than the sick person, while it is generally the other way in chronic diseases. But if, in virtue of internal conditions little known, an acute disease—a Typhoid Fever for example—is imperfectly developed, evolves itself badly, or is prolonged in any one beyond the usual period of the malady, the general principles of the treatment give place to those which we have established for chronic diseases" (Trousseau and Pidoux, Introduction to TRAITE DE THERAPEUTIQUE).

† I am referring to his valuable Essay, "On the true place of Repertories in Homœopathic Practice," in Vol. xxviii, of the BRITISH JOURNAL OF HOMŒOPATHY. His conclusion, that we should use them when the symptoms of a case are characteristic of the patient rather than of the disease, is identical with the advice I have given above.

‡ See B. J. H. V., 387.

would bid us banish Nosology and Pathology altogether from our minds when the question of medicinal treatment comes up, using our knowledge about them solely for purposes of prognosis and of general management. They would have us regard each patient, for therapeutic purposes, as a new bundle of symptoms, the like of which we never saw before, and for whose case we must find AB INITIO a similar picture in the Materia Medica. They consistently wish to keep the Materia Medica in the same state of a mere symptom-list, that the one set of phenomena may correspond with the other.

I cannot agree with this doctrine. The progress of Pathology has established the existence of a number of morbid species which are as truly entitled to the name as those which Natural History identifies in the animal and vegetable kingdom. When capable of reproduction (as in the case of infectious fevers), they invariably reproduce their kind; and, when sterile, they prove their individual unity by springing from a common cause (as do the Malarious Fevers), or consisting in a certain process taking place in a certain organ (as does Pneumonia). Now these specific forms of diseases are acknowledged as realities, for when diagnosis perceives their presence, prognosis speaks accordingly. I maintain that our knowledge of morbid species should be used for therapeutic purposes also, and to this end would strive to raise Pharmacodynamics to the level of Pathology. While the latter was in its merely phenomenal stage: while Jaundice and Dropsy were regarded as morbid entities, and "Gastric," "Bilious," "Mucous," and "Nervous" Fevers as seperate forms of disease, the pathogenesy of drugs could only be a like series of appearances. Hahnemann, seeing the baseless character of most of the Pathology of his day, wisely rejected it for the symptomatic observation of disease, and conformed his registration of drug effects thereto. "But the advance of Physiology, the cultivation of morbid Anatomy, and the refinement of our means of diagnosing internal changes during life, have raised Pathology to a much higher level, and built it on a sure foundation. The interpretation of the observed facts of disease has now become to a large extent possible. Those whom I am controverting admit the validity of such interpretations by using them for prognosis; so that they cannot take up Hahnemann's position as against the Pathology of to-day. Why, then, should we not carry the same well-substantiated principles of interpretation into the phenomena of drug-action? If fever, pain in the side, hurried respiration and cough with rusty sputa mean Pneumonia in a patient, do they not mean the same thing in the subject of a proving or poisoning? And am I forbidden to Homœopathize by means of the interpretation, while I may do so freely with the phenomena? Are we not, indeed, treading on surer ground when we oppose to a Pneumonia, a drug

capable of causing Pneumonia than when we choose the remedy on the ground merely of the resemblance of the effects to certain outward symptoms present? The latter comparison may err; the former cannot. Of course, *to* make our SIMILE a SIMILIMUM we should endeavour, if possible, to cover those outward symptoms also,—from the remedies which correspond to the morbid species choosing those which suit the variety present, and from these the one which meets the individual case before us, For such selection we must use all the materials which pure symptomatology supplies; all conditions and concomitants; all circumstances of amelioration and aggravation; all mental states and subjective sensations. But it is quite another thing to say that these and the external symptoms of the case are to be our only consideration in the choice of a medicine. Such a doctrine seems to me mistaking the means for the end. Our object in seeking symptomatic resemblance is that we may secure Pathological resemblance; for it is the disease itself, and not its outward manifestation, which we have to cure.

"I quite admit that there is many a TERRA INCOGNITA as yet in disease, and many a case which as yet we can only treat symptomatically. I am most thankful that the Law of Similars enables us to fit drug to disease, even when we are unable to say what the phenomena of either mean. But when we are able, I hold it a sin to neglect to use our knowledge for therapeutic as well as for prognostic purposes." In my lectures on 'Pharmacodynamics' I have endeavoured, wherever possible to study what may be called the Physiological as distinct from the merely semeiogenetic action of drugs. In my present lectures on Therapeutics I shall make the same attempt in the field of disease dealing with its recognised species as realities and not mere names, and endeavouring to fit to them medicines having true specific relationship with them. "I believe that a scientific Pharmacology, linked to a scientific Pathology by the bond of the Homœopathic method, will constitute the Therapeutics of the future;" and I design my work as an humble contribution thereto.

There is only one class of disease which, although Pathologically recognised and defined, we must for some time to come (if not always) be content to treat symptomatically. These are such as involve grave organic changes—Cancer, Mollities ossium. Degenerations of the Nerve-Centres, and such like. We have not yet pushed, and we shall not readily push, our drug-provings to the extent of producing these changes; and hence direct pathological resemblance is hardly to be expected. But it nearly always happens that, ere they are actually set up, the organism gives out signs of the imminence of the morbid process. These signs are of the nature of objective phenomena or of subjective sensations,

have been the agents of many a poisoning; Keith has declared that in his Laparotomies he has seen as much harm result from *Carbolic*-dressings as from the operation itself, and Asepsis rather than Antisepsis is now the aim of most wise surgeons and obstetricians. The practice I am criticising would do, on a large scale and of malice prepense, the evil here occurring occasionally and incidentally only. It offends against the rule of PRIMO NON NOCERE; and, even were its results more encouraging than they are, could not be commended. If Dr. Dyce Brown's experience be confirmed, that the relapse which gives the "Famine Fever," its distinctive name can be prevented by five-grain doses of the *Hyposulphide of Soda* (as it cannot be by Homœopathic remedies), this would be a justifiable occasion for its employment; but as a rule, we can show a more excellent way.

This way is that which Nature herself seems to follow, in limiting the development of, and so promoting recovery from, the infectious diseases. Were She quite passive in their presence, there seems no reason why their ravages should ever cease, save with the death of the patient. The spores once introduced must fulfil their destiny of indefinite multiplication, until the whole body becomes the seat of their operations and the prey of their requirements. To defend Herself against such fate, Nature goes upon the principle, that for germination, two factors are needed—the seed and the soil. To kill the seed, when it has once sprouted, would be a wasteful exertion of Her power. She addresses Herself rather to making the soil such as will forbid its further development. Some process, it is evident, goes on in the tissues of an infected subject—some production of defensive phagocytes, some exhaustion of combustible or alimentary material, some establishment of callousness to provocation—which at length disallows the life of the foreign invader, and brings its history to a close. Immunity is secured, and that not only for the nonce, but in the future—always for a time, often for a life-time; so that the subject of a specific infection is proof against it henceforward. Now the part played by Homœopathic remedies in such diseases is to favour the introduction of this immunity. Chosen on account of the similarity of their effects to those of the CONTAGIUM in question, they must evidently act on the same parts and in a similar manner. Such action—explain it how you will—is provedly incompatible with the idiopathic morbid process; it neutralises, obliterates, extinguishes it. The bacteria present find no scope for their activities: they languish and die, while the disorders they have induced are rapidly subdued to order again. The immunity of course is temporary; drugs are not self-multiplying in the body. But this lack is supplied by repetition of doses, and the defensive

change can be sustained until all the present need for it has passed away.

We are then, on rational ground; we are MINISTRY ET INTERPRETES NATURÆ, if we treat the infectious diseases on ordinary Homœopathic principles, regardless of their presumed causation by the reception and development of animated germs. There is, too, in so directing our Therapeutics this further advantage, that we provide for that prevention which is, proverbially and confessedly, better than cure. If to occupy the invaded soil our specifics dislodge the intruders, to preoccupy it they may obviate their intrusion altogether. This field of medicinal prophylaxis has been but slightly cultivated; but we have two products of it which indicate its probable fruitfulness. I do not at present include *Quinine* for Malaria among them; for there is here a moot questionn as to Homœopathicity, and a rival alternative as to MODUS OPERANDI. On these I propose to touch when the Malarious diseases come under our notice. Nor will I mention the "Mithridatism" (so-called from the endeavour of the celebrated adversary of Rome to make himself proof against poisons) now increasingly in vogue, though it has included confessedly Homœopathic medications as *Tansy* in Rabies* and *Strychnia* in Tetanus;† or the success on one occasion of inoculation with *Antimonial*-ointment in the absence of Vaccine lymph as a preventive of Small-pox.† At present, I am thinking of *Belladonna* in Scarlatina and of *Cuprum* in Cholera. Of the success of the former practice I will not here produce the detailed evidence, but will content myself by referring you to that adduced by Dr. Dudgeon in his Lectures and Dr. Stille in his "Therapeutics and Materia Medica." It has made the latter—no favourable judge, for he has just spoken of "the impudent heresy of Homœopathy"—express his "conviction that the virtues of *Belladonna* as a preventive to Scarlatina are so far proven, that it becomes the duty of practitioners to invoke their aid whenever the disease break out in a locality where there are persons liable to the contagion, particularly in boarding-schools, orphans' asylums, and similar institutions, and among the families of the poor." Now it was the similarity of the effects of *Belladonna* to the symptoms of Scarlatina which led Hahnemann to employ it in this malady, first as curative and then as preventive—as you may read in his Treatise on the subject contained in his "Lesser Writings"; nor can any one who thinks over the fever, the rapid pulse, the scarlet rash and the sore-throat of the drug deny the parallelism. There is no question of germicidal action here, so that SIMILIA SIMILIBUS must have all the credit. The case for *Cuprum* in Cholera is not quite so obvious, but it is well-sustained. The immunity of workers with the metal, first observed and communicated by

* See BULL. DE LA SOC. MED. HOM. DE FRANCE xxix., 570.
† See M. H. R., xxxix, 552.

Burq in 1849, has been substantiated in later epidemics; and those who at his advice have worn a plate of it next the skin when Cholera was about them have always (I believe) had reason to congratulate themselves upon the precaution. The Homœopathicity here is not so precise and complete; but it was sufficient to induce Hahnemann, in the epidemic of 1831, to advise reliance on *Cuprum* as the specific remedy in the second stage of the malady, when its "spasmodic" character was well-marked. When recommending it (as he did) for prophylactic purposes, also to cover the symptoms of the entire disease he gave it in alternation with *Veratrum album*; but he evidently relied most upon the *Cuprum*.*

I must defer the further consideration of this subject till next meeting.

*Lesser Writings tr. Dudgeon, p. 848.

LECTURE XVI.

GENERAL DISEASES

THE ACUTE INFECTIOUS DISORDERS.-THE EXANTHEMATA

VARIOLA

We have seen that Homœopathy enables us, not only to fortify the tissues invaded by CONTAGIA VIVA but to predispose them against their invasion. Can it do more? Can it shorten the duration of the seige as well as sustain the beleaguered during its progress? In other words, can it jugulate, blight, nip in the bud these maladies of definite history and ascertained process, so that they shall not go on to their full development? Can it do for the infectious diseases in general, what Vaccination (when still effective) does for Small-pox, averting the stage of suppuration and secondary fever and reducing Variola to Varioloid? Well: its doing so would only be an extension of the lines on which we have already seen its remedies moving, and it was from the apparent effect of *Belladona* in aborting an incipient Scarlatina that Hahnemann was led to employ it as a prophylactic of that disease. As evidence of the possibilities of similar medicines here we may cite the action of *Camphor* in Cholera and of *Baptisia* in Common Continued Fever.

1. On the first appearance of Cholera in Europe in 1831, Hahnemann, before he had seen a single case of the disorder, declared that *Camphor* should be its initial remedy. He did so, believing—as Trousseau and Pidoux—that its primary action in health is refrigerant and depressant, and that therefore it is Homœopathic to the first stage of Cholera, marked by sinking of strength, coldness, and anxietas, ere yet the vomiting, purging and cramps have fully set in. Wherever his advice has been followed it has been found that when *Camphor* is given in time, it cures the attack then and there, so that no second or third stage is reached; the patient warms up, *becomes quiet, goes to

*This effect of *Camphor* was specially noted by an old-school observer in the "frightful epidemic during the Bohemian Campaign of 1866." Here the spirit proved very effective. Various persons who recovered stated that they could not sufficiently praise the extraordinarily warming and enlivening action of the *Camphor;* whereas 'schnapps' in no way lessened the frightful algidity and dread of death, but rather increased the nausea and consciousness of danger. After an hour the Camphor produced a comfortable sense of warmth, and after a day it enabled them to urinate." THERAPEUTIC GAZETTE, Sept., 1892.

sleep, and wakes free from the malady. It is abortive, and it seems also preventive, in Cholera. Encouraged by the success of Dr. Rubini in the Epidemics of 1854 and 1865, in which he treated hundreds of cases by this drug alone without a single death, the Homœopathic physicians of Naples, when revisited by the pestilence in 1894, advised all their patients to take as a prophylactic a drop of a saturated solution twice or three times a day. They had not a single case in their CLIENTELE—embracing, they calculate, some 2,000 families.

2. The question about *Baptisia* is a more complex one. I have discussed it at length in my "Pharmacodynamics,' and shall not do so here. The conclusion, however, to which I have been brought, and which I think you will acknowledge to be warranted by the facts adduced, is this. There is, over and above the four types of idiopathic fever generally recognised—Typhus, Typhoid, Relapsing, and Febricula, a common Continued Fever, the "Gastric" of popular nomenclature, the "Synoque" of the French nosologists. It is sometimes epidemic, often severe, and under ordinary remedies—*Aconite, Bryonia, Rhus*—always runs a prolonged course, and may end fatally. If this Fever be taken early, and treated with repeated doses of a low dilution of *Baptisia tinctoria,* it can be aborted, and it departs in a few days with copious perspiration. The moot point is whether this Fever is Typhoid, or has a specific character of its own. For myself, too many cases of undoubted Enteric Fever have been recorded, and have come under my own care, which have pursued their wonted course unchecked by the medicine, to allow of any illusions as to the possibility of its—at least habitual—jugulation by the drug; and I must adopt the latter alternative. I am bound to say, however, that so excellent a clinician as Dr. Dyce Brown still cherishes the belief that true Typhoid may sometimes be cut short by *Baptisia,* when the symptoms indicate it; and has related three cases which certainly, as far as they go, bear out his contention.* They will encourage us to persevere in the use of the remedy, when appropriate, even in the genuine disease,—so taking advantage of the natural tendency to resolution noted by observers about the middle of the second week, and doing something to tranquillise the brain and cleanse the digestive mucous membrane. But my point here is that in the Common Continued Fever whose distinctiveness I have maintained, *Baptisia* is as true an abortive as *Camphor* is in Cholera, and can be depended on unfailingly.

I have mentioned Vaccination as the type of such abortives. To put it in line with medicines acting in this way we must

* M. H. R., xxvi, 202.

think of it in terms of the matter it employs—Vaccine Lymph, or let us call it *"Vaccinine."* Is this a Homœopathic medicine? Does it act upon the principle of similarity? If we were to claim it as such, we had the support of one of the leaders of the old school, Sir George Humphry. In an Address reported in the LANCET of October 24th, 1895, he is represented as saying,—"I often wondered that the advocates of the 'Similia Similibus' doctrine, in their vain efforts to find some reasonable ground for their theory, did not alight upon, or make more of the practice and results of Vaccination coupled with those of inoculation. Here was to hand the unmistakable evidence of a disease being hindered or prevented or stopped by modification of the like, that is to say, of that which caused it. By inoculation—the introduction, that is, direct of the poison of Small-pox—the disease was produced; by Vaccination—the introduction of the like of that poison—the disease was prevented, Prevention and cure are near allies; and was it not possible, even probable, that cure might be effected by means like those which staved off disease?" Sir George is not very lucid, and betrays a somewhat imperfect grasp of what the "Similia" of our formula are; but that may pass. We welcome him as crediting to Homœopathy the actual benefits of and prospective inferences to be drawn from Vaccination; and we can assure him that Homœopathists have not been blind to the support apparently brought to them from this quarter. They are aware that the accepted doctrine is that the Vaccinia of cows is their Variola; and hence that in vaccinating we are really inoculating Small-pox, and that the immunity of the vaccinated arises from their having already had a mild but effectual attack of the disease itself. But they have urged that the Cow-pox, whether spontaneous or produced by *Vaccinine*, is similar to, by no means the same as, Small-pox; and have argued that what happens when Vaccination is practised after exposure to Variolous infection seems to make strongly against the identity of the two poisons. You know that if within a certain time after such exposure the patient is vaccinated, the disease will not be developed; and if it is done one day later, although the Pox will appear, it will be modified as we ordinarily see it in vaccinated subjects—it will be Varioloid rather than Variola. The relation of the two CONTAGIA here looks like one of similarity rather than identity. Again, *Vaccinine* has been amongst us (as we shall see) attenuated after our fashion (generally to the third degree), and administered as an internal remedy in Small-pox. So given, it has been found either exerting its recognised abortive power, and that more rapidly than when inoculated in the usual manner; or if too late for this, it has behaved as our remedies ordinarily do, and has conducted the case through to our entire satisfaction.

Nevertheless I must venture to think Hahnemann, who

refrained from claiming Vaccination (even where he might naturally have done so—Organon, § 46*) as an illustration of the Law of Similars, was wiser than some of his disciples have been; and that the true account of the prophylaxis it effects is that ordinarily given. It has perhaps been forgotten that Jenner's practice was introduced as a substitute for the inoculation of Small-pox itself, which was (to say the least) quite an effective for prevention, and was only objectionable as occasionally violent in its effects, and always setting up fresh foci of infection. At the other end of the scale we have the experience of men like Trinks and Dudgeon showing that attenuated Small-pox matter itself (Varioline, as we call it) has the same "alterative, shortening and curative power" as *Vaccinine* in the treatment of the idiopathic disease.† Does not all this look like difference of degree rather than of kind between the two viruses? Does it seem as if the virtues of *Vaccinine* depended in any way of its acting as a SIMILE instead of an IDEM? The apparent antogonism, moreover, manifested when Vaccination is practised after Variolous infection, proves on examination to be apparent only; for it obtains equally when *Vaccinine* is used against itself. If lymph is inserted after the formation of the secondary areola, it will not "take". There is no possible antagonism here: there is at work only the law of exhaustion of susceptibility on which the whole value of the practice depends.

That this is the true account of the matter appears from the direction in which its planes of action extend when prolonged. The great scientist, the world has lately lost, called the preventive inoculations (against Charbon and Chicken-Cholera) which have immortalised him, "vaccinations." The term would have been inappropriate if used etymologically, but its analogical force was evident. And what were the lymphs he inserted? They were not SIMILIA, but EADEM—the identical poison or poisoned parts of the diseases he sought to combat, only tempered and mitigated in virulence by the "cultivation" they had undergone. I am not now discussing the value of Pasteur's methods,—although, however doubtful they may be in respect of Hydrophobia, as regards Charbon and Chicken-Cholera I suppose there can be no

* Herein I must differ from Dr. Edward Madden, who in his Presidential Address at our Congress of 1895 speaks of Hahnemann as "clearly claiming Vaccination as an example of SIMILIA SIMILIBUS." He does so in respect of the modification exerted by Cow-pox over Small-pox, if induced in time; but not (I think) as regards its protective power.

† See B. J. H., ix. 473, x. 262. Drs. Winterburn and Bishop have more lately reported similar experience,—the former giving the 30th dil., the latter the 3rd trit. (J. B. H. S., ii. 369, iv. 352).

question of their merits. I am only shewing that when he sought to apply elsewhere the principle involved in Vaccination, it was identity, not similarity, with which he had worked.

Vaccinine & Varioline

The same thing appears when we prolong the other plane, and enquire what analogues exist to the treatment of Small-pox by *Vaccinine* and *Varioline*. It is *Varioline* which forms the type of such remedies. We are brought into the sphere of Isopathy—that is, the treatment of diseases by their own morbid products. The history of this practice, whether as carried out in the East, or as revived during the last century in our own school (it may be read at length in Dr. Dudgeon's Sixth Lecture), presents many follies and much nastiness; and is on the whole rather humiliating than encouraging. There are, however, a few grains of wheat to be gathered from its dunghill, and for what they are worth must be credited to Homœopathists, though not to Homœopathy. When I say "not to Homœopathy." I mean that the principle of selection is other than that contemplated by the rule SIMILIA SIMILIBUS. That a substance chosen Isopathically may act Homœopathically in the system, it would be rash to deny: we can hardly follow Hahnemann (organon, § 56, note) in maintaining that it does so because "dynamized" and so altered, but there is a theory of the MODUS OPERANDI of similar remedies to which these would lend themselves, so as to make it different whether the medicinal agent was an *ὁμοιον* or an *ἰσον*.* Waiving this, my point is that the treatment of Small-pox by *Vaccinine* as well as by *Varioline* is to be referred to the Isopathic category; it finds its analogue in our use of morbid products for their own mother disease. Such use we have made, with much success, of what we call "*Anthracine*" in Charbon—here anticipating Pasteur, save that we have given it curatively, not prophylactically, and have robbed it of its virulence by dilution instead of cultivation. Similarly good results have followed the administration of attenuated Lymph derived from the "Rot" of sheep—which is just "Variola ovina."‡ I shall have more to say on this subject another day, when the subject of "Nosodes" must be handled in connexion with Koch's *Tuberculin*.

The result of what has now been said is that we can hardly ascribe to Homœopathy (strictly so called) the immunity conferred by Vaccination. A FORTIORI must we refrain from claiming for it, the practice with Antitoxic serums, which has followed on the discovery that such immunity can be (temporarily at least) transferred by inoculation with the immune blood. Here I am

* See Dudgeon, op. CIT., p. 164.

† IBID., p. 167; and B. J. H., xxxi. 624.

glad to have Dr. Madden's concurrence. "It has been," he says, "suggested by some that these injections of Serum taken from immunised subjects act curatively, because they contain attenuated doses of the original Toxin and not in virtue of any Anti-toxic element the Lymph is supposed to contain, and that they are thus examples of unconscious Homœopathic (I should have said, Isopathic) practice". Such a conclusion, however, gratifying as it might be to us, I fear cannot be maintained, as it has been shewn that the Anti-toxin Serum destroys the vitality and morbific power in the bacilli which are introduced into it, outside the body as well as within, so that it is no longer possible to doubt that a real Anti-toxic element does exist in such Serum. The question for us, then, in Diphtheria—for it is mainly in this disease that the Serum Treatment has been adopted—is, Can we do better? The testimony to reduction of mortality effected by it in old-school treatment was, at the Meeting of the British Medical Association in London in 1895, so general from all countries represented, that Mr. Lennox Browne's different results (which I shall mention immediately) may fairly be held in suspense for the present. But what does the reduction amount to? From an average of 40 to 50 the per-centage of deaths has fallen to about 17. This is well; and some careful observations by one of our own colleagues, Dr. W. C. Cutler, *illustrate the undoubted power of the treatment. In a series of 31 hospital cases, four deaths only occured, of which but one—he considers—was part of the ordinary course of the disease, and this case was not injected with the Serum till the fifth day. He notes that the mode of disappearance of the membrane under the influence 'of the Serum is that it rolls up at its edges, and so peels off: whereas under drug treatment it rather softens and breaks away piecemeal. But now 'let us turn to Homœopathic Statistics. I will take 'the results obtained with one drug only, though others find well-defined place in certain forms and stages of the disease: I speak of the *Cyanide of Mercury*. I will ask the candid enquirer first to read the provings and poisonings with this drug, as recorded in the Cyclopædia of Drug Pathogenesy (iii. 260). Let him then read the Essay of Dr. Villers, senr., translated in Vol. xli, of the BRITISH JOURNAL OF HOMŒOPATHY. He will see how the inference—whose validity he cannot doubt—was made from such poisonings that it was applied accordingly; and that in the course of the next five years Dr. Villers treated with (at St. Petersburg) some 200 cases of the disease, of all sorts of severity, without a single death—giving the dilutions from the 6th to the 30th, Dr. Neusehafer, giving the drug from the 15th to 5th dilution

*NEW ENGLAND MED. GAZETTE, May, 1895.

hypodermically, has treated 85 cases with only 3 deaths.* If these infinitesimals stagger him, I may refer him to the similar results reported by Dr. Burt, of Chicago, who has treated many scores of cases with only a single failure, using the 3rd dec. trituration. † Or, if he will have evidence from his own side, let him hear the Swedish practitioner Dr. H. Sellden ‡ His formula is—*Cyanide of Mercury*, two centigrammes: tincture of *Aconite*, two grammes; Honey, fifty grammes: mix, and give a teaspoonful every 15-60 minutes, according to the patient's age. (This, according to my reckoning, makes each such dose contain 1/43 of a grain.) He also orders a gargle of the strength of 1 in 10,000. Under this treatment he and his colleagues had, in 1,400 cases occurring during a term of years, a mortality of 5 per cent. only; whereas under ordinary treatment this assumed frightful proportions. The figures here were not quite so good —the dosage being probably too large; but they bear out the still better ones of the Homœopathic reporters. Really, therefore, with all due respect to the Serum Treatment, we do not want it. Our results are already better than it can shew, and we are not fond of injecting foreign matter into our patients' circulation, incurring consequences which already have sometimes proved unpleasent, and may be worse. Mr. Lennox Browne indeed, § "questions whether we are justified in continuing to pursue a treatment, in which there is such a marked increase in some of the recognised complications of Diphtheria, and the occurrence of several new ones of undesirable, if not actually of fatal significance." He himself doubts the real reduction of mortality by it, shewing that in 100 well-marked cases submitted to the Serum Treatment in a London fever hospital, the mortality was identical (27 per cent.) with that of the last 100 cases treated in the ordinary way.

Some of my hearers, perhaps, who are unacquainted with Homœopathic literature, may be surprised at such statistics as I have brought forward. They may have thought the method of Hahnemann possibly available where there is plenty of time and no danger; but in the presence of these menacing toxications they would deem its employment mere trifling. I can assure them, however, that it is just the pestilential epidemics, like Cholera and Yellow Fever, and the hardly less fatal endemics like Diphtheria and Typhoid, which have made the fortune of Homœopathy by its comparative success. Take the last-named disease. Would not any hospital be well-satisfied, if during a term of 23 years its average mortality in Typhoid cases was 7 per cent? Well: that is the rate ascertained to have prevailed in our Hospital St. Jacques at Paris. Or, to get comparative

*M. H. R., xxxviii. 250. † AMER. HOMOEOPATHIST, ii. 22. ‡ See LANCET. April 24, 1888. § "Diphtheria and its Associates," 1895.

statistics in a small compass, let us go to the antipodes, and see how such patients fare in the three hospitals of Melbourne respectively. During the five years 1889-94. the mortality from Enteric Fever in the Hospital named from the city was 19·49 per cent.; in the Alfred Hospital it was 10·54 : in the Homœopathic it was only 7.22. Nor is the advantage gained by the number of cases being fewer. Our institution is indeed a smaller one; but it makes up by quickness of recovery for deficiency in beds,* and its number of cases of this Fever treated during the five years falls short of that of the Alfred Hospital by only 4, and of the large Melbourne Hospital by but 126.

Again, Cholera and Yellow Fever are disorders fairly trying the mettle of any method of treatment. Homœopathy has never blenched before them, formidable as they are; and has always come off the field comparatively, if not positively, victorious. As regards Cholera :—Naples in 1884, Hamburg in 1892, showed that no advance had been made since the past by the old-school treatment; the deaths averaging 53 per cent. in the former, 40-45 per cent. in the latter Epidemic. Our mortality has never risen to such heights. Dr. Hesse in Hamburg lost 20 per cent. only of his cases; and our latest experience of the pestilence in England, when Dr. Proctor encountered it at Liverpool in 1866, gave out of 99 fully-developed cases, 85 recoveries. Of Yellow Fever it will suffice that I recall the statements made to us by the late Dr. J. P. Dake at our International Congress of 1881. He told us of the Yellow Fever Commission appointed by the President of the American Institute of Homœopathy after the Epidemic of 1878—the severest they had known in America. He and his colleagues followed on its heels, as it were, gaining information while memory was fresh. They had 6,569 cases reported to them from Homœopathic physicians, with 360 deaths,—that is a percentage of 5·4. "The moratlity of the old-school treatment ranged all the way from 15 to 60 per cent., and the general average would come up to 20 per cent." It is easy to calculate that had it not been for Homœopathy, a thousand of the survivors of the band treated thereby would have succumbed to the Plague.

Another gratifying feature in the Report of this Commission was the near approach to unanimity ascertained to have prevailed as regards the medicines used. It was especially shown in this, that in the second stage—that of Hæmatic Jaundice and Hæmorrhages—all Homœopathic practitioners employed one or other of the *Snake-poisons*. The use of these substances is

* The same thing was noted in Tessier's experience at the Hospital St. Marguerite in Paris.

a DIFFERENTIA of our practice, and has given us some of our most potent agents. For *Lachesis*—the venom of the lance-headed viper, the "Churukuku," of Surinam—we are indebted to Constantine Hering; for *Naja*—that of the Cobra to Rutherford Russell; but for *Crotalus*—that of the Rattle-snake—we owe mainly to Dr. Hayward of Liverpool, whose Monograph upon it, in the "Materia Medica, Physiological and Applied" (Vol. I.) is a mine of information on the whole subject. Many years ago * I endeavoured (basing myself on the phenomena of snake-bite) to formulate the main action of these substances thus : that they were indicated "when a local affection assumes a malignant character, and from thence proceed poisoning of the blood and prostration of the nervous energies." I was then inclined to doubt their applicability to primary Toxæmiæ; but Dr. Drysdale in 1872 called my attention to the occurrence of cases in which the bite was not at all inflamed, yet the paitent died fast enough—showing that the venom might be fatal without any secondary Septicæmic infection. † Wider knowledge has confirmed this inference; and in the later editions of my 'Manual' I have given a notable list of morbid hæmatic conditions in which the *Snake-venoms* have proved curative. They thus play an important part in the treatment of the Specific Infectious Fevers which have been under our notice to-day, coming in when Jaundice with hæmorrhages occurs, whether primarily or as in Yellow-Fever itself : when a purpuric condition supervenes upon Typhus or Variola, constituting their hæmorrhagic varieties; when epidemic Cerebro-spinal Meningitis appears in the form known as "Malignant purpuric" or "Spotted" Fever; in Plague; and in the invasion of malignant Scarlatina. In two cases of the latter kind, occurring in his own family, which Dr. Hayward has recorded in his Monograph, the curative action of *Crotalus* was very marked. But after all it is in malignant inflammations, with secondary blood-poisoning and prostration—often out of proportion to the local mischief that *Snake-venom* finds its chief place. Traumatic Gangrene, Septicæmia from dissecting-wound, Malignant Pustule and Carbuncle, Pyæmia from Phlebitis. Diphtheria—these are the formidable conditions in which it has come to our aid, and enabled us to triumph in almost hopeless circumstances. That it is still ready to do similar service appears from the cases of Pyæmia from suppurative Periostitis and of commencing constitutional infection from a poisoned wound reported within the last few years to the British Homœopathic Society. ‡ Of the former, the reporter (Dr. C. W. Hayward) says, "The terrible

* Manual of Pharmacodynamics, 1st Ed., 1867.

† M. H. R., xvi., 636.

‡ See J. B. H. S., iii. 383, and M. H. R., xxxvi. 212 (In the former, at line 8, "May, 28" should be "May 20.").

condition to which the patient was reduced at the time of operation, and the undoubted Pyæmia from which he suffered, would, I am sure, under Sergery alone have been fatal. The effect of *Crotalus* was most marked." In the latter, Dr. Madden speaks of the rapid and unmistakable effect produced by *Lachesis,* which in a few hours transformed the case from one of the gravest danger and anxiety into one of a simple skin wound, which only required to be kept clean and quiet to be certain to heel speedily and well.

I think I have now said enough, generally, of Homœopathy in the ACUTE INFECTIOUS DISEASES. I am glad that the first class of maladies we have had to consider have been such as from their severity might seem beyond the range of our method, and from the hypothesis of their nature now accepted might be supposed to require least doses of germicides rather than small ones of specifics. In neither way is the presumption against Homœo pathy borne out by the facts: it exhibits itself effectively all along the line. We shall thus be encouraged to depend upon it with confidence in the less acute and more purely dynamic disorders which will subsequently come before us.

We will proceed to the consideration of the treatment of the several maladies included in the group now before us, and will take first the EXANTHEMATA. At the head of these stands SMALL-POX.

VARIOLA.—Let me begin by saying that as regards Vaccination we are, as a body, entirely at one with our brethren of the old school, though we have individual dissidents in our ranks as they have in theirs. Statistics at large demonstrate the extensive immunity from the disease secured by this invaluable prophylactic; and no one who has had the opportunity of comparing the unmodified Small-Pox with that form of it which ordinarily appears in vaccinated subjects can do otherwise than bless the name of Jenner. If I cannot now, as I once did,* argue that the efficacy of Vaccination is probably an illustration of the Law of Similars; if I have had to give good reasons for believing it to be an inoculation in a milder form, it is none the less a successful practice, and demands a loyal adhesion on our part.

I must first speak of the treatment of VARIOLOID—that is, of Small-Pox as modified by Vaccination or by a previous attack. The distinctive feature of this form of the disease is that the pustules do not mature, so that the suppurative stage and its accompanying fever are abolished, and the duration of the illness proportionately shortened. Almost the only thing you will have to do here is to mitigate the severity of the initial fever

* See paper, "On the Present Doctrine of Vaccination" in B. J. H., xxvi, 223.

and its concomitant symptoms, which is often considerable. I must agree with Bahr that **Belladonna** is more appropriate, Homœopathically, than *Aconite* to this fever, and I have seen better results from it. Occasionally, however, the condition of the patient may indicate other Antipyretics, as *Gelsemium, Baptisia,* or *Veratrum viride,* according to the characteristics of each as pointed out in my 'Pharmacodynamics.' The last named would be specially called for, if other symptoms concurred, when the pain in the back was severe. If the vomiting is troublesome. ***Tartar emetic*** (of whose relation to Variola I shall have more to say subsequently) will prove your best aid; and you can hardly do better than continue the administration of this medicine when the eruption has appeared and the temperature fallen. It will carry your patient on to a satisfactory convalescence.

It is altogether different when the subject of Small-Pox is unprotected, and you have to deal with Variola Vera. If you see the case early enough, an attempt should be made even yet to convert the disease into Varioloid. This can hardly indeed be done by Vaccination; for Mr. Marson has shown * that this operation, to be effective, must be performed not later than the third day after the patient has been exposed to contagion, which is eight or nine days before he begins to be ill. But you may get a much more rapid effect by giving your Cow-Pox Lymph internally as a medicine. You may smile at this idea. But let me ask you to read the experiments of Severin, Schneider, Norman Johnson, Kaczkowski, Landell and Collet regarding this matter. † You will see that Vaccine Lymph, even in infinitesimal doses will, when taken into stomach, develop the Cow-Pox vesicles with their concomitant fever, and vesicles so true that Vaccination from them has succeeded perfectly. You will also note that the effect is often much more rapid than when the Lymph is introduced into the arm, the fever and rash sometimes appearing as early as the third day. When given to persons actually suffering from Small-Pox, the action of the Lymph is still more rapid. Within twenty-four hours the pocks begin to feel its influence, and shrink, shrivel, and dry up. This is the experience alike of Dr. Landell, who gave about a third of a drop of the pure Lymph, and of Dr. Kaczkowski, who administered it in the third Homœopathic attenuation; only the latter seemed to act with greater rapidity. Thus Vaccininum has become an accredited medicine amongst us in the treatment of Small-Pox. Drs. Rummel, Pulte, Bayes and Goodno concur in testifying to its great value.

* See his Article on Small-Pox in Russell Reynolds' "System of Medicine."
† B. J. H., xxiv., 171; xxv., 340; xxxi., 905; xxxii., 720.

I have no personal experience of this medication; and have always, in the treatment of Variola, relied (after *Belladonna* at the outset) upon ***Tartar emetic***. I have, when writing upon this medicine, shown its close Homœopathicity to our present disease; and I can quite go with Drs. Leidbeck * and Ludlam, † when they claim for it a real abortive control over the Variolous process, analogous to that exerted by prior Vaccination. I cannot better illustrate this than by citing a case of the disease treated by the latter physician.

"Frank——,aged six years, a fine healthy boy, the child of German parents. had never been vaccinated. I had promised to vaccinate him as soon as it was possible to procure a little good virus. Meanwhile he contracted the Small-Pox. The papular stage was well-defined. One could not mistake the shot-like pimples beneath the skin. The vesicles were formed, and in due time most of them became umbilicated. The eruption was thick, but yet distinct in its location, suggesting to an experienced eye that, when the pustular stage should set in, the case would assume the confluent form. All the attendant symptoms, the odour of the breath and the exhalations, the swollen eyelids and features, the sore-throat and salivary symptoms, were equally pronounced. The little fellow was really ill with genuine Small-Pox. We prescribed *Tartar emetic*. 3rd dec. trituration, of which he was to have a dose every three hours.

When the period arrived at which the serous fluid contained in the vesicles should have become turbid and purulent, it was remarked that no such change took place. Some of the vesicles burst, but the majority of them disappeared by desiccation and desquamation. Pus was not formed, and the third stage was not developed. The CUTIS VERA was not seriously implicated, and did not slough away; consequently even upon the most exposed portion of the face and extremities there was no 'pitting' at all. The child recovered without any of the ordinary sequelæ of severe Small-Pox, as Ophthalmia, Chronic Diarrhœa, &c. During the whole course of the disease he took no other medicine than *Tartar emetic*."

If you have not had the opportunity, or have failed to modify the disease in these earlier stages by *Vaccinine* or *Tartar emetic*, you must treat the fully developed pock according to the symptoms. When maturation is impending, and the suppurative fever rising, general consent points to ***Mercurious*** as the most effective—as I have already shown it to be the most Homœopathic—remedy. Hartmann, Rapou and Bahr are its especial panegyrists. Where the swelling is great, or when itching is troublesome, ***Apis*** is a useful adjunct.

* B. J. H., vii., 475.

† NORTH AMER. JOURN. OF HOM., xii., 567. To these I may add the experience of an old-school physician, who reports himself "highly gratified with the results of treating 33 cases during an epidemic with doses of gr. 1/100 each" (J.B. H. S., vii., 324).

All the complications and SEQUELÆ of Variola Vera (except the early Bronchitis, which is controlled by *Tartar emetic*) are results of the suppurative condition of the system induced during the maturation of the pustules, and are best averted or moderated by the *Mercurius* you are giving in this stage. But there is a frightful modification of the disease which may manifest itself from the first, or may be induced at any point of its progress. In the former case we call the whole malady Purpura Variolosa: in the latter we say that the Small-Pox has become hæmorrhagic. Some serious change has taken place in the blood or its vessels or both, which leads to its extravasation throughout the body; and the result is almost inevitably fatal. Can we do anything for this casualty? Dr. Hale records a case in which purpuric symptoms supervened during Varioloid, and yielded pretty speedily to *Hamamelis*. Teste writes:—"When the disease pursues an irregular course; when the eruption exhibits a tendency to disappear from the surface; when the pustules, in stead of being transparent or yellow, are green, purple or black; when the blood with which they are filled announces a decomposition of this fluid and threatens the approach of putrid symptoms, it is not to *Arsenicum* that we should have recourse, but to *Sulphur*." These are the only practical hints I can find on the subject in Homœopathic writings. I have myself suggested the *Snake-poisons* as the most Homœopathic remedies for this condition; and though Dr. Galley Blackley says that in three cases of the kind occurring in an epidemic in Liverpool, he found *Crotalus* useless, I must still entertain a hope that with it or *Lachesis* we shall learn to control them in the future. Perhaps, too, *Phosphorus* might come in usefully here, as in primary Purpura. Dr. Jousset has reported a case of success with it (Lecons Cliniques, 1st Sers., L. 28). It is true that the patient had been vaccinated, and that the modifying influence of the prophylactic duly shewed itself in the abortion of the second stage of the disease. But even under such circumstances Variola Hæmorrhagica is apt to be fatal.

I have now sketched for you the ordinary Homœopathic treatment of Small-Pox, and with it you may expect to gain, as others have gained before you, a very fair measure of success. But I must mention briefly certain other remedial means which have been used by individual Homœopathists, and from which they claim more than ordinary good results.

1. Dr. Garth Wilkinson * thought **Hydrastis** a specific antidote to Small-Pox, capable of arresting the disease at its outset,

* "On the Cure, Arrest and Isolation of Small-Pox by a New Method," &c. 1864.

of extinguishing the infection by its local application, and of securing immunity to the healthy by its prophylactic use. Dr. Wilkinson should have, I think, adduced more evidence than he did to establish these positions. But those who have, at his recommendation, dabbed the swollen faces of their Variolous patients with an infusion of the plant, have testified to much relief of itching and reduction of œdema having been thereby obtained.

2. Dr. von Bœnninghausen was led to use **Thuja,** in Small-Pox on the strength of some Variola-like pustules having appeared on the knee in one of Hahnemann's provers, and (a better reason) because it had proved the specific remedy for the "Grease" of horses, which seems to be the same thing in them as Vaccinia in the cow. He states that it causes the early drying up of the pocks without pitting, and also acts as a temporary prophylactic like *Belladonna* in Scarlatina. Here again corroboration is required.

3. I need not reproduce what I have written elsewhere about the history of **Sarracenia purpurea** as an Anti-variolous remedy." That it has claims upon our notice is undoubted; but it has hardly yet established a superior efficacy on its part over the ordinary treatment.

4. Much more satisfactory evidence exists as to the virtue of the last remedy I have to mention to you, the **Baptisia tinctoria.** Dr. Eubulus Williams is physician to a large Children's Home in Bristol. As epidemic of Small-Pox occurred there in 1872, nearly 300 children being attacked. All had been vaccinated in infancy, but none re-vaccinated. The result was that no child under three took the disease; that between the ages of three and eleven forty-three only were affected, and none died; while those from eleven to eighteen (the extreme limit of age in the Home) furnished all the remaining cases out of the 300. Now, of 185 of these treated with ordinary remedies (*Tartar emetic, Vaccinine, Thuja*) nineteen died; of seventy-two treated with *Baptisia* alone, none. Yet these (Dr. Williams says) were as severe in their character at the outset as the others; some more so. Three of them had hæmorrhages, two from the vagina and one from the nose, but they recovered without an untoward symptom; whereas under other treatment such losses of blood had always been followed by death. Dr. Williams is satisfied that the *Baptisia* often aborted the disease; and it always averted prostration, improved appetite, obviated decomposition (as shown by the absence of the usual offensive effluvia), and prevented pitting. "In two cases only, of those treated by

* To the references given in my 'Pharmacodynamics' add J. B. H. S., ii., 100.

Baptisia, were there any evident scars two months after recovery." You may read Dr. Williams' valuable communication in the Thirty-First Volume of the BRITISH JOURNAL of HOMŒOPATHY.

I have already mentioned *Baptisia* as one of the possible remedies for the initial fever of Variola. The results now related would point to a still more intimate connection between the drug and the disease, and would encourage us, when we find the medicine indicated at the outset, to persevere with it throughout the malady.

Dr. Williams' Statistics are the only ones we have on a large scale for testing the comparative success of Homœopathic treatment in Small-pox. Under ordinary treatment the mortality among the vaccinated ranges from ½ to 8 per cent. Among the unvaccinated it averages 37 per cent. These are the results obtained at the London Small-Pox Hospital. Dr. Williams lost no case at all during the time when primary Vaccination continues effective—*i.e.,* from the age of three to that of eleven. After that period, when the course of the disease showed that the subjects of it were no longer protected, his mortality was 19 out of 257—about 7½ per cent. I think you will agree with me that it is high time that a ward of the above-named Hospital was handed over to Homœopathic treatment.

* In the INDIAN HOMŒOPATHIC REVIEW of May, 1895, Dr. Bhaduri writes that quite a virulent epidemic of Small-Pox had raged at Calcutta, and that great success had been gained by Homœopathic treatment. 'We have been able to check hæmorrhages in the pocks by medicines like *Arsenic, Crotalus, Rhus tox.* etc., and we have made the disease take a milder type by the use of *Vaccinine.* The last medicine has helped us more than any other, and even beyond our expectation, in this epidemic.'

LECTURE XVII.

GENERAL DISEASES

THE EXANTHEMATA (*Continued*).

VACCINIA—VARICELLA—MORBILLI—RUBELLA—SCARLATINA—DENGUE—MILIARIA.

After Variola the next disease on our list is Cow-Pox itself—

VACCINIA.—You may think that its interest in us is purely Pathological, as it is not communicable by contagion to the human subject. No: but it is by inoculation, and in this way it is set up in millions of human beings every year. Ordinarily, indeed, the indisposition occasioned by Vaccination is so slight as to demand no treatment, save for a little **Aconite** if the patient is feverish, or some **Belladonna** when the areola is more inflamed than usual. But ever and anon—at any rate in the days when we took lymph from children's arms, and were not always sufficiently particular about securing it before it had become purulent—unpleasent after-effects, local or general, have followed upon Jenner's prophylactic method. These generally take the form of ulcers or pustular eruptions, and when thus occurring are well-controlled by **Silicea**—which, Constantine Hering having been the first to recommend it, I have always given in the 30th.

Some of our colleagues would go further. In 1860 Dr. C. W. Wolf, of Berlin, published a Treatise* in which he maintained that the virus introduced by Vaccination was really that of Hahnemann's "Sycosis"; that many more chronic affections than Hahnemann dreamed of were caused thereby, and that his chief Anti-sycotic, **Thuja**, was their all-sufficient remedy. In 1884, our own Dr. Burnett (of whose sudden death I regretted to hear as I wrote these lines) published a small volume entitled "Vaccinosis and its cure by *Thuja*," and propounding a similar thesis. He had not, he tells us, heard of Wolf; but the ideas of the latter would seem to have filtered into his mind through the German authors to whom he acknowledges his indebtedness—Drs, Kunkel and H. Goullon. They appear in his pages,

* See an account of it in B. J. H., xviii., 459.

however, in a much more restrained and rational form. He does not speculate about "Sycosis," nor does he follow Goullon in requiring Grauvogl's "Hydrogenoid" constitution to characterize the subjects fitted for his medication. His contention is that the modern practice of repeated Vaccination is, whether the Lymph "takes" or not, and indeed especially when it does not take, the frequent cause of a morbid habit of the body which he would call "Vaccinosis." It manifests itself in pustular eruption, chronic Headaches and Neuralgias, diseased finger-nails, and a variety of other phenomena; and whenever occurring is more or less amenable to the influence of *Thuja*—generally given in highest dilution. The cases he gives are often very striking and they certainly bear out his recommendation of the remedy—whatever may be thought of his theory.*

Still shorter may be my notice of the following malady—

VARICELLA—the "CHICKEN-POX" of common parlance. You will naturally give mild doses of **Aconite** while the temperature is elevated; and I think you will find **Apis** useful if, as often happens, there is much itching with the eruption.

Of much greater importance than Vaccinia or Varicella is the Exanthem next coming before us, MEASLES—

MORBILLI—The Homœopathic treatment of this disorder is very simple and very successful. "The most important thing in the Therapeutics of Measles," writes Thomas in Ziemssen's Cyclopædia, "is the suppression of immoderate fever in the prodromal, and especially in the eruptive stage." For this purpose he advises a complicated and most troublesome course of cold baths, packings and compresses.† We, without neglecting any comfort and refreshment which can be derived from

* An illustrative case is recorded in the MEDICAL CENTURY, for June 15, 1895. A general Psoriasis, of four years' standing in a girl of ten, was traced to Vaccination, with aggravation by overdosing with *Arsenic*. *Thuja* in the 3rd and 2nd dilutions caused an almost complete recovery. (See also J. B. H. S., iv. 341).

† With what success may be inferred from the fact that Statistics show a hospital mortality of 10 to 40 per cent. In our Hospital St. Jacques, in Paris, where the ward of six beds reserved for cases of this malady is often full, no death from it has been registered for thirty years. This statement includes the Broncho-Pneumonic cases, (L' ART MEDICAL, May, 1900; p. 342).

cold water without or within, rely for antipyretic purposes on one medicine, **Aconite**. We give it from the commencement, and we do not suspend its use till complete defervescence has occurred. Dr. Ozanne, who has given in the Sixth Volume of the BRITISH JOURNAL OF HOMŒOPATHY an interesting account of an Epidemic of Measles observed by him in Guernsey, writes thus on the last-named point:—'I remarked that after giving the *Aconitum* either for twenty-four or forty-eight hours, and producing a fall of 30 or 40 pulsations per minute, on replacing it with *Pulsatilla* the pulse frequently rose again from 80 pulsations per minute to 90 or 100, its strength and fulness gaining in proportion, whilst the heat of the skin and the restlessness at night, together with the peculiar harsh and troublesome cough, continued or increased." To this corresponds that which is noted by all writers on the fever of Measles, that, unlike that of Small-Pox, it does not subside on the occurrence of the eruption, but rather increases; and also, which thermometric investigation has since established, that the MAXIMA of fever and eruption coincide. He, therefore, gave *Aconite* more persistently, and with the happiest results.

Fever being thus a continuous feature in Measles, and its type being quite that of *Aconite*, you will employ this medicine throughout its course; and (if comparative observation on my own children with the 1st decimal and the 12th centesimal may be trusted) preferably in the lower dilutions. But I am persuaded that much benefit is obtained from alternating with it medicines suitable to the local catarrhal disorder present. When this is chiefly conjunctival and nasal, **Euphrasia** is invaluable. Dr. Pope, who has communicated to the Sixteenth Volume of the MONTHLY HOMŒOPATHIC REVIEW a very practical Essay on Measles, recommends also bathing the eyes, when they are much affected, with an infusion of the plant. The catarrh of the digestive canal, which occurs later, calls for **Pulsatilla**, which is a medicine of high repute in Measles, and will generally control the Diarrhœa to your satisfaction. If the Cough is very troublesome and the larynx evidently much affected, I agree with Dr. Lippe in thinking **Kali bichromicum** the most Homœopathic as well as the most effective remedy; but Jousset recommends *Viola-odorata*. Nor is the first-named of less avail if simple Bronchitis should supervene, *Aconite* being continued or resumed as the case may have happened.

There are other graver complications and SEQUELÆ of Measles —Laryngitis, Diphtheria, Broncho-Pneumonia, Ophthalmic and Aural troubles, Gangrenous processes in mouth or genitals. But these constitute substantive diseases, and will be discussed in their proper places. I will only speak here of the danger into which the patient is occasionally thrown by the imperfect development or retrocession of the eruption. When the effect of this casualty is of a general character—coldness, prostration

and so forth—I have seen the best results from repeated doses of **Camphor.** When the chest is especially affected thereby, **Ammonium carbonicum** (in the first dilution) has served me well; but Hartmann and Teste concur in commending **Bryonia.** When the brain is oppressed, there is a general agreement—here as in Scarlatina—as to the virtues of **Cuprum aceticum**; and here also **Zincum** may be a possible alternative.*

When the embers of the Morbillous fire seem unwilling to go out, their extinguishment may often be greatly promoted (espeeially in strumous subjects) by a course of **Sulphur**. If however, the conjunctiva be the part affected, Bahr supports Dr. Pope in commending **Arsenicum** as the best medicine. In a severe epidemic occurring at Antwerp, where Dr. Lambreghts had fifty cases under his care, he found this drug the one best able to remove all SEQUELÆ. I agree with Dr. Jousset in advising reliance on the same remedy if Measles ever assume a malignant form.

RUBELLA is the next name on our official list and it designates what is popularly known as "GERMAN MEASLES,' and which I have in my 'Manual of Therapeutics' called by its German name, "ROTHELN." It seems to combine the Morbillous skin and mucous membrane with the Scarlatinal mouth and throat. The German writer on it, in Ziemssen's work, makes it a much higher disease than it is known here—as described, for instance, in Copelands "Dictionary" or Aitken's "Science and Practice of Medicine". According to him it is ordinarily feverless. I much suspect that confusion has arisen from identifying this malady with "Epidemic Roseola"—Rose-Rash as we used to call it, that simulates Scarlatina, while Rubella is much more like Measles; and (the former) is slight indeed.

An account of an epidemic of Rubella occurring in a school, given by Mr. Harmar Smith in the Sixteenth Volume of the MONTHLY HOMŒOPATHIC REVIEW shows that it may assume diverse forms and degrees of severity according to the patient attacked. You must treat these as you would Measles and Scarlatina, according to the condition present.

SCARLATINA is unquestionably one of the most important diseases with which we have to deal. Its great frequency where

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* See a case in J. B. H. S., iv. 170.

sanitary considerations are neglected, its high mortality and the variety of its forms, complications and sequelæ invest it alike with practical and scientific interest. You will be eager to know what Homœopathy can do in its treatment, and how its work is done.

I have mentioned the prophylactic virtues, in this disease, of **Belladonna**. If you will consider the evidence I have adduced or referred you to, you will see that these are amply attested. That results of an opposite kind have been obtained I know well; but two considerations must be borne in mind in estimating their weight in the question. First, what was the dose used? Hahnemann recommended one or two drops of a solution of the extract equivalent to about the third centesimal dilution. every third or fourth day. Those who have confirmed his results have approximated more or less closely to his dose: while the reporters from the opposite side (notably in Mr. Benjamin Bell's experiments in George Watson's Hospital) seem generally to have given the drug in quantities large enough to excite its Physiological effects. The second question is still more important — what was the form of the epidemic present? Hahnemann long ago pointed out that there were two distinct forms of Scarlatina,—the eruption in the one being smooth, shining, bright and scarlet, in the other dusky, sometimes purplish. patchy and rough, in the form of very minute vesicles. The constitutional concomitants and the suitable medicines vary in these two forms of the disease. The distinction thus drawn has since been verified by Dr. Bayes in an Epidemic observed by him at Cambridge, of which he has given an account in the Fourth Volume of the ANNALS. Now Hahnemann expressly limits the prophylatic virtues of *Belladonna* to the former of these varieties. To demonstrate its failure, therefore, it is necessary that the kind of Exanthem present in the epidemic in question be distinctly identified; which has not been done. I conclude accordingly that the weight of evidence is in favour of the power of *Belladonna* to protect against, or to render milder, a threatened attack of Scarlatina; and I recommend you always to give it where the disorder is prevalent or has already appeared in a house.

And now as to treatment—

We must begin by eliminating the miliary variety which is rarely met with in the present day. Dr. Bayes confirms Hahnemann's observation that *Belladonna* is as useless here to modify, as it is to prevent and that the specific remedies are ***Aconite*** and ***Coffea.*** in medium dilution. I have myself seen this form of Scarlatina in one family only; and I was led to these medicines by the symptoms before I had clearly identified the disorder before me. The complications and sequelæ of the miliary variety require the same treatment as those of the more ordinary form of the disease.

The true smooth Scarlatina of Sydenham is, as you know, styled "Simplex," "Anginosa," or 'Maligna" according to its severity. These divisions afford a sound practical basis for my sketch of its treatment.

"SCARLATINA SIMPLEX," we are told, "proves fatal only through the officiousness of the doctor;" and hence we are advised to leave it to Nature and nursing. I think you will find, however, that great relief may be given during its progress by Homœopathic medicines,—especially **Aconite** and **Belladonna**. This is one of the few instances in which I find alternation necessary. I have sometimes tried *Belladonna* alone but the fever has been far more persistent. In Scarlatina, like Measles and unlike Small-Pox, the fever keeps up after the rash has appeared; and hence the necessity of *Aconite* throughout. This is also the experience of Drs. Ozanne and Pope.

It is right to mention that some physicians prefer **Gelsemium** for the Scarlatinal fever, considering it hardly sthenic enough for *Aconite*.

In the "SCARLATINA ANGINOSA" you will have begun with *Aconite* and perhaps *Belladonna;* but very soon you will find that the state of the throat demands special remedies. You will generally have either swelling or ulceration as the prominent symptom present; and your remedies must be selected accordingly. For the former condition I have been disappointed in *Baryta carbonica,* which I was led to use from its value in Quinsy; but it is now generally agreed that we have a capital medicine for it in **Apis**. For the ulceration, often so destructive, which obtains in Scarlatina, we have an excellent and most Homœopathic remedy in **Mercurius**. Dr. Pope thinks the *Biniodide* its best form; but I am inclined to prefer, for the reasons given when lecturing upon the drug, a more purely Mercurial preparation. The *Biniodide,* on the other hand, has often served me well in the Quasi-Diphtheretic condition which sometimes complicates Scarlatina.

Symptomatic affections of the neck accompany all forms of Scarlatina Anginosa. If they consist of swelling of the glands only, the *Mercurius* we shall be giving for the internal trouble will be all that is required. But if the areolar tissue become impliacted grave trouble is threatened, and we need to direct our main energies on this point. Dr. P. P. Wells, who has lately given us in a completed form some previous valuable commentaries on the Therapeutics of Scarlatina,* recommends **Rhus** in the incipience of such cases, **Lachesis** when they are more advanced.

And now of that frightful disease which we call "SCARLATINA MALIGNA." We usually first recognise it in the general nervous toxication which characterizes its primary invasion. The

* See AMAB. HOM. REVIEW, VOL. iv., NORTH AMER. JOURN. of HOM., Vol. xxiv.

obvious indication here is to get the poison to the skin; for which purpose, you may well call in the aid of Hydropathy, in the form either of the wet pack, or the cold affusion with subsequent wrapping in blankets. At the same time you will administer medicines suitable to the condition present. **Camphor**, in repeated doses, is commended by Hartmann, and would be indicated where the symptoms were rather those of general collapse with coldness, the mental functions continuing unimpeded. But when (as often happens) the oppression of the brain is the most prominent symptom, we have two medicines in high repute, **Cuprum aceticum** and **Zincum**. The evidence in favour of the former is adduced by Dr. G. Schmid in the First Volume of the BRITISH JOURNAL OF HOMŒOPATHY; the latter is advocated by Dr. Elb in the Seventh Volume of the same Journal. It is not easy to distinguish between the two; but Dr. Pope thinks the *Cuprum* preferable the more intense the prostration and the more violent the Convulsions.

Dr. Wells suggests as additional remedies for consideration in the primary invasion of Malignant Scariatina. *Hydrocyanic acid, Tabacum, Lachesis* and the *Ailanthus glandulosa*. Striking results have followed his mention of **Ailanthus**. I have told the story in my 'Pharmacodynamics.' The facts justify the conclusion that we have in this medicine a most potent antidote to Scarlatina Maligna. When the disease sets in with angry symptoms, the throat livid and rapidly swelling, the eruption patchy and dark-coloured, the pulse very quick and feeble, and the brain oppressed, *Ailanthus* seems to do all that medicine can do. It quite supersedes *Arsenicum* and *Lachesis*, and probably renders even *Cuprum* and *Zincum* unnecessary here though they would be the remedies were the cerebral symptoms consequent on the retrocession of an otherwise normal Rash. *Ailanthus* should be given alone, in about the first decimal dilution. An alternative to it would be **Baptisia**, with which Dr. H. Macdonald communicates to the CLINIQUE of August 1895, a lengthened favourable experience.

Sometimes however, when the general condition of the patient has been greatly improved by these means, the throat-symptoms continue malignant and may even set up fresh constitutional disturbance, the system being, as it were, re-inoculated from the ulcerated and gangrenous fauces. I have been accustomed to rely upon **Lachesis** here as truly indicated, and it has not disappointed me. From America, however, the **Arum triphyllum** is highly commended, especially when the nose and mouth are sore and the discharges acrid. With regard to *Lachesis*, I may mention that Dr. Jousset esteems it the principal remedy in Malignant Scarlatina; "it has procured us," he says, "unhoped-for successes." Dr. Spranger says that in his early medical life he saw so many cases "go to the bad" under *Belladonna*—Septicæmia, as he thinks, complicating the Scarlatina

proper—that he began to give *Lachesis* from the first. Under this treatment for the last fifteen years he has never had a troublesome case, and Scarlatina brings no more terrors to him.*

Dr. Wells (as also Dr. Jousset) speaks of "inflammation of the brain and its membranes" as not unfrequently occurring in Scarlatina, and describes the characteristics of its remedies, notably *Belladonna* and *Sulphur*. I suspect that the complication is a very rare one. Laryngitis, also, is happily unfrequent: *Spongia* and *Bromine* might touch it when occurring.

The "Post-scarlatinal Dropsy" forms a connecting link between the complications and the sequelæ of Scarlatina. I mean that it seems now ascertained that renal implication, as shown by Albuminuria, is no accident of this Exanthem, but of its essence, and constant. This requires no treatment; but it is otherwise when it results subsequently in acute desquamative Nephritis and Dropsy. Several medicines are in repute for this malady. I was glad to see that Dr. Yeldham had softened the recommendation of *Terebinthina* to be once made.† I have been woefully disappointed in it. **Arsenicum**, **Cantharis**, **Helleborus** and **Apis** have been most frequently used. The second would seem most truly Homœopathic to the lesion present; but I have best reason to be satisfied with *Arsenicum*. Dr. Ozanne, in an epidemic occurring at Guernsey, relied on *Helleborus* with the best results; and the same medicine is also praised by an old school physician‡ *Apis* is reported to have acted well in American epidemics: I have myself given it occasionally without manifest effect. *Apocynum, Colchicum,* and *Hepar sulphuris* also are only theoretical. I shall return to this subject when I come to speak of renal disease.

I may dismiss briefly the other sequelæ of Scarlatina. The sore and bleeding nose, and the Otorrhœa and Deafness, which often remain behind, are singularly under the control of ***Muriatic acid***, sometimes, in the ear cases, reinforced by *Hepar sulphuris*. Bahr recommends also *Aurum muriaticum* for the nose, and Pope, *Silicea* for the ear. But when these troubles occur as parts of a general bursting forth of the scrofulous diathesis resultant upon the disease, ***Sulphur*** must be administered.

I think I have now pretty well prepared you for the treatment of Scarlet Fever; nor do I doubt but that you will be abundantly satisfied with your comparative measure of success. For fuller information I may refer you to our systematic Treatises in general; to the accounts of Epidemics of the disease by Dr. Ozanne in the Third Volume of the BRITISH JOURNAL OF HOMŒOPATHY, by Dr. Wilde and Dr. Bayes in the Fourth

* PACIFIC COAST JOURN. OF HOMŒOPATHY, Feb., 1896.

† See ANNALS i., 390; iv. 71.

‡ See B. J. H., iv., 6.

Volume of the ANNALS, and by Mr. Nankivell in the Seventh Volume of the MONTHLY HOMŒOPATHIC REVIEW in Acute Diseases," and by Dr. Laurie in the Second Volume of the BRITISH JOURNAL. I must also mention an able series of papers by Dr. Pope (to which I have made frequent reference) in the Fourteenth Volume of the MONTHLY HOMŒOPATHIC REVIEW. Our Therapeutics of the disease have been so well-established by these and similar treatises, that few communications regarding it have appeared in our later literature. A "Symposium" devoted to it appeared in the MEDICAL CENTURY of May 1st and 15th, 1895. The remedies I have mentioned seem, in the hands of the contributors, to have sustained their reputation. Dr. George Royal praises **Bryonia** in repercussion of the eruption, or *Stramonium* when the urine is suppressed. Dr. Fisher says that *Carbolic acid* (4th dil.) has rendered him excellent service in confirmed blood-poisoning types, with coma, fœtor oris, besotted countenance, Otorrhœa—profuse and offensive, glandular involvement—destructive; and our own Dr. Vawdrey regards the specific action of *Cantharis* (1_x—3_x) in the acute Nephritis "one of the few certainties of medicine."

I would add that Scarlatina, like Small-Pox, may show malignancy by taking on the hæmorrhagic form. What **Phosphorus** may do in such cases, I cannot say; but we have an alternative in **Crotalus** which Hayward's experience seems to establish as being as effective here as it is Homœopathic. You will find his record of it in the "Materia Medica, Physiological and Applied," VOL. I., p. 362.

I conclude my remarks on the treatment of the Exanthemata with a mention of two affections not ordinarily so accounted, "DENGUE" and "MILIARIA."

DENGUE is classed in our official Nomenclature among the pestilences, with Typhus, Plague and Influenza. The definition

given of it in Quain's Dictionary, "an eruptive fever, considered by many to be infectious," places it rather in our present category. It seems to be a sort of relapsing febricula, made up of two short paroxysms separated by an interval. The first paroxysm consists of high continuous fever, with severe pain in head, limbs and joints, and swelling of the latter; with which occurs a Scarlatinoid Rash. The second has a less intense fever, with a Rubeoloid or Urticarious exanthem, often with itching and implication of the mucous membrane of the nose, mouth and throat.

Judging from these symptoms, I think there can be no doubt of the suitableness of **Aconite** in the first paroxysm as the fundamental remedy. Remembering, however, that when Dengue invaded America in 1827 it was known as the "Break-bone Fever," and that the **Eupatorium perfoliatum** was found most beneficial in relieving the pains indicated by this title, we may wisely give it in alternation with the Anti-pyretic. In the second paroxysm **Gelsemium** would take the place of *Aconite*; and the symptoms of skin and mucous membrane would call for **Rhus**—preferably, I think, in the "Venenata" variety.

Thus, in substance, I wrote in my "Therapeutics" of 1877. In January, 1898, Dr. Bliem, of San Antonio, Texas, gives an account of a severe Epidemic. "The remedies," he writes, "narrowed themselves down to *Gelsemium, Bryonia* and *Eupatorium*, with now and then a call for *Belladonna*. Nothing seemed to beat down the temperture until it had run its course." I would venture to suggest that this was for lack of *Aconite* in the first paroxysm.

Sir Joseph Fayrer, in Quain's Dictionary, commends *Belladonna* as often conferring great relief.

The other exanthematous affection altogether omitted in the Nomenclature of the College of Physicians is—

MILIARIA.—This seems to be the modern representative of the mediæval "Sweating Sickness," and, according to Zuelzer (whose Article on the disease in Ziemssen's 'Cyclopædia' is very full and instructive), has not unfrequently, even in later times, manifested the malignant character of that terrible scourge. Dr. Aitken has described it from his personal observation among the Turks at Scutari during the Crimean war. He characterizes it as "a disease in which there is an eruption of innumerable minute pimples, with white summits, occurring in successive crops upon the skin of the trunk and extremities, preceded and accompanied with fever, anxieties, oppression of respiration, and copious sweats of a rank, sour, fœtid odour peculiar to the disease." Zuelzer lays greater stress upon the anxieties and oppression here noted. "In many cases," he says, ',the patients experience, together with a violent and tumultuous palpitation and abdominal pulsation, a feeling of constriction in the chest and epigastrium (BARRE EPIGASTRIQUE), and præcordial pain. The symptoms increase not unfrequently to a frightful degree, although neither in the heart nor in the lungs is any Anatomical lesion to be "discovered". They disappear, suddenly or gradually, after the outbreak of the eruption.

There is everything in this picture to encourage us to use **Aconite** as the fundamental remedy for Miliaria also and to expect the best results from its use. But if ever **Cactus** is to replace it when fever is present, it is when the above-mentioned oppression and anxietas, with præcordial Pain, are a marked feature of the case. The sense of constriction experienced is generally recognised as characteristic of this drug.* I think. moreover, that when the sweating is very profuse, we might give the patient the benefit of the exquisitely Homœopathic **Jaborandi**. Lastly, the 30th of the poisonings by **Arsenic** contained in the "Cylopædia of drug Pathogenesy" bears so striking a resemblance to Miliary fever, that the drug ought to find a leading place among its remedies.

We come now to the various forms of CONTINUED FEVER. But as these constitute too large a subject to be taken up at the fag end of a lecture, I will defer their consideration till our next meeting.

* See, for instance, B. J. H. xxxiv., 690.

LECTURE XVIII.

GENERAL DISEASES.

—o—

THE CONTINUED FEVERS.

—o—

TYPHUS—TYPHOID FEVER.

I begin (as I promised) to take up in this Lecture the Therapeutics of the CONTINUED FEVERS. I will discuss TYPHUS and TYPHOID on the present occasion, reserving the less important varieties for another lecture.

First, then, we will take the Jail, Hospital, and Camp Fever of old, the Petechial or Exanthematous TYPHUS of German Nomenclature,. which we now in this country call simply—

TYPHUS.—Of this disease I cannot speak from personal experince. It has never appeared, I believe, in Brighton. Nor have those of our practitioners who inhabit the great towns which it chiefly visits given us their experience in its treatment. The only exception is Dr. Russell (in this, as in so many ways, much lamented), whose Volume of "Clinical Lectures" contains two on Fever, giving an account of thirty cases treated at the London Homœopathic Hospital in 1864, nearly all of which were true Typhus. Bahr, Trinks.* Wurmb and Caspar † have discussed our Typhous medicines with much fulness; but as they unfortunately blend Typhus and Typhoid together, it is sometimes difficult to utilise their recommendations in the fevers of this country. I propose to give here the best account I can, of the treatment of the two disorders, as we are accustomed to see them; and then to present the indications for remedies in Typhoid conditions as such, according to the views of our Therapeutists.

1. If, placed in the midst of an Epidemic of Typhus, you have an opportunity of seeing a case within the first few days, I would strongly advise you to try what **Baptisia** will do. The statements I have had to make about it in Variola and Scarlatina, and shall make relative to its action in Common Continued Fever and in Typhoid, seem to warrant its more extended application to similar conditions; and the first week of Typhus is one of these.

* "On Typhus abdominalis," B. J. H., xxix., 286.

† "Clinical Studies". IBID., xii.

2. Supposing that *Baptisia* is not telling, or that you begin the treatment at a more advanced stage, what are you to do? You will have one of the three conditions present, which will call for suitable treatment accordingly.

(*a*) If the Headache is a marked symptom; if it does not subside when (at about the eighth day) Delirium supervenes; if signs of cerebral congestion are present—**Belladonna** is a remedy of obvious Homœopathicity and tried power. **Hyoscyamus** may occasionally take its place when the cerebral symptoms are more adynamic, as when Wine relieves the Headache (Typhomania) or **Stramonium** when the Derilium (d. ferox) is so excessive as to threaten the patient's exhaustion. **Opium** supplements either if torpor has supervened. This is the "Cerebral Typhus" of the old writers; and the medicines I have named give us great power over it.

Drs. Drysdale and Simmons have recorded some experience leading us to think that **Agaricus** may occasionally play an important part in this form of Typhus. It is when general Ataxia is present—as shown by great restlessness, twitching, and tremor—that they find it so beneficial.*

(*b*) In a second class of cases the symptoms are those of great nervous depression with but slight febrile excitement or signs of blood-poisoning. Here you will give **Phosphoric acid**, which Wurmb, Bahr, Jousset and Trinks unite with observers of the old school in commending. A lower grade of this nervous prostration calls for the still more potent **Phosphorus**, which may save life at the utmost extremity.

(*c*) Thirdly, the phenomena of ferbile Toxæmia may predominate from the first. **Muriatic acid**, **Rhus** and **Arsenicum** correspond to this condition in the direct order of intensity.

I think that these are the leading forms of Typhus which you are likely to have to treat. If exceptional varieties occur, run down the list of medicines whose indications I shall summarise presently. But a word first upon local complications. The Pulmonary affections of Typhus call for **Phosphorus**, which would also oppose the Typhous softening of the heart, this being an acute Fatty Degeneration. This medicine has the same relation to the other parenchymatous degenerations which occur in both Typhus and Typhoid, and constitute so much of the danger and destruction they involve.† Convulsions occurring in the course of Typhus are, I suppose, invariably uræmic, and require the treatment of that affection. If the blood can be relieved

* See also another testimony to the same thing in B.J.H., xxxiii., 569.

† "These changes are not specifically different from the degenerations which occur in consequence of many poisonings, AS WITH *Phosphorus*, &c." Liebermeister, in Zimssen's CYCLOPÆDIA).

of its perilous stuff," it will probably be wise to direct your medicinal treatment to the kidneys, after the manner I shall indicate when discussing renal disease. I may just say here that the *Arsenic* I have already indicated as one of the chief remedies for the Typhoid condition will generally be your medicine for the kidney mischief. A no less serious phenomenon is inflammatory swelling of the salivary glands and the areolar tissue about the neck. Dr. Russel had two instances of this in the Hospital. One died, *Belladonna* having been given in vain; in the other the swelling was immediately checked by the first trituration of the *Biniodide of Mercury*.

Whether we can hasten the defervescence of Typhus is a question which further and more precise observation must determine. But we have every reason to believe that, under good general management, our remedies do much to favour the patient's recovery. Of the thirty cases treated in the London Homœopathic Hospital in 1864, two only died, one from the Glandular Swellings just mentioned, and one from Convulsions. No uncomplicated case was lost. Dr. Murchison, making a very moderate estimate, reckons the average mortality of Typhus to be ten per cent. This is a satisfactory result.

In a later outbreak of Typhus in London, out of 17 cases reported, 9 were treated at our Hospital, 8 elsewhere. Of the latter, 2 died; of the former none. The medicines used were those mentioned above.*

I pass now to TYPHOID, or—as our Nomenclature better calls it—

ENTERIC FEVER.—This is the "Abdominal Typhus" of German writers, the "Dothien Enterite" of Bretonneau and Trousseau, the "Fievre Typhoid" of Louis and of our own French writers. It is defined as "Continued Fever, characterized by the presence of rose-coloured spots, chiefly on the abdomen, and a tendency to Diarrhœa, with specific lesion of the bowels." I wish to limit it by this definition. Of course it will occur with Typhoid as with other specific diseases, that mild or abortive cases are seen which fall short of its distinctive characters. But if these occur in the course of an epidemic of the true disorder, or are in any way traceable to its infection, they are instances of Enteric Fever, and of nothing else. On the other hand, if we have sporadic cases or even epidemics of a Continued Fever, which—

*See L. H. H. R., ii., 91.

being neither Typhus nor Relapsing—does not conform to the Enteric Type, does not exhibit its well-established features, that fever must not be reckoned as Typhoid in our estimate of the efficacy of treatment.

I make these remarks with reference to the value of **Baptisia** in our present disease. My former colleague in practice, the elder Dr. Madden, taught me to rely upon *Bryonia*, followed, if necessary, by *Rhus* and *Arsenicum*, in the Continued Fever we were in the habit of meeting with in Brighton. In 1862, we were led to test the newly introduced *Baptisia tinctoria* in this disease; and he the veteran, not less than I the novice, was much impressed with the power it displayed. Unlike the remedies previously named, it seemed not to control or mitigate only, but actually to break up the disease. Since that time I have used the drug as my primary and fundamental remedy for every case of the kind which has come under my care, and have frequently expressed my entire satisfaction with its efficacy: I have lost but one patient, and advanced age had in that case much to do with the fatal result.

I have always assumed that this Continued Fever was Typhoid—diarrhœa, abdominal tenderness and distension and dry brown tongue, used often to follow the previous "Gastric" stage when we treated it with the ordinary remedies, and to appear in neglected cases. I had not learnt from my teachers to recognise any endemic fever but Febricula and Typhoid; and as the malady I saw was certainly not the one, I concluded it to be the other. I could not therefore but believe that *Baptisia* exerted an abortive as well as a controlling power over Enteric Fever, and I expressed myself accordingly. I was not shaken by the negative results obtained by Dr. Yeldham and Dr. Edward Blake.* or by the occasional occurrence in my own practice of cases which escaped from the influence of the drug and ran a protracted course. When I read at our York Congress in 1872, a Paper "On the Place and Value of *Baptisia* in Typhoid Fever," embodying the above view,† my belief was confirmed by the testimony of good men and true from many parts of England, and I was naturally strengthened in it.

Subsequent observation, however, has forced upon me the conviction that there is a "Common Continued Fever" which does not own the Typhoid poison for its cause, and has not the distinctive characters of the fever induced by that miasm, Examining, in the light of this thought, the evidence in favour of *Baptisia* adduced and elicited at the Congress, and also my own experience and those recently recorded by others with the drug, I have been unable to resist the conclusion that the fever which *Baptisia* aborts is not true Typhoid. When the real disease appears, either

* B. J. H., xxx., 746. † See M. H. R., xvi., 658.

sporadically or epidemically, it runs its typical course in spite of this or any other medicine. As regards abortive power I must relinquish the claims I have hither-to made for the remedy: I must acknowledge the correctness of Dr. Kidd's and Jousset's objection, that the fever I had broken up with *Baptisia* was not Typhoid but Gastric.

But is *Baptisia*, therefore, to be abandoned as a remedy for Enteric Fever? By no means. The facts of its pathogenesis which I have alleged when lecturing on the drug show it to be a true Homœopathic remedy for the first stage of Tiphoid, before the full development of the intestinal mischief; and the favourable testimony of many, who have no doubt that they are speaking of the genuine disease,* proves that at all stages of its progress the medicine may be useful. It may be still more valuable, perhaps, in cases where special "characteristics" of the drug are present, as that noted by Dr. James Bell—"The patient cannot go to sleep, because she cannot get herself together; her head feels as though scattered about, and she tosses about the bed to get the pieces together." The soreness on lying displayed in the pathogenesis of the drug is another of such indications. Dr. Charge adds "softness of the pulse in the first stage and fœtidity later on", Jahr† gives "despair of cure and certainty of death". Again, Mr. Harmer Smith notes (and my own experience is the same) its "tranquillising effect upon the brain", and Dr. Bayes its detergent power upon the alimentary mucous membrane, enabling the fevered stomach to receive, to retain, and to digest food"‡

We have thus in *Baptisia*—in many, if not in all circumstances—a most useful medicine in the treatment of Typhoid Fever. Its administration in the early stage is additionally expedient, in that (unless you are in the midst of an Epidemic) you can hardly tell at that time whether it is Enteric or Common Continued Fever with which you have to do. But throughout the progress of the malady I advise you to give it as the best means of keeping

* See M. H. R., xvi., 632.3. In Vol. xxvi., at p. 203. Dr. Dyce Brown relates three cases of unmistakable Typhoid, in which, under *Baptisia*, the temperature became normal between the 8th and 13th day. In two, a relapse, readily accounted for, occured, and then the fever ran its course; but in the third there was no subsequent elevation of temperature.

† See REVUE HOMŒOPATHIQUE BELGE, ii., 8.

‡ Dr. Nimier writes in L'ART MEDICAL of January, 1898, that in the last epidemic he had seen he treated 13 cases, some of them grave, mainly with *Baptisia*; and all recovered. Surgeon-Major Deane, moreover, in his account of 47 cases treated by him in India, writes, "I have had no experience of the abortive effect of *Baptisia*, though I have thought at times it had such a tendency, but the cases have progressed more comfortably under that drug than under any treatment I have seen" (J. B. H. S., vii., 364).

down the high temperature in which so much of the peril consists, and only to supplement or supplant it when certain special manifestations of Typhoid poisoning become prominent. Some of these are common to it with the Typhous, as the cerebral and pulmonary symptoms, the nervous prostration, and the Toxæmia; and require the same treatment. The special feature of Typhoid, however, is the morbid process which goes on in the intestinal glands; and it is to these that our special remedies will most often have to be directed.

Under ordinary circumstances, all that is required to promote the resolution or other termination of the "Dothien-Enterite" is the moderation of the fever with **Muriatic acid** or **Arsenicum** to subdue the intestinal hyperæmia and consequent diarhœa. This they will do, however severe the symptoms may be. But when the Typhoid deposit in Peyer's patches is giving trouble in its elimination—when active ulceration is showing itself by re-accession of the febrile phenomena, with abdominal pains and tenderness and glazed tongue, or when sloughing of the diseased patches is involving hæmorrhage, more direct remedies seem to be required. I cannot think *Arsenic* perfectly Homœopathic to these conditions, though intestinal lesions like those of Typhoid have not unfrequently been found after death from *Arsenical* poisoning. But in the idiopathic disease Peyer's patches and the solitary glands are affected in concert, with the other parts of the blood-making system—the mesenteric glands and the spleen; and not merely irritated in sympathy with the intestinal surface. The two medicines I think most of here are **Mercurius** and **Iodium.** In favour of the former is its general glandular action and control over ulceration, and the experience of Drs. Petroz and von Tunzelmann with the black *Sulphide*, to which I have referred in my 'Pharmacodynamics.' Dr. Jousset also places *Mercurius* among the principal remedies for the second period of Typhoid, and says that it is indicated by the predominance of the abdominal affection. *Iodine* has yet stronger Physiological evidence in its favour. In a case of slow poisoning of an animal, conducted by Dr. Cogswell, the following appearances were presented POST MORTEM: "The lining membrane of the intestines, for about three feet from their origin was remarkably vascular, oval spots, about the size of a chestnut, then began to occur at every three inches, ON THE SIDE OPPOSITE THE MESENTERY; a similar spot at the junction with the colon was two or three inches in length and was expanded at its lower termination over the whole circuit of the gut. These spots were not injected, and were composed of little aggregated eminences with black points in the centre, separated from one another by white cellular bands. THEY APPEARED TO CONSIST OF THE AGMINATED GLANDS ENLARGED, AS SOMETIMES NOTICED IN THE EARLY PROGRESS OF FEVER." To this must be added its undoubted action upon the mesenteric glands. It is remarkable that

Liebermeister, in his Essay on Typhoid Fever contributed to Ziemssen's Cyclopædia, records his experience on a large scale, showing that the administration of *Iodine* or *Calomel* (especially the latter) notably reduces the duration and mortality of the disease.—Should hæmorrhage from the bowels take place, **Terebinthina** has as much repute amongst us as in the ordinary practice.*

If Peritonitis should occur WITHOUT PERFORATION, its ordinary remedies—especially *Mercurius corrosivus*—would probably suffice. But if that serious accident be its cause, it is probable that our patient's only safety lies in paralyzing his intestines with full doses of *Opium*, according to the usual method.

I must now, as I promised, give you the experience of our therapeutists generally in the treatment of what they call "Typhus," which includes both the fever properly so named, and Typhoid. In citing Dr. Jousset, however, you must understand that it is the latter fever only which he had in view. I must also say something of the classification of fevers generally accepted in the times of our earlier writers, as contrasted with that of the present day. It was that which I have placed on the board behind me, thus:

- Symptomatic
  - Inflammatory
  - Hectic
- Idiopathic
  - Intermittent
  - Remittent
  - Continued
    - Synocha
    - Synochus
    - Typhus
      - Nervosus
        - Versatilis
        - Stupidus
      - Putridus

"Symptomatic" fever was that obviously depending on some local inflammation; and, if Continuous, was known simply as "Inflammatory," while, if it occured in a succession of daily paroxysms, it was called "Hectic," "Idiopathic" fevers were those apparently of primary origin; and these too were divided according as their phenomena were Intermittent, Remittent, or Continued. Continued fevers were further subdivided on the basis of the character of their symptoms. If these were of the simple and sthenic kind familiar in Inflammatory Fever, the term Synocha was used to designate the patient's illness. If of a somewhat lower type, "Synochus" was substituted as their designation, leaving "Typhus" for the well-known "Low Fever," and adding "Nervosus" or "Putridus" as the stress of the disease seemed to fall on the nervous centres or on the blood. The "Versatilis" and "Stupidus" further qualifying the Typhus Nervosus need no explanation.

* Dr. Searle records a case in which this symptom was checked by *Nitric acid*, while an early gangrene of mouth and labia also complicating it yielded to *Crotalus* (Hahn. Monthly, March, 1896).

Such a classification is obviously unsuited for Nosology, when once the essential nature of certain fevers and their dependence upon definite miasms or contagions is recognised. The distinction of Symptomatic and Idiopathic Pyrexia still indeed holds good, and Pyæmia and Septicæmia find appropriate place as varieties of Hectic. But Intermittent and Remittents are now classed together as Malarious, while Continued Fevers are recognised as occurring under the four forms of Ephemera of febricula, Relapsing Fever, Typhus and Typhoid, to which some, like myself, would add a "Common Continued Fever"—the FIEVERE SYNOQUE of the French, the "Gastric Fever" of popular English speech. Thus we get a second schema :

- Symptomatic
  - Inflammatory
  - Hectic
  - Pyæmic
  - Septicæmic
- Idiopathic
  - Malarious
  - Continued
    - Ephemera
    - Gastric
    - Relapsing
    - Typhoid
    - Typhus

Now, speaking generally, there is a tolerable coincidence between the apparent and the real types. Ephemeral Fever is Synochal in character; Relapsing and Gastric Fevers would as of old have been called Synochus; while Typhus and Typhoid commonly present the character of the Typhus Putridus and Nervosus respectively. But while this is so, we must not let the ancient distinctions be swallowed up in the modern, as though wholly obsolete. While the latter are all-important for prognosis of the course and probable termination of fevers, and for their general management, the former stillo hold good for Therapeutic purposes. They are Symptomatic, and therefore lend themselves with great appopriateness to a method of drug-selection like ours which uses symptoms as its materials. They also enable us, when studying anti-pyertics, to embrace such fevers as the Catarrhal and Rheumatic, and that accompanying the contagious exanthemata, which, though not finding place in the usual classifications, are not less genuine clinical facts. The same may be said of those recognised varieties of the Continued Fevers which are now referred to the "Typhoid" or "Gastric" category. Trousseau gives them as "Mucous," "Bilious," "Inflammatory," Adynamic," "Putrid," "Ataxic" and "Malignant." Our own Trinks, to whom as I have said we owe a valuable study of "Abdominal Typhus" (*i.e.*, Typhoid) in its drug-relations, describes it as occurring under the forms "Simplex," "Biliosus," "Pituitosus," "Putridus,"

"Nervosus Versatilis" and Nervosus Stupidus." While the essential fever thus manifesting itself may be one and indivisible, the various forms under which it appears are no less realities, and require a suitable adjustment of our drug-remedies, as they do of those of a more general kind.

This, then, being premised, let us see what are the medicines which our writers commend to our confidence in dealing with the Continued Fevers.

Fleischmann, who was fond of single remedies, treated all his fever cases* with *Arsenicum* alone and with fair success. Wurmb and Caspar gave *Phosphoric acid* or *Carbo vegetabilis*, according to the intensity of the symptoms, in the torpid form; and *Rhus* or *Arsenicum*, correspondingly proportioned, when the condition was more erethistic. Bahr considers that "the real Typhus-remedies corresponding with the whole course of the disease are *Bryonia, Rhus, Arsenicum, Phosphorus, Acidum Phosphoricum* and *Muriaticum*." Jahr gives the same list of "essential Anti-typhous remedies," omitting *Muriatic acid*. Trinks has more or less to say in favour of *Phosphoric* and *Muriatic acids, Belladonnas, Bryonia, Phosphorus, Stramonium, Rhus*, and *Arsenicum*. Russel places *Belladonna, Bryonia, Rhus* and *Arsenicum* in the forefront of his remedies; and Jousset *Muriatic* and *Phosphoric acids, Arsenicum* and *Belladonna*.

So general an agreement is visible here that we cannot but rely with confidence upon the indications given for the several medicines.

Bryonia takes the place I have assigned to *Baptisia*, even abortive power being claimed for it by Trinks. It is the remedy throughout in ordinary cases of moderately severe character (Bahr); in the erethistic stage, before the vitality is greatly lowered (Trinks, Jahr and Goodno); and in Rheumatic and (mild) Bronchitic complications (Trinks). The hyper-oxidation which constitutes its fever consumes the more lowly-organized tissues—the fibrous, serous and muscular; the blood and nervous systems are less involved. That such fever is primary and essential appears from Dr. Jousset's experiments on animals, recorded in L'ART MEDICAL for June, 1896.

Rhus is said to be indicated by a more intense character of the disease, "by excessive reactive endeavours with insufficiency of reactive power, and a great irritability of the nervous system" (Bahr, Wurmb and Caspar). The first supervention of Diarrhœa upon Constipation, of a red upon a coated tongue, calls for it in Gastric Fevers; and in true Typhoid may often indicate it from the first (Jahr, Trinks, Bayes).† A red triangle at the tip

* See the Report of his hospital in B. J. H., Vols. iii,-v.
† M. H. R., xvi., 727.

of the tongue is said to be "characteristic" for it here. Trinks commends it in "Cerebral Typhus," with stupor and sopor.

Arsenicum succeeds or replaces *Rhus* when the adynamic erethism which indicates that drug is too severe for it. This is the place assigned to it by all observers, and their testimony to its value is warm. Trinks also commends it when sub-cutaneous and intestinal hæmorrhages occur in Typhus Putridus. The seat of the increased heat production of its fever is the blood. It is, above everything, TOXÆMIA which indicates it here. In proportion as

> " . . . the life of all the blood
> Is touched corruptibly."

is its control exerted.

Belladonna is rather slighted by Bahr and by Wurmb and Caspar; but Trinks, Jahr, Russell and Hempel praise it highly in the active stages of "Cerebral Typhus." Its fever, indeed, is due to hyper-oxidation of the nervous centres, and in proportion as they are involved is it indicated. Trinks also commends it in severe EARLY BRONCHITIS complicating the fevers, especially in children. This latter use of it Bahr also allows.

Acidum Phosphoricum is unanimously allowed to be the main remedy in lentescent forms of Typhus (the "Mucous" variety of Trousseau). Jousset thinks it an Anti-typhoid of great importance.

Acidum Muriaticum supersedes it in this form if "Putrid" symptoms show themselves ((Bahr). The patient is so weak that he "settles down in the bed in a heap" (Jahr). Trinks thinks it rather applicable to erethistic conditions, too severe for *Bryonia*, too sthenic for *Rhus*, and not cerebral enough for *Belladonna*.

Phosphorus is to *Phosphoric acid* what *Arsenicum* is to *Rhus*; it supplements it in severer cases or stages (Trinks). Wurmb and Caspar give this place to *Carbo vegetabilis*. *Phosphorus* is also the grand remedy in "Pneumo-Typhus" (Bahr).

The minor remedies must be dismissed more briefly. **Aconite** is not generally allowed a place among Typhous medicines; but Trinks, Jousset and Kafka think it useful in the first three or four days of the fever. ***Calcarea*** is said by Goullon and Jahr to be intercurrently useful in "Exanthematic Typhus" when the rash does not come out properly. **Camphor** is said by Trinks to rally the patient from threatened sinking when coldness is

present, **Moschus** being preferable if heat predominates. **Helleborе** has proved curative, in the hands of the same physician in fully-developed "Typhus Nervosus Studpidus;" and **Kreasote** for profuse passive hæmorrhages. **Laurocerasus** is recommended by him when clonic convulsions of the limbs occur; and **Mercurius** to dissect out a "bilious" condition when present. **Tartar emetic** counteracts its special bronchial disorder in Typhus as elsewhere (Trinks and Russell). **Stramonium** is invaluable in the higher degrees of Delirium (Trinks and Jahr); and **Valerian** has succeeded where even this has failed.* Goodno gives an alternative in the *Hyoscine hydrobromate*, of the 3x trituration of which he gives grain doses every hour.†

As regards the dose of these medicines, the names of the observers will suggest whether the higher or lower dilutions were given. The agreement, however, of practioners like Jhar (who always gave 30ths) and Wurmb and Caspar (at the time using only the 15th) with the rest as to the value of the leading remedies indicates that dose is of less consequence here than selection. As to *Baptisia*, it is given by all its advocates in the mother or the 1st decimal tincture.

The only remaining question is the comparative success of Homœopathic treatment in Typhoid. Liebermeister states that in the hospital at Basle the mortality under ordinary treatment —indifferent, expectant, or symptomatic—was twenty-seven per cent., but that by systematic Antipyretic treatment, principally consisting of Cold Baths, it has been reduced to eight per cent. We have already seen, from hospital experience at Paris and Melbourne, that we can do even a shade better than this; and that our Statistics are decidedly more favourable than those furnished before cold water was pressed into service shews that our remedies have at least as potent an influence.

* See a case in the PHILADELPHIA JOURNAL OF HOMŒOPATHY ii., 715.
† See also J. B. H. S., vi., 400.

LECTURE XIX.

GENERAL DISEASES.

THE CONTINUED FEVERS (*concluded*)—THE MALARIAL FEVERS.

FEBRICULA—SIMPLE CONTINUED FEVER—RELAPSING FEVER—YEL. LOW FEVER—CEREBRO-SPINAL FEVER—MEDITERANNEAN FEVER PLAGUE-AGUE-REMITTENT FEVER—BILIOUS REMITTENT.

Having now, in Typhus and Typhoid, discussed the two great types of Continued Fever, I turn to its lesser varieties. The first of these is EPHEMERA, or—

FEBRICULA.—This, though an essential fever is "Simple" in every sense of the word. There is no known morbid poison present as its cause, and no blood-tainting as an effect. I agree with Russell and Jousset that we want one medicine only for this malady, and that is Aconite. I believe that it both mitigates the severity and shortens the course of the fever, so as to make it (if taken at once) EPHEMERAL in the strictest sense of the word.

This is no trifling advantage, even in Febricula as we have it in our temperate regions. But still more important does it become to be able to control the malady when we encounter it as the "Ardent Continued Fever" of India. Here even life is threatened, and the heroic antiphlogistic apparatus of forty years ago is still in vogue. I think that Drs. Sircar and Salzer, and others who have practised Homœopathically in our Eastern Empire, could tell us in their hands *Aconite* supersedes lancet, leeches, ET HOC OMNE GENUS, and ensures a successful and speedy termination to every case.

Besides Febricula, the Nomenclature we are employing used to give another, "Simple Continued Fever" (so styling it), which it defined as "Continued Fever having no specific character"—separating it by this word "Continued" from the equally non-specific Febricula, which has a duration of only three or four days. It now identifies the two, thus adding, as I venture to think, to the confusion; and Quain's Dictionary denies the specificity of Febricula and Common Continued Fever alike. Whether such a distinct type of fever, excluding Febricula, exists is still a moot question; and it has considerable importance (as I have said) in its bearing on the claims which I and others

have set up *Baptisia*, as having an abortive power over true Typhoid. If there be another Continued Fever resembling the Enteric, but not originating from its specific cause, having, therefore, no fixed type and definite duration, it may be that it is here that *Baptisia* has won its laurels, and that the power of remedies to abort real Typhoid is still unproved.

Now when at the British Homœopathic Congress of 1872, I read the Paper I have mentioned, I was disposed to maintain the negative of this question. I found no evidence on record sufficient to outweigh the opinion of Jenner, of Watson and of Trousseau, that the "Gastric Fever" of common parlance was the "Typhoid" of modern nosology. But the possibility of the opposite alternative having been since made vividly present to my mind, I have scrutinized my own experience and that put forward by others during the succeeding years, with special reference to the question, and have found myself reluctantly driven to the opposite conclusion regarding it.

I must, therefore, speak here of—

SIMPLE CONTINUED FEVER as distinct from Typhoid on the one hand and from Febricula on the other. Bahr also differentiates such a fever as Gastric, Bilious or Mucous, according to its phenomena; and Jousset does the same, calling it "Fever Synoque." The former corroborates my own observation in stating that in Protracted cases the tongue gets brown and dry, the abdomen swells, and Diarrhœa replaces the previous Constipation. This is what English writers mean when they speak of "Gastric Fever running into Typhoid."

It is in this Fever that (according to my present belief) **Baptisia** has shown itself such a true specific. Defervescence and crisis will follow its use in a very short time, far shorter than that which would obtain in the natural course of the disease; the tongue will rapidly clean, and capacity for taking and digesting food return. "Gastric fever" will never, I believe, "run into Typhoid" when treated early with the medicine. If, however, you first meet with the case when the Typhoid symptoms have set in, the suitable remedy will nearly always be **Arsenicum**.

You will find in Bahr and Jousset* indications for several other medicines in this Fever. I cannot advise you however, to

* Also in some "Observations on the Treatment of Fevers," by Dr. Anderson, in the M. H. R., viii., 331.

substitute them for the two mentioned above. None of them lay hold of the essence of the disease in the way these do. Some of them may occasionally find a place in alternation with *Baptisia* when the indications for them are very strong; but my own impression is that the latter works just as well without them.

RELAPSING FEVER, which needs no definition on my part. We have a special interest in it, as Medicine owes its differentiation to our own Henderson. Of its Homœopathic treatment we have three special sources of information. The first is an account given by Hahnemann himself of the fever he treated in Leipzig in 1814, which I must agree with Dr. Russel in considering to be of this variety. His main remedies were *Bryonia* and *Rhus*, each in the twelfth dilution; one or the other being given according as the pains were relieved by rest or by motion. He treated 183 cases without a single death, while the mortality under the ordinary heroic treatment was considerable.* The second is Dr. Kidd's experience of the Fever which desolated Ireland in the year 1847.† He treated at Bantry 111 cases, of which he considers 24 to have been instances of Typhus, and 87 of Relapsing Fever. He lost two cases only, which were presumably among the sufferers from Typhus; so that his mortality also was NIL. His chief remedy was *Bryonia*; and, taking up the subject again in 1865, he is satisfied that no medicine can be recommended with so much confidence. Our third authority is Dr. Dyce Brown, who treated 50 cases in an Epidemic occuring in Aberdeen in 1871.‡ He gave nearly all his patients *Baptisia* 1; and found it, by comparison with the natural history of the disease, materially to expedite the crisis. He also lost no case.

It appears, therefore, that Relapsing Fever need never prove fatal under Homœopathic treatment; and that **Bryonia, Rhus** and **Baptisia** (the last being preferred when gastric symptoms predominate) are its chief remedies. I should have thought, from the height and synochal character of the fever, that *Aconite* would have been serviceable; but Dr. Brown says that it was not of the slightest use. I do not think that we can prevent the relapse by Homœopathic remedies;* but we ought to relieve the pains which are such a characteristic feature of this Fever. *Bryonia* or *Rhus*, given according to Hahnemann's indication, and after his manner—*i.e.*, a single dose of the 12th dilution in

* See Russell's Lectures, p. 369.
† See B. J. H., vi., 85; and ANNALS, iv., 136.
‡ See B. J. H., xxxi., 355.

the morning, without repetition—may do this; but if not, I should suggest the trial of **Eupatorium perfoliatum**, as in the very similar pains of Dengue and (as we shall see) of Influenza.

We have now finished the British types of fever; but there are four closely allied, though specially 'distinct varieties which are encountered in other countries. These are YELLOW FEVER, CEREBRO-SPINAL FEVER, MEDITERRANEAN FEVER and PLAGUE.

Of the first,—

YELLOW FEVER, we have good deal of experience on record from those who practise Homœopathy in the Southern States of the American Union. In the Third Volume of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, Dr. Holcombe gave us an account of an Epidemic in which he and an associate treated 1,016 cases. The treatment was general and symptomatic. *Camphor* was given when the primary chill was so severe as to remind the observer of the Choleraic collapse (this is the "algid form" of Dr. Lyons). *Aconite* and *Belladonna* were used to control the reaction; after which *Ipecacuanha* and *Bryonia* were generally required by the gastric symptoms. If the case ran on into the Typhus condition, *Arsenicum* and *Lachesis* were given; and if "black vomit" supervened *Argentum nitricum*. Sometimes *Cantharis* was called for by the condition of the urinary organs, which it speedily modified for the better. Under such treatment they lost only 55 patients—the mortality being thus 5.4: per cent., instead of, as usual from 15 to 25 per cent.

In 1867, Dr. Holcombe had to encounter another epidemic of Yellow Fever, and reported his results to the American Institute of Homœopathy, in whose transactions for 1868 you may read his story. He treated 300 cases with only seven deaths; but the general mortality was also less than usual. Dr. Holcombe had by this time come to the conclusion that the *Serpent poisons* were the most truly Homœopathic remedies for Yellow Fever that we possessed; and he gave them accordingly—in the thirtieth attenuation—in every case. He considered "*Lachesis* especially adapted to the nervous, and *Crotalus* to the vascular elements of the disease—*Lachesis* to the nerve poisoning, *Crotalus* to the blood poisoning"; and accordingly gave *Lachesis* in the

* Dr. Brown (as I have said) found the *Hyposulphite of Soda*, in five-grain doses, effective for this purpose.

first stage, and *Crotalus* in the second—that of exhaustion, hæmorrhage and Jaundice. With these he often alternated his old remedies as they were symptomatically indicated. He strongly recommends *Argentum nitricum* for the vomiting of the second stage, but seems to prefer *Arsenicum* when it is sanguineous—*i.e.*, when "black vomit" is present or approaching.*

We have also accounts of epidemics from Dr. Neidhard of Philadelphia,† and Dr. Morse of Memphis. ‡ The former was able to rely almost exclusively upon *Crotalus*. The latter treated his cases symptomatically; but he and his colleagues lost only 12 per cent., while the mortality under old-school treatment was 40 per cent. at least.

These results show that, should you ever encounter Yellow Fever, you may rely with the utmost confidence upon Homœopathic remedies. The facts I have brought forward when speaking of the *Serpent poisons* show how entirely I agree with Drs. Holcombe and Neidhard as to **Lachesis** and **Crotalus** being the true Pathological SIMILIA to this terrible disease. The only candidate for equal honour is **Phosphorus**. The resemblance of poisoning by this substance, with its Jaundice and hæmorrhages, to Yellow Fever is obvious. The only question is whether it affects the blood through the liver, or primarily. It the former be the true account of the matter, I must agree with Dr. Holcombe that the drug is not really Homœopathic to the disease; as in the latter the blood is directly affected, and the Jaundice itself is hæmatic rather than hepatic. But if Hænisch's statements § are correct (they differ somewhat from Frerichs') the condition of liver and kidneys found after death from Yellow Fever show precisely that acute fatty degeneration which *Phosphorus* sets up. *Phosphorus* is said to have proved of much value in the disease during an epidemic occurring at Rio de Janerio. ¶

The next of these Continued Fevers I shall mention is the epidemic Cerebro-Spinal Meningitis, which in the new Nomenclature is styled—

* This experience with *Arsenic*, and its general effectiveness in Yellow-Fever, both as prophylactic and curative, has been attested by old-school physicians (J. B. H. S., vii. 324; viii. 76).

† "On *Crotalus horridus* in Yellow Fever," 1868.

‡ N. A. J. H., xxii, 425.

§ Ziemssen's Cyclopædia, Vol. i.

§ B. J. H., xxiii., 130.

CEREBRO-SPINAL FEVER.—In a Paper in the Twenty-Third Volume of the BRITISH JOURNAL OF HOMOEOPATHY I have gathered together all that was then known of the Homœopathic treatment of this malady. You will see that it has always had large comparative success. Thus, in an epidemic occurring at Avignon in 1846-47, Dr. Bechet lost only 22 per cent, as contrasted with a 72 per cent. mortality in the military hospitals. His fundamental remedy was a curious one, *Ipecacuanha*. It was given in the mother tincture, and nearly always alternated with some remedy demanded by special symptoms, of which *Hyoscyamus* was the most frequently used.

Our principal experience, however, in the treatment of Cerebro-Spinal Fever has been obtained in America. The disease there presents itself under two forms. The first is inflammatory and sthenic, and here *Aconite, Verarum viride* or *Gelsemium*, with *Belladonna*, have been the remedies. The second and far more common, is of a Typhoid type; and is characterised by petechiæ, so as to give it the name of "Spotted Fever."* Here the Typhous medicines, *Bryonia, Rhus* and *Arsenicum*, have been brought into play; and the prostration combated by deodorised absolute *Alcohol*. Where the spasms have continued after the acute symptoms have subsided, Dr. Searle and others have found *Actæa racemosa* very useful.

I think one cannot help feeling that, with the exception of **Aconite** in the frankly inflammatory cases, we have not yet come upon the true Pathological SIMILE of Cerebro-. Spinal Meningitis But I hope that it has been found in **Cicuta**. Dr. Barker of Batavia, has communicated to the New York State Homœopathic Society † a series of sixty consecutive cases of the disease, of all degrees of severity, treated by this medicine alone without a single death. The phenomena of poisoning by *Cicuta* are very Homœopathic to those of the malady, even to the petechiæ and autopsies of animals killed by it show much hyperæmia of the cerebro-spinal meninges. As regards *Aconite*, besides the obvious indications for it (and I may say that the pulse is always, if altered at all, full and tense), we have the recent observations of Harley, who concludes that *Aconite* affects the cranio-spinal axis from the centres of the third nerves to the origin of the phrenics just as *Strychnia* does the whole.‡ It is in this region that the symptoms of Cerebro-Spinal Meningitis show themselves most severely.

* The same symptoms characterised it on a recent appearance in Great Britain; and the name first proposed for it here was "Malignant Purpuric Fever."

† See its Transactions for 1872, p. 60.

‡ DUBLIN JOURNAL OF MEDICAL, SCIENCE, No. 45.

I should not forget the *Serpent poisons,* especially *Crotalus* where the petechial phenomena were very prominent. I may also mention that Dr. Searle has recorded some experience in the Deafness so often left behind by the present malay. * He has had much success in its treatment—generally accounted futile—with *Silicea* and *Sulphur.*

MEDITERRANEAN FEVER is a new species defined of late by the labours of our Army Medical Officers, last but by no means least of whom is (alas ! I must say "was," for he was killed while attending to the wounded in the disastrous fight at Colenso, S. A.) a nephew of my own, Surgeon-Captain Louis Hughes. His 'Treatise' on the disease I lay before you. † It is a mine of information regarding its clinical history and Pathology, and so abounds with practical hints as to its general management that no one likely to see such a fever in his practice should be without it. Its one deficiency—lamented by author as well as reader—is in respect of definite medication answering to the treatment of Malarious Fever by *Quinine* and *Arsenic.* If we could supply this, we should be conferring a boon indeed, for, apart from its no slight mortality and unusual amount of suffering, the duration of this malady often extends over a hundred days or more.

"Mediterranean Fever," as its name implies, haunts especially the coasts and islands of the great inland sea which divides Europe from Africa, but is by no means limited hereto. It is defined as "an endemic pyrexial disease, occasionally prevailing as an epedemic, having a long and indefinite duration, and an irregular course with an almost invariable tendency to undulatory pyrexial relapses. It is usually characterized by constipation and profuse perspirations, and accompanied or followed by symptoms of a neuralgic character. It is often accompanied by swelling of and effusion into the joints, and other Rheumatoid phenomena. After death, the spleen is found to be enlarged and often softened, and many of the organs congested; but Peyer's glands are neither enlarged nor ulcerated, nor is ulceration present in other parts of the small intestine."

* See Transactions mentioned above, p. 188.

† "Mediterranean, Malta, or Undulant Fever." Macmillan, 1897.

"Painful inflammatory conditions of certain fibrous structures, of a localised nature," and swelling of the testicles, are also mentioned. The sweats have a distinctive odour, quite different from those of acute Rheumatism. Delirium is rare, but Neuritis to some extent is almost constant. The heart and lungs are rarely affected, and Diarrhœa is only seen in malignant cases. There is no exanthem.

In this picture the symptoms which mainly strike me are those of a Rheumatic character, and I think that the medicines which are most likely to lay hold of Mediterranean Fever are those which act on the vegetative tissues rather than on the nervous substance or the blood, and are most appropriate accordingly to febrile Rheumatism. Such are *Bryonia, Rhus* and *Mercurius,* but perhaps better than all would be *Colchicum* Captain Hughes indeed says that this drug "does no good"; but as he goes on to describe it as a gastric irritant and respiratory depressant, it is evident that he has given it in substantial doses only. In minute dosage, perhaps alternated with *Gelsemium* or *Baptisia* as an Anti-pyretic, I should expect much good from it.

"Of the last of the Continued Fevers," I wrote in my 'Therapeutics', "of the

PLAGUE *Kar' ἐgoXnv,* I have little to say. It appears to be a Typhus characterized by Carbuncles and engorgements of the lymphatic glands. Homœopathy has no practical knowledge of its Therapeutics; and, happily, none of us are likely to have any occasion to treat it. If we had, *Arsenicum* and *Lachesis* are the two medicines on which I should feel disposed to rely."

We are, alas! no longer thus blissfully ignorant of what the ancient "Plague" can do. It had always smouldered in the East; and since, in 1894, it was imported into Hong Kong and thence into Bombay and its neighbourhood, it has become a veritable scourge to our possessions in that quarter of the world. Unfortunately, too, the chief scene of its ravages in India has been one where Homœopathy is but scarcely represented, so that its victims have not had the advantage of what our medication can do for them, and little experience has been gained by which others can profit. What has been reported, however, I will here set down.

1. Plague has visited, though comparatively lightly, the great city of Calcutta, where Homœopathy has a good number of practitioners. Among these Dr. Majumdar writes that his experience with the cases that have come under his notice has been eminently satisfactory. He has had to make no new departure in the way of medicines or attenuations, and has found *Rhus* most frequently indicated. * Dr. B. K. Baptist relates his experience with the Epidemic of 1900. He treated

* Indian Hom. Review, June, 1899.

26 genuine cases with only 4 deaths—two of the latter occurring within three and eight hours respectively of his undertaking the cases. *Lachesis* 7 was his principal remedy, *Belladonna* helping in the glandular swellings and the delirium. "Almost all Pneumonic cases," he writes, "I have cured by repeated doses of *Phosphorus* alone; sometimes *Ant. tart.* is required for profuse accumulation of mucus."*

2. Dr. Sircar has published a small Brochure on the Therapeutics of Plague. His own recommendations as to remedies are theoretical only; but he cites the experience of a Dr. Honigberger gained in Constantinople in 1836, which indicates that *Ignatia* in somewhat crude dosage, will counteract the premonitory symptoms.

3. Dr. Sircar himself would place the *Serpent-poisons,* with *Arsenicum* and *Phosphorus*, at the head of likely remedies for Plague. This prevision has been borne out by the results obtained by the distinguished representative of Homœopathy we have in the Army Medical Corps, Major H. E. Deane, now Health Officer at Calcutta. † Major Deane had some experience in Bombay in 1897 in a native hospital. He treated 50 cases, mainly with *Lachesis* in the usual dosage and mode of administration, with 22 deaths; but after his departure his successor, probably (he thinks) continuing the same treatment, was able to report a mortality of only 31 per cent. in 158 cases. He had been transferred to Bangalore, where he encountered an epidemic in which he treated 568 cases. At first, his percentage of deaths was 50; but by substituting *Cobra poison* (our "*Naja*") for *Lachesis*, using solutions of one in 500 or 1,000 (of Glycerine), and administering this hypodermically, he acquired so much more power over the disease that in his last 19 consecutive cases he only had 6 deaths. This is a mortality of about 30 per cent. in a disease where 60 per cent. and upwards has been the average in the present epidemic.

Still following our chosen Nosological table, we have now to consider the Therapeutics of the MALARIAL FEVERS which include both the Intermittents (Agues) and the Remittents of which it speaks, and also the condition known as Malarious cachexia. The "masked" or "irregular" forms of Malarial poisoning, such as "Brow-ague" and other Neuralgiæ, I shall discuss when I come to the disorders they simulate.

We will first speak of INTERMITTENT FEVER or **AGUE**; and under this heading all general considerations relating to the subject must find place. Such generalities are of great importance in regard to the present disease. They have been largely entered into by Hahnemann himself in his 'Organon,'‡ and by Drs. Wurmb and Caspar, in their 'KLINISCHE

* H. W., July, 1900.

† See M. H. R., xliv., 586.

‡§§ ccxxxiii.—ccxliv. of 5th Ed.

STUDIEN.'* Begging you to read for yourselves the pregnant remarks of these authorities, I shall proceed to have my own say upon the matter.

What is it we have to treat in Ague? Many would reply—a paroxysm of chill, heat and sweat recurring at periodic intervals, which enlarges the patient's spleen and otherwise disorders his health. This description would undoubtedly be true (at least phenomenally) of such Agues as occur sporadically or epidemically in Non-malarious regions, or such as attack a stranger on first entering into places where they are endemic. In the residents in these districts, however, a prodromal stage of longer or shorter duration is nearly always observed, and out of this—suddenly or gradually—the febrile paroxysms develope themselves, the premonitory symptoms remaining during the apyrexia. In these subjects, moreover, a Malarial intoxication often presents itself of which febrile paroxysms are only an incidental or unimportant feature: and this condition may be either primary, or secondary upon an untreated or ill-treated Ague. When primary, the first symptom of the mischief is very frequently Anæmia. "I have seen," writes Dr. Sircar, of Calcutta (whose valuable contribution to the literature of this subject I shall mention hereafter), "healthy, robust men, with no lack of red blood in their system, blanched after a few days residence in a Malarious district, before even the symtoms of the Fever had been quite developed, and long before either the liver or the spleen become enlarged."

From these facts it seems evident that true Ague is no more vaso-motor neurosis, but an infection of the blood and blood-making organs, of which the paroxysm of chill, heat and sweat is but one expression. If, then, the Homœopathic method is to be employed in its treatment, it is obvious that the paroxysm itself can only be our guide to the choice of a remedy when this is the primary or the sole symptom of the disease. Then, indeed, a medicine which covers its features may fairly be presumed to correspond also to the deeper changes which produce it, and so to be its Pathological SIMILE. When I say its features, it is necessary to specify which of these most deserves our regard. Chiefest of all must be named the succession of chill, heat and sweat itself which occurs in varying sequence; and next the predominance of one or other of these, or the occurrence in either of special conditions or concomitants. "The remedy," Hahnemann says, "must either be able to produce in the healthy body two (or all three) similar alternating states, or else must correspond by similarity of symptoms to the strongest, best marked, and most peculiar alternating state, either to the cold stage with its accessory symptoms, or to the hot or sweating stage with theirs, according as the one or the other is the

* Translated in Vols. xii. and xiii. of BRIT. JOURN., OF HOM., and (more fully) in Vol. ii. of the UNITED STATES MEDICAL INVESTIGATOR.

strongest and most peculiar." Next comes the time of day at which the paroxysm, if strictly periodic, occurs; and last of all, and probably of no importance whatever as regards Homœopathic applicability, we have its "type"—Quotidian, Tertian, Quartan, or otherwise. Hahnemann anticipated the recognised practice of to-day in recommending a single dose of the appropriate remedy to be given immediately after a paroxysm, or—where the apyrexia was short or imperfect—during its decline.

But when the Aguish attacks are only one feature of a general Malarial intoxication, then that becomes true which the 'Organon' goes on to lay down, that "the symptoms of the patient's health during the intervals of freedom must be the chief guide to the most appropriate Homœopathic remedy." On this point Drs. Wurmb and Caspar insist with much urgency, and maintain that the rule is of general rather than exceptional application, pointing out that the form of the paroxysms is in the majority of cases very changeable, while the constitutional conditions are fixed. They lay down, therefore, the rule that "if, during the employment of a remedy, the cachectic state should remain unchanged, while the paroxysm decreases in force, the medicine, after being continued for some time, should be exchanged for another, even if the paroxysms should by this time have been entirely subdued by it. On the other hand, the diminution of the cachectic state is a certain sign that the suitable remedy has been chosen; and its use should not be discontinued, even if there should be a more frequent recurrence of the paroxysms: the cure is certain if the medicine be not changed." At the same time they argue that a remedy to be truly applicable to Intermittent Fever must correspond both to the nervous phenomena of the paroxysm and to the disorder of the vegetative life manifested in the apyrexia. If it merely influenced the former, it can suit mild and recent cases only; if the latter be its sole sphere it cannot be a true Antipyretic. The greatest fever medicines accordingly are those which, like *Arsenic*, occupy the whole ground: in the second rank stand such purely nervous remedies as *Ignatia*, and such purely vegetative ones as *Pulsatilla*.

There needs no argument to demonstrate the soundness, upon Homœopathic principles, of these canons for the treatment of Intermittent Fever. But before I go on to their application to practice, you will naturally be desirous of knowing what has been the success of such treatment both positively, and as compared with the ordinary method of administering *Quinine* in substantial doses to every patient suffering from the malady.

Now, as regards CHRONIC Intermittents—cases that have been lingering on for months and years the paroxysms suppressed for a time by *Bark*, but relapsing again and again till it ceases to influence them any more—the testimony in favour of Homœopathic medication (and that of the most Hahnemannian kind as regards individualisation and attenuation) is general and strong.

You have only to look through any of our Journals published in America, where the disease abounds, to satisfy yourself on this point. Nor does the treatment seem less successful when, as sometimes occurs, an epidemic of Ague breaks out in a place ordinarily free from it. Here general experience seems to have confirmed Hahnemann's dictum on the point, "that each epidemic is of a peculiar, uniform character, and that when once this character is found from the totality of symptoms common to all, it guides to the discovery of the Homœopathic specific remedy suitable to all the cases, which is almost universally serviceable in those patients who enjoyed tolerable health before the occurrence of the epidemic."

The experience of Drs. Wurmb and Casper may fairly be cited here, as their cases, were mostly of the chronic class. An account of their results which I am compelled to call very unfair has been given by Dr. Rogers, in his tractate entitled, "The Present State of Therapeutics." He states that "these physicians considered they made rapid cures when not more than seven paroxysms occured alter the commencement of the treatment." He then mentions that one of their patients had 26 paroxysms, a second 25 and a third 21 before the disease was cured. Finally, he quotes them as saying that Homœopathists have every reason to congratulate themselves on their treatment of Intermittent Fever, and that "it is evident, FROM THESE FIGURES, that we may most satisfactorily enter the lists with our rivals"—leaving it to be supposed that the figures are those which he has just summarised. Whereas their actual results on this point, as given by themselves,* in answer to the question whether Homœopathists are able to effect a rapid cure of Intermittents, are that in 77 cases treated by them, after the administration of the Homœopathic remedy there appeared no paroxysm in 11 cases, one only in 12, two in 9 and three in 8. Thus in 40 cases out of 77 the CITO of the cure admitted of no question. Of the remainder, 15 had from 5 to 7 attacks, and the rest from 8 to 26. Of these last, Drs. Wurmb and Casper remark that they would not have shown so high a figure had the right remedy been chosen from the first; for after the last and curative selection had been made, no paroxysm occurred in 19 cases, one only in 16, two in 14 and three in 13—rapid success being thus obtained in 62 out of 77 cases. Remembering, then, that the aim of these physicians was not so much to stop the paroxysms as to cure the whole disease, and that all these 77 patients did leave the hospital well, and remained so, I think they were justified in saying that their results prove the sufficiency of Homœopathy in Ague—at any rate of such Homœopathy as they practised, and in such Agues as come under their care.

Another writer on Intermittent Fever who has expressed and substantiated his confidence in the results of Homœopathic

* See B. J. H., xii., 391.

treatment, is Dr. I. S. P, Lord. An account of his work on the subject is given in the Thirtieth Volume of the BRITISH JOURNAL OF HOMŒOPATHY; and I think you will be induced by the review to procure and read the book itself.

As regards the treatment of RECENT Agues occurring in Malarious districts, I do not find the same expression of general confidence. Dr. Bayes, indeed, in an account of his experience of the disease as it occurs in the fen lands about Cambridge,* expressed himself well-satisfied with the results he obtained. But he does not tell us how many of the seventy-five cases he tabulated were recent ones treated by him AB INTIO: nor does he mention the time required for their cure. His best result is, I think, that he can say, "I have not had a single acute case become chronic in my hands, a result" (as he truly adds) "frequently following the SUPPRESSION of Ague by large doses of *Quinine*." When however, we turn to the statements of those who practise in the thick of Malaria in the United States and in India, we find that the ordinary treatment by symptomatic resemblance and minute dosage gives little satisfaction. The general experience of the American practitioners is fairly given by Dr. Vincent in the Second Volume of the UNITED STATES MEDICAL INVESTIGATOR.

"Intermittent Fever," he writes, "to me has proved an exceptional disease. I have SELDOM been able to cure a RECENT case of Ague with high attenuations nor (I might add) with any other attenuation. Even the best selected remedies fail me in a majority of cases. . . . My own experience in Ague is the experience of nineteen out of every twenty physicians of our school; † and so thoroughly is this matter understood, that it has become proverbial in Malarious districts that 'Homœopathic physicians cannot cure Ague.' Many persons, ardent Homœopathists, will resort to *Quinine* or an Allopath if they or their families take Intermittent Fever, rather than take the chances of a run of the disease for several days and probably have to resort to it at the end."

To the same effect writes Dr. Sircar: ‡

"The fact is, practioners flushed with their unexpected success in chronic cases with infinitesimals alone, and absolutely without *Quinine*, were deluded into the belief that they could dispense with *Quinine* altogether, at least in its massive doses; but when the hour of THEIR trial came, when people began to confide them with cases from the beginning, they began to be disappointed, though unfortunately they could not see their

* ANNALS, i., 441.

† The late Dr. Allison Clokey wrote to the same effect in 1897 (see J. B. H. S., v., 290). He gave grain doses; and Dr. Bliem, who writes from Texas to support him, quotes Osler as representing such dosage as sufficient to prevent the paroxysms (IB., vi., 104).

‡ M. H. R., xviii., 522.

mistake. In spite of greater diligence in the search after the appropriate remedy, in spite of renewed endeavours to hunt after symptoms of the patient and symptoms in the Materia Medica, the real remedy seemed always to elude the search and mock the struggle, till the cases were made over to the Allopaths, who, with a few doses of *Quinine*, effected the cure."

I quite agree with Dr. Sircar when he goes on (he was addressing our Congress of 1874):—"Gentlemen, I verily tell you that it is *Bark* and its *alkaloid* which have kept up the vitality of the old school, and it is our disloyalty to them which has stood seriously in the way of the progress of our own school, and which not unfrequently brings unmerited ridicule and abuse upon our doctrines." I have already* demonstrated the full Homœopathicity of *Quinine* to the Aguish paroxysm, and argued that in all cases where the paroxysm is the disease we can follow no better treatment than its administration. Dr. Sircar concludes by saying,—"In our anxiety to be Homœopaths we must not forget to be physicians; in our zeal to worship Hahnemann we must not cease to worship Truth wherever found." But the curious thing is that the treatment of recent Ague by *Bark* alone in otherwise healthy persons residing in Malarious districts is Hahnemann's own recommendation. "The Intermittent Fever endemic there," he writes in the Organon, "would, at the most, only attack such a person on his first arrival; but one or two very small doses of a highly potentised solution of *Cinchona* bark would, conjointly with a well-regulated mode of living, speedily free him from the disease." If such result do not follow the patient must be treated with "Antipsoric" (*i.e.* constitutional) remedies; there is latent disease in him which is only taking an accidentally Aguish form.

The practical conclusion from all that has been said is obvious. It was the power of *Bark* over the Intermittent paroxysm which led Hahnemann to Homœopathy. He never abandoned its use in real Marsh Fever (as he called them); nor, I maintain, should we. He came indeed, AFTER HE HAD CEASED TO PRACTISE IN MALARIOUS DIRTRICTS, to recommend its use in a highly potentised, that is, attenuated form. But if those who now encounter the disease in its HABITAT find such "potentisation" best attained by substantial, or even massive doses, they are acting in the spirit though not according to the letter of his instructions: they are following him in "the medicine of experience." I believe, therefore, that in all recent and uncomplicated Agues you will find it your best practice to give **Quinine** in the apyrexia; a single full dose at its commencement, as ordinarily practised, and as recommended by Jousset, or repeated smaller quantities during its continuance. In the few Intermittents I have myself seen, I have adopted the latter plan; and have found two or three grains of the first decimal trituration, taken every three

* Manual of Pharmacodynamics, sub voce *Cinchona*.

or four hours, act very satisfactorily. Bahr (who says that, "as a rule, *Bark* cures every case of Ague originating in Malaria, and of recent origin") finds the first centesimal trituration sufficient; and Dr. Panelli, from his Italian experience, says the same thing.* You will also remember the still prevailing tendency of Ague to recur on its appointed days, and will anticipate its advent by an occasional dose of the remedy till a fortnight or so has elapsed. While thus preventing the recurrence of the paroxysms, you may relieve their sufferings and mitigate their severity by drawing upon the rich treasury of Homœopathic remedies and giving them during their continuance. *Aconite,* if there is great thirst, restlessness, and anxiety; *Belladonna* if in the hot stage the head aches badly; *Ipecacuanha,* if vomitting be distressing; *Veratrum album,* if the chill be excessive and simulate the Choleraic collapse—all these have proved helpful according to their indications; and Dr. Sircar gives practical evidence of the value of many other remedies of the same kind. In the "congestive chills," which are the American form of the "Pernicious Fever" of the Roman and other districts, Dr Morse of Memphis, reports † very satisfactory results from *Veratrum viride.* In these Pernicious Fevers, I may say, even so strict a Homœopathist as Dr. Charge admitted that we must fall back upon *Quinine,* and must not shrink from such quantities as may be required for the speedy arrest of the paroxysms.‡

But it is confessed by the most ardent admirers of *Quinine,* that it does not always succeed in checking even recent Agues. If, therefore, the paroxysms are not speedily arrested by its use (and it cures very quickly when it does so at all), you will do well at once to abandon it in favour of other remedies. In Chronic Intermittents, moreover, and in Malarious cachexia, *Quinine* can never be recommended; though its native *Bark* may sometimes find place in virtue of general similarity between its effects and the patients' condition. There is a general agreement between our Therapeutists as to the medicines from which in such cases the choice should be made. *Arsenicum, Nux-vomica, Pulsatilla, Veratrum album, Ignatia,* and *Ipecacuanha* are Wurmb and Caspar's primary list; Bahr gives *Arsenicum, Nux, Veratrum, Ipecacuanha, Natrum muriaticum* and *Arnica*: Jousset recommends, under various circumstances, *Ipecacuanha, Capsicum, Nux* and *Arsenicum.* If to those are added *Aranea,* § *Cedron,* II the *Eupatoriums, Phosphoric acid* and

* See UNITED STATES MED. INVESTIGATOR, iv., 161.

† UNITED STATES MED. INVESTIGATOR, ii., 359.

‡ See his communication to the Transactions of the World's Convention of 1876.

§ See J. B. H. S., iii., 97, 200 II IBID., v. 391; vi. 99; viii. 156.

Sulphur, I think that I shall have mentioned every medicine on which, save in very exceptional cases, you are likely to have to rely for help. As regards their indications, it is needless that I should repeat here what I have already said when speaking of each drug. The only one I have neglected in reference to this disease is *Pulsatilla.* Both Wurmb and Caspar, and Dr. Lord, esteem it highly. The former cured with it alone seventeen cases out of twenty-seven in which they prescribed it, and speak of it as specially useful when a condition of Chlorosis and Hydræmia has been induced by the marsh-poison. Sometimes—as it acts little on the nervous system—*Ignatia* has to follow it to remove the paroxysms.

In aid of our choice of a remedy for these cases—and we cannot individualise them too strictly—Dr. von Bœnninghausen long ago published a laborius 'Repertory,' which received the honour of favourable notice from Hahnemann himself. A Second Edition, published after an interval of thirty years, has recently been translated for us by Dr. Korndœrfer. I wish I could speak more favourably of this Volume than I have been obliged to do in the BRITISH JOURNAL OF HOMŒOPATHY; † but I cannot. In the Report of the discussion on Dr. Bayes' Paper, there are some useful remarks by Dr. Quin on the medicines indicated in Ague by the presence or absence of thirst in the different stages of the paroxysm; and in the Fourth Volume of the UNITED STATES INVESTIGATOR (p. 141) you will find a "Time-table" indicating the hour at which the paroxysm is apt to begin when this is characteristic of some particular medicine. All these are helps, and not to be despised. But if you wish to be successful in treating Chronic Intermittents, let me especially commend to your repeated perusal the "Study" of Wurmb and Casper on the disease to which I have so often referred.

The Malarious Cachexia is to be met (as you will see from my remarks on the respective drugs) by *Arsenicum, Calcaria arsenica, Chininum arsenicosum,*‡ *Natrum muriaticum,* or *Sulphur* —the first especially when the symptoms are those of Phthisis Florida, the four latter when they are of a more torpid and degenerative type.

* I have spoken of *Sulphur* in connexion only with Chronic Ague. Dr. Cooper, however, has now adduced evidence from India and Turkey of its power over recent fevers of this kind. (See M. H. R., xxxiii., 127, 643). He uses pilules saturated with the *Tincture fortissima.*

† Vol. xxxii., p. 531.

$ See J. B. H. S., ii., 93; ix., 177.

REMITTENT FEVER, of Malarious origin, is just a severe Ague whose intermission is so perfect as to cause it to be designated a "remission" instead. I know it only from the description given of it in Books; *and in the absence of any Homœopathic literature bearing upon it, must content myself with suggesting the remedies most likely to avail.

Of even more importance than in Intermittents must be the treatment adopted during the attack. "The first and most immediate object of treatment," writes Aitken, "is to reduce the force and frequency of arterial action during the paroxysm." We know too well the power of **Aconite** to effect this end to need the spoliative venesections advised by the Indian writers. With the rule to begin **Quinine** as soon as remission shows itself, I have no quarrel. Dr. Goodno gives two grains of the 1_x trituration of the *Bi-sulphate* every two hours. I would only suggest that in the asthenic form of the Fever, **Arsenic** might not unfrequently be preferable; and that the remarkable power of **Gelsemium** over Remittent feverish state observed in cooler climates makes it worth a trial in the Fevers we are now studying, where the symptoms do not run high enough to require *Aconite*. If the gastric irritability be very marked, a few doses of **Ipecacuanha** may do good service.

BILIOUS REMITTENT appears to differ from simple Remittent only in the implication of the liver in the attack. It is sometimes called "Malarious Yellow Fever," from the resemblance of its symptoms to the contagious Toxæmia properly so named. When this is so, Dr. Neidhard finds **Crotalus** as useful in this Fever as in the true Typhus Icterodes (OP. CIT.). He gives it in the 1st, 2nd and 3rd triturations. This (and that in milder cases, the **Eupatorium perfoliatum** has proved effective) is all I have to tell you about the Homœopathic treatment of the disorder in question.

I have adduced the foregoing considerations as they stand in my 'Therapeutics' of 1877. They are all, I believe, clinically and phenomenally true; and were the best that could be (at any rate that I could) put forward from the Homœopathic stand-point at that time. Since then, however, research has thrown a new light on the Pathology of the MALARIAL FEVERS. It seems to have demonstrated that their phenomena are due to the reception (mainly through mosquito-bites) of an amœboid parasite into the blood; that these grow at the expense of the red corpuscles they inhabit, form black and yellow pigments in their own interior, and then break up, each into from ten to fifteen segments (spores). The corpuscles now burst, and let out the spores and pigments into the liquor sanguinis Therewith occurs the rigor of the fever paroxysm, followed by its heat and sweat; while the destruction of the corpuscles

*I speak especially of the articles on it in Aitken's, 'Science and Practice of Medicine', and in the 'System of Medicine' edited by Dr. Russell Reynolds.

accounts for the Anæmia associated with the disease. The spores develope into fresh parasites, which invade new corpuscles; and the morbid cycle would go on indefinitely were not a substance like *Quinine* ingested, which prevents the development of the spores and so arrests the whole process.

I have no exception to take to these doctrines. We have already seen, in other cases where a CONTAGIUM VIVUM has been (presumably) proved to exist, that there is no need on that account for departure from our ordinary medication, which acts by fortifying and defending the tissues against their invaders. But in this instance a special inference is drawn from the hypothesis, which affects us seriously. The similarity of the effects of *Bark* on the healthy to the symptoms of Intermittent Fever was (as I have said elsewhere) the Newton's apple which suggested Homœopathy to Hahnemann. When this similarity has been challenged, we have vindicated it by copious evidence;* and the treatment of Ague by *Quinine* has long stood in our literature as the prerogative instance of cure by specifics, and of the way in which SIMILIA SIMILIBUS enables such remedies to be discovered. Now, however, the advocates of a plasmodial origin for the Malarial Fever claim that our supposed specific is really a germicide; that its efficacy has nothing to do with its action in health, but depends upon its being a poison to protoplasm, and so a destroyer of the low organisms on which Intermittent Fever depends. If this be true, it robs us of a weighty witness to the Homœopathic law; and if it be false, supposition of its truth is unfortunate for patients, as it leads to their being dosed with the drug much more heavily than they would be were its constitutional action alone desired. The question deserves, therefore, a strict investigation.

In my 'Pharmacodynamics,' I have adduced three reasons against the theory now stated. One is that the dose of *Quinine* which suffices to cure an Intermittent is often far too small to affect the vitality of the supposed microzymes—two grains, for instance, sufficing when administered by subcutaneous injection. Another is that when the drug is introduced in the fullest proportion the animal body can bear in its blood, it suspends only, it does not annihilate, bacterial activity. The third lies in the absence, when other substances are considered, of any parallel between their microbicide and their anti-Malarial properties. *Corrosive sublimate* heads the list of agents of the former class, and *Arsenic* is confessedly second only to the *Quinine* among those of the latter; but were we to treat Ague with the sublimate, or attempt to avert sepsis in a wound with an Arsenical solution, we should find that the two were hardly interchangeable.

So far I have written there; but here I would add some

*As in my 'Pharmacodynamics,' Lewin, in his "Collateral Actions of Medicines," accepts the testimony there collected, and attests the validity of Hahnemann's experiment. (See M. H. R., xli., 286).

further considerations. The first is that *Quinine,* like the Homœopathic specifics which have already passed before us, is prophylactic as well as curative; and is so in doses far too small to exert any germicide influence. Dr. Maclean states that three grains taken every morning fasting, fully suffice for such preventive action. Does not this look like pre-occupying the ground rather than killing its invaders?* Again, the similarity between Malaria and *Quinine,* as pathogenetic agents, has received a striking confirmation from the recent provings with the *Muriate* conducted by Dr. Schulz.† Nearly every experimenter suffered more or less from supra-orbital Neuralgia; and I need not remind you that the affinity of the marsh-poison for this region is so great as to give the term "Brow-Ague" to the pain it there sets up. Thirdly, the parallel afforded by *Arsenic* has of late received its completing touch. As curative of Ague, its repute is well-known and unquestioned; and that this repute obtains in Homœopathic as well as ordinary circles shews that substantial dosage is no necessary element in its efficacy. Its similarity to Malaria is yet better attested, as regards the febrile paroxysm, than that of *Quinine;* and it extends beyond that of its sister drug, as it kills the red blood-corpuscles, and sets up an Anæmia very like that of the Malarious Cachexia, in which accordingly‡ it is—in both schools the leading remedy. But it has been ascertained to act as a prophylactic also, even in the fever-haunted Campagna, so that Railway EMPLOYEES and labourers can work there with impunity.§ A similar, a prevenaive and a curative,, having no particular germicidal power, and active in too small doses to exert this if it had it,—*Arsenic* presents in relation to Intermittent Fever a most instructive picture, and, suggesting a corresponding interpretation of the facts regarding *Quinine,* aids the re-instatement of that remedy in Homœopathic Therapeutics.

I hope that such vindication may be useful, moreover, not only for apologetic purposes, but to encourage our own practitioners to a larger use of the remedy, as one acting upon strictly Homœopathic principles. With this view I hail the testimony given to our International Congress of 1896 by Drs. Vincent Leon Simon and P. C. Majumdar. The former told us that we could not cut short the paroxysm of Malarial Fever with anything but *Quinine* in ponderable doses (by which he explained himself as meaning the 1st-3rd trituration): and that

* The advocates of the sporicide theory of the curative action of *Quinine* perceive this consequence; and allow themselves to go against all experience by denying its prophylactic powers. So Dr. Fielding Ould, in the BRITISH MEDICAL JOURNAL of Sep., 1st 1900, p. 531.

† See Cyclopædia of Drug Pathogenesy, ii., 738.

‡ This "accordingly" plainly belongs only to the school of Hahnemann. On what ground those of the other can justify its employment we must leave them to say.

§ See the results of Crudeli and others in B. J. H., xliv., 34.

he has never seen such a fever cured whose attacks were of the ordinary form, unless the work was begun by so cutting short the paroxysms. Dr. Majumdar did not go so far; but he was far more kindly disposed towards *Quinine* then when he contributed a tentative Paper on the same subject to the Congress of 1881. "In suitable cases," he wrote, "it does wonders." And these "suitable cases" he defines as those "in which the paroxysm is sudden and the apyrexia complete." The experience of these two physicians thus coincides, and is also identical with the views on the subject I have re-iterated in my writings for these many years past.

Returning from this digression, I would say the present-day theory of Ague need in no way impugn our principles or alter our practice with regard to it. *Quinine* and *Arsenic* are with us as in traditional medicine the two great febrifuges in recent cases,—not as germicides, but as specific remedies, like all those conforming to the Law of Similars. They are thus no mere alternatives, one to be given when the other fails or the system is saturated with it. *Quinine* is most suitable in such Agues as attack a stranger on first entering places where they are endemic, or those which occur sometime after he has ceased to be exposed to the noxious influennce. *Arsenic,* on the other hand, is preferable when the general paludal poisoning is primary and the febrile paroxysms develope out of it. That we have a variety of medicines beyond these two, by apportioning which we can in chronic cases make thorough and permanent cures, and that with quite innfinitesimal doses, is explained by there being in such cases no longer any plasmodia present, the febrile phenomena in them being rather those of a morbid habit acquired by the nervous system. In recent Agues, the case being otherwise, the lower triturations of *Quinine* and *Arsenic* seem required. I can conceive it possible, moving further on such lines, that in very Malarious districts the germicidal powers which *Quinine* undoubtedly possesses MIGHT have to be called into play and the dosage become large accordingly. It may be here as after operations and accouchements. In fairly pure surroundings asepsis is all that is necessary; but in old hospitals, whose atmosphere is laden with germs, antisepsis is really required, and the *Carbolic*-spray or the *Sublimate*-wash must be employed, even at the risk of injuring the patient in other ways. Here I allow the force of Dr. Hayward's plea, who has done so much to popularise the new doctrines about Malaria and to urge action being taken on them on our part as well as on the other side. But while I put this possibility for the sake of fairness, I would lay chief stress on its being an exception, and not the rule—the latter making *Quinine* a truly Homœopathic remedy, to be administered in non-perturbative quantities.

LECTURE XX.

GENERAL DISEASES.

—o—

CHOLERA—DIPHTHERIA—INFLUENZA

On the present occasion I shall have to consider the treatment of three diseases, each "GENERAL" in its invasion of the whole organism, but each localised specially in a particular part thereof which in the first is the bowels, in the second the throat, in the third the air passages. I shall have to speak of CHOLERA, of DIPHTHERIA, and of INFLUENZA.

By

CHOLERA, I mean the Asiatic pestilence, which, endemic in the delta of the Ganges, travels from time to time in a desolating course over the Western World. I do not include the ordinary autumnal vomiting and Diarrhœa, which is sometimes called "Cholera Nostras," and which, as occurring in young children, is sadly familiar (in America especially) as "Cholera Infantum." These will come before us subsequently; the former among the disease of the intestines, the latter among the maladies of childhood. It is the Asiatic Cholera of which I have here to speak.

I have already told you something about the success we have had with this disease. Indeed, the history of its Homœopathic treatment is one of the brightest pages in our records. From Russia, Germany and Hungary in 1831-2; from Liverpool and Edinburgh in this country, and from France and America abroad in 1849; and from Barbadoes and London in 1854, and again from Liverpool in 1866, we have abundant evidence of the comparative value of our Method in the treatment of this terrible scourge. Let me indicate before I go any further where you can find the narratives which bear out this statement.

For the Epidemic of 1831-2 onr main source of information is Dr. Quin's 'TRAITEMENT HOMŒOPATHIQUE DE CHOLERA,' his own experience having been gained in Moravia. That of 1848-9 was carefully observed by Tessier at Paris, and in this country by Dr. Russell at Edinburgh and Dr. Drysdale at Liverpool, all of whom had large opportunities of treating the disease. Tessier's account is given in his RECHERCHES CLINIQUES SUR LE TRAITEMENT DE LA PNEUMONIE ET DU CHOLERA, SUIVANT LA METHODE DE HAHNEMANN, which has been translated into English by Dr. Hempel.

Dr. Russell has given his narrative in the Seventh and Dr. Drysdale his in the Eighth Volume of the BRITISH JOURNAL OF HOMŒOPATHY,—the former having subsequently expanded his Essay into a "Treatise on Epidemic Cholera" (Headland, 1849). The results obtained in London and (by Dr. Goding and others) in Barbadoes during the Epidemic of 1853-4 are narrated in the Thirteenth Volume of the BRITISH JOURNAL' and in a lecture by Dr. Russell —"On Cholera: and historical sketch, with a practical application," published in the Fourth Volume of the ANNALS. The experience gained in Liverpool in the last epidemic has been put on record by Dr. P. Proctor in the Twenty-Fifth Volume of the BRITISH JOURNAL; and the American observations up to 1853 are gathered up by Dr. Joslin in his "Homœopathic Treatment of Cholera," &c. (Walker, 1863).

Three things, I think, will strike you, as you read these observations.

First, you will see that our Statistics are more favourable than those of the old school. While their death-rate rarely falls below fifty per cent., ours rarely reaches thirty. The only notable exception consists of Tessier's cases, treated at the Hospital St. Marguerite in Paris. Even here his losses were ten per cent. less than those of his old-school colleagues in the same Hospital; and their high rate may be accounted for both by the unusually large proportion of cases of the "ataxic" and "black" varieties of the disease, and by his own comparative inexperience at the time in Homœopathic Therapeutics. He made, for instance, no use of *Cuprum*, and a very inadequate one of *Camphor*. The impression which our comparative success has made may be estimated by two facts. The practice of Homœopathy had been, since 1819, forbidden in the Austrian Empire by law. The results of Dr. Fleischmann's practice in the Vienna Epidemic of 1836 were such that the prohibition was repealed. It could hardly have been otherwise; for he saved two-thirds of his patients (he treated 732 cases), while the ordinary practitioners lost two-thirds of theirs. Again, in the London Epidemic of 1857, the returns of the Homœopathic Hospital were excluded from the Report furnished to the Parliament by the College of Physicians. The compliment was paid them because they showed a mortality of 16.4 per cent. only whereas in no other hospital in London was it below 36 per cent.

Secondly, you will notice that the practitioners of our school have acquired a confidence in treating Cholera which is entirely absent from the minds of those who follow the old practice. Lebert sums up the experience of the latter by affirming that the physician at the bedside must painfully reconcile himself to the scientific fact that Indian Cholera, in its well-pronounced. typical, and perfectly developed form, slays the half of all persons attacked, and that there is an entire absence of any certain and specific means of cure. On the other hand (in the

words of Dr. Russell), "there reigns in the minds of those who have put the Homœopathic method to the test of personal experience, a firm conviction that it furnishes certain remedies which if properly applied, arrest the disease in its first stage; and other remedies which, although they fail to cure all cases, yet manifestly reduce the mortality of the pestilence."

Thirdly, you will observe with satisfaction the substantial identity of the treatment pursued in every epidemic and in every country. Hahnemann, before he had seen a single case of the disease, indicated *Camphor* as its specific antidote, suggesting *Veratrum* and *Cuprum* also as likely to be beneficial. To these later experience, more specially in Great Britain, has been added *Arsenicum;* and with the four medicines now named nearly all the Homœopathic treatment of Cholera has been carried on. Let me endeavour to lay down their distinctive spheres of action.

1. In speaking of **Camphor** in my lectures I have argued that its Physiological action is that of (in the words of Trousseau and Pidoux) a refrigerant and sedative, producing in its full poisonous effects a state of collapse with chill. It is thus perfectly Homœopathic to Cholera in the stage of invasion; and Dr. Russell justly says that "there is the most perfect unanimity amongst all Homœopathic practitioners as to its efficacy in curing Cholera in the first stage." He relates a striking case, as illustrating its "instantaneous and almost magical effects." He "once saw a little girl actually TAKE Cholera. It was in a room where there were several bad cases; and this child suddenly presented the strange, unnatural look which characterizes the disease, and seemed to shrink in size, becoming cold and of a livid hue. He immediately gave her five or six drops of the tincture of *Camphor*, and in the course of ten minutes the anxious frigid expression of the face gave way: it was succeeded by a glow of warmth; and the pulse, which had become very small, rapid, and irregular, resumed its normal volume and rate. She recovered, but for some days suffered from Diarrhœa."

Whether we should depend upon *Camphor* in later stages of the disease is as yet a moot point. It is not, indeed, directly Homœopathic to the Cramps, Diarrhœa, or Vomiting. But since the condition of algidity and Cyannosis to which it does correspond persists when these have set in, and constitutes the real peril of the case, there is nothinng in our principles which forbids its use at any stage of the attack. I have related the results obtained from its continued use by Dr. Rubini, of Naples, in the Epidemic of 1854-5. In a publication, dated 1866, * he adds his experience in the invasion of the pestilence which took place in 1865—6, which was equally satisfactory; again no death

* STATISTICA DEI COLERICI CURATI COLLA SOLA CANFORA IN NAPOLI NEGLI ANNI, 1854, 1855, 1856. 3rd Edizione, ampliata. Napoli, 1866.

occurring in his practice, though he treated 123 patients. He relates some of his cases, whose severity is unquestionable.

2. ***Veratrum album*** stands next to *Camphor* in the certainty of its action in Cholera, when restricted to its proper sphere. This is by general consent, the cases marked by profuse vomiting and purging, with coldness indeed, but without deadly collapse and lividity. To such a condition its Physiological action precisely corresponds: and, it being capable of speedy amelioration, there is here a field in which the medicine has displayed brilliant effects, even in high dilutions.

3. ***Cuprum*** is confessedly the best remedy for the Choleraic cramps, and for the vomitting also, when this is a prominent feature. Its undoubted prophylactic power against the disease, shown mainly by the immunity of workers with the metal suggests a still more intimate relationship to the whole morbid process. I have mentioned in my 'Pharmacodynamics' how Hahnemann originally suggested it as superior even to *Veratrum* for the developed disease, and how Dr. Proctor, in the Epidemic at Liverpool in 1866, "found himself gradually trusting mainly to it in the stage of collapse," with the impression very strong in his mind that herein it is the most reliable of our remedies.

4. This, however, is not the general experience: the medicine most trusted in collapse being ***Arsenicum***. Dr. Drysdale and Dr. Russel* concur in regarding this remedy as the greatest we have, when the time for the administration of *Camphor* is past, and when the danger is less from the discharges than from the general depression of vitality. In this judgement Tessier coincides. I have shown that *Arsenic* is a true Pathological SIMILE to the Choleraic process, though the minute symptomatology of disease and drug may not completely coincide. The burning at the epigastrium, however, so often complained of, should lead symptomatic prescribers to think well of it; and those who attach more importance to Pathological relationship will especially value it for its power to cause, and to remedy, that condition of the kidneys which leads in Cholera to suppression of urine.

Valuable, however, as *Cuprum* and *Arsenicum* are in the collapse of Cholera, I think that we want a remedy for it still more energetic and effective; and this I have suggested we may find in ***Aconite***. Let a few cases of poisoning with this plant be read with the thought of Cholera in the mind, and the resemblance will be seen to be striking.† We have the intense

* The elder Bakody, who seems to have been the first to employ *Arsenic* largely in Cholera, in 1831 saved 148 patients out of 154 treated mainly by it (JOURN. BELGE D' HOMŒOPATHIC, March-April, 1897).

† See those cited by Dr. Hempel in his 'MATERIA MEDICA,' and in his translation of Bahr (ii. 622). (Cases 2, 3 and 4 in the Cyclopædia of Drug Pathogenesy are some of them.) In all these the resemblance to Cholera is noted by the observers.

chill, even the cold tongue, the blueness, the difficult respiration, the almost imperceptible pulse and the cramps. After death the arterial system is found empty and the venous full. It is to Dr. Hempel that the credit is due of being the first to perceive this analogy, to which he drew attention nearly fifty years ago. Dr. Cramoisy, of Paris, is the only one who (to my knowledge) has put it in practice; and his success has been very encouraging to future employment of the remedy.

If now by some of these means you have brought your Cholera patient out of the cold stage of his Ague fit (for such I maintain it to be), he has two perils before him. The first is that his urine will continue suppressed, and that uræmic intoxication will ensue. It has been ascertained that an acute hyperæmia of the kidneys is present in such cases, analogous to that of Post-Scarlatinal Dropsy. It is obvious that, theoretically and practically alike, there can be no better medicine than *Arsenicum* here; and, unless it has been already freely given, you will do well to rely upon it. Should its action, however, have been already exhausted we have **Terebinthina** and **Cantharis** on which to call, and also **Kali bichromicum**. The latter was used by Dr. Drysdale (in the second trituration) in twelve cases in which Ischuria continued after the use of *Arsenic;* and in eleven the urine returned. The second danger is from the consecutive fever, which is generally of a Typhoid type. It seems to be of comparatively rare occurrence under Homœopathic treatment, probably from the absence of Opiates and stimulants in the previous medication. When it does appear, it must be treated with one or other of our recognised antipyretics, according to its symptoms. Dr. Drysdale found **Phosphoric acid** most frequently indicated.

I must say a few words upon some other medicines which have occasionally filled gaps in the treatment of Cholera.

Acidum hydrocyanicum was found of at least temporary service by Dr. Russell in some cases where there were great oppression of the lungs or heart. Dr. Sircar, from his Indian experience, speaks still more highly of it. "*Hydrocyanic acid,*" he writes, "is useful, in fact, is the only remedy when, along with pulselessness, the respiration is slow, deep, gasping, or difficult and spasmodic, taking place at long intervals, the patient appearing dead in the intermediate time. If any remedy is entitled to be spoken of as a charm, it is this. It would seem at times to restore animation to a corpse."*

Secale is commended highly, both, by Drysdale and Russell, when large watery, painless motions need a remedy of their own: it seems to work well with *Arsenicum*. Dr. Proctor found

* Dr. Majumdar, of Calcutta, communicates similar experience with *Naja*. "Many a fatal case," he writes, "has been rescued by it from the jaws of death." (INDIAN HOM. REVIEW Jan. 1896: see also M. H. R., xli., 71).

Phosphorus of great use in a similar condition when persisting after the symptoms were removed.

Cicuta has proved of service in spasmodic Hiccough or belching occurring in Cholera.

Carbo vegetabilis was much used by Tessier to meet the later prostration of Cholera, and Dr. Sircar seems to think it of value. But I am at a loss to perceive its appropriateness to the condition present; and British experience is against its efficacy.

In all that has preceded it will be understood that I have been speaking of true Cholera *i.e.*, where in addition to rice-water vomiting and purging, cramps, and suppressing of urine, there is some amount of algidity and Cyanosis. But it is well-known that the same poison may produce minor forms of disease, which are called Choleraic Diarrhœa and Cholerine. For the former, *Camphor* is the best domestic and routine remedy though the physician will often be led to prefer *Veratrum* or **Croton.** "Cholerine" seems to me to be Cholera Nostras, modified by the epidemic influence: for, unlike Choleraic Diarrhœa, it rarely proves the precursor of the fully-developed disease. **Ipecacuanha** and *Phosphoric acid* have generally been its favourite remedies; but I would commened **Iris** to your notice, with *Veratrum* in reserve should the symptoms assume the Asiatic form.

As regards dosage in Cholera—*Camphor* is always administered in the primary solution, which Dr. Rubini makes a saturated one. *Aconite* also has been used by its commenders in the mother tincture; but *Arsenic, Veratrum* and *Cuprum* have been given in high (6-30) as well as in the lowest attenuations, and with success in either case. *Arsenic* has been also given by Dr. Drysdale in the form of inhalations of *Arseniuretted Hydrogen.* His direction for the preparation and use of this Gas may be found in the Seventh Volume of the BRITISH JOURNAL OF HOMŒOPATHY (p. 559).

I have next to speak of—

DIPHTHERIA.—I think it is quite right to place this malady among general diseases rather than among the diseases of the throat. It is unquestionably a specific Toxæmia, distinct from Scarlatina and (I think) from Croup; and its virus is capable of entering the system at other doors than the throat, as well as of manifesting itself elsewhere when once introduced.

The treatment of Diphtheria illustrates well the conditions necessary for the successful application of the Homœopathic Law. When Cholera first appeared in Europe, Hahnemann (as I have shown) was able, from his profound knowledge of Pathogenesy, to indicate *Camphor, Veratrum* and *Cuprum* as its specific remedies. We have only added *Arsenicum* since; and nearly every Homœopathist throughout the world treats Cholera with these medicines, and with a comparative success which is abundantly satisfactory. It is very different with Diphtheria. If you will look through our Journals from 1859 onwards, you will find for sometime an endless variety of medicines in use, and no great success to boast of with them all. It has not been, in my experience, a disease which it has afforded one much satisfaction to have to treat. Nevertheless, amid the floating mass of records which have now accumulated, there seem certain patches of firm ground on which we can take our stand laying down, provisionally, the best Homœopathic treatment of the malady. I think, too, that by a more single and persistent use of remedies which have come to be known as specially adapted for our Therapeutics of Diphtheria have of late years been increasingly satisfactory.*

For the Homœopathic literature of Diphtheria I may refer you, besides the numerous articles upon it in the Journals of all countries, to the three American Monographs of Drs. Helmuth, Ludlam and Neidhard. My own experience in the disease is recorded in a Paper entitled, "An Account of Fifty cases of Diphtheria," read before the British Homœopathic Society in 1870 and published in the Twenty-Eighth Volume of the BRITISH JOURNAL OF HOMŒOPATHY. Since Brighton has been effectively drained, Diphtheria has rarely appeared in the town; but what little I have seen of late has confirmed the conclusions at which I had then arrived.

The old division of Diphtheria was into Simple, Croupal and Malignant varieties. Oertel, whose Article in Ziemssen's 'Cyclopœdia' is of great excellence, means much the same thing by his Catarrhal, Croupous and Septic forms. Of the Therapeutics of each of these I will speak separately.

* Dr. Oehme has recently given us a "Complication and Critical Review" of the German and American literature on the subject, which is well-executed and very useful for reference.

1. In the treatment of SIMPLE DIPHTHERIA, where Catarrhal Angina is the sole mischief set up by the poison, *Belladonna* and *Phytolacca* seem to me to be the only medicines required.

Belladonna deserves, I think, a freer use than it has yet received. It is precisely Homœopathic to the Pathological condition of the throat as Oertal describes it, and to the general febrile state. I always commence the treatment with this medicine in the first dilution, and have seen mild symptoms almost immediately, and pretty severe ones rapidly disappear under its use. If, however, decided improvement has not resulted within forty-eight hours of commencing its employment, there is no advantage in persevering with it. If, moreover (as sometimes happens), the deposit disappears at first under the influence of the remedy, but subsequently returns, it should not be continued.

Phytolacca is an addition of real value from the indigenous flora of America to our Anti-Diphtheritic remedies. In considering this drug in my 'Pharmacodynamics' I have endeavoured to establish its true place in the treatment of the disease. It is indicated when the local inflammation is not so acute as in the *Belladonna* cases, but when the general fever is higher, and accompanied with severe aching in the head, back and limbs. Under these circumstances it will act in a truly specific manner.*

2. The term "CROUPAL" was given to the second variety of Diphtheria to signify its invasion of the larynx. Oertel, however, means by "Croupous" a more intense inflammation of the throat than obtains in the Catarrhal form,—the fibrinous exudation of which may and often does invade the air-passages, but even without doing so is a morbid condition of very serious moment. The medicines for this variety of Diphtheria are *Apis, Cantharis,* certain *Mercurial* preparations, *Kali bichromicum,* and *Bromine.*

a. A lower type of inflammation (as shown by a more purple colour of the parts) and much greater œdema are the first signs of the supervention of the Croupous upon the Catarrhal form of Diphtheria, or of its primary onset. **Apis** thus naturally takes the place of *Belladonna* in its treatment; and evidence has come from all sources since 1870 to its great efficacy. I have myself seen striking results from it, and commend it highly.

b. Bretonneau's comparison of Diphtheria to the effects of poisoning by the Spanish fly naturally led Homœopathic practitioners to use it as a remedy for the disease, the Albuminuria of both making the resemblance still more perfect. It hardly rewarded expectation, though Drs. Drysdale, Neidhard and Okie have had some success with it; and Drs. Ludlam and

* Another promising medicine for this form of Diphtheria is the *Tarentulu cubensis,* of which I shall have to speak when I come to Erysipelas. Dr. W. T. Martin describes it as quite specific. He gives the potencies from 6 to 30 (HAHNEMANNIN MONTHLY, Sept., 1892).

Lawrence Newton have spoken highly of it for the subsequent prostration. I had never used it till 1876, when I had two successive cases in which the throat looked exactly as if it had been dabbed with blistering fluid, and the pain on swallowing was excessive. Here I conceived **Cantharis** to be indicated, and it served me well.

c. It was but natural, on the first glance being taken at the phenomena of Diphtheria, to treat it with **Mercury** in some form. With the ordinary preparations, however—*Mercurius solubilis* and *corrosivus,* and the *Red oxide,*—no advantage was gained. But a different story began to be told as the **Iodides** came into play. In this country Dr. Black with the *proto-iodide,* and Dr. Madden with the *bin-iodide,* obtained very encouraging results; and our Transatlantic colleagues have followed suit. With one or other of these, in the lowest triturations, perhaps the majority of British and American Homœopathists treat Diphtheria. I have myself, like Drs. Meyhoffer, Drysdale and Neidhard, failed to see any decisive benefit from their action; but I cannot ignore the results obtained by my colleagues. To obtain the full effect of the *Mercurial iodides* the triturations should have been recently prepared, and the dose should be placed dry in the mouth. The presence of much glandular swellings would of course be the most significant indication for them.

A still more important preparation of *Mercury* has later been introduced into the treatment of Diphtheria in **cyanide.** It was Dr. Beck, of Monthey-en-Valais, in Switzerland, who first inferred its Homœopathicity to the disease. He recommended it to Dr. Villers, of St. Petersburg, whose own son (now our colleague Dr. A. Villers, of Dresden) was lying hopelessly sick of Diphtheria. I have told you of the astonishing success which followed in this case, and in the immense majority of those treated with the drug in subsequent years, from his happy inference.

Mercurius cyanatus stands now at the head of Anti-Diphtheritic remedies in our school; and has received no small commendation in the other.* I should tell you that Dr. Villers began with the 6th dilution, but has ended by preferring the 30th; he thinks that where it has caused disappointment it has been by the lower potencies having been employed. Drs. Midgley Cash and Grubenman, who have published formidable cases saved by the remedy, obtained their success with similar dosage.

d. It is the presence of fibrinous exudation which call for **Kali bichromicum** here as elsewhere; and where the thickness and tenacity of the false membrane are prominent symptoms it

* See HAHNEMANNIAN MONFHLY for May, 1877; J. B. H. S., iv., 383; vi. 301; and M. H. R.,' xxviii., 377, xxxiii., 313.

† See Trans. of Intern. Hom. Congress of 1886, p. 191, and J. B. H., S., iii., 208.

acts exceedingly well. Drs. Dowling and Joslin of New York* esteem it highly when the throat itself is thus affected; but its great importance is that it follows the disease into the nose and the larynx, where it escapes other remedies. In Nasal Diphtheria I find it specific; in Laryngeal Diphtheria it does all that medicine can do, which unhappily is not much. Dr. Lord obtained good results here by administering inhalations of a weak solution of it, "whenever the cough became dry and respiration whistling and suffocation seemed imminent.

e. **Bromine** is the only rival of *Kali bichromicum,* unless *Hepar sulphuris* † is to be so accounted, when Diphtheria invades the larynx. I have told, when writing upon this drug, how highly Drs. Ozanam and Meyhoffer, two excellent authorities, esteem it as an Anti-Diphtheretic generaly. Its local action upon the exudate is considerable; so that, whether swallowed or inhaled, it may do good in this way also. Dr. Neidhard's experience with it in Laryngeal Diphtheria has not been favourable, and I may say the same of my own. Perhaps **Spongia** might supplement it here, as in Membranous Croup. Dr. Jousset narrates a well-marked case making a good recovery under the 1_x trituration. ‡

I think it an important suggestion of Dr. Neidhard's, that it is necessary to attack the poison in the blood even while, by the medicines specifically affecting the air-passages, you are combating its dangerous local manifestation. He usually administers the first trituration of the *Bichromate of Potash* alternately with his *Chloride of Lime,* and has recorded two instances in which this treatment proved successful. Similarly you might give the *Permanganate of Potash* with *Bromine.*

3. I have now to speak of MALIGNANT or SEPTIC DIPHTHERIA, that in which life is threatened from blood-poisoning. None of the remedies hitherto mentioned are applicable here, unless it be the *Cyanide of Mercury.* Looking beyond these, we have among the old stock of medicines *Muriatic acid* and *Lachesis,* and, as new and special Anti-Diphtheretics, *Carbolic acid,* the *Permanganate of Potash* and *Chlorinated Lime.*

a. **Muriatic acid** has, as I have mentioned when treating of that drug, much analogy and many testimonies § in its favour.

* See AMERICAN OBSERVER, xiii., 234, and UNITED STATES MED. INVESTIGATOR, iv., 120.

† See J. B. H. S., iv. 346. ‡ L'ART MEDICAL, Sept., 1822.

§ To those mentioned in my 'Pharmacodynamies' I may add that of Dr. Neidhard, who citing a commendation of it from Dr. Borchers, of Bremen, writes: This corresponds with my own experience. Next to *Calc. chlor.* and *Kali bichrom.,* I have seen more beneficial effects from *Ac. mariat. del.* than from any other remedy."...I may also refer to a case of poisoning by the *acid* extracted in L'ART MEDICAL of August, 1900, which precisely simulated Diphtheria, even to its paretic SEQUELÆ.

I have found it of undoubted efficacy in the lesser degree of Toxæmia with which we sometimes meet.

b. **Lachesis** is indicated when the general prostration is quite out of proportion to the local mischief, and the subjective symptoms to the objective. The fauces are pale or livid. I have cited Dr. Carroll Dunham's favourable experience with the drug in such cases, and Dr. Oehme's collection will show you that he does not stand alone in this experience.

But quite a new ARMAMENTARIUM against Diphtheria was given us when the Antiseptics began to be used, not as local applications, but as internal medicines. The first to be employed was the *Permanganate of Potash.*

c. **Kali manganicum.**—I have told how Dr. H. C. Allen's heroic proving of this drug showed its elective affinity for the throat, and with what success he used it—in about 1-12th grain doses—in the malignant cases which subsequently came under his care. Other practitioners, as shown by Dr. Neidhard, have had similar success.* As it is also a solvent of the false membrane, and destructive of its odour, it promises well as a remedy for septic forms of the disease.

d. **Calcaraea chlorinata** we owe as a remedy here—a purely empirical one, indeed, at present—to Dr. Neidhard. His Treatise tells us how he was led to use it. His reasoning is not very conclusive to my mind, but his results are amply satisfactory. He states that he has "made almost exclusive use of it in Diphtheria during the last five years† in at least 300 cases," and that during this time he has had only two deaths from the disease. He puts from five to fifteen drops of the liquor *Calcis chlorinata* into half a tumblerful of water, and gives teaspoonful doses as frequently as the urgency of the symptoms demands.

e. **Carbolic acid** is highly commended (as Dr. Oehme shows) by Devidson and Bahr. The latter had for two years used nothing but this medicine, and out of twenty-eight cases (all having Fœtor Oris) had lost none.

So much for the specific medication of Diphtheria. But I need hardly say that with this, as with the cruder treatment of the old school, the general management of the patient is of immense importance. Amongst other things I have often verified the recommendation I first had from the late Dr. Hilbers to remove the patient from the house where the disease was incurred; and Dr. Bryce, of Edinburgh, has also borne testimony to the value of this practice.‡ For adults and older children ice is very useful, but to young children the extreme

* See also UNITED STATES MED. INVESTIGATOR, ii., 18.
† His book was published in 1867.
‡ See M. H. R., xix., 992.

cold is repulsive. As to local applications, I have gone through three stages of opinion. At first I used them in every instance, but when I found all the very bad cases dying in spite of them and observed how much they added to the patient's distress, I abandoned them entirely. Now I adopt a middle course. In the *Belladonna* cases they are unnecessary. In those calling for *Phytolacca*, a gargle of the same drug is useful when there is much exudation; but only, I think, to clear it away the sooner. In Laryngeal Diphtheria gargling or pencilling the fauces is of course futile; but the *Bromine* or *Kali bichromicum* we are administering may advantageously be applied to the laryngo-tracheal membrane by inhalation or (better) spray. The only unquestionable value of local applications seems to me to appear when the false membrane is very fœtid, especially if it is also abundant in quantity. Here it is likely that the system becomes secondarily re-infected by the throat deposit and it is undoubted that great temporary relief follows its removal. You may effect this, if you like, by a solvent of the membrane, as Lime-water or Glycerine; or you may follow Oertel's plan of imitating Nature's way of detaching the exudation, and promote suppuration beneath it by the frequent inhalation of hot steam. But seeing that there are no more powerful solvents and deodorisers of the Diphtheretic deposit than the three Antiseptics I have named, I would recommend that in all cases in which they are indicated as constitutional remedies they should also be used as gargles, or applied in the form of spray to the throat.* Dr. Oehme is inclined to explain by their local action the greater part of the benefit they have produced, for they have always been given in the lowest attenuations.

The Post-Diphtheritic Paralysis generally tends towards spontaneous recovery in pure air and with generous diet. I think, however, that I have seen **Gelsemium** of decided use in promoting it. In a long-standing and progressive case of General Spinal Paralysis and anæsthesia thus brought about, **Cocculus** proved in Dr. Trinks hands the curative medicine.†

In the foregoing suggestions as to the treatment of Cholera and Diphtheria, I have done little more than reduce what I had written in my 'Therapeutics' twenty-four years ago, only bringing down some of the items to the present day. Nor have I, in the case of Cholera, anything to add beyond what I have mentioned in my introductory remarks upon this whole class of disorders (Lecture XVI.). As regards Diphtheria, however, I must once more touch on the question already discussed there,—

* Dr. Goodno prefers blowing the Antiseptic in a dry form into the throat and nostrils. He uses a grain to the cunce trituration of the *Permanganate.*

† See B. J. H., xix., 312.—A paper on the Subject read before the British Homœopathic Society by Dr. Henry Bodman, with the discussion following, may be consulted with advantage (J. B. H. S., vii., 368).

are we justified in holding our hands from the now generally employed and much-vaunted Antitoxin?

And once more I must give the same answer: I think that, as a rule, we are. I say "as a rule," for I would make an exception in the case of Laryngeal Diphtheria. The power of the injected serum over the exudation is so decided, when it is employed early enough;* the need of preventing the larynx filling with false membrane is so great and urgent, that I would of the two risks run in preference to that of temporarily poisoning my patient's blood with Antitoxion. I have too vivid recollections of what Asphyxia means here to leave any stone unturned to prevent it. But with this exception, I say again with regard to Antitoxion, that we do not want it; and if it be unnecessary, it is hardly justifiable. Venesection undoubtedly diminishes congestion of the lungs; but if you can solicit (as by *Aconite*) the morbidly-determined blood into safer channels, the use of the lancet is forbidden to you. By the remedies I have described, you can do such gentle yet effectual work for the throat invaded with the Diphtheritic membrane; and should not, I submit, look to more violent and perturbing measures for help.

I am aware that in so speaking I am going against the judgment of valued colleagues, I have little doubt, moreover, that to those who hear me it will seem hard to be urged to refrain from a medication which has conquered—it is supposed—the whole medical world. I venture to think, however that with the former the glamour of rapid results has had a bewitching but illegitimate influence; and that the latter are hardly aware of the weight of evidence, testimony and reasoning on the other sides. The counter-case has been presented by Dr. R. N. Tooker of Chicago, and in the "summary" affixed to the JOURNAL of the British Homœopathic Society for the last five years (Art. "Antitoxin"). By reference to these sources you will see that the reduction in mortality effected by the use of the Serum has to be discounted at two ends: first, it is obtained by classing (for the sake of early treatment) a variety of Anginæ as Diphtheritic, which formerly would not have been so rockoned and secondly, the gain has nearly always been upon a previous rate which can only be termed monstrous—running to 50 and even 60 per cent. That this should be reduced to 40 or even less, tells not so much in favour of the new treatment as in derogation of the old—which must have been simply murderous. When, as in Mr. Lennox Browne's cases, the mortality was moderate before, it was little influenced by the change. The figure it remained at was 26 per cent. Dr. Tooker collected

* See statistics in J. B. H. S., v., 390; L. H. H. R., vi., 93.

† "The Present Status of Diphtheria Antitoxin at home and abroad", Chicago, 1896.

the experience of Homœopathists over a given area, and obtained reports of 315 cases treated (in 1895) purely Homœopathically with a mortality of 7.3 per cent.

I have last to speak of

INFLUENZA.—In my 'Therapeutics' I discussed this malady among those of the respiratory organs, assuming that it was present when a severe fluent Coryza was accompanied by Headache, pains in the limbs and great prostration, and advised *Arsenicum* and *Eupatorium perfoliatum* in its treatment. I expressed my suspicion, however, that such a condition was to true epidemic Influenza what English is to Asiatic Cholera, and advised consultation of the older Homœopathic writers for their experience in the visitations of the thirties and forties.

My suspicion was well-founded, and do not now speak as one to whom epidemic Influenza is unknown. The waves of it which since 1890 have passed over the world with almost unvarying annual persistency have made all practitioners familiar with its features, and have taught us much as to its nature and various manifestations. It is evidently an essential fever, as much so as Typhoid and Dengue, to which last it presents many points of resemblance, especially in its characteristic pains of head and limbs. Catarrh, nasal and bronchial, is (contrary to our former notions) a secondary and incidental occurrence only. When it does set in, however, it is very apt to run down the air tubes into the cells, and to set up a low diffuse Broncho-Pneumonia, which in aged persons and broken constitutions readily proves fatal.

As regards treatment, Homœopathy has nothing to blush for. While our old-school friends were deafening their patients with *Quinine* or overpowering their vitality with *Antipyrin,* and yet the effect on the death rate was (as in former epidemics) greater than that of Cholera, our mortality has been very small. At the British Congress of 1891 Mr. Harris produced statistical returns from 82 of our practitioners, which showed a total of some 15,000 cases with 73 deaths, *i.e.,* hardly five in the thousand. You will wish to know (as the malady is still with us) how such success has been obtained.

The Influenzal pyrexia is, as, I have said, a primary one, as essential as that of Measles and Typhoid. It is not symptomatic of a local inflammation; nor is it a mere disturbance of heat-formation and heat-loss such as chill can produce. It may unquestionably be communicated from person to person (though I doubt whether this is its invariable, or even its ordinary mode of propagation); and, with whatever individual difference, it "breeds true," producing its like and nothing else. It must thus be no longer classed among the diseases of the respiratory organs, but must take rank as a specific infectious fever. And this is no matter of Nosology only. The kind of remedies we employ for the latter group of maladies differs from those suitable for the former; we shall think less readily of *Aconite* and *Arsenicum,* and more .so of *Gelsemium, Belladonna* and *Baptisia.* According to the form the fever assumes we should administer one or other of our well-tried Antipyretics--*Aconite, Gelsemium, Belladonna* or *Baptisia.*

Aconite is, as I have said, less suitable in such fever than in one resulting from cold; nevertheless, when it is indicated by the symptoms it will do good service as it does for instance, in Measles. The sthenic character of the pyrexia, the fulness with quickness of the pulse, and the presence of thirst, restlessness and distress, are the well-known indications for it, and may be trustfully followed. This only must be said, that it is not to be expected of *Aconite* that it shall act here as it does in a fever from a chill, breaking it up in a few hours. We have a blood affection to deal with, which will have a certain course; and as in Measles, we must give the remedy persistently for two or three days, awaiting the resolution of the pyrexia, which, however, it is all the while moderating and soothing.

Gelsemium takes the place of *Aconite* when the fever is less sthenic and chills mingle frequently with the heat; when the pulse, though it may be full, is less tense and rapid; when there is little thirst; and when the patient's general condition is one rather of tropor and apathy.

Belladonna, standing at the head of our remedies for the infectious fevers, plays its part well here when the symptoms demand it. These include a pulse smaller but even more rapid

than that of *Aconite,* and a dry hot skin; but they are chiefly to be found in the head and tongue. Dryness of the latter, heat and pain (with flushed face) of the former, call unmistakably for it; and when they are present we need hardly look further for our remedy.

Baptisia, coming here crowned with its laurels in the "Gastric" type of Continued Fevers, just fills the vacant niche when such symptoms characterise the Influenzal pyrexia. A gastro-intestinal form of the disorder was noted by the early observers, and has recurred in the present epidemic, as may be seen in the Article upon Influenza in the New Edition of Quain's 'DICTIONARY OF MEDICINE.' When the tongue is thickly coated; when there is nausea and vomiting; and when the stools tend to be Diarrhœic —especially if also fœtid, *Baptisia,* already suited to the pyrexia, becomes so to the whole condition, and will change it for the better more rapidly than any other medicine.

The Homœopathicity of the above indications I have thought it unnecessary to argue; it is pretty obvious. They are given, however, from experience, and I can vouch for them practically. It has seemed to me that when they led me to *Gelsemium, Belladonna* or *Baptisia,* the response to the remedy was more prompt and decided, than when *Aconite* was called for. That is the only reservation I would make about their efficacy as a whole. I have always, I should say, given these drugs in the lowest (1x and 2x) dilutions.

In the steady use of the suitable antipyretic, with proper nursing and dieting, the treatment of Influenza mainly consists. I must say something, however, as regards its local manifestations, occasional complications and sequelæ.

1. More or less pain of Rheumatoid character, in head, back and limbs, nearly always accompanies the Influenzal fever. When *Belladonna* is indicated for the latter, it is sufficient for the headache, and when *Gelsemium* or *Baptisia* is given they are so suitable for the general pains that it is hardly necessary to think of any other medicine. In *Aconite* cases, however, and where the local distress is unusually severe, I have found **Bryonia** very helpful to the head* and **Eupatorium perfoliatum** to the back and limbs.

2. The catarrh of Influenza is sometimes sufficiently severe to demand an intercurrent remedy. When it is a simple Coryza, **Euphrasia** if the discharge is bland, and **Arsenicum** if it is acrid, served me well in the first, fluent stage; and **Pulsatilla** after it has become thick and opaque. When the catarrh is laryngo-tracheal, and shown mainly by a cough, **Spongia** I have found the most trustworthy drug. *Rumex* and *Sticta* have hardly

* When the tongue has the bluish-white appearance sometimes seen in this malady, *Gymnocladus*—which has caused something like it—will act well on the headache. (See J. B. H. S., iv., 334; viii., 253; iv., 100).

sustained their previous credit in my estimation when the cough which seemed to indicate them was of Influenza origin; and when this lingers on after the fever is over, and the patient otherwise convalescent, it needs careful individualisation to find its effective remedy. Sometimes this is found in **Senega,** sometimes in **Nitric acid,** sometimes in **Coccus cacti.** In one case I could do nothing for the cough, which was hard and dry, until I had softened it with *Aconite* (3x),—*Belladonna* having been the Antipyretic. It then speedily subsided.

3. The Bronchitis and Pneumonia of the present malady are —the latter especially—more serious matters. Bronchitis has not been frequent in the cases I have had to treat; when it has appeared, **Kali bichromicum** in the first stage, and **Antimonium tartaricum** in that of profuse and thick secretion which soon follows, have done good service in my hands. The Pneumonia I have often seen, and have good cause to dread it. In old and broken constitutions, as I have said, it threatens life; and in more favourable subjects it is apt to drag on a tedious course, little influenced by remedies. It is, I think, a just remark of the writer of the Article "Influenza" in Quain's DICTIONARY, that its Pneumonia, "though lobar in distribution, is probably always catarrhal in type"; and this is an important indication for treatment. In the acute and menacing form, *Bryonia* and *Iodine* have little place, while **Phosphorus** stands supreme. If any medicine can subdue the inflammation of the pulmonary tissue, it is this. It should only be replaced by **Antimonium tartaricum** when pain, dulness on percussion and bronchial breathing have subsided; when pulse, respiration and temperature have fallen; but when yet the chest is full of moist sounds and the patient is oppressed and distressed. In the sub-acute form, the physical condition suggests the term œdema of the lung rather than inflammation. There is little fever or pain, and but slight evidence (if any) of consolidation; and though crepitation is pronounced, the sputum is not rust-coloured. I wish I could speak decidedly of remedial results obtained here; but truth compels me to say that though the patients have got well, I cannot claim that it is owing to anything I have given them. I have not tried the *Iodide of Arsenic,* so warmly commended by some of our collegues.*

4. The debility remaining behind after the acute attack is over, demands medicinal, as well as hygienic and dietetic help. The great "tonic" for it I find to be **Phosphorus.**† The nervous system is its main seat; and there has not been such a drain of fluid as should call for *China,* nor is there evidence of the

* See J. B. H. S., vi., 230, 240-1.

† I am bound to notice, however, the commendation bestowed by Dr. Cortier on *Avena sativa* here (L'ART MEDICAL, Oct., 1896). Dr. Proctor finds *Iberis* valuable when the debility most affects the heart (H. W., Nov., 1900).

destruction of red corpuscles which needs *Arsenicum.* A further indication for the remedy is that which is mentioned in the Article from which I have already quoted:—"The morbid changes found after death, and due to Influenza itself, are of a character due to all forms of acute infective disease—namely, parenchymatous degeneration of the liver, kidneys and spleen, of the muscular substance of the heart, and of the minute blood-vessels." A minor degree of such degeneration may fairly be conceived as present in the often extreme debility of convalescents from from the disease. *Phosphorus* is the chief poison whose POST-MORTEM appearances belong to the category: the Law of Similars therefore guides us to it, as the chief medicine to aid in repairing the destruction which has been wrought.

In so speaking, I have confined myself to my own personal experience, which has been fairly extensive. I find, however, similar remedies in use at the hands of those who have written on the subject both at home and abroad. Dr. Grundal, of Stockholm, prefers **Rhus** as the constitutional remedy, deeming it as specific as *Mercury* in Syphilis. He gives the 2 dilution.*

* HAHN. MONTHLY, Aug., 1894, p. 543.

LECTURE XXI.

GENERAL DISEASES

—o—

THE BLOOD-INFECTIONS & ARTHRITIC AFFECTIONS

—o—

ERYSIPELAS—PHAGEDÆNA—MALIGNANT PUSTULE—GLANDERS—PYÆMIA—SEPTICÆMIA—ACTINO-MYCOSIS. GOUT—RHEUMATISM—RHEUMATIC GOUT—GONNORRHŒAL RHEUMATISM

Hitherto I have followed, with but slight variation, the order of our official Nosology. But I am unable to do so with the remainder of the eighty titles it now ranks under the heading of "General Diseases." Most of them are so local in situation, or so limited to particular occasions or stages of life, that I think I shall consult your convenience as well as my own by considering them in other relations than the present. To-day I shall take first the BLOOD-INFECTIONS—ERYSIPELAS; PHAGEDÆNA; MALIGNANT PUSTULES; PYÆMIA and SEPTICÆMIA; ACTINO-MYCOUSIS; and GLANDERS, with FARCY and GREASE.

ERYSIPELAS used to be reckoned, in our Nomenclature, as including phlegmonous inflammation of the integument as well as superficial, and also diffuse Cellulitis. The former inclusion is I think, Pathologically justifiable, and has been maintained; the latter is wisely dropped. We shall speak, then, of simple and of Phlegmonous Erysipelas.

1. The treatment of SIMPLE ERYSIPELAS is one of the most defined and most successful things we have in Homœopathy. It resolves itself into the discriminate use of three medicines—*Belladonna*, *Apis* and *Rhus*.

The pathogenetic power of **Belladonna** to inflame the skin is unquestionable; you may see it illustrated in numerous symptoms of the "FACE AND SKIN categories of my arrangement of the drug in Part III of the Hahnemann Materia Medica." Of its curative power I cannot speak better than in the words of one who must have had abundant opportunity of comparing its effects with the treatment of Erysipelas by other measures; I mean the distinguished surgeon, Mr. Liston. After detailing some cases of the disease, cured mainly with fractional doses of

the extract of *Belladonna*, he said to his students,* "Of course we cannot pretend to say positively in what way this effect is produced, but it seems almost to act by magic. You know that this medicine is recommended by Homœopathists in this affection, because it produces on the skin a fiery eruption or efflorescence, accompanied by inflammatory fever. SIMILIA SIMILIBUS CURANTUR, say they . . . . The medicines in the above cases were certainly given in much smaller doses than have hitherto ever been prescribed; the beneficial effects; as you witnessed, were unquestionable. I have, however, seen similar good effects from the *Belladonna* prepared according to the Homœopathic Pharmacopœia, in a case of very severe Erysipelas of the head and face, under the care of my friend Dr. Quin. The inflammatory symptoms and local signs disappeared with very great rapidity." All Homœopathists are unanimous in parising *Belladonna* where the Dermatitis is intense; nor should the presence of a few vesicles or of some amount of swelling be supposed to render other medicines preferable, as long as the colour of the affected part is bright red and the general fever high. But should œdema become the prominent feature of the local inflammation, or should phlyctenæ form in abundance and the skin be purplish, it is generally allowed that **Apis** or **Rhus** must become its substitute respectively. Of the efficacy of *Apis* you may read some good examples from Dr. Yeldham's pen in the Twelfth Volume of the BRITISH JOURNAL OF HOMOEOPATHY.

2. In PHLEGMONOUS ERYSIPELAS our first reliance must be on **Aconite.** Here, too, we can quote old school authority in support of our practice. "Administered at the commencement," says Dr. Ringer, "it often at once cuts short the attack; and even when the disease continues in spite of it, it will reduce the swelling and hardness, lessen the redness, and prevent the inflammation from speading." Should the cutaneous inflammation be considerable, *Belladonna*, or perhaps *Ferrum phosphoricum*,† may be alternated with it. If, in spite of these remedies, the Cellulitis threatens suppuration, it is—as Bahr says—useless to try to check the process by *Mercurius*; it is better to promote it with **Hepar sulphuris,** holding **Silicea** in reserve to limit it if excessive. I need not say that Surgical measures must be employed as far as may be necessary. Should Gangrene occur, **Lachesis** is the specific remedy; but *Arsenicum* may be required for the Typhoid condition which will ensue.

Thus far I have spoken of Erysipelas as it ordinarily occurs; but I have now to mention some special varieties, complications and squelæ which belong to it.

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* See LANCET, April 13, 1836.

† See J. B. H. S., v., 195. Another alternative would be the *Tarentula cubensis*, the bite of which spider causes a phlegmonous inflammation, and which has been used with good effect in Carbuncle.

When Erysipelas of the head invades the brain, the *Belladonna* we shall probably be giving for the cutaneous eruption will ordinarily answer every purpose. If, however, *Rhus* should be the remedy for the condition of the surface, **Stramonium** may better suit the delirium; as in a case recorded in the REVUE HOMOEOPATHIQUE BELGE for December, 1876. If the cerebral symptoms are those of oppression, especially when the hyperæmia of the skin has diminished, *Cuprum*—as recommended by Jahr—should be preferred. For Erysipelatous angina, with its threatenings of Œdema Glottidis, *Apis* is an excellent medicine. There is a wandering Erysipelas in which the Dermatitis springs from place to place discontinuously. Bahr and Jahr agree in praising **Graphites** here; the latter adds **Arsenicum** where there is much prostration of strength. Bahr speaks of "Erysipelatous attacks without fever," and says that *Lycopodium* and *Hepar sulphuris* take the place of *Belladonna* and *Rhus* when they occur. He praises the same remedies for the œdema which is sometimes left behind by the disease, when this is often painful; giving *Graphites, Sulphur,* and *Aurum* when it is not so. Recurrent Erysipelas is generally amenable to *Rhus.*

As regards local applications designed to check the progress of the Dermatitis, I can say nothing about the *Nitrate of Silver* and *Sulphate of Iron* in use in ordinary practice; but I may mention that Dr. Garth Wilkinson speaks of obtaining excellent results, from the application of the tincture of *Veratrum viride,* and that Dr. Bays testifies to the same success with a strong lotion of this drug.

PHAGEDÆNA is said to embrace two varieties—"SLOUGH-PHAGEDÆNA" and "HOSPITAL GANGRENE." It may be defined as a morbid change, probably of constitutional origin, occurring in an ulcer or a wound whereby destructive process are set up threatening the death of the part and often of the patient. It was most familiar of old in its nosocomial form; now it chiefly comes before us as an incident of Soft Chancre. In the latter case anti-Syphilitics are sometimes required, and we must leave the question of its treatment till we come to Venereal Disease. But when sloughing sets in upon a non-venereal ulcer, or when the so-called "Traumatic Gangrene" supervenes upon an injury let me recommend you to rely for medication upon **Lachesis.** The

references given in my 'Pharmcodynamics' will shew you that in the treatment of the latter trouble it has proved an invaluable ally.*

MALIGNANT PUSTULE, when communicated by direct inoculation, doubtless demands the early excision or cauterization of the affected part. The success attendant upon this measure is too great and constant to justify its neglect. But if the virus has been otherwise introduced into the system, or if the patient is seen too late for local measures to be of any avail, the symptoms are so like those of the Traumatic Gangrene and other blood-poisonings from infected spots in which **Lachesis** has proved the specific remedy, that its administration would be strongly indicated. Indeed, Dr. Carrol Dunham has already used it with the utmost success in an American outburst of the disease, as he thus relates† :—

"In the year 1853 there prevailed quite extensively in Brooklyn an epidemic of what was called 'Malignant Pustule.' A furuncular formation appeared, generally upon the lower lip, attended with severe pain, and frequently surrounded by an Erysipelatous areola. The most marked constitutional symptom was a very rapid and excessive loss of strength, the patient being reduced from vigor to absolute prostration within the space of twenty-four to thirty-six hours. Allopathic physicians at first resorted to the local application of *Nitrate of Silver* to the Pustule. In those cases, thus treated, which came under my personal observation, death followed cauterization within twenty-four hours.

"In eight cases treated by myself, *Lachesis* was the only remedy used. It relieved the pain within a few hours after the first dose was given, and the patients all recovered very speedily."

GALENDERS, "EQUINIA," when occurring in its acute form in the human subject, is so constantly fatal that to cure it would be a triumph indeed. I do not know, that such success has ever been claimed for Homœopathy. Bahr and Jahr do not mention the disease, and Jousset speaks of its remedies theoretically only. He recommends *Aconite* and *Arsenicum.* My own study of the disease, as described in books (for I have no practical knowledge of it), would lead me to suggest **Kali bichromicum, Mercurius** and **Crotalus** as its most promising remedies. The first-named is exquisitely Homœopathic to the respiratory—especially the nasal—affections of the desease, and hardly less so to its cutaneous phenomena, as may be seen on reading the "Skin" section of

* Four cases of "Gangrene" various in origin, are reported by Dr. Lambreghts in the JOURNAL BELGE D' HOMŒOPATHIC for July-August, 1897. In all *Lachesis* 6 was markedly curative.

† AMERICAN HOM. REVIEW, iv., 110.

Dr. Drysdale's arrangement of the drug in the "Materia Medica, Physiological and Applied." Mr. Moore speaks of having effected unequivocal cures of Glanders in the horse mainly by its use. *Mercurius* would be preferable when the purulent tendency was more pronounced, and the lymphatic glands were primarily affected—forming the "Farcy-buds" of the veterinarian. But I should be disposed to supplement either of these medicines with one more capable of dealing with the septic condition of the blood which is always present; and this, for the reasons assigned when speaking of the *Serpent-poisons*, I should hope to find in *Crotalus*. This medicine, or *Lachesis*, would be indicated as the sole remedy where malignant symptoms—as black bullæ and tendency to Gangrene—appeared.

The "GREASE" of horses, as occasionally communicated to man, used to be mentioned in our nosology as a distinctive disease, under the name of "Equinia Mitis." It seems to be analogous, if not identical, with the Vaccinia of cows. **Thuja** has proved specific for it in the horse, and might be equally useful in the human subject. The "foot-and-mouth disease," of which at one time we heard so much, is also undoubtedly communicable to man, even through drinking the (unboiled) milk of infected cows. It seems to be an Aphthous Stomatitis, conjoined with a vesicular eruption on the hands and feet, and accompanied by some fever. **Mercurius,** with or without *Aconite*, would seem its most suitable remedy.

In dealing with—

PYÆMIA, I have hitherto been in the habit of basing my suggestions on the conclusions arrived at by Dr. Bristow, in his Article upon it in Russel Reyonlds' "SYSTEM OF MEDICINE.":—

"1. Pyæmia is almost invariable, if not ayways, preceded by some local suppuration, and this of an Erysipelatous, Gangrenous, or otherwise unhealthy sort.

"2. The link between the local mischief and the constitutional infection is most frequently the inflammation of the veins of the part affected, but may be simply absorption of unhealthy ichor.

"3. The local lesicns which characterize Pyæmia are congestions, extravasations of blood, inflammatory deposits, Abscesses, and Necrosis. These are generally, if not always, the result of blocking up of small arteries either by 'cmboli' detached from the veins primarily affected, or by 'thrombi' formed within the artery by the unhealthy blood. To the 'Ichorrhœmia' itself are due certain diffused inflammatory procasses (as inflammation of the joints and of serous surfaces) for which arterial obstruction will not account.

"4. The constitutional symptoms of purulent infection are rigors followed by sweating, a Typhoid condition, quick and weak pulse, Jaundice, early prostration, and generally death. The Jaundice is not dependent on any appreciable affection of the liver. When the disease takes a more chronic course the symptoms are those of hectic."

I gave there details to show the warrant I had for saying that *Lachesis* is the most promising remedy we possess for this condition also. The phenomena, local and general, which follow the serpent's bite lead us to expect that when a local affection assumes a malignant character, and from thence proceed poisoning of the blood and prostration of the nervous energies, there *Lachesis* will be Homœopathic and curative. Now this is just what we have in Pyæmia, if Pyæmia is to be taken as including all the phenomena Dr. Bristowe has enumerated. The tendency of later Pathology, however, as endorsed by our official Nosology, is to divide such non-specific blood-infections into two classes, SEPTICAEMIA and PYAEMIA, including under the first head that which Dr. Bristowe calls "Ichorrhæmia." A valuable paper on the two maladies, from the pen of Dr. Helmuth, may be found in the Transactions of the American Institute for 1884. Septicæmia, he argues, may be set up by any virulent matter however introduced into the system; it is the ordinary "Blood-Poisoning": while Pyæmia always results from the absorption of decomposing pus. The virus of the former, if of local origin, is carried by the lymphatics; that of the latter by the veins. The one has a single chill, and the other many; the fever of the one is irregular, that of the other recurs in periodical paroxysms. Septicæmia has not the infractions, the multiple Abscesses, the Jaundice, or the sweet odour of the breath, characteristic of Pyæmia.

When we thus isolate Pyæmia from its allied conditions, the *Serpent-poisons* seem less applicable to it, unless it be *Crotalus* which has its icteric phenomena.* **Quinine,** is highly esteemed in the old-school treatment of this affection, and Dr. Jousset (who invokes a "purulent diathesis" to account for its features) gives the same medicine and doses, a gramme after each paroxysm, when chills return regularly,—in the absence of this indication relying on *Aconite* and *Arsenicum*. Kafka likewise commends *Quinine* for true Pyæmia; but finds the I_x trituration sufficient. If the prostration is great, he substitutes the **Chininum arsenicosum,** of equal strength.

These are our only authors who handled the subject from a Homœopathic standpoint, Dr. Helmuth, though praising *Arsenicum* and *Muriatic acid* for subsequent prostration, gives *Phenic acid* in full doses as an Antiseptic. Dr. Gilchrist, while distinguishing Pyæmia from Septicæmia, and justly criticising my recommendation of *Lachesis* in the former, has little to say as to its true remedies. Jahr, after narrating two fatal cases among the wounded during the Insurrection of 1832 in Paris writes:—"In the meantime we became acquainted with Thorer's report on the curative virtues of *Calendula*, and by using this drug we prevented suppuration, and saved all our

* Dr. Charles Hayward has reported a case in which *Crotalus* was of marked service (J. B. H. S., iii., 379).

wounded." Grauvogl points in the same direction when, reviving former traditions, he extols the power of *Arnica* to promote the rapid healing of wounds, and to obviate any tendency to purulent infection.* Dr. T. G. Stonham, however, thinks we have a truly Homœopathic medicine for Pyæmia in *Mercurius cyanatus,* which he gives here (as in Diphtheria) in the 30th dilution. He relates two good cases in point.†

In CHRONIC PYAEMIA, with Hectic, the place of *Quinine* would be taken by **China**; and therewith might be conjoined **Silicea,** whose great constitutional power over suppuration would then come into play.

And now for

SEPTICAEMIA as a distinct malady. It is here that my argument from the effects of a serpent's bite acquires validity, and **Lachesis** stands out as pre-eminent among our medicines for the condition. I have already spoken of the proved value of the remedy in Malignant Pustule and Traumatic Gangrene, and these are just the kind of local affection which induces Septicæmia. It is especially effectual when this results from dissecting-wound. Dr. Dunham relates a case occurring in his own person, where the 12th dilution was employed with rapid effect, though both the local and the general symptoms were severe. This was in 1850, and forty-two years later Dr. Edward Madden (as I have mentioned) recorded ‡ a similar case, where the action of *Lachesis* 4 in checking the morbid process was equally striking. How many lives it has saved in the interval, who shall say?

Rhus is an alternative medicine, and one which may be found sufficient in less pronounced cases. Dr. Helmuth, in the Fourth Edition of his System of Surgery (1879), relates an instance of *Rhus*-poisoning coming under his notice where the symptoms were distinctly Septicæmic, and recommends it accordingly as a remedy. Dr. George Royal has verified this suggestion in two cases, one showing the prophylactic, one the curative powers of the drug; and Dr. C. W. Eaton follows with a case of Laparotomy in which septic Peritonitis seemed inevitable, but under *Rhus* all went on in perfectly normal order.§

Two new candidates for notice as remedies for Septic Fevers have appeared of late years in *Pyrogeniun* and *Echinacea.*

Pyrogenium was introduced by Dr. Drysdale as far back as 1880. He was struck by the fever-exciting power exerted by the "Sepsin" of Panum, the "Pyrogen" of Burdon-Sanderson, which was the toxin formed by the bacteria of putrefaction.

* See B. J. H., xxxiv., 731. In his Textbook (i., 332) he advises *Arsenicum* to be given in conjunction with *Arnica.*

† J. B. H. S., ii., 263. ‡ M. H. R., xxxvi., 211. § J. B. H. S., iii,, 200, 330.

He inferred that it must also be febrifuge, if only we would define the pyrexiæ to which it was suitable; and, reasoning somewhat isopathically, concluded that this was such as obtained in Septicæmia after wounds, and in the Toxæmic Fevers generally. "The most summary indication for *Pyrogen* would be," he wrote, "to term it the *Aconite* of Typhous or Typhoid quality of pyrexia." He proceeded to act on this inference, and published a Paper embodying his views and results in the BRITISH JOURNAL OF HOMOEOPATHY of that year (p. 140).

Partly from the spoiling of one of his preparations, and partly perhaps from giving the remedy in too low dilution, he was discouraged from proceeding further; but in 1855 his thought was taken up by Dr. Burnett. In his Pamphlet on "Fevers and Blood-Poisoning and their Treatment, with special reference to the use of *Pyrogenium*" (1888) he tells us how he was led to test the remedy, preparing it after Drysdale's fashion, but giving it in the 6th dilution. The result of his experience (some of which he relates) was to assure him that *Pyrogenium* indeed fills the vacant place of a remedy which acts on the Toxæmic Fevers as effectively as *Aconite* on those of the "Inflammatory" type.

Dr. Drysdale now returned to the subject, and shewed by cases that his experience had not been so unsatisfactory as appearances suggested, while he acknowledged that Dr. Burnett's success with the 6th dilution had gone beyond anything he had attained with the 1st. In his Paper (which appeared in the MONTHLY HOMOEOPATHIC REVIEW of, July 1888) he gave a case of Typhoid by Dr. Hayward, in which the drug had acted well. Dr. Burnett, in his Pamphlet, had published some confirmatory experience from Dr. Shuldham; and in the INDIAN HOMOEOPATHIC REVIEW of November—December, 1896, Dr. Majumdar relates two cases of Puerperal Fever in which Burnett's preparation had proved very effiacious.

Echinacea angustifolia is the "narrow-leafed cone flower" or "Black Samson." In the NORTH AMERICAN JOURNAL OF HOMOEOPATHY for December, 1896, Dr. C. F. Otis wrote to commend it as remedial in Malignant Scarlatina and Diphtheria, especially where black coating of the tongue is present. He gives the mother-tincture. In the number for the next May, Dr. Swormsted confirmed the experience, extending the sphere of the drug to septic conditions generally. It was then proved, and found to cause great prostration, erythema of the face and neck, a marked Trigeminal Neuralgia, and general febrile symptoms.* There is something here which bids fair to reward further testing.

* J B. H. S., v., 195, 286; vii., 84, 414; viii., 78.

ACTINO-MYCOSIS.—That it is of parasitic origin need not hinder our expecting benefit from dynamic medication. That it yields to such treatment is witnessed from other school itself. "*Iodide of Potassium,*" writes Mr. Malcolm Morris,* "is almost as certain a specific here as in Tertiary Syphilis. Its mode of action," he says, "is not clearly understood; but it does not seem to kill or even injure the Actino-myces. Netter believes that the remedy has a specific action on the Anatomical elements, increasing their power of resistance. It causes rapid subsidence of the Tumours and Nodosities." Now it is just such nodular and tuberous masses which Mr. Hutchinson and others have observed as a result of the over-use of the *Iodide* in Syphilis. If you will read the records adduced by Mr. Knox Shaw, in Volume XXXV. of the MONTHLY HOMOEOPATHIC REVIEW, you will find a number of them. But above all, if you will compare the plate by which Mr. Morris illustrates Actino-Mycosis of the lower jaw with those which Mr. Hutchinson, in the First Volume of his ARCHIVES OF SURGER, gives to exhibit the cutaneous effects of *Iodide of Potassium,* you can hardly fail to be struck with the resemblance. SIMILIA SIMILIBUS here takes outward shape, and appeals to all.†

I pass now to another group of General Diseases—to one which consists of affections very unlike those I have lately been discussing, in that they are largely chronic and not at all infectious. I speak of the ARTHRITIC AFFECTIONS, viz., : the various forms of GOUT and RHEUMATISM.

GOUT has had, so far as I am aware, until quite lately, no special Homœopathic Literature whatever. You will feel with me that this is somewhat ominous as respect our means of dealing with it. I must say that my own experience of the malady confirms this unfavourable impression, at least as regards the acute attack. I have tried all the remedies which seemed indicated or have been recommended—*Aconite, Ledum, Pulsatilla, Arnica, Bryonia, Sabina,* in various dilutions; but have never been able to trace any decided effect to their use. The attack has seemed to subside in the usual time, or to run its protracted course of remissions and relapses, much as if Nature had been left to take Her course. If the author of "The Nullity of Homœopathy" had taken Gout for his theme, I fear that no answer could have been given to his charge. No response has been made to the challenge I sounded in 1869,‡ urging my

* LANCET, June 6, 1896.

† Hallopeau, describing the skin-tumours caused by *Iodide of Potassium,* notes their resemblance to those of Mycosis; and another writer asks whether it is not possible that many supposed instances of Mycosis may be due to Iodism (J. B. H. S., v., 92).

‡ Manual of Therapeutics, 1st Ed.

colleagues, if they had had better success, to come forward and tell us how they had obtained it. A writer in an American Journal, indeed, found much fault with me for my contempt of our common remedies, but he hardly substantiated his confidence in them. Bahr seems to speak theoretically and at second-hand only, and admits that "the treatment of a single attack is always somewhat precarious." Jousset mentions some remedies—*China, Sabina, Arnica, Bryonia*—as indicated, but says nothing of their efficacy. An evening devoted to the subject at the British Homœopathic Society, moreover, gave very instructive results.* Dr. Vaughan-Hughes, the reader of the paper was enthusiastic about the value of "Homœopathic Treatment" in Gout; but the only case he brought forward seemed quite to justify Dr. Madden's criticism:—"He believed that the auxiliaries alone might be safely credited with all the improvement which took place while the patient was under observation. When we hear of carefully regulated diet, excluding the use of meat, of local applications of a solution of *Iodide of Potassium,* of hot baths with half a pound of pearl-ash in solution, &c., it is not difficult to account for the changes which took place in the patient's condition." Dr. Yeldham stated that he treats his cases of acute Gout with five-drop doses of the mother-tincture of *Colchicum* every four hours or oftener; and though Drs. Drury and Hale thought this a little too "Allopathic," yet they allowed the value of the drug, and had nothing better to recommend. Of the same purport is the therapeutic portion of Dr. Drysdale's most Philosophical discussion of Gout.† I shall refer to this anon: at present I will but quote a sentence:—"The proper clinical study of the disease can hardly be said to be begun; but we have merely the remedies supposed to be useful from the resemblance of a few symptoms copied from one handbook into another without sufficient verification, much in the style of the old-fashioned 'Materia Medica' which the Homœopathic school blames so much."

Under these circumstances I must recommend you to adhere to your *Colchicum,* whose power of giving relief is unquestionable. Moreover, although the associations of the medicine are Allopathic, its character is far more of the Homœopathic order. It is admitted now that its evacuant operation is needless to the obtaining of its soothing effects. Watson, indeed, calls it "an *Anodyne*"; but he must be speaking of the result of its administration, not of its MODUS OPERANDI. It has confessedly no stupefying power over the brain, or benumbing action on the nerves. It seems, therefore, to be one of those remedies which are classed as "specific," and I claim all such remedies for the school which inscribes "*ομοιος*" as opposed to "*ἀγγοιος*" on its portals.

* B. J. H., xxviii., 537. † I bid., xxvi., 292

For so writing, as I did in 1877, I have been taken to task by Dr. Searle, of Brooklyn, in the HAHNEMANNIAN MONTHLY of June, 1894. In a reply I published in the No. of March, 1895, explained the exact tenor of my statement, which my friend had somewhat misquoted; but went on to adduce evidence in proof of the Homœopathicity of *Colchicum*. The question was does it inflame joints as the Gouty poison inflames them? When I first examined it, in the original issue of my 'Pharmacodynamics' (1867), I knew of no facts that supported an affirmative answer, and was compelled to the conclusion that *Colchicum* acted upon the affected joints "as a specific, indeed, but antipathic remedy, just as *Gelsemium* influences a painful uterus." But further evidence, I said, has since come to light. I pointed out that in Stoerck's experiment which forms No. 18c of the provings in the 'Cyclopædia of drug Pathogenesy', we read of "short lancinating pains in the joints"; and that in No. 9 of the poisoning cases the action was still more marked. "All joints of fingers and toes, and also wrists and ankles, were very painful, and toes and fingers were painfully flexed at times. Pain in shoulder-joints succeeded, and, later, in hips and loins. It also increased in intensity, so that she said she thought she should go mad. Ultimately almost all the bones and joints were affected with pains, which were of a gnawing, digging character." In No. 8 also, I said, where seventeen persons drank from a bottle of *Vinum Colchici*, "*severe* pains were felt in the knee-joints by some, and in two cases were very marked in the left shoulder." I forgot, however, when then writing—though I had myself brought them before the British Homœopathic Society 1888,*—the later experiments of M. M. Mairet and Combemale. These were made with *Colchicine* upon eight men, three dogs, and a cat. In the human provers dull pain was felt in the joints; and in the cat, which was killed as soon as the effects of the poison began to manifest themselves, an autopsy showed congestion of some of the articular surfaces and of the "moelle osseuse" (? medullary canal). The reporters were constrained to recognise (as I have already mentioned) that "*Colchicum* produces its therapeutic effects by an irritant action," and that "in Gout it produces a substitutive irritation of the articular surfaces." Dr. Frederick Roberts gives, as the latest word of science, that "it is by no means settled how it acts."† I would present "substitution" to him as an hypothesis at least in accord with the facts; and if it leads him to Homœopathy, nothing could be more legitimate, or more to his advantage.

I conclude, then, that *Colchicum* is a similar to Gouty Arthritis;

* See M. H. R., xxxii., 473.

† Quain's Dictionary, 2nd Ed., Art. "Gout".

and that it is at least as reasonable to maintain that it acts Homœopathically in the treatment of the same, as to believe (with Dr. Searle) that the depressant influence of the drug on the circulation is localised in the affected joints, whose inflammation it thus removes Antipathically. It is indeed unnecessary and hurtful to give such large doses as will produce this depressant or drastic result. The bad effects so often traced to its employment, and which led Trousseau to dissuade from this altogether in the paroxysm, are entirely averted by reduction of the dose. We want to give just as much as is necessary to subdue the local pain and inflammation, and no more. I cannot affirm that any "dilution," however low, answers this purpose, and Dr. Yeldham's recommendation of five drops of the mother-tincture every four hours comes with all the weight of his experience—with which my own, as far as it goes, coinsides.

I have dealt thus fully with this point because it is a weak one in our Therapeutics, and (as I think) needlessly so; because we make it weak by shrinking from *Colchicum*, as in another place we are afraid of using *Quinine* (p. 254). But here, as there, we are not limited to the one "specific" upon which traditional medicine has chanced, but have several others as allies or substitutes. Thus there is no reason why the paroxysm should not be checked in its "forming" stage by the aid, in addition to elimination and (if you like) chemical neutralisation of the superabundant *Lithic acid*, of such medicines as **Nux vomica** or **Pulsatilla**, one or other of which usually corresponds exactly to the symptoms present. Later, when chills and restlessness announce the impending inflammation, **Aconite** comes in with unquestionable benefit, and is sometimes indicated in alternation with *Colchicum* throughout the attack. When Gout in the foot follows immediately upon mechanical injury (and you know how slight a cause of that kind will sometimes set it up), **Arnica** ought to be primarily of service. Dr. Drysdale has well-pointed out that these medicines have no necessary relation to the essential QUALITATIVE disorder we call "Gout"; that they meet the QUANTITATIVE disturbances locally induced by it, and would do so just as well if these were not Gouty at all. He thinks (but I know not on what ground) that *Colchicum* has true qualitative similarity. Symptomatically, *Belladonna* would seem indicated, not only by the intense redness of the affected joint, but by its hypersensitiveness to any jar.*

A word as to local applications. We of course agree thoroughly in the deprecation of any of a depleting or repressive character. But if *Colchicum* were likely to be useful when locally applied, we should certainly use it; and we are thus open to the recommendation of *Iodide of Potassium* so strongly

* See J. B. H. S., iii., 206, 323.

made by Dr. Belcher.* The solution he uses is of the strength of one or two drachms of the drug to six ounces of water.

When you have got your patient through his acute attack, you have to combat the morbid diathesis whose existence it reveals. I need add nothing to what men like Watson and Garrod have written on the diet and regimen necessary for patients thus affected. I can only add my testimony to the paramount importance of this part of the treatment, and refer you to the able writings of our own Ackworth † as enforcing with abundant argument and illustration the same truth. As regards medicines, it is possible that symptomatic resemblance (where there are any symptoms comparison) may lead you to a real Anti-gouty remedy; and so a moderate use of this method is justifiable. Dr. Ackworth states that he has seen much benefit from the administration of **Sulphur,** and the frequent determination of the poison of the skin in the form of Psoriasis or Eczema adds force to recommendation.

We have yet remaining for consideration the treatment of "Chronic Gout," and of the local manifestations of "Larvaceous" and "Anomalous" Gout. I follow Trousseau in this Nomenclature. By Chronic Gout he means that form in which prolonged and extensive attacks follow upon one another with only partial remission; so that there is structural change in the joints, and the deposit of tophus. Can we do anything for this? I should have said—nothing, save the treatment of the diathesis as specified above, with *Sulphur* and perhaps (as Jousset recommends) **Lycopodium.** But the very striking case recorded by Dr. Hirschel, in Volume XXVII of the BRITISH JOURNAL OF HOMOEOPATHY (p. 667), when combined the with the testimony of Dr. Belcher already cited, leads us to hope that **Kali iodatum** may do much for us here. Dr. Hirschel gave doses from 1/3 to 3/4 of a grain. Wherever practicable, its local application, as in the acute paroxysm, should be conjoined.

"Larvaceous Gout" is said to be present when the disease appears as a Neurosis or Phlogosis, or other affection unlike the frank arthritic paroxysm. Some of these will come under consideration among local diseases. I may say here that once certain of the Gouty nature of an inflammation, you can combat it (as a rule) more effectually with *Colchicum* than with any other medicine we have. The angina and Ophthalmia are figured pretty plainly in its pathogenesis; as is also Pleurodynia which is sometimes (though rarely) Gouty. The Gouty origin of a Neuralgia would lead us to **Coloynth** and **Sulphur** for its remedies in preference to such Anti-neuralgics as *Arsenic* and *Belladonna.*

The visceral diseases of "Anomalous Gout," as its Bronchitis and renal degeneration, will come under notice in thier respective places. I will only add a word here as to "Gout in the

* M. H. R., xiii., 152. † B. J. H., xv., 177; xvii., 83. ANNALS, iv., 481.

stomach," which I apprehend to be, in almost every case, a Neurosis of the solar plexus. Its danger would then be analogous to that of a blow on the epigastrium, or the rapid drinking of cold water when heated—viz., inhibition of the heart's action conveyed along the splanchnic nerves. **Nux moschata** has some reputation in our school in the treatment of this alarming complication. I should be disposed to give it in doses large enough to produce its stimulating effects.

I may add what I have mentioned in my 'Pharmacodynamics,' that Hering says of *Benzoic acid,* that the more it is used in Gout the more it will be prized. The swelling of the fingers noted by Nusser, one of its provers, points in this direction; and Dr. Ord reports* four cases, of various forms, in which the strong odour of the urine led him to prescribe it, and with the best results. He seems to have used the 1_x solution

I will also refer to Dr. Burnett's short Treatise on "Gout and its Cure," which appeared in 1895. Its main contribution to the Therapeutics of the disease is the recommendation of **Urtica urens** in five or ten-drop doses, of the tincture, as an eleminator of the Uric acid from the system. I have had no experience with it; but our late colleague evidently esteemed it very highly.

RHEUMATISM occupies a very different place from Gout both in our literature and in our practice. We have some capital medicines for it; and numerous Monographs on the subject are scattered throughout our Journals.†

* M. H. R., xxxix., 308.

† See Black in B. J. H., xi., 216; M. H. R., xiv., 731; Henriques in B. J. H., xii., 35; Mackechnie in IBID., xxviii., 764; Madden in IBID., xxix., 372; Vaughan-Hughes in IBID., xxvii., 177; xxviii., 103. To these may be added Dr. Russell's Clinical Lectures, which include five on this disease; and the statistical accounts of the cases of Rheumatic Fever treated at the Leopoldstadt Hospital, in Vols. xi, xix and xxxii, of the BRITISH JOURNAL, and Vol. iv., of the ANNALS. I have myself treated largely of "Rheumatism and the Anti-rheumatics in two of my Boston lectures ("The Knowledge of the Physician, Lectures VII and VIII., and shall draw to some extent upon those studies here.

The general impression you will derive from looking over the writings of our school is a very favourable one, as far as the treatment of Acute Rheumatism ("Rheumatic Fever") is concerned. There is an almost uniform testimony borne to the power of Homœopathic treatment over the disease, and a nearly universal agreement as to its main remedies. Moreover, our statistics compare very favourably with those of the old school. There, as you know, first the alkaline plan had been proved greatly superior to all others in Acute Rheumatism, and then the results of pure "expectancy" appeared to be equally good with those of alkalisation. The conclusion was inevitable that the latter was so much useless drugging; while the other methods were positively injurious. Our method, therefore, has to be compared with the expectant; and the result is that we shorten the average duration of the disease by from six to ten days.

And now as to the means by which this result is to be obtained.

You will, in the great majority of cases, commence your treatment by the administration of **Aconite.** I have pointed out that this medicine is Homœopathic, not only to the fever, but also to the local affections induced by the Rheumatic poison. It should be given, therefore, as Dr. Madden states, not as a mere anti-febrile, but as a specific antidote to the whole condition present. The brilliant results reported from its use by Lombard and Fleming have been especially confirmed among ourselves; and, as their example suggests, the lowest dilutions have been found most efficacious.

When *Aconite* seems to have exhausted its force, the medicine to follow it is nearly always **Bryonia.** I agree with Dr. Russell that those two medicines, and probably these only, positively neutralise the Rheumatic poison in the blood. *Bryonia* corresponds to the inflamed joints, intolerant of movement; and to the Pneumonia and serous inflammations which threaten to supervene. It is not less suitable, moreover, when the muscles are affected rather than the joints. It enjoys good repute with the advocates alike of the low and of the high dilutions.*

The only other medicines you are likely to have to consider

* See Bayes' "Applied Homœopathy," SUB VOCE: the cases appended to the Austrian raproving (ŒSTERR ZEITSCHR, iii.); and M.H. R., xxxv., 531. The last reference is to some cases by Dr. Lamb, of Dunedin, N.Z., in which the 30th dilution was used with much success Dr. Lamb's results were curiously balanced by later ones (Vol. xxxix., p. 397 of the same Journal), which shew still more rapid cures from 8-drop doses of the tincture every 3 hours. At both these extremes our colonial colleague reports himself better pleased than when he adopted what he calls the "Homœo-orthodox treatment of Rheumatic Fever", viz., the use of *Aconite* and *Bryonia* 1x, the preference of which dilution (of the latter) he ascribes to me. I do not know, however, where I have made such recommendation.

in acute Rheumatism are *Pulsatilla, Colchicum, Rhus, Mercurius, Lycopodium* and *Sulphur.*

Pulsatilla is suitable—and even sometimes excludes both *Aconite* and *Bryonia* from the commencement—in sub-acute cases, of synovial type; with little fever, and frequent shifting of the mischief from joint to joint; especially when the patient's constitution and temperament are those characteristic of this remedy. Its relation to the digestive organs, moreover, would point to it as specially applicable when faulty assimilation rather than chill had evoked the disease.

If **Colchicum** benefits Gout because in health it irritates the articular structures, two consequences should follow: it should act directly on the affected joints, and have no power over the diathesis; and it should have a corresponding effect in Acute Rheumatism. Well: the former is generally admitted to be the fact, and latter was so by the older physicians, though now the remedy has dropped out of mind. Watson says that "the preparations of *Colchicum* have sometimes an almost magical effect in subduing the disease"; and the tradation has been preserved in Homœopathic practice. Dr. Goodno has collected more than eighty cases treated by a solution of Merk's *Colchicine* in the proportion of a grain to the ounce. Of this 5-10 drops were given for a dose. "Relief of pain follows in most cases within 24 hours, and within 48 hours the patient is generally comfortable, the swelling, fever, sweats, etc., much diminished. By the third or fourth day it is evident the case is throughly in hand. By the fifth to the seventh day it is difficult to keep the patient in bed."* Dr. Colby has communicated† an equally favourable experience in sub-acute cases. It is of course, he says, especially useful in Gouty subjects; but even apart from this is well-indicated when the inflammation attacks chiefly the hands and feet; shows central tenderness on palpation, moderate swelling, and a pink blush; causes constant pain, increased during the prevalence of damp East winds, and especially before a storm; and gives the affected members a sense of Paralytic weakness. He prefers the *"Vinum"* of the British Pharmacopœia, and thinks that nothing is gained by attenuating it.

Mercurius takes the place of *Bryonia* when the inflammation is obstinate in any one joint, and when the pains are much worse at night. It is said to be indicated when profuse sour perspiration is present, which nevertheless affords no relief; but this is always so more or less in Acute Rheumatism.

Rhus is indicated in those rare cases where the fever tends to an adynamic type, with great restlessness, the patients (unlike

* See M. H. R., xxxvi., 56.
† N. ENGL., MED. GAZETTE., March, 1895.

those who call for *Bryonia*) constantly shifting their position, finding their pains increased by lying still for any time.

Lycopodium was introduced as strikingly beneficial in Acute Rheumatism by the late Dr. Allan Campbell, of Adelaide.* His experience has been verified by Mr. Wilkinson. Both gave it in the 3_x trituration.†

Sulphur is invaluable to prevent the lingering convalescence, or the passing of the disease into a Chronic form.

I must add two other remedies as truly applicable to Acute Articular Rheumatism, but only (so far as we know) when particular localities are affected. These are **Viola odorata** and **Caulophylum.** For the value of the former in Rheumatism affecting the wrists (especially the right one) we have the unimpeachable testimony of Tessier and Kitchen ;‡ and Dr. Ludlam has shown the latter to be as curative as Dr. Burt has shown it to be pathogenetic of Inflammatory Rheumatism of the hands and fingers.§

As regards the complications of Acute Rheumatism those of the heart must be separately discussed in their place. We need no longer inquire whether, by refusing the aid of alkalies, we are losing a comparative immunity from cardiac complications which otherwise we might obtain for our patients. The result of expectancy have dissipated this idea, which I confess that at one time I myself held.|| The occurrence of other inflammations in the course of the fever need not lead us to change our *Aconite* and *Bryonia.* To Pleurisy, Pneumonia, and Peritonitis these grand medicines are as suitable as they are to the general Rheumatic condition itself. Nor if we give the first of them full play, need we (I think) fear to encounter the hyperpyrexia ever and anon occuring in ordinary practice, which seems to require the heroic remedy of cold bathing to avert a fatal issue. "Cerebral Rheumatism" is sometimes a Meningitis ; sometimes according to Trousseau, a Neurosis only. In the former case the remarks made as to other intercurrent inflammations apply ; in latter I have suggested **Actæa racemosa** as a probable remedy.

While thus we are treating our patients at large, there is nothing that I know of to prevent any local medication of the affected joints which may relieve or improve their condition. Most of us employ water-dressing (or, which I think better, dry cotton wool covered in with gutta-percha tissue) in the acute stage ; but, when there is great pain, I have seen so much benefit from the warm Alkyline-opiate epithems recommended by Fuller and Watson, that I should be sorry to deprive a sufferer of them.

* M. H. R., xxxvii.
† J. B. H. S., iv., 160. See also M. H. R., xxxiii., 319.
‡ See. B. J. H., xxiv., 314, § See Hale's "New Remedies", SUB VOCE.
|| See ANNALS., iv., 214, 385; M. H. R., ix., 748.

In CHRONIC Rheumatism a much larger number of medicines have to be brought into play. There is here little or no Toxæmia ; and we have to combat the Rheumatic poison in the sphere of the tissues or organs it has affected. *Bryonia, Rhus, Pulsatilla, Mercurius* and *Sulphur* continue to find place ; but to them we must add *Rhododendron, Ledum, Dulcamara Kali iodatum* and *bichromicum, Mezereum* and *Phytolacca.* **Bryonia** is indicated where the synovial membrane is affected rather than the peri-articular tissues ; when heat, swelling and tenderness are present, and when the pains are increased by warmth and (especially) by movement. **Rhus** takes its place when stiffness is present rather than tenderness ; when the tendons, fasciæ and ligaments are mainly affected ; and when the pains, though increased by movements first, are by continued motion relieved. The causation, moreover, with *Rhus* is damp cold, with *Bryonia* dry cold. With **Rhododendron** the pains are like those of *Rhus,* in that they are worse at rest ; but they are relieved at once by movement. It is the Electric rather than the hygrometric condition of the atmosphere to which they are sensitive, so that they are always worse before or during a storm. **Dulcamara** is suitable when the opposite relation to *Rhus* obtains, *i.e.,* when the pains are little affected for the worse by rest or motion, but decidedly so by cold and damp—to one or both of which they commonly owe their origin.* With **Pulsatilla** the knee, ankle and tarsal joints are the main seat of the trouble, and menstrual disturbance is often present. Its "conditions" here must specially be regarded ; viz., that its pains are worse towards evening and at night, worse also at rest and in a warm room, and relieved by motion in the open air. The **Ledum** Rheumatism is generally in the lower extremities: the association of coldness is the only distinctive symptoms I know of it.† **Kali iodatum** and **bichromicum, Mezereum** and **Phytolacca,** are suitable to periosteal Rheumatism ; **Mercurius** when its indications in the acute form are present ;‡ and **Sulphur** when the Rheumatic diathesis is very general and marked.

The six first-named remedies have gained most of their repute in Chronic Rheumatism in the higher dilutions, the rest in the lower.

* See J. B. H. S., viii., 253.
† See some good cases by Dr. F. B. Peroy in the N. ENGL., MED. GAZETTE of March 1895.
‡ See ANNALS. iii., and iv.

RHEUMATIC GOUT must, I think, still retain this name in preference to the "Rheumatoid Arthritis," the "Chronic Rheumatic Arthritis" or "Osteo-Arthritis" the "Arthritis Deformans" and the "Nodular Rheumatism," which have been suggested in substitution. The name is familiar to all; it well-expresses the phenomena and relationships of the disease: and we shall not be led astray by it as to its Pathology and treatment.

The cardinal facts about Rheumatic Gout, as bearing on the question of treatment, are first, the great predominance of women among its subjects; second, the frequent co-existence in them of menstrual perturbation or disorder;* third, the analogy between Rheumatic Gout and Gonorrhœal Rheumatism. The remedies suggested by this concatenation of uterine and Rheumatoid troubles are *Pulsatilla, Sabina* and *Actæa racemosa;* and with these in recent cases, or in such as begin with acute symptoms, we may do very much. **Pulsatilla** is best when the menses are scanty or suppressed, the digestion is disordered, and the mind melancholic. **Sabina** is preferable in the frankly inflammatory form, especially if there is Menorrhagia, **Actæa racemosa** has Dr. Ringer's high commendation; it is indicated when the pains are worse at night, and in wet or windy weather. It relieves these, he says, and the cramps which often accompany them, to a very considerable extent.

In cases of long-standing, knowing the disorganization of the joints which this implies, we can hardly hope to do much with internal medicines. I know of no expression of confidence or records of success on the part of writers of our school of medicine, save one case mentioned by Dr. Edward Blake, in which **Sulphur** was of decided benefit;† and the results of my own practice have been negative, save for one case, limited to the knee-joint, where **Colchicum** and **Guaiacum** achieved an unhoped-for success. You will do well, therefore, to fall back upon the measures recommended by Fuller, Garrod and Trousseau. The *Corrosive sublimate* and *Iodine* of the last-named and the *Fraxinus excelsior, Arsenic* and *Arnica* of the first chime well with our notions, and may find hereafter a defined place in our treatment. I have only here to tell you what Homœopathy can do, and how she does it.‡

* "In early life", writes Dr. Fuller, Rheumatic Gout is always hereditary or connected with disordered uterine function."

† See B. J. H., xxxv., 46.

‡ Dr. Cooper has had some good results with the *Arbutus andrachne*, given according to his ("arbori-vital") method (H. W., Nov., 1897); and a Dr. Zolatorin with *Lactic acid* (J. B. H. S., vii., 217).

Last, of

GONORRHOEAL RHEUMATISM.—Of the treatment of this disease I can say little. I have only had one case under my own care, and this seemed little influenced by any of the medicines I used. However, the patient made a good and complete recovery, which is more than occurs in many cases. Jahr speaks of having brilliant success in one case with **Pulsatilla** following *Aconite;* and others of the same (Hahnemannian) school have lauded **Sarsaparilla.** Dr. Nimier has recently spoken of a case in which the latter drug "acted marvellously." These medicines would of course be given in the higher potencies; Dr. Nimier used the 12th.

An old-school physician commends our *Thuja*—which he gives, however, in 4-6 drop doses of the mother-tincture.*

Before leaving the subject of Rheumatism, I must say a few words on its treatment by *Salicin* and its derivatives, which has been so fashionable of late. I cannot claim this for Homœopathy. It is only in large doses that anything noteworthy is effected by these drugs in Acute Rheumatism; and what they do is simply to reduce the fever and hush up the pain. That the essential malady is not touched appears from the fact that cardiac and other complications are at least as liable to occur, and that relapses are decidedly MORE frequent than when improvement has resulted from other measures. As compared with Alkaline treatment, for instance, heart mischief has been found nearly twice as frequent, and relapses occur three times as often.† Still, it might be said, giving due weight to these disadvantages, the benefit obtained is so great, and so unattainable by other means that the *Salicylic* treatment should not be withheld from our patients. But there is another demerit in it. The large dosage required is an evil which has not been sufficiently considered, either here or in the analogous instances of the *Bromide* treatment of Epilepsy and the *Iodide* of Syphilis. You cannot introduce these masses of foreign matter into the system without serious injury. That *Salicylic acid* and its *salts* are liable to such reproach is pretty well-known. As early as 1877, it had to be said that "in a considerable proportion of cases they give rise to disagreeable symptoms, such as Vertigo, Headache, Tinnitus Aurium and Deafness. Nausea and Vomitting after each dose, profuse sweating, great weakness, and occasionally a peculiar eruption on the skin. More rarely, the symptoms assume a dangerous complexion, violent delirium, Albuminuria, great prostration, with feeble pulse and pallid skin

* J. B. H. S., i, 283.

† See LANCET, Sept. 20, 1879.

ushering in fatal collapse."* Since then Necrosis (in a strumous child) of the bones of the legs and forearm, † hyperpyrexia and Hæmaturia are among the disastrous effects observed from this *acid*. *Salicin* is said to be exempt from such blame; but if, as Senator maintains, it is transformed into *Salicylic acid* in the system, the mischievous agent is still produced, and—though less manifestedly—does its injurious work.

I think, therefore, that on the whole we shall be doing most justice to our Acute Rheumatic subjects if we resist the temptation to hush up their pain and knock down their fever with *Salicin* and its derivatives. A man must make his choice; he cannot have every advantage and escape every drawback. Under Homœopathic treatment his disease will subside somewhat less rapidly, but no less surely; and he will run no risk of being poisoned during its course, or unduly weakened when he arrives at convalescence.

In so speaking, I am echoing the conclusions on the subject arrived at in our London Hospital. "Some years ago," writes Dr. Byres Moir, "I tried alternate cases, as they were admitted, with our ordinary treatment and the *Salicylates;* and while in certain cases the *Salicylates* seemed to have a specific action in relieving the joint troubles, and lowering the temperature in adults, in others the action was not so satisfactory. The tendency to relapse is much greater in the cases treated by *Salicylates;* and if continued too long they produce serious Anæmia. When there is Peri—or Endocarditis, the use of the *Salicylates* is, I think, often prejudicial." ‡

* Appendix to Vol. xvi. of Ziemssen's Cyclopædia.
† LANCET, Oct. 27, 1877.
‡ L. H. H. R., vii., 24.

LECTURE XXII.

GENERAL DISEASES

—o—

DIATHETIC VICES & BLOOD DISORDERS.

—o—

SCROFULA—CANCER, SCURVY—PURPURA—PLETHORA—ANÆMIA—CHLOROSIS —PERNICIOUS ANÆMIA—LEUCOCYTHÆMIA.

I have to speak to-day of certain DIATHETIC VICES—SCROFULA, TUBERCULOSIS and CANCER; and of the BLOOD DISORDERS—PURPURA, SCURVY, ANÆMIA (with CHLOROSIS and LEUCOCYTHÆMIA), and PLETHORA. And first of—

SCROFULA.—The doctrine of Scrofula and Tubercle has undergone many variations of late. In my student days, I was taught to think the latter an occasional manifestation of the former. Then we were led by Sir William Jenner to speak of "Scrofulosis" and "Tuberculosis" as distinct diatheses, differing from one another as essentially as either from Rachitis. Later, Niemeyer and his contemporaneous workers inaugurated another way of looking at the matter. Scrofula, with them is that vulnerability of the constitution which we call "delicacy," PLUS a tendency on the part of the lymphatic glands in the neighbourhood of any disordered part to take on hyperplasia and became enlarged. The other so-called strumous affections are in no way SPECIFICALLY distinct from the same diseases in non-strumous subjects. Tubercle, in the majority of cases is secondary to "cheesy" degeneration of simple inflammatory products of Scrofulous glands. It may even supervene upon vaccination, or result from an issue. But occasionally a primary Tuberculosis of the lungs and (possibly also of the cerebral meninges) is observed.

These views to a large extent harmonize the previous doctrines. Tubercle is often secondary to Scrofula, though mediately instead of directly; and Tuberculosis is occasionally met with as a distinct diathesis. The characteristic constitution with which the latter is associated, and the circumstances which constitute its predisposing and exciting causes, need further investigation. Pending this, I shall not speak of it here among General Diseases, but only when its local outbreaks (especially Phthisis) come to be considered. What I have to say at present concerns Scrofula only.

While Pathological theories vary, clinical observation remains unchanged; and it has at all times recognised two leading types of Scrofulous constitution. Let me remind you of them in Professor Miller's graphic words:—*

"In the sanguine variety the complexion is fair, and frequently beautiful as well as the features. The form, though delicate, is often graceful. The skin is thin, of fine texture; and subcutaneous blue veins are numerous, shinning very distinctly through the otherwise pearly white integument. The pupils are unusually spacious; and the eyeballs are not only large but prominent, the sclerotic showing a lustrous whiteness. The eyelashes are long and graceful—unless Ophthalmia Tarsi exist, as not unfrequently is the case; then the eyelashes are wanting, and their place is occupied by the swollen, red, unseemly margin of the lid.

"In the phlegmatic form the complexion is dark, the features disagreeable, the countenance and aspect altogether forbidding, the joints large, the general frame stunted in growth, or otherwise deformed from its fair proportions. The skin is thick and sallow; the eyes are dull, though usually both large and prominent; the general expression is heavy and listless; but not unfrequently the intellectual powers are remarkably acute, as well as capable of much and sustained exertion. The upper lip is usually tumid, so are the columna and alæ of the nose, and the general character of the face is flabby; the belly inclines to protuberance; and the extremities of the fingers are flatly clubbed, instead of presenting the ordinary tapering form."

Now it seems reasonable that these differences of form in the Scrofulous constitution should be an important element in the data for choice of remedies for it. The hygiene and diet are much the same for both; but the place which *Iodine* and *Ferrum* occupy in the treatment of the former variety is taken by *Sulphur* in the latter, while *Calcarea* embraces both. **Calcarea carbonica** is a medicine which, in our hands, inherits all the ancient reputation of *Lime-water* and the *Salts of Lime*. Its indications in Scrofula are a lymphatic temperament, a fair skin, plumpness rather than emaciation, and morbid tendencies of the glands, bones and joints. **Iodine** (whose relation to Scrofula I have fully discussed in my 'Pharmacodynamics) † suits the sanguine variety described above, especially when there is wasting; and hence partly the value of Cod-liver Oil in the dietetic treatment of these subjects. **Ferrum** (in dynamic dosage) is the "tonic" of the same class of patients; Dr. Cooper points to their clear skin and cruly hair as indications of their suitableness for it when weak. **Sulphur** is the great remedy for the second of our two forms, especially when the local manifestations tend towards skin and mucous rather than glands and bones. ‡

* Principles of Surgery," 3rd Ed., p. 21.

† An old-school physician, from an experience embracing some 200 cases cannot speak too highly of *Arsenicum iodatum* in the Eczemas, Ophthalmias, and Chronic Catarrhs of scrofulous children. He uses a 1 per cent. solution (L' ART MEDICAL, Dec., 1898).

‡ Dr. Jousset adds *Silicea* to the above remedies, speaking of it as "le grand medicament de la Scrofule." His account of the progressive evolution of the disease in its typical form, and his indication for *Dulcamarra*, *Viola tricolo* and *Conium* in its earlier stages, are very graphic and valuable.

You will, therefore, besides your all-important general treatment, prescribe one or other of these medicines in every instance of the Scrofulous diathesis which comes under your care. When I come to the various forms of strumous disease, we will consider how far diathetic remedies by themselves suffice for their treatment, and whether any of them act also on the affected parts. *

You may have questioned my stopping short with Niemeyer as regards the doctrine of Scrofula, and may feel still more dubious about my classing Cancer among General Diseases. While, however, I fully recognize the local origin of Cancerous growths, I cannot abandon the impression that there is an antecedent tendency, hereditary or acquired, which makes these growths occur in certain subjects, and not in others; which under similiar provocation of injury, of irritation, of heat, shews itself in such resentment, as we call malignant proliferation. You must indulge me in this, and now let me tell you what Homœopathy can do for—

CANCER—in its several forms. Let me say first that I do not think we can claim such results as to justify our urging patients to refrain from seeking the aid of Surgery in suitable cases. Were I a woman, and a Nodule appeared in my breast of undoubted or even suspected malignancy, I should undoubtedly seek its removal by operation. Drs. Marstone and McLimont, and Dr. Edward Madden, in our own ranks, † not to speak of more irregular practitioners elsewhere, have abundantly illustrated the value of enucleation by *Caustics* in Mammary Scirrhus, and removal by the knife is certainly growing rather than decreasing in favour among practical surgeons. But there are patients who will not endure such dealing with, and there are confessedly stages, varieties, and localisations of the disease which operative measures cannot reach; so that it will be of great importance if Homœopathy can prove itself efficacious in such cases.

The general impression one gains from reading the Homœopathic literature of the subject is that we have remedies which materially improve the general health of Cancerous patients, and

* Holding the above views of Scrofula and Tubercle, it may be imagined how gratified I felt at reading Sir Dyce Duckworth's Address to the Liverpool Medical Institution, published in the LANCET of November 9, 1901. That there is a "personal factor in Tuberculosis"; that that factor is the diathetic condition traditionally described as "Scrofula"; and that Scrofula is a morbid condition PER SE, having its own clinical history and manifestations, over and above the liability of its subjects to Tubercular deposit,—these are just the position which, for therapeutic purposes, I have taken up in the text.

† See B. J. H., xxi., 611; xxiii., 196.

which, by their elective affinity for the parts affected, tend in a greater or lesser degree to restore their healthy nutrition. I cannot say that I see evidence of any specific relationship between these medicines and the Carcinomatous diathesis, so that the one can fairly be expected to neutralise the other. Nevertheless, when you have done all you can by healthy living and generous diet, by *Iron* and by Cod-liver Oil to improve the general health of these subjects (and how much may be done in this way has been well-shown by Mr. Weeden Cooke,) you will find in our constitutional remedies the means of doing something more. The chief of these is **Arsenicum.** Under its use, in varying dilutions, you will seldom fail to observe an increase in strength, a better oxygenation of the blood, and a healthier performance of the functions in patients affected with Cancer. The lancinating pains, moreover, which annoy the affected part are frequently relieved by this medicine. Sometimes, where the general condition is characterized by great torpor, **Carbo** may be a better medicine even than *Arsenicum,* as in a case mentioned by Drs. Marston and McLimont (p. 633). The animal charcoal is generally used: but I suspect that the vegatable product would act quite as well.

Approaching Cancer from another side, there are certain remedies to which we are led by the FORM of the disease present Thus, "Epithelial Cancer" has been histologically identified with such growths as Warts and Condylomata under the common title of "Epithelioma." Analogy would accordingly lead us to administer and apply **Thuja** in those cases, and to expect from it some at least of the power for good it manifests over the less malignant growths of the same order. Under this head it seems we are to group the Cancers of the lip, tongue, and scrotum, and the "Cauliflower Excrescence" of the os uteri. Perhaps Dr. Quin's case in the First Volume of the ANNALS (p. 177), though styled by him "Fungus Hæmatodes," was really Cauliflower Excresence; and there *Thuja* was strikingly beneficial. Epithelial Cancer of the lip, however, is so markedly under the control of *Arsenic,* that I should feel indisposed to resort to any other medicine. Its external use in the form of ointment (say gr. v. of the 3rd dec. trituration to 3j of Lard) is here advantageously conjoined with its internal administration. I should recommend the same treatment for **"Cancer Scroti".**

When Encephaloid Cancer assumes a fungous form, the power of *Thuja* over vascuar as well as epithelial growths may be brought to bear with advantage. The celebrated case of Marshall Radetzky is possibly an illustration of its virtue. I say possibly, because the part taken by the medicine in the cure (the fungus grew from within the orbit) has been questioned. You will find the narrative of the case, with criticism and defence, in the First Volume of the BRITISH JOURNAL OF HOMŒOPATHY. But when the vascularity of the growth combines

with its form to give it the name "Fungus Hæmatodes," the facts I have mentioned* under the head of **Phosphorus** must be borne in mind. You will notice how, in the case narrated there, **Thuja** rendered essential service towards the ultimate withering of the protrusion.

The third factor which guides us in our choice of remedies for Cancer is the PART AFFECTED. The elective affinities which we have ascertained to belong to our medicines are here brought into play with good effect. Thus *Conium, Hydrastis, Phytolacca* and *Carbo animalis* have more or less influence over Mammary Scirrhus. *Arsenic* and *Phosphorus* over Cancer of the stomach, and *Secale* over that of the womb: while *Aurum* and *Symphytum,* which are our chief osseous medicines, are said to have cured Cancer of the antrum.† But of these local remedies for the disease I shall speak under the head of the special organ attacked.

The only question which remains is, whether we have any general Anti-carcinomatous medicines, as we have Anti-syphilitics and Anti-sycotics. The few remedies which show any claim to the title are *Hydrastis, Cundurango, Calcarea,* and *Silicea.* I must refer you to what I have written upon each in my 'Pharmacodynamics.' That *Hydrastics* has seemed to arrest Cancer of the stomach suggests that its undoubted value in Mammary Scirrhus is more than the action of a glandular stimulant. **Cundurango** has gained still more frequent success in the former affection, even Fredreich and Nussbaum witnessing to its efficacy; and by Dr. Clotar Muller has been found very effective in malignant ulcerations of the surface, an experience Dr. H. Goullon corroborates. **Calcarea carbonica** and **Silicea** in substantial though small doses, seem capable of abating the pains of Cancer, and sometimes of causing its growths to wither. The *Gneiss,* introduced under the name of **Lapis albus** by Dr. von Grauvogl,‡ appears to be a medicine of the same order, though it acts in more attenuated form.

With these internal remedies, and availing ourselves of what *Citric acid* and *Chlorate of Potash* can do as local applications,§ we need not abandon any case of Cancer to despair. Even though life may ultimately be destroyed by the disease, much may be done towards prolongation of days and relief of sufferings; while every now and then genuine cures may be effected.

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* To these I may add the testimony of Jahr. "I have treated three cases of Fungus Hæmatodes," he writes, "the patients being children of 5-10. The fungi grew out of congenital claret-coloured spots. *Phosphorus* 30 removes the trouble perfectly in two or three weeks."

† B. J. H., xvii., 59; J. B. H. S., v., 200.

‡ See H. J. H., xxxii., 687; xxxiii., 571. (Also a case in J. B. H. S., iv., 345).

§ See IBID., xxiv., 518; xxv., 518.

So I wrote in 1877; and I have expressed myself similarly again to-day, because I think the mode of approaching the subject original and helpful. My last paragraph, too, has fairly represened the mind of Homœopathists on the subject as since expressed. I may refer you to the Paper in which Dr. Gutteridge put the possibilities of medicine in Cancer before out international Congress of 1881, and to the discussion which followed it. But the years have brought many fresh thought and facts to light, and I must make some further remarks on the treatment of Cancer before leaving the topic.

1. In Pathology, the most important point made has been the differentiaion between Carcinoma and Sarcoma. It may have more bearing on inferences from treatment than on the choice of remedies; but Dr. Helmuth, who contributed a valuable paper on the two forms of growth to the Congress of 1891, states that when Sarcoma can be definitely recognised, cure may often be looked for from *Thuja*—the tincture being given in drop doses internally and brushed freely over the growth. In the HAHNEMANNIAN MONTHLY for April, 1893, a similar experience appears in a case of Osteo-sarcoma of the thigh: and in the same Journal for February, 1895, a case of gaint-celled Sarcoma of the tibia, with hard and enlarged inguinal glands, is recorded, in which the persistent use of *Arsenic* removed the growth on a third recurrence after removal.

2. The relation of this great medicine to Cancer has of late years been notably accentuated, both on the pathogenetic and the therapeutic side. Mr. Jonathan Hutchinson, and also Uhlmann and others on the Continent,* have shewn that the continued use of the drug in medicinal doses may produce a form of Cancer which is of the epithelial variety, but presents certain peculiarities. Lassar, in the old school, has reported several cases of Cancerous growths and ulcerations disappearing under the influence of *Arsenic*.† Dr. J. S. Mitchell, of Chicago, some twelve years ago made a felicitous combination of the general and local influence of the drug on malignant ulceration by sprinkling 2x trituration on the sore while giving the 3x internally. In the NEW ENGLAND MEDICAL GAZETTE of July, 1895 (not long before his lamented death), he summed up his experience with the treatment, which had been very favourable. Dr. Helmuth had endorsed it in his paper of 1891; and in the number of the same Journal for february, 1901 Dr. van Deursen relates three cases of Epithelioma of the face in which the treament produced most satisfactory results.

3. The papillomatous form of Cancer corresponds to the growths over which *Thuja* has so much power. Dr. Ord relates‡ a case of abdominal papilloma, ascertained to be such by abdominal incision. Singular improvement set in and was long maintained under the action of *Thuja* lx, though the patient ultimately relapsed and died.

* M. H. R., xxxii., 381; J. B. H. S., vi., 393; viii., 251.
† See BRIT. MED. JOURN., June 17, 1893.
‡ See M. H. R., xxxix., 431.

4. The late Dr. William Owens had great confidence in **Acetic acid** as a remedy for Cancer. For eighteen years, he told us, at the Congress of 1891, he had treated all his cases with this *acid*, in a 4-10 per cent. solution internally and a 2 per cent. one topically. He could report a good number of cures of malignant ulceration of face, mamma and uterus under such medication. Dr. F. B. Percy has since corroborated his testomony. He reports a cure of the Epithelioma of the lips; a subsidence of all the gastric symptoms in a case of chronic diseases of the stomach, apparently malignant; and striking temporary improvement in one of Cancer of larynx. Here the local application was made by spray.*

I shall havte more to say about Cancer when I come to its local manifestation. For the present, what I have brought before you will show that our outlook in treating it is not altogether hopeless, and that medication on Homœopathic lines is capable of entering into fair competition here with '*Caustics* and the knife.'

I now come to what may be called, phenomenally at least,
DISORDERS OF THE BLOOD.

SCURVY is a typical instance of a disease resulting from pure dieteic causes and requiring pure diatetic treatment. Sir James Simpson seemed to think that he had made a point against Homœopathy when he argued that Lemon-juice cures Scurvy, but is incapable of producing it. The argument is really altogether wide of the mark. Lemon-juice is only a convenient form of supplying certain necessary constituents of our food, the absence of which induces the condition we call scorbutic. It plays no essential part in the treatment of Scurvy. It is generally sufficient to place the sufferers on the full diet of a hospital comprising as it does fresh meat and vegetables, with milk; and nothing more is required for the cure.

* N. ENG. MED. GAZETTE., Nov., 1896.

So I wrote in 1869. The editors of the MONTHLY HOMŒOPATHIC REVIEW dissented * from my recommendation to treat Scurvy by dietetic means alone, and wrote:—"Raue, in his excellent 'Special Pathology and Therapeutics,' names fifteen remedies which are suitable for the various lesions consequent on Scurvy, and we should unquestionably give some of these, according to the individual specialities of the case, in addition to a proper regulation of the diet." I should like to know if Dr. Raue had ever treated Scurvy, and seen any of his fifteen remedies do what proper dieting was not doing, or not doing so fast. I can recall two (unsuspected) cases of (Land) Scurvy, in which the most careful medicinal treatment was effecting absolutely nothing, but which cleared up rapidly when the true cause of the symptoms was discovered and the deficiency of fresh vegetables supplied. It is not thus that diseases behave where medicines are of prime importance, and "regulation of the diet" is only a useful supplement. To the same effect is the experience lately had of Scurvy in young children resuting from the use of the artificial foods so much vogue. Nothing can be done with it till fresh meat-juice, milk and organes or lemons are added to the diet. † The only place for medication would be when hæmorrhagic effusion into the pleura or elsewhere had occurred Here we can readily follow Dr. F. F. Laird in esteeming *Phosphorus* as a valuable medicinal adjunct.

Again, Dr. Dyce Brown maintains § that Lemon-juice is Homœopathic to Scurvy. He refers to cases of poisoning by its too long-continued employment recorded in the 'Cyclopædia of Drug Pathogenesy,' where hæmorrhagic symptoms occured; and to the experience of Sir George Nares, that sailors to whom a double allowance had been given developed Scurvy very rapidly and often severely. I cannot check the latter allegation; but as regards the former would say that the condition produced seems to me one of Purpura rather than Scurvy. All the vegetable acids thin and liquefy the blood, and their over-use might well lead to its effusion; but Scurvy is much more than this.

PURPURA has been styled "Land Scurvy." I am convinced, however, that the resemblance is superficial only. In Purpura

* Vol. xiii., p. 236.
† J. B. H. S., ii., 27.
‡ IBID., ix., 179.
§ IBID., ii., 39.

there is none of that excess of fibrin in the blood which analysis demonostrates to exist in Scurvy, and which shews itself in the plastic deposits which sheathe the muscles and mat the celluar tissue of scorbutic patients. Not is there in the majority of cases of Purpura any history of deficiency in the fulness or variety of diet. It seems to me a morbid condition SUI GENERIS,, developing itself under very various circumstances. I have gone somewhat into its Pathology and causation in a paper on the subject in the Twenty-Sixth Volume of the BRITISH JOURNAL OF HOMŒOPATHY. Referring you thither for details, I sum up here the conclusions arrived at as to its treatment.

Purpura appears under two forms, the Febrile and the simply Hæmorrhagic. The Febrile variety itself differs as it is sthenic or asthenic. Of Sthenic Purpura I have cited instances in my paper, and have noted the repute of venesection, purgatives and low diet in its treatment. With us the place of the first two would be taken by **Aconite**, which accordingly promises to be its most suitable remedy. Of Purpura with asthenic fever I have given two cases from the Homœopathic literature. Both were severe; and both recovered under *Sulphuric acid* and *Arnica*. I confess myself, however, quite unable to see the Homœopathicity of *Sulphuric acid* to the morbid condition here present. Its use seems a reiic of old-school traditions rather than an induction from the Law of Similars; and it is difficult to conceive of the "astringent" action of the drug being exerted in the 1st and 2nd dilutions, which were those used in the cases cited. The claims of **Arnica**, indeed, deserve more respectful attention. The petechiæ of Purpura are unquestionably so many BRUISES (the term "Ecchymoses" is common to both): only in this case the extravasation results from morbid change from within, and not from mcehanical violence from without. The influence of *Arnica* over Ecchymoses owing the latter cause is probably not merely local but dynamic and specific. It "determines" (in old-school language) "to the surface," ane so favours hæmorrhages; but there is nothing like Purpura, Simplex or Hæmorrhagica, in its Pathogenesis. A better remedy than either of these for Asthenic Febrile Purpura would seem to me to be found in **Mercurius.** This poison unquestionably causes Ecchymoses and hæmorrhages; and the second of the two cases cited reads so like an example of the Acute Hydrargyrosis that I wonder Mr. Willans did not treat with *Mercurius* throughout. **Arsenicum**, too, must not be forgotten; it is Homœopathic alike to the prosration and the petechiæ. *

Of the non-ferbile variety of Purpura, where the hæmorrhage

An almost desperate case cured by this remedy is mentioned by Jahr. It was of the non-febrile form. Another is recorded by Dr. Hansen (J. B. H. S., iv., 237). There was no fever, but the patient was much troubled by tearing and burning pains in the legs. *Arsenicum* 2, given on this indication, cured, when *Phosphorus* had produced only temporary amendment.

is all in all, there is a good case in thee Fifth Volume of the AMERICAN HOMŒOPATHIC REVIEW (p. 566). The symptoms rapidly subsided when, after six day's increase, on the seventh a high dilution of **Phosphorus** was administered. The choice of the medicine was determined by the hæmorrhagic symptoms ascribed to it in Hahnemann's Pathogenesis. There is no doubt that the abundant Ecchymoses observed in the subjects of poisoning by *Phosphorus* closely resemble the symptoms of Purpura. The weight of evidence hitherto has gone against these symptoms being primary. They seem to occur only in connection with the peculiar morbid changes induced by *Phosphorus* in the liver. They point to the Purpuric symptoms which characterize Yellow Fever and acute hepatic atrophy, rather than to the idiopathic disorder. Still I do not hold the question as settled; and we do well to keep the *Phosphorus* in reserve in the treatment of our present malady,—in which Arnold, Clotar Muller, Jousset and Goullon unite to esteem it the great remedy. Dr. Spiers Alexander has contributed a paper to the Thirty-Seventh Volume of the MONTHLY HOMŒOPATHIC REVIEW well-illustrating its action.

Another candidate for the place of specific remedy for this form of Purpura is **Hamamelis.** A case is recorded in Dr. Hale's "New Remedies," in which the administration of this medicine rapidly dissipated Purpuric symptoms supervening upon Varioloid. I have myself, since writing the Paper referred to, cured very speedily with it a case in which blood had been largely extravasated under the skin, and was passing in the urine. The anti-hæmorrhagic virtues of *Hamamelis* are so considerable that I am dispossed to credit it with much power over the morbid condition we are considering.

Another position apparently Homœopathic to Purpura is *Serpent-venom.* In my discussion of *Lachesis* and its congeners, I have spoken of the "Purpuric or Hæmorrhagic form," which poisoning by them often assumes. The Ecchymoses and hæmorrhages which occur are shown to be dependent upon changes in blood, which becomes diffluent and non-coagulabe. Whether this is so in Purpura is hardly proved; but the phenomena are so similar that one or other of the *Snake-poisons* used in our practice should be fairly tried in its treatment. There are two cases on record in which **Lachesis** was given with rapid disappearance of the symptoms;* and Hasbrouck notes the same of **Crotalus.**† Perhaps at the present day this last remedy and *Phosphorus* are most in favour of all our means of controlling Purpura.

* See B. J. H., xxii., 489; AM. JUUR. OF HOM. MAT. MED., iv., 66.
† J. B. H. S., vi., 300.

PLETHORA is a morbid condition which may be discussed in a very few words. I take it to be rarely met with now-a-days; and, when present, to result, from the transgression of obvious Physiological laws. Its treatment must accordingly be purely hygienic and dietetic, and no place for dynamic remedies can be with any plausibility assigned. If, however, a case should come before you in which the patient really does "make blood too fast;" if, in spite of spare diet and action exercise, the symptoms of Plethora still persist, medicines must be given. You would naturally propose to administer minute doses of some preparation of *Iron.* But if Dr. Drysdale be right in thinking that Lœffler's provings demonstrate a depressing action on sanguification as exerted by *Iron* from the first, we lose it as a Homœopathic remedy for Plethora; nor can I readily suggest another Dr. Hutchinson thinks that the pseudo-high health resulting in the Styrian peasants and Vienna horses from eating *Arsenic* is a Plethora of this kind, and infers the Homœopathicity thereto of the medicine. I should have thought, however, that it was rather from checking destructive metamorphosis than from increasing sanguification that *Arsenic* induced its Plethora. My MONTHLY HOMŒOPATHIC reviewer mentions that "in 1861 M. Lamare-Piquot announced the fact that small doses of *Arsenic* reduced the amount of red globules in the blood, and that he had found the remedy successful in cases where they were in excess, and the patients were suffering from cerebral congestion."

ANAEMIA present a wider field for inquiry. In one form indeed in which it occurs it is just the correlative of Plethora both as to cause and as to reatment. I mean when it results from deficiency of air, light and suitable food, and form other depressing causes. The only rational and permanently successful treatment of such cases must be removal of the injurious cause or the restoration of lacking SANANTIA. But even when these indications are satisfied, and still more when they can only partially be fulfilled, remedies acting Homœopathically upon the blood-making process are useful. That **Ferrum** is such a remedy I have already argued; and the experience of Dr. Bayes and others as to its value in Anæmia in the second and third decimal attenuation of the *Acetate* and *Iodide* confirms the inference drawn from its provings. Whether it should also be used as a dietetic agent is an open question; and we need comparative experiment to determine whether patients get on as fast without it. You, at least, would do well to begin by trying if they do. *Argentum* and *Zincum* are also truly Homœopathic

* See B. J. H., xxvii., 258.
† Applied Homœopathy, p. 91; B. J. H., xii., 376.

to Anæmia, and *Cuprum* and *Pulsatilla*, which have proved curative of it,* may be so.

There is another simple and intelligent form of the malady,—that resulting from excessive or long-continued losses of blood. I need hardly remind you of the value of **China** in these cases. † But this remedy goes no further than the exhaustion consquent upon hæmorrhage. Again we turn gladly io the well-tired *Iron* to help the generous diet we prescribed to make blood as speedily as possible. The direct feeding of the impoverished blood by the metal is here a plausible hypothesis enough.

But perhaps the most common form of Anæmia is that which comes before us in connection with disordered menstruation—

CHLOROSIS. A glance at a young woman who enters our consulting room gives us the whole group of symptoms. The Catamenia absent, or retarded, scanty and pale; frequent palpitation; breathlessness on slight exertion; debilty, anorexia and low spirits,—make up the patient's story; to which our examinaton adds the Anæmic murmur in the neck, the waxy, puffy skin, and the exsanguine mucous membrane. Now what is the relation between the Anæmia and the Catamenial disorder? It is common now to say that these patients do not menstruate because the ovaries find no blood upon which to draw. But very often the history of the case is this. A young woman in fair health gets a chill while menstruating, and the flow is checked. When the next period comes round, nothing is seen. Coincidently with this the general health fails, and the symptoms of Anæmia develope themselves. ‡ If now, under dynamic remedies (of which **Pulsatilla** is the chief), the Catamenia are restored, PARI PASSU the Anæmia departs.

I must not follow up the Pathological inquiries which such facts suggest. Their bearing upon treatment is party obvious.

* See J. B. H. S., vii., 84, 87. † See ANNALS, iii., 228.

‡ Compare the following case related by Trousseau:—"This young girl is seventeen years old; she has menstruated regularly until this last time, when, on her taking a cold bath on the last day of her menstrual period, the menses were immediately suppressed, and she shortly afterwards felt an acute pain in the region of the left ovary. Within a few days she had palpitation of the heart, got out of breath easily, and complained of disordered digestion and of vague pains; she had become Chlorotic." (CLINICAL LECTURES, transl. by Bazire, Vol. I., Lect. 17).

While you can hardly do anything but good by giving your chalybeate food as heretofore, Homœopathy enables you to strike at the root of the matter by her specific remedies for deficient menstruation. These will be considered in their proper place. For the present let me illustrate what seems to me the true plan of treatment for such cases by one of my own.

Emily G——,æt, 16, consulted me at the Dispensary on January 15th, 1866. In the previous February she had caught cold whilst menstruating, and the flow had prematurely ceased. She had seen nothing since; and had been growing weaker and weaker. She was very pale, and complained of breathlessness, palpitation, headache, &c.; in a word, she was thoroughly Anæmic. I ordered her to take two grains of the *Ferrum redactum* of the British Pharmacopœia once daily with a meal.

January 22nd.—No change. Continue *Ferrum*.

29th.—Feeling much better in health. Continue.

February 5th.—Much better and stronger, and colour returning, but no Catamenia.

Gave *Pulsatilla* 12, 6, and 3, in succession; each dilution for two days; a drop three times a day.

11th.—The Catamenia reappeared on the 8th (*i.e.*, while taking the 6th dilution), and were fair as to colour and quantity. She feels and looks quite well.

You may say, perhaps, that the Catamenia would have returned in time of their own accord when once the blood had regained its normal richness under the influence of the chalybeate. It may be so. But read the very similar case in Professor Hughes Bennett's Clinical Lectures (p. 890 of 3rd Ed.). It is said to have been dismissed "cured." But after two months' treatment by *Iron*, tonics, generous diet and rest, the Catamenia had not appeared.

This is Chlorosis proper, which I follow Immermann in defining as a change in the blood occurring in the early years of the woman's sexual maturity, and consisting in a diminution in the amount of hæmoglobin contained in the nutrient fluid. The red corpuscles may be numerous enough; but they are poor in quality. Chlorosis differs from ordinary Anæmia in the absence of any of the causal factors which belong to that condition, and in the limitation of the change to one constituent of the blood.

Now the treatment of this malady, as you knaw, is one of the things on which traditional medicine plumes itself. "There is scarcely any point in Therapeutics," says Immermann, "so fully established as the remarkable efficacy of *Iron* in removing all the symptoms of Chlorosis. . . . . The blood and free use of *Iron* is of more importance than a meat diet, exercise, sleep, a coutry life, sea-bathing, mountain air, regulation of the emotional life. I do not hesitate to say that a couple of boxes of Steel Pills or any other active preparation of *Iron* will do a Chlorotic girl more good than the most complicated plan of treatment in which *Iron* occupies only a subordinate place." Is this Homœopathy? and, if not, can Homœopathy do better.

In my 'Pharmacodynamics,' I have gone at the length into the question, and have arrived at the following conclusions :—

1. *Iron* probably hinders the formation of red blood in health and certainly promotes it in disease in the same manner in which other drugs affect the nutritive functions, as I have indicated in my Lecture VII. *

2. It may thus be given for Chlorosis in small doses as a Homœopathic remedy,. and should always be so administered in the first instance.

3. *Iron* is also a food to the blood, and should be given as such unless improvement rapidly occurs under its use as a medicine.

Reviewing these statements in the light of subsequent information, I would say of the first that it is increasingly substantiated as times go on. Nothnagel and Rossbach (whose Article on the Metal I had not read when I wrote the above-named discussion) confirm Hahnemann's statement that "observations made upon those living in the neighbourhood of Iron springs, who use the Iron waters as a daily drink, have revealed a wonderful frequency of Anæmic conditions." † They shew, moreover, that this is only what might be expected. "We do not," they write, "believe in a so-called Plethora produced by long-continued use of Iron, at least not in the sense of an excess of red corpuscles. For an increase of these beyond the normal would necssitate a more rapid metamorphosis of material in the body, accompanied by a more rapid destruction of the corpuscles and increased excretion of Nitrogen and Iron; they would thus be bringing about their own annihilation." One of our colleagues in Calcutta Dr. Younan, contributes an observation in the point. A patient asked him to look at a bird of hers which refused food and seemed so weak that it could hardly perch. Inspection shewed that it was suffering from Anæmia. Its back and legs, and the parts of the body stripped of feathers during the process of moulting, were pale and bloodless. On investigation, its water-cup was found to contain a dark-brown fluid and at the bottom lay a rusty nail. ‡

One the other hand, the thought of Iron as a food does not commend itself more to the mind as the facts grow upon us. Dr. Baruch reminds us § that "the Iron contained in the human system amounts only to 15-48 grains and in the worst cases of Anæmia the amount of Iron lost is only 3-4 grains,—which quantity can be furnished by a single pound of good beef." Dr. Bunge, of Bale, at the 1895 Congress of German Physicians, on the strength of similar facts urged the actual futility of

* Page 90.

† See also J. B. H. S., vi., 395.

‡ CALCUTTA JOURN. OF MEDICINE, May, 1895.

§ MED. RECORD, June 3, 1893.

Ferruginous medication in Chlorosis. And yet,—and yet,—it remains that within Iron there is no hæmatin, without hæmatin no red corpuscles, without red corpuscles no Oxygen-carrying, and without Oxygenation no bodily energy and activity of functions. It remains that by supplying this first link in the chain all the others start into being; so that in a Chlorotic girl taking 0.05 grm. of *Iron* daily for twenty-five days the red corpuscles increased gradually from three millions to four millions and a half per c. m. m., and she could be discharged cured. * It remains that up to a certain point increase of dose favours chalybeate action, and in severe cases may be carried almost to indefinite lengths, as Dr. Charles Taylor has shewn us. He took an extreme case of Anæmia, in a girl of 19, who had been getting gradually worse for two years. She was hardly able to move without Dyspnœa, and looked utterly bloodless. He gave a solution of the tincture of the *percloride,* of strength gradually increasing from 5 to 25 minims to the ounce, and told her to sip at it as she could day and night. She took it at the rate of two to three pints a day, improved most rapidly, and before she left the hospital, which she did in four weeks, was able to busy herself in the ward the whole day without fatigue. She took in 27 days 30 ounces of the tincture,—while, if she had taken the usual 20 minims three times a day, she wolud only have consumed 27 drachms. †

This looks feeding rather than medication—especially Homœopathic medication; and a similar inference may be drawn from Dr. Marc Jousset's remarks on the subject in L'ART MEDICAL ‡ *Ferrum* is indicated in Chlorosis, he tells us, when the menses are diminished or suppressed; in the menorrhagic form it is apt to increase the loss and so augment the malady. But this is just the reverse of what should happen, if the drug was acting as a similar remedy. Mennorrhagia, Hahnemann justly says, § is the primary action of *Iron;* and indeed for this trouble,, occurring in young subjects, there is no more useful Homœopathic remedy—of course in small doses. If it were behaving as such in Chlorosis, it should act upon the flux in like manner. In the same direction points the fact that it is only in Anæmia that *Iron* has to be given in any apprach to substantial doses. In the congestions, hæmorrhages, and vesical irritations to which its Pathogenesy leads us, it acts well in the attenuations from the 1st to the 3rd centesimal, or even higher; in Anæmia it is otherwise.

The conclusion must be, I think, doctrinally, that *Iron* acts here as it does when we water sickly plants with a solution of

* Nothnagel and Rossbach, SUB VOCE, *Ferrum.*

† BRIT. MED. JOURN., March 21, 1829.

‡ See note to § 141 of his pathogenesis of *Ferrum* in the 'Materia Medica Pura',

it, or when we secure its presence in the soil in which we plant them—knowing that only thus will Chlorophyll be developed in them, and their hues shine out and their fruit be borne. The Nonconformist minister did not use false image when he said to a Church Congress, "The thoughts of your great preachers and teachers have entered like Iron into our blood, and have coloured and inspired our whole ministry." And, practically, I, have long been forced to the conviction that my former advice to begin with fractional doses, as for Homœopathic action was hardly well-founded. The improvement taking place under the second and even the first decimal trituration of *Ferrum redactum* has been too tardy to satisfy my conscience; and I now, in Chlorosis, give (as I did in 1866) from the first a two-grain powder of the pure substance once daily. The results of this practice have been all I could desire in the cases I have seen, which have not been few; but I should be quite ready to increase the dose or the frequency of administration if need required. By so thinking and acting I seem to be doing most justice to my patients; while having the comfort of feeling that the value of *Iron* in Anæmia constitutes no exception to the Homœopathic law, it being mainly a matter of dietetics, with which SIMILIA SIMILIBUS has no concern.

You may fairly ask me whether in so reasoning and acting I have the concurrence of my colleagues. Practically, I may say I have. Bahr writes of *Ferrum*—"this medicine is a real specific for simple, uncomplicated Chlorosis: every simple case of this disease yields to the curative action of Iron." He recommends the first or second decimal trituration of the *Ferrum redactum* as the most suitable form. Jousset, in his "Elements," says that *Iron* is the medicine which oftenest corresponds to the ENSEMBLE of the symptoms, and of which we should make most frequent employment: he prefers the *acetate* or *protoxalate*, and gives about three grains of the first decimal trituration twice a day. Later, he has come to prefer the *Ferrum redactum*, giving about half a grain daily.* Dr. Galley Blackley, who has done so much good work in the field of hæmatic disease, uses the *Ferrous oxalate*, one or two grains three times a day. This preparation has, he says, the advantage that it does not constipate, but rather loosens confined bowels.

I must admit that when these writers face the question as to whether *Iron* acts here as a food or as a medicine, they all prefer the latter alternative. It matters little, as they agree in practice with what seems to me the more excellent way: only they have not the comfort of being able to account for their crude dosage as I do.† Hahnemann, at least the Hahnemann of 1811, would have countenanced them. In his "Defence of

* L'ART MEDICAL, Sept. 1900.

† J. B. H. S., vi., 282; L. H. H. R., vi., 6.

the Organon," which Dr. Dudgeon has lately given us in our language, he writes (p. 100),:—"What *Iron* contributes as a CHEMICAL remedy in such cases to the increase of the necessary quantity of Iron in the blood, is an altogether different question, which has nothing to do with the subject of Homœopathic cure by similarly-acting medicines." It 'is interesting to observe that Jhar says that "small doses" of *Ferrum* have not had the least effect in his hands. Since he probably means his usual globules of the 30th, the statement is not suprising. He tells us indeed that "in very many cases" *Pulsatilla, Sulphur* and *Calcarea*—given successively in this form—"are sufficient to bring about a blooming state of health"; but he does not mention how long the "cure lasts.

Bahr and Jousset agree that there are cases of Chlorosis in which Iron is not so effective as other medicines, and chief of these they count **Arsenicum.** To the latter, the co-existence of Menorrhagia is the great indication for it; the former recommends it where Iron has been abused and where there is "a high degree of debility, with excessive irritability, œdematous paleness, cardiac disturbances even during rest and complete Gastro-ataxia". It would also be suitable in the rare "Febrile Chlorosis" with its Dropsy and petechial effusion.

PERNICIOUS ANÆMIA, in which, since the initiative of Dr. Byrom Bramwell, it is generally recognised that *Iron* is of no avail, **Arsenic** taking its place. WHY it should do so on any ground but that of the Homœopathic method I cannot see,—the necrosis of the red corpuscles, the febrile symptoms and the Anasarca of Pernicious Anæmia, all belonging to the **Arsenical** Pathogenesis. The late Dr. Blackley, senior, communicated to the British Homœopathic Society in 1879* four cases in which a cure was effected by the drug in doses much smaller than those generally employed; and his successor in practice at Manchester has appropriately followed these up by one of his own, in which the characteristic Poikilocytosis was well marked. Still more appropriately, his son, Dr. Galley Blackley, now Senior Physician to our London Hospital, has contributed another case, embodying it in an instructive post-graduate lecture on the disease. *Phosphorus* played some part in Dr. Blackley's results, and should not be forgotten as a possible alternative to the better-indicated metal; but its Homœopathicity is more dubious.

* See ANNALS, ix., 171.

Of—

LEUCOCYTHÆMIA I shall speak more fully when I come to the affections of the spleen, as it is on diseases of this organ that it seems to depend. If you should meet with it, however, as some have thought it does occur, without organic change, I will note that Erb finds **Picric acid** to produce a condition in dogs which he himself calls "an artificial Leucocythæmia"; and that a case of its infantile form, verified by blood examination, recovered under *Ferrum picricum*, five grains of the 1x trituration PER DIEM.* *Myrrh*, also, has been found to cause Lecucocytosis.†

* NEW ENGLAND MED. GAZETTE, Nov., 1900. Dr. Samuel Jones, who has done so much good work on *Picric acid* thinks the increased number of white corpuscles observed in picratisation comparative only, and due to the extensive obstruction of red corpuscles caused by the poison (HOM. RECORDER, Jan., 1912).

† IBID., April, 1898.

LECTURE XXIII.

GENERAL DISEASES.

THE VENEREAL MALADIES.

SYPHILIS—GONORRHOEA—SOFT CHANCRE—SYCOSIS.

In my present lecture I should speak of those Venereal Diseases which are of general character. But among these the last edition of our Nomenclature teaches us to include Gonorrhœa; and in this case Soft Chancre can hardly be shut out. We shall therefore discuss to-day VENEREAL DISEASE as a whole. And first of—

SYPHILIS properly so called. Comments upon its treatment occupy a large space in the field of Homœopathic literature. I refer you for them in the first place to our Journals generally; and in the second to two Monographs—Dr. Yeldham's excellant "Homœopathy in Venereal Diseases," and Jahr's "Veneral Diseases" translated with additions by Dr. Hempel, which, with some qualifications, also merits the commendatory title given to the other.* Bahr's Article on the disease will also well repay a reference.

In discussing the value of Homœopathy in Syphilis we shall always have to speak comparatively. I mean, first, that the Therapeutics of the old school are not here, as in the case of so many of the maladies we have had to consider, of a Nihilistic character: they are definite and specific, and claim unwonted success. "Anti-syphilitic treatment," as practised at the present day with *Mercury* and *Iodide of Potassium*, is affirmed to be capable of clearing away with remarkable rapidity most of the Secondary and Tertiary phenomena of Syphilis; and such authorities as Ricord and Hutchnison have affirmed that the judicious treatment of the primary induration with the first-named drug may prevent the outbreak of constitutional symptoms altogether, and cure the disease in its primary stage.

Again, we have to take into account the results of the expectant treatment of Syphilis. It is allowed that both Primary and Secondary manifestations of the disease continue longer in existence under this method than when Anti-syphilitics are used.

* See Review in B. J. H., xxxii., 666.

But it is maintained that they are milder in kind and character; and that ultimately the infection disappears, and never goes on to the formation of Gummata and other Teritary phenomena.

The question before us, then, is this—Does the Homœopathic treatment of Syphilis give better results than expectancy? and does it render unnecessary the induction of the Physiological action of *Mercury* (which, however slight its degree, is always involved in the old-school use of the drug), and the administration of large doses *of Iodide of Potassium*?

Let us first inquire what Hahnemann thought on this point. Dr. Dudgeon's collection of his Lesser Writings' contains a very interesting Treatise on Venereal Diseases published by him in 1789—before, therefore, any conception of Homœopathy had entered into his head. In this work he maintains the entire sufficiency of *Mercury* for the cure of every manifestation of Syphilis; but states that to effect this it must be so administered as to set up a "Mercurial Fever" in the system. From eight to twelve grains of *"Mercurius solubilis"* were generally required for the purpose, given in divided but increasing doses. Evacuations—including salivation—were to be avoided; but a "drowsy" administration of the drug, insufficient to excite the specific fever, did no good, but rather harm. By setting up this fever both the primary Chancre 'and the general lues, however inveterate, might be cured in a few days; and if the treatment were adopted in the former stage, no general infection followed. He, of course, makes no distinction between Hard and Soft Chancres.

Writing forty-six years later, in the First Volume of the Second Edition of his 'Chronic Diseases' (1835), he is no less satisfied of the value of Mercurial treatment, though now he gives infinitesimal doses, and sets up no fever. 'In that stage of the Syphilitic disease where the Chancre or the Bubo is yet existing, one single minute dose of the best *Mercuriul* preparation is sufficient to effect a permanent cure of the internal diseaese' togethed which the Chancre, in the space of a fortnight." This "best preparation" he afterwards states to be the *Mercurius vivus;* and as the minute dose he says, "I was formerly in the habit of using successfully one, two or three globules of the billionth degree," i.e., the 6th centesimal dilution, for the cure of Syphilis. The higher degrees, however, even the decillionth —i.e., the 30th—"act more thoroughly, more speedily, and more mildly. If more than one should be required, which is seldom the case, the lower degrees may be then employed." He also says,—"In my practice of fifty years' duration I have never seen Syphilis breaking out in the system when the Chancre was cured by internal remedies, without having been mismanaged by external treatment." He thus recognises the continuity of his former and his later use of *Mercury*, different as it seems in dosage and effect.

Turning now to the general experience of the Homœopathic school, we find that **Mercurius** in some form or other continues to enjoy universal confidence. Bahr may be taken as a fair exponent of the view of all. He regards "Simple Syphilis" as embracing the primary Chancre and Bubo, and the secondary erythema and superficial ulceration of skin and mucous membrane, with Condyloma and Iritis. All beyond this he considers Mercurio-syphilitic, or purely Mercurial. For this "Simple Syphilis," he says that the only remedy is *Mercurius;* nothing else is required for its complete cure.

But then the question arises,—Is this "cure" anything more than the "recovery" of expectancy? Hahnemann, as we have seen, claims much more for it, viz., the absolute prevention when the Chance is treated, of secondary symptoms. Two of his followers—Jahr and Schneider*—concur in the same statement each basing it on an experience of thirty years, and the latter referring to more than a thousand cases. It is true that they, as he does, include Soft Chancre as well as Hard in the same category; but it is inconceivable that none of the latter should have occurred to them. Indeed, Dr. Schneider expressly states that the Chancres he treated "often exhibited the indurated condition," while "at most 2 per cent. went into the second period of infection." On the other hand, Bahr says that the indurated sore, in his hands, is generally succeeded by secondary symptoms; and Yeldham that, in his experience, "the appearance or non-appearance of secondary symptoms is a matter beyond the control, in most cases, of the very best treatment that can be adopted."

Whence is the difference in these results? If Hahnemann and Schneider only represented one side, and Yeldham the other, it might fairly have been argued that quantity determined the variation. The former gave their *Mercury* in rare and infinitesimal doses (6th to 30th with Hahnemann, 2nd to 3rd with Schneider); while the latter's smallest allowance to his patients was two grains of the first trituration three times a day. It is maintained by some that, *Mercury* in quantities sufficient to exite Physiological action, favours the occurrence of secondaries: it might have been supposed that Yeldham had been promoting these SEQUELAE, and not merely failing to avert them. But this explanation will not account for the results obtained by the remaining members, of the two groups. Jahr and Bahr treat Chancre almost indentically, the former giving half a grain of the first centesimal trituration morning and evening, the latter one grain of the second or third decimal trituration every other day. And yet Jahr sees his Chancres disappear in from fifteen to twenty days, without secondary symptoms supervening; while Bahr gives six to ten weeks even for the Soft Chancre,

* See B. I. H. xxii., 616 and xxxiv., 438.

and nine to fifteen for the indurated.—secondary symptoms commonly breaking out while the latter is still existing. When to these we add Schneider, with his morning and evening globules of the 4th to the 6th decimal potency of *Mercurius solubilis* (which, by the way, ought not to be prepared in globules under the 10th decimal), who allows six to eight weeks for the healing of the sore and the disappearance of the induration, but sees no secondaries,—the confusion is worse confounded, and there seems no rule for the variations.

Now I have argued at some length in my 'Pharmacodynamics' that *Mercury* has no essential similarity to the Syphilitic poison.* If it resolves the local infiltration and the indolent and indurated lymphatic glands of the true Syphilis, it is, I take it by its liquefacient (*i.e., Physiological*) action. Hence its obvious influence (but questionable advantage) in the hands of our old-school brethern; and hence, PERHAPS, Yeldham's satisfaction with it. But I must think that in such doses as those given by Hahnemann (in his later period) and Schneider, its action in the genuine disease in its primary stage is simply NIL, and that their absence of secondaries is either to be accounted for by imperfect after-observation, or is an unusually fortunate occurrence of expectancy.

Jahr's results would have more in their favour were they not neutralised by those of Bahr. Even as it is, I think his practice may well be followed by us, as it is uninjurious. We may heal the Chancre thereby: but I shall be surprised if we hasten the dispersion of the induration, or always or even usually escape secondary symptoms.

These are my own convictions as to the treatment of Chancre, and they are in accordance with what little I have seen of it. But it is fair that I should give you the recommendations of authors, representing as they do the common practice followed in our school, whatever may be their COMPARATIVE value. Here they are, in brief.—

1. For recent and hitherto untreated Chancre, Hahnemann would have given us one dose of *Mercurius vivus* 30; Schneider a dose morning and evening of *Mercurius solubilis* 4x to 6x; Jahr half a grain of the first trituration of the same with like frequency; Bahr a grain of the same preparation or of the *red precipitate* of equal strength every other day; Yeldham from two grains of the 2x trituration of *Mercurius solubilis* to three grains of the 1x three times a day.

2. For neglected (but not Mercurialised) Chancre, Jahr

*I am glad to be able to cite in support of this opinion the testimony of Hahnemann. In the Treatise of 1789, to which I have referred, he writes, "*Mercury* does not cure Syphilis by causing evacuations, but rather by the gradual or sudden ANTIPATHIC" (the capitals are my own) "irritation of the fibres of a specific nature" which it sets up (p. 195 of Dudgeon's Translation).

advised the *red precipitate* or *Cinnabar*, half a grain of the first trituration morning and evening.

3. For Chancre of some week's standing, that has been treated in old-school fashion with *Mercury*, **Nitric acid**, is recommended by all,—in the first decimal dilution by Yeldham, the first centesimal by Jhar, the third centesimal by Schneider. Bahr does not specify its dose. But all agree that it often needs supplementing by *Mercurial* preparations after a while; and Jahr and Yeldham are disposed sometimes to begin these at once.

4. For Phagedænic Chancre, *Mercurius corrosivus* is warmly commended by Jahr, Hartmann and Gerson. Bahr thinks it and the *red precipitate* the best *Mercurial* preparations, but raher prefers *Nitric acid*. Jousset mentions *Nitric acid, Silicea,* and *Arsenicum* in high dilution; but joins with them either cauterisation or the application of an ointment containing one part in a thousand of *Arsenic*. Yeldham gives a case in which Phagedæna set in while the patient was taking two grains of *Mercurius solubilis* 2x three times daily, and was arrested by *Nitric acid*. But he says of *Mercury* in general that "even in the Phagedænic Chancres, where its use is generally thought to be counter indicated, I have konwn it to arrest the ulceration when other remedies, ordinarily recommended for that condition had failed." I shall have to speak further of this trouble under the head of Soft Chancre.

5. Gangrenous Chancre is mentioned by Bahr, who says that *Arsenicum* is the sole medicine capable of arresting the destructive process; and by Jahr, who says that the same remedy has never failed him.

When now from Primary we advance to SECONDARY Syphilis both theory and experience are in favour of the value of *Mercury;* and the general rule may be laid down that if this drug has not been hitherto abused in the treatment of the patient, it is the first to be employed in one form or other against these Secondary symptoms.

These must, I apprehend, be considered as elements of a specific febrile state, having its Rash and Sore Throat, with Iritis as its most frequent SEQUELA. The constitutional condition is one of Chloro-anæmia, with Rheumatoid pain (aggravated by rest and the warmth of bed) in the head and face, behind the sternum, and around the joints. To all this *Mercury is* strikingly Homœopathic, and should be employed persistently for its cure.

Then comes the exanthem,—Erythematous, Papular or Squamous. Yeldham prefers the *Iodides of Mercury* here,—two grains of the 2x or 3x trituration twice daily. Jahr gives either *Mercurius solubilis* or the *red precipitate,* more rerely *Cinnabar,* half a grain of the second or third centisimal trituration every other day. Bahr prefers the more intensely-acting

Mercurials here, among which he classes with especial praise *Mercurious vivus;* he gives the 3x trituration, Jousset prefers *Corrosive sublimate* in somewhat substantial doses; but, if he has to follow up with *Nitric acid,* he gives it in the 30th dilution. Schneider is content with *Mercurius solubilis* 3, alternated with *Nitric acid* 3. Where *Mercury* has already been fully given, Yeldham perfers *Kali iodatum* (two grains three times a day) to *Nitric acid;* and Jahr recomends *Phosphorus, Nitric acid, Sarsaparilla,* and *Lycopodium;* in the 18th to the 30th attenuations.

The more severe forms of Syphilitic cutaneous disease I agree with Bahr in thinking largely due to abuse of *Mercurial* treatment. Hence they nearly always require full doses of *Nitric acid* or *Iodide of Potassium* by way of antidotes. When the *Mercurial* element has been, as it were, dissected out by these means, we may proceed to treat the Syphilide according to its character; as by *Arsenic* or *Borax* if it is Squamous, *Tartar emetic* or *Kali bichromicum* if it is Pustular, *Aurum* or *Hydrocotyle* if it is Tubercular. But now a few intermediate doses of the more potent *Mercurials* will greatly hasten the cure.

We have next the Secondary Syphilitic affections of the mucous membranes. Bahr believes these to be purely Syphilitic only when superficial, and treats them with *Mercurius vivus.* When they are Phagedænic, deeply penetrating, and threatening to affect the bones, he substitutes,—for the mouth, *Kali iodatum* and *bichromicum;* for the nose, *Kali iodatum* and *Aurum muriaticum;* and for the larynx, *Heper sulphuris* and perhaps, *Iodine* and *Kali bichromicum.* Jahr describes the ulcers of the throat as Chancres, and treats them with *Mercurius solubilis* if Simple, *Mercurius corrosivus* if Phagedænic,—half a grain of the 2nd trituration morning and evening. He recommends *Aurum* 3 where the nose is affected, and the *red precipitate* or *Nitric acid* for ulcers on the tongue. But he says nothing of what is to be done when *Mercury* has been fully given already; save that he prescribes *Lachesis, Lycopodium, Nitric acid, Thuja, Cinnabar, or Sulphur* in superficial erosions of the mucous surfaces thus occurring. Schneider is content with his alternate *Mercurius solubilis* and *Nitric acid.* Yeldham recommends that the throat be treated in the first instance for simple inflammation, as with *Belladonna* or *Apis,* and then with the *Iodides of Mercury* or *Nitric acid.* He also touches the throat with *Nitrate of Silver,* and attaches much importance to the administration of Cod-liver Oil.

My own experience in the treatment of these affections is in favour of *Kali bichromicum* * in indolent ulceration of the tonsils; of *Kali iodatum* when this is destructive as in the perforating ulcer of the soft palate; and of *Nitric acid* for ulceration of the

* See testimonies in its favour from Watzke and Russell in the "Hahnemann Materia Medica," Part I., and from Drysdale in the B. J. H., xv., 675.

mouth, and cracks about the commissures of the lips. For these last *Cundurango* promises to be useful. * There is a good case by Dr. Meyhoffer in Volume XXIV of the BRITISH JOURNAL OF HOMŒOPATHY (p. 363), illustrating the value of *Nitric acid* in the symptoms of mouth, throat, and larynx (while *Biniodide of Mercury* removed the exanthem, with headache and falling of the hair) of Secondary Syphilis.

Of this falling of the hair I have further to note that Bahr recommends *Hepar sulphuris* for it.

We have now to speak of TERTIARY Syphilis. Bahr again represents the general opinion of our school when he writes, "We are most assuredly of the opinion that Tertiary symptoms only set in consequence of the improper use of *Mercury;* our reason being that we are not acquainted with a single case of Syphilis where Tertiary symptoms showed themselves under Homœopathic management." We have seen that expectant treatment gives the same results. Bahr accordingly confines his remedies to two Mercurial antidotes. "The Tertiary phenomena require throughout a cautious but continued use of the **Iodide of Potassium.** It is only for single forms that other remedies are required—**Aurum,** for instance, for Syphilitic Lupus, for Caries of the facial bones, for suppurating tophi, and finally for Sarcocele." He also commends the Iodine-springs of Hall.

Bahr does not mention whether he gives the *Iodide of Potassium* in the full doses of the old school. Jahr is more explicit. He says, probably theoretically, that whenever this agent is capable of effecting a cure, it need never be given in doses larger than the one-hundredth of a grain; but of Tertiary bone and periosteal disease be writes: "I have likewise used *Kali iodatum,* even in large doses, as recommended by Allopathic physicians, and I have seen excellent effects from its use in such quantities; but they were never as lasting as the good effects obtained by means of small doses of other remedies. Usually the symptoms yielded to *Kali iodatum* in a very short time, but returned again in six or twelve months, which never occurred in cases that had been cured with the eighteenth or thirtieth attenuation of other drugs. This has induced me to adhere to the latter, without ever giving *Kali iodatum.*" The "other drugs" alluded to are those in general use in diseases of the osseous system, as *Mezereum, Phosphorus* and *Phosphoric acid, Staphisagria, Silicea, Fluoric* and *Nitric acids, Guaiacum* and *Sulphur.* But superior to all Jahr places *Aurum,* of which he gives half a grain of the third trituration every four days. Gummata he has only seen twice; they were cured in the first instance by *Silicea,* in the second by *Arsenicum.* For the melancholy and prostration of the Syphilitico-mercurial cachexia he has given *Aurum* "with distinguished success."

* J. B. H., xxxxiii., 407.

Yeldham considers that "it is not enough, in the inveterate and deep-acting Tertiary affections to attempt to grapple with all their phases by *Iodide of Potassium,* as is originally done. That is a most useful remedy in many cases, but it is by no means of universal application." This author simply enumerates the various medicines suitable for Tertiary Syphilis according to the part affected; and in two of the cases he gives, *Silicea* (3x) which seems to have removed a Node (though very slowly), and *Graphites* 12 and *Lycopodium 12,* with Cod-liver Oil, to have dispersed Sarcocele.

I have given these citations at some length, because it cannot fail to be a serious question with you whether Homœopathy has anything better to offer in the treatment of Tertiary Syphilis than the full doses of *Iodide Potassium* which you have learnt to employ. When rapidity of action is required, as in painful Nodes, or when Gummata are exciting Neuralgia, Epilepsy, or Paralysis, I think that the common practice can hardly be excelled, and is imperative upon us for our patients' sake. If you would come at its rationale, I refer you to a very interesting Paper on the *Iodide* by Mr. Madden in the Twenty-Sixth Volume of the BRITISH JOURNAL OF HOMOEOPATHY. He points out that the Syphilitic and Rheumatic-gouty affections, and also the chronic indurations of glands, in which it is found so beneficial, are of the nature of organised new growths, which are therefore QUASI-parasitical to the organism, and require parasiticides to destroy them. That *Iodide of Potassium* is such an agent there is much reason to believe; and this accordingly seems to be the rationale of its action. It must hence be given for such purposes in full doses, and the indications for its use must not be expected to be found in its Pathogenesy.

Perhaps also some of the benefits of the *Iodide* here result from its power as a chemical antidote to *Mercury;* and this action also requires material doses.

But when time is not of such moment you may fairly act upon Jahr's statement of the more lasting effects of Homœopathically-acting medicines, and prescribe accordingly. The *Iodide* itself may be indicated in Tertiary disease of the tongue, which Mr. Langston Parker* has known it three times to simulate, and Dr. Yeldham has seen it (in ordinary doses) repeatedly to aggravate. In the same condition *Fluoric acid* may be, according to Dr. Laurie's and my own experience, of striking service.† *Aurum* is a dynamic antidote to *Mercury* and acts powerfully upon the testicle and on osseous tissue: it is also a well-known anti-melancholic. It thus covers nearly the whole field of Tertiary Syphilis with its Cachexia; and Dr. Chapman and myself have put each a case on record illustrative of its

* See B. J. H., xi., 681.

† Pharmacodynamics, SUB VOCE.

virtues.* The other Anti-syphilitics, and also A-syphilitics (to use Hahnemann's Nomenclature), may come in when indicated, as the following case, taken from the NORTH AMERICAN JOURNAL OF HOMOEOPATHY, will show,—demonstrating at the same time how much may be done in confirmed Syphilis by pure Homœopathic medication :—

"A Portuguese, about thirty years of age, had been in the hospital at Lahaina for eighteen months; during this time he passed through all stages of the Syphilitic virus. When he arrived at Honolulu, the first day of July, he exhibited the most loathsome and disgusting appearance. The right side of his face was covered with a most fœtid ulcer of the Tertiary form of Syphilis: it developed itself over the right eye, down the outer angle and under the eyes to the nose, extending to the mouth over the whole cheek leaving the malar bone entirely bare and dry. There was carious affection of the frontal bone, extending over the right eye around to the temporal bone; the malar and nasal bones were more or less destroyed by the disease. The right eye was entirely closed. These ulcers were discharging a very fœtid and offensive watery fluid, and had a dark red appearance. In addition to all this he had Ascites, and was greatly bloated; from this he had suffered for last six months. The ulcers were very painful; darting and gnawing pain, burning through the whole of the ulcerated surface, as he expressed it, as if, there were red-hot needles sticking in the ulcers.

"For these symptoms I selected *Ars. alb.* third, three doses a day for three days which greatly relieved the burning and mitigated the pain: but he was not relieved from the pain wholly until he took *Belladonna,* third, three or four doses. After these two remedies ceased to improve, I give *Acid. nit.* morning and evening; improvement followed; after the first week I gave but one dose per day, for two weeks. Under the action of these remedies, the ulcers put on a more healthy appearance, until the end of three weeks, when I could not discover any improvement. I then gave *Aurum muriat.* second, one dose per day. This seemed to stop all progress of caries, and the whole case looked favourable. I continued this remedy three weeks, with occasionally a dose of *Sulphur,* sixth. The healing of the ulcers was steady and permanent. His general health improved, appetite good. The digestive organs were completely restored. The urinary secretion became normal, he gained strength and flesh. A few doses of *Hepar sulph.* and *Ars. alb.*, were then given at intervals of three or four days. These last remedies removed all symptoms of Dropsy and Venereal disease about him. A more grateful person I never saw."

* IBID., SUB VOCE.

Besides all this, I do not think that we have yet sounded the depths of the value of simple **Iodine** itself, in minute dosage, in the treatment of Syphilis. From the old school we have the testimony of Dr. Guillemin, who finds the simple tincture do all, both in Secondary and Tertiary affections, that can be done by the *Alkaline iodide*. His doses, as Lancereaux says, "are very small compared with the usual doses of the compounds of *Iodine;*" he mixes five parts of the tincture with a thousand of water and gives two or three desert-spoonfuls twice a day on an empty stomach.* Zeissl, again, "calls attention to the fact that *Iodine*, in doses of two minims of the compound tincture, properly diluted, twice daily, brings about a more rapid disappearance of the affections of the mucous membrane than *Mercury* does. Moreover, according to him, *Iodine* in this stage exerts a weakening action on Syphilis, so that after its administration a few *Mercurial* inunctions suffice to bring about a permanent disappearance of the cutaneous rash."† Then, from our own ranks, we have the testimony of Dr. Jousset. After acknowledging the frequently marvellous results of large doses of *Iodide of Potassium* at the end of the second and throughout the third stage of Syphilis, he adds.—"On the other hand, in studying comparatively the various doses. I have obtained very rapid results with *Iodine* in the 30th, and even in the 500th dilution." At the World's Convention in Philadelphia moreover,, when the high potency men were challenged to say what they could do in Syphilis, their only champion, Dr. Macfarlane, stated his results as obtained with the **Iodide of Mercury** and added that the *Biniodide* acted better still. I suggested that this showed that the *Iodine* was in his mode of treatment more potent than the *Mercury*.

Considering, now, the power of *Iodine* to affect the mucous membranes and skin much as Syphilis—in its Secondary period—does, causing even pustular eruptions and Acne; and the statement of Trousseau, that "in some circumstances certain cachexiæ, and the Syphilitic among them, take a form identical with that ascribed by M. Rilliet to Iodism."§ think we may expect it to play a more important part in the Homœopathic

* See Lancereaux's Treatise on Syphilis (N. Syd. Soc.), ii., 313.

† Ziemssen's Cyclopædia iii., 280. Dr. Larrien has lately come forward to announce a similar experience : JOURN. BELGE D' HOMŒOPATHIE, July—Aug., 1899.

‡ Such a cure of a Syphilitic adeuopathy as that reported by Dr. Bonino in the HAHNEMANNIAN MONTHLY of February, 1899, shows *Iodine* in other combinations working brilliantly as an Anti-syphilitic.

§ Colombini and Gerulli have shown its power of diminishing the red corpuscles and the hæmoglobin in the blood of healthy subjects, while it increases both in Syphilitics (M. H. R., xli., 575).

Therapeutics of Syphilis than it has hitherto done, and to make those Therapeutics still more effective than they are.

To the foregoing effect I delivered myself in 1877. You will naturally ask what changes or additions the years have brought since then.

1. I have no modification to make in my views as to the place of *Mercury* in the Homœopathic treatment of Syphilis. As regards *Iodide of Potassium*. I am bound to cite Meyhotter's statements, which bear out those of Jahr just adduced : "It has become the fashion," he writes in his "Chronic Diseases of the Organs of Respiration" (I. 190), "even among the disciples of Hahnemann, to exhibit the *Iodide of Potassium* in increasing doses; but we are convinced that this course is as useless as it is often injurious. From the moment the drug produces pathogenetic symptoms, it exaggerates the functions of the tissues, exhausts the already diminished vitality, and thence, instead of stimulating the organic cell in the direction of life, impairs or abolishes its power of contraction (qy. ? counteraction). We use, as a rule, the 1st dilution, from 6 to 20 drops a day; if after a week no decided progress is visible, one drop of the tincture of *Iodine* is added to each 100 of this 1st dilution." In this way he says, "the mucous tubercles, gummy deposits and ulcerations resulting therefrom in the larynx undergo a favourable termination." (It is of Laryngeal Syphilis that he is speaking). I have also to mention the Paper read by Mr. Knox-Shaw at the British Congress of 1891.* in which he defends the thesis that *Iodide of Potassium* is really Homœopathic to the lesions of Tertiary Syphilis having the power of causing similar phenomena. It seems to me (as I said at the time) that while Mr. Shaw well proved his points as far as the cutaneous lesions of the disease are concerned, there is as yet no evidence that it can cause anything like the gummatous deposits in the viscera and on the bones; while the dosage which is most effectual, and indeed ordinarily indispensable, is such as hardly consorts with the idea of a similarly-acting specific. Mr. Shaw promised to bring forward cases rendering nugatory the latter objection; but they have not yet made their appearance. His colleague at our London Hospital, however, Mr. Dudley Wright, could in 1893 express himself quite satisfied from his own experience that "the 1x dilution of *Iodide of Potassium* will, in the majority of instances of Syphilis, accomplish all that the drug undoubtedly does in larger doses."†

* See M. H. R., xxxv., 565.

† M. H. R., xxxvii., 346.

2. In his earliest study of the pathogenesis of *Kali bichromicum* Dr. Drysdale called attention to the similarity between its action and that of Syphilis, and thought we might fairly expect it to prove another remedy for that disease. His hopes have been often verified since in the treatment of lues affecting the nose, throat, eye, skin and periosteum; but their fulfilment has subsequently taken a wider range in the results obtained by Guntz, which our lamented colleague has epitomized in his latest presentation of the drug. I refer to his Article upon it, in the First and only Volume of the "Materia Medica, Physiological and Applied." You will find there that Guntz regards the *Chromic salt* a substitute for *Mercury* and *Iodine* in all stages of the disease. His cases seem to show that to abort the disease in its primary stage *Kali bichromicum* is more powerful than *Mercury*, and that it is at least equally curative in the constitutional symptoms, while it is, of course, much less harmful. He gives about half a grain daily.

3. If there be anything fresh of late years in our own Therapeutics of Syphilis, I should say it is in the larger use we make of *Nitric acid*. The cases by Dr. Kernler, summarised in the Third Volume of the JOURNAL OF THE BRITISH HOMŒOPATHIC SOCIETY (p. 216), well-illustrate its frequent usefulness, and that in purely dynamic dosage. I can cordially commend it to you in the ulcerations of the second stage, and in well-mercurialised subjects.

The other general disease of venereal origin, which our Nomenclature recognises is

GONORRHŒA. It can only, I suppose, become general by direct extension, or by local transmission : it does not infect the system by absorption, unless Gonorrhœal Rheumatism and Iritis are to be so accounted for. You have probably been taught to endeavour to abort this inflammation by injections. Let me caution you against doing so, save in its earliest incipience and its non-inflammatory forms; and then by mild astringents or antiseptics only. I will not urge you to try instead *Sepia* 30 night and morning, as recommended by Jahr; for I have not proved it. I can, however, confidently recommend the following treatment for the fully-established disease.

If your patient has it for the first time, and the inflammatory symptoms run high, put him on a low dilution of **Aconite** or **Gelsemium,** according to the amount and kind of constitutional disturbance, and trust to that alone. A case of Dr. Pope's in the Twenty-Fifth Volume of the BRITISH JOURNAL OF HOMŒOPATHY (p. 508) will show you what *Aconite* can do, and the virtues of *Gelsemium* find abundant evidence in Dr. Hale's 'New Remedies.' When the inflammatory symptoms have subsided, or if they have been moderate from the first, give **Cannabis sativa** steadily. It

seems generally agreed that this medicine must not be much, if at all, attenuated. Even Jhar recommends the 3rd dilution; but most of our therapeutists use the mother-tincture, and are not particular about number of drops. The only other remedy likely to be required is **Cantharis,** which should be given (not too low) intercurrently with the other medicines when the urinary symptoms indicate that the inflammation is extending towards the bladder. It is also useful when painful erections occur.

The above has always been my treatment of Gonorrhœa, and it fairy represents that of our school. Bahr is the only marked exception. He would have us give *Mercurius solubilis* for the first ten or twelve days, and then (when the symptoms are less active) *Hepar sulphuris* till the close. He admits that four weeks are required for the duration of the disease under the medication, but asserts that Orchitis and Prostatitis hardly ever occur, and that in very few cases does a secondary discharge remain. He allows *Cannabis* to be preferable only in non-inflammatory cases. Jahr, giving the latter medicine alone, claims always to effect a cure in two or at the most three weeks. He recognises the value of occasiosal doses of *Mercurius* (*Vivus,* 2nd trit), if *Cannabis* hangs fire. Yeldham gives the same metal, in the form of *Corrosive sublimate* (five-drop doses of the 3rd decimal) in alternation with *Aconite* for the first week of inflammatory cases; and Jousset employs the *salt* in a weak injection to check lingering descharge. **Mercurius,** therefore, in some form or other, plays no unimportant part in the Homœopathic Therapeutics of Gonorrhœa as of Syphilis. **Copaiba,** which is quite Homœopathic to the morbid process—as I have shown in my Pharmacodynamics, is favourably spoken of both by Yeldham and by Jousset; but no distinctive place is assigned to it. The former also commends *Thuja,* which has produced a more outspoken Urethritis than has been obtained from any other drug; but which has been little used in Acute Gonorrhœa. Of the *Petroselinum* recommended by Hahnemann as an alternative to *Copaiba* we have no later experience ; but may mention that Dr. Gilchrist prefers **Apis** to either, and thinks that, administered early in the inflammatory period, it will often abort the disease.

Chronic Gonorrhœa—"Gleet"—is not readily amenable to internal remedies. Those of which we have spoken in relation to the acute stage are sometimes of service, especially **Thuja** after which **Nitric acid** may come in usefully. We have also some testimony in favour of *Zincum muriaticum* 3 from Tessier, of *Kali iodatum* 3x from Franklin, of *Matico* 1x from Kafka, of *Sepia* 30 from Jahr, and of *Silicea* 6. More commonly, the best way of treating Gleet is to prescribe medicines suited to the state of the general health (which is nearly always depressed), such as *Sulphur, Nux vomica,* or *Ferrum* : and to medicate the urethra locally by injections. Those recommended by Dr. Yeldham are effectual and

uninjurious, viz., : half a drachm of *Goulard's extract* to an ounce of Distilled Water, or an infusion of powered *Hydrastis* root in the proportion of an ounce to the pint.

Of the complications of Gonorrhœa I have spoken, or I shall speak, in other proper places.

SOFT CHANCRE, with its suppurating Bubo, is now generally recognised as a local, though specific and contagious venereal affection,—as standing, in fact, in the same category as Gonorrhœa. The very reason which have led me to maintain that **Mercurius** is Antipathic in relation to the Hard Chancre show that it is Homœopathic to the Soft; and you may rely upon it with the utmost confidence, and in quite moderate dosage. It cures, not because of the influence it exerts over the Syphilitic virus, but in virtue of its power of causing ulceration generally and at this particular spot. **Nitric acid** is here, as in ulcers of the mouth, an effectual ally to it; and the two medicines often come in usefully to reinforce one another's action when it is flagging.

Of the treatment of the accidents of Chancre I have discoursed when upon Syphilis. I have only now to speak of that of the Chancrous Bubo. Yeldham and Bahr concur in recommending that the *Mercurius* the patient is taking should be steadily continued when this complication appears, as its best remedy. **Hepar Sulphuris** may be substituted if suppuration appears inevitable. The former writer was in the habit at one time of opening the abscess early, but he has now so frequently seen it disperse without breaking that he gives it a last chance of doing so. Jahr and Caspari have had correspondingly good result from **Carbo animalis.** Of the treatment of Phagedænic Bubo I will speak in Dr. Yeldham's words. "It demands," he says, "the most careful management, both local and constitutional. The former consists, first, in the use of warm Linseed poultices; and, secondly, of *Calendula* lotion in the proportion of one part of the tincture to eight of water. Cotton-wool should be soaked in this, and laid in and over the wounds. The *Lotio nigra* may sometimes be advantageously substituted for it. The constitutional treatment consists in the administration of *Merc. sol.* or the *Biniodide of Mercury,* in from five to ten-gram doses of the 2nd decimal trituration, if *Mercury* have not already been given; or if it have, of *Acidum nitricum,* in ten-drop doses of the 1st or 2nd decimal dilution; or of *Kali hydriodicum,* in five-grain doses three times a day. The patient's powers should, at the sametime, be sustained by a generous diet, to which a table-spoonful of Cod-liver Oil every night is an excellent addition. He should also keep himself quiet, and as much as possible in the recumbent posture. Movement, from the peculiar situation of the disease, tends to retard the healing process." †

* Mr. Dudley Wright prefers the application of equal parts of *Glycerine* and the fluid extract with the help of the endoscope (M. H. R., xliii., 129).

† Op. Cit., 3rd. Ed., p. 92.

Finally, I will follow Hahnemann in giving to

SYCOSIS a separate place from Syphilis, and in reckoning it as general disease as Gonorrhœa may become. Of the nature and clinical history of the Condyloma which is its Chancre I have already, when speaking of *Thuja,* mentioned how diverse the opinions are. To the authorities cited then I may add Baumler, the Essayist on Syphilis in Ziemssen's Cyclopædia. He regards the Condylomata of the skin as identical with the mucous patches of the mouth, and both as modifications of the papule of Secondary Syphilis. But, he adds, "the so-called Acuminate Condyloma (Mucous Papiloma), which has nothing at all to do with Syphilis, and is caused by irritation of the skin of mucous membrane with different secretions (particularly Gonorrhœal pus), and moreover is contagious, must not be confounded with the flat Condylomata."

However this may be, the following are the practical directions of Homœopathic therapeutists regarding the treatment of Sycosis phenomena :—

1. A true Chancre not uncommonly sprouts into Codylomatous vegetations before disappearing, or becomes transformed IN SITU into a mucous patch. If this is not the effect of large dose of *Mercury,* the continued use of that remedy in the manner already indicated for Chancre will lead to the disappearance of the phenomena; so say Bahr and Jahr. But if *Mercury* has been freely given, *Nitric acid* (1st dil.) or *Thuja* must (Jahr says) be administered.

2. For mucous Tubercles occurring elsewrere as concomitants or sequelæ of Chancre, the treatment of the same, with *Lycopodium* if they appear on the tonsils, or instead of being smooth, are jagged and rough. This last indication is from Espanet.

3. Excrescenes, "Fig-warts" (hence the name Sycosis), may also follow or accompany Chancre. In this case Jahr finds *Cinnabar* and *Nitric acid,** sometimes *Phosphoric acid* and *Staphisagria,* remedial. Bahr gives *Thuja* for them when they are accuminated and dry.

4. When Condylomata occur simply, or in connection with Gonorrhœa, all follow Hahnemann in treating them with **Thuja** internally or externally, or both. Jousset follows Petroz in believing such growths to be manifestations of a diathese epitheliale," and classing them with Warts and Polypi. But for all, the main remedy is *Thuja,* and generally in high (30th) dilution.

* A case by Dr. Henriques, in which the medicine (internally and locally) rapidly reduced them, may be read in B. J. H., xix., 64.

LECTURE XXIV.

DISEASES OF THE NERVOUS SYSTEM.

MALADIES AFFECTING THE BRAIN

CONGESTION—MENINGITIS—CEREBRITIS—SOFTENING —CEREBRAL TUMOURS—APOPLEXY.

From the General Diseases—"Morbi Corporis Universi"—which have hitherto come before us, we pass to those of particular systems or organs—"Morbi Partium Singularum"; and take first, as of prerogative right, that organism within the organism whereby the animal differs in kind from the vegetable, and man differs in degree 'from other animals,—the NERVOUS SYSTEM. While in brain, cord and nerve we possess an apparatus of marvellous sensitiveness and flexibility for carrying on our higher physical and psychical life, it is one too liable to disorder and even disease, especially as civilization makes upon it its ever increasing demands. It is therefore very important to know what aid Homœopathy brings us in our dealing with the maladies of these organs so important to man in his place at the summit of creation.

A point I will make (before proceeding to special diseases), is that in its employment of *Belladonna* Homœopathy has made a contribution of the first importance to neurological medicine. If you look at the treatises on 'Materia Medica' of fifty years ago, such as those of Pereira and Neligan, you will find this plant classed as as a "narcotic," and recommended in disease—mainly locally—as anodyne and calmative. Already, however, its Physiological effect was so obvious as to lead Pereira to consider it (from his stand point) contra-indicated in ferbile and acute inflammatory cases; while from the other side Homœopathy saw in such conditions its indications. The Essays of Hartmann, "On the Principal Homœopathic Remedies," published during the decade 1830-1843 show that in the hands of Hahnemann and his followers it had even then become a polychrest of the utmost renown, and was esteemed in the treatment of most fevers, inflammations, and congestions as highly as in the neuroses to which its use had hitherto been restricted. I had myself, before being numbered with this band, taken much interest in the action of

Belladonna, and had written papers on it in the journals.* I then, however, had been disposed to trace all its effects to the stimulant influence it undoubtedly exerts on the vaso-motor nerves, and the consequent contraction of the arterioles. In 1862, after my conversion, I published in the BRITISH JOURNAL OF HOMŒOPATHY a series of Cases of Poisoning by *Belladonna*, with Commentaries"; and there maintained that the nervous symptoms of the drug, with their accompanying hyperæmia, were due to an inflammatory irritation set up by it in the centres, analogous to that which, seen elsewhere, had led Christison to class it as a Narcotico-ACRID. In 1869. Dr. John Harley issued, under the title of "The Old Vegetable Neurotics," his Gulstonian Lectures of the previous year, in which he comes to a similar conclusion. He calls the action "hyper-oxidation of nerve tissue," but obviously means the same thing. The only difficulty in the way of this hyphothesis was the Anæsthesia and Paralysis 'occasionally present, especially in animals, from its action; but this, with its dilated pupil and its tachycardia, I showed in my 'Pharmacodynamics' of 1875 to be due to an influence exerted on the function of the terminal extremities of the nerves, and quite separate from that displayed in the centres. Pharmacology has thus vindicated what symptomatology earlier led to; and has given us in *Belladonna* a medicine curative of, because Homœopathic to, every form of nervous erethism and hyperæmia, from a simple congestive headache to a fully-developed Phrenitis or Myelitis.

You see at once what a potent weapon this gives us in our combat with some of the most alarming disorders that affect the human frame. A man falls down in an Apoplectic fit: he is insensible, his face is flushed and warm. There may be no circulatory tension or excitement such as would have led to venesection in the past, and which we should relieve with *Acointe* now. The condition is one for which the older physician would have leeched or cupped, and against which now these measures being hardly available, they are powerless. *Belladonna* will be found to supersede the local as *Aconite* does the general blood-letting, and to reduce the cerebral circulation to a normal state. It may come in again also later on, when reactive inflammation is set up around the clot. I shall not readily forget my distress at watching a brother of mine, who had been thus attacked while walking along Piccadilly, and was carried into St. George's Hospital. Every kindness was shown him, but the treatment was absolutely Nihilistic: they noted the rise of temperature most regularly and accurately, but they did nothing to subdue it, as I knew *Belladonna* might have done. Again, a child is seized with Convulsions,—it may be from Teething, it may be during Whooping-cough. If hyperæmia accompany, as it

* LONDON MEDICAL REVIEW, 1860; BRIT. MEDICAL JOURNAL, Ibid.

generally does, *Belladonna* will nearly always prevent the recurrence of fits. Puerperal Convulsions are too generally uræmic to allow of similar medication being effectual; but if the urine is free from albumen, so that they seem to depend on abnormal reflex excitability, the indications for *Belladonna* may be followed with confidence. If you should ever see any variety of the "Brain-fever" so frequently spoken of in older literature—such as we should now call acute 'congestion, as from insolation, mental excitement, intemperance, or concussion; if you should have to treat Acoholism in the form of Mania-a-potu, or such acute Maniacal Delirium as Maudsley describes resulting from transfer of Erysipelas from the leg to the brain; if the Delirium of the Fevers or Exanthemata should be active and hyperæmic enough to require a special remedy--in all these circumstances *Belladonna* may be relied upon with the utmost confidence. Even in Tetanus and Hydrophobia—as we shall see—it may play a useful part. The co-existence of fever in such cases calls for no other medicine. *Belladonna* is one of the substances that can produce this state in health. De Meuriot, in his ETUDE of the drug, relates observations showing its power to raise the temperature in dogs from 1° to 4° degrees of the Centigrade Scale, and in man from ½ to 1 1/10°. Higher ranges indeed than this have been noted in the human subject ; as in a recently reported case where a solution of *Sulphate of Atropine*, four grains to the ounce, dropped into the eye of a baby of a month old, twice caused fever—the temperature rising to 104·5° and 107·2° on the two occasions respectively.*

Nor is it only in these acute affections that the specific irritation set up in nervous tissue by *Belladonna* makes it a Homœopathic remedy. You know how many distinct forms of chronic nervous diseases have been brought into view, especially by the French Pathologists, during the last forty years: you may profitably read them—if you have not already done so—in the fascinating pages of Trousseau's "Clinical Lectures." Now there is one common feature of all these maladies—that they have, as their basis and inception, inflammation, followed by induration or atrophy, of particular tracts or elements of the cranio-spinal axis. Dr. Jousset has clearly exhibited them in this light, including in his survey Locomotor Ataxy, Multiple Cerebro-spinal Sclerosis (SCLEROSE EN PLAQUES). General Paralysis of the Insane, Spinal Paralysis of adults and infants, Labio-glosso-laryngeal Paralysis and Progressive Muscular Atrophy. To these may be added Pseudo-hypertrophic Spinal Paralysis and Lateral Sclerosis. When the stage of induration or atrophy has been reached, what little can be done for these maladies must be essayed with drugs of profounder action, like *Mercury*,

* See M. H. R., xxxix., 465.

Phosphorus and Plumbum. But their forming stage is the one hopeful time in which to take them; and here they have a SIMILE, and will often find a curative, in the great medicine we have been considering.

We continue to follow our official Nosology in giving pre-eminence in place among local maladies to the diseases of the brain, spinal cord, and the nervous system in general. When we come to details, however, it will be unwise any longer to tread closely in the foot-steps of our chosen guide. The Nomenclature of the College of Physicians was designed to facilitate statistical registration, to give greater exactness and uniformity to the reports made as to the occurrence and mortality of disease. Our object here is Therapeutics : we need to include and designate according as maladies meet us in practice, and call upon us for treatment. While therefore, I shall gladly use the catalogue of diseases given us by authority, so as to omit no disorder mentioned there, and also in choosing among the synonyms of the several maladies, I shall for the future to a great extent classify for myself.

I begin to-day the consideration of diseases affecting the BRAIN. I think I shall not omit anything of importance, if I treat, first, of its substantial disorders—CONGESTION, INFLAMATION, SOFTENING, and TUMOUR, with APOPLEXY, then of Mental Disorders (including DELIRIUM TREMENS), HEADACHE, VERTIGO, and the DERANGEMENTS OF SLEEP; lastly, of Injuries to the Head. From this list I shall exclude the many brain affections peculiar to childhood culminating in **Acute Hydrocephalus :** as these will be considered in the Section devoted to the subject of 'Children's Diseases.'

For my account of the Homœopathic treatment of these maladies I shall draw largely upon a series of treatises in which Dr. Peters, of New York, has embodied all the cases of cure collected by Ruckert, with additions and comments.

I will first speak of

CEREBRAL CONGESTION,—The treatment of this condition will depend upon whether it is acute or chronic, active or passive, primary or secondary. I shall best handle these varieties by indicating the sphere of the leading remedies employed in their management.

Aconite is the remedy for acute active congestion resulting from cold or from violent emotion. There is tension of the circulation and coldness of the rest of the body.

Belladonna replaces *Aconite* where the concomitants mentioned do not exist,* or when hyperæmia remains after the action of

* Bahr gives "disposition to perspire", as a valuable indication for *Belladonna* in preference to *Aconite*.

the latter drug has exhausted. It has also a wide sphere of its own in simple active Congestion, with redness of face and tendency to Delirium; and in more chronic forms of the condition in delicate subjects. It is the primary remedy (as we shall see) for the Cerebral Congestions of childhood.

Glonoin supersedes *Belladonna* in more sudden and intense congestion, without fever. It is thus the great remedy in Sun-stroke, and in the cerebral effects of Menstrual Suppression.

Veratrum viride has lately been used* with much satisfaction in febrile conditions complicated with cerebral hyperæmia and excitement, where otherwise we should have to give *Aconite* and *Belladonna.*

Gelsemium is a valuable remedy for recent PASSIVE Congestion with Diplopia, Giddiness, etc. *Opium* replaces it when sopor is very marked.

Nux vomica stands midway between Acute and Chronic Congestion of the Brain. Not unserviceable in the former, as we shall see under Apoplexy and Headache, it is especially in hyperæmia of some-standing that it proves valuable, when occurring in strong frames and in persons of sedentary occupations, given to mental exertions, and in the habit of taking plenty of animal food and of *Alcohol.*

Arnica, Sulphur and **Iodium** are occasional remedies for Chronic Congestion, where *Nux* is not indicated. The former has much Vertigo: the two latter are suggested when the face breaks out into erythema or Acne. **Ferrum** is to be thought of where the hyperæmia relieves itself by Epistaxis.

Inflammation of the Brain comes before us in two different forms, according as the membranes or the substance of the organ are the seat—at any rate, the primary seat—of the morbid process.

I will begin with

MENINGITIS.—Theoretically, it would be correct to discuss under this heading inflammation affecting the dura mater, the arachnoid, and the pia mater respectively. But practically such a division is untenable. It is doubtful whether the arachnoid is ever primarily affected. Its upper layer is often involved in inflammation of the dura mater: its lower layer sympathizes with all that affects the pia mater. So that the practical division of the subject into Meningitis involving the dura mater and cranial arachnoid, and Meningitis involving the pia mater and cerebral arachnoid.

* See Pharmacodynamics, SUB VOCE.

1. The first form of Meningitis commonly comes before us as the result of external injury. It is that so graphically described by Watson :—

"A man receives a blow on the head; blow stuns him perhaps at the time, but he presently recovers himself, and remains for a certain period apparently in perfect health. But after some days he begins to complain; he has pain of the head, is 'restless, cannot sleep, has a frequent and hard pulse, a hot and dry skin, his countenance becomes flushed, his eyes are red and ferrety; rigors, nausea and vomiting supervene; and towards the end, delirium, convulsions or coma.

On opening the skull, the dura mater is found inflamed, and lymph or pus effused upon the superior surface of the arachnoid.

It is also occasionally caused by extension of disease from the internal ear. Of the latter the following case (from Peters) seems an example, and illustrates its treatment :—

"A youth æt. 18, had suffered from a discharge from the ear, which became suppressed by cold. He had violent piercing and insupportable pains darting from one ear to the other through the head, high fever, intolerance of light with very movable pupils, sleeplessness or starting up from slumber, violent cough with pain in the forehead, and constipation. He took *Bryonia* 2, one sixth of a drop every two hours. At the end of twenty four hours the discharge from the ear had returned, he had profuse prespiration, especially upon the head, the pain and fever were but slight, the skin only moderately warm, thirst not urgent, but he was restless, tossed about, thought he was going to die, slumbered a good deal, and had involuntary discharge of mucous from the bowels. *Hyoscyamus* 2nd dil. followed by the 1st, removed all danger in three days, and the patient was well in six."

It is to hospital experience that we should look for the proper treatment of Meningitis from injury; I cannot, however, find that any such is on record in Homœopathic literature. I can only suggest the use of **Arnica** from the commencement as a prophylactic, and administration of a low dilution of **Aconite** in frequently repeated doses as soon as inflammatory or febrile symptoms appear . If Delirium supervenes, you may alternate your *Aconite* with **Belladonna,** but do not omit it. Only if symptoms of effusion appear must it be abandoned in favour of the medicines of which I shall have to speak as suitable to the second stage of ordinary Meningitis.

2. Inflammation of the pia mater involving the arachnoid is the most common form of Meningitis. It is that which is set up by the Scarlatinal and Rheumatic poisons, and occasionally occurs in the course of Typhoid Fever and other acute diseases; it is sometimes the "Brain Fever," moreover, which is met with in the course of reaction from concussion without injury to the cranium, and as the result of excessive heat, mental excitement, intemperance, and such like causes.

Here, too **Aconite** is indispensable at the outset in primary inflammations while excitement is present. Give repeated doses until arterial tension relaxes and febrile heat departs in perspiration, and you will have won half the battle. All the good effects ascribed by Abercrombie and Watson to blood-letting in these cases will have been obtained, without spoliation of the vital fluid. Then, or in secondary Meningitis from the first, consider **Belladonna** and **Bryonia.** Jahr well indicates the differential diagnosis:—"I prefer *Bryonia* if the delirium is milder, and the pains are severe, shooting and tearing." That is, if the membranes are more affected than the brain itself. But it may often be difficult to decide between the two; and, in a complex condition like this, their alternation seems quite justifiable.

But it may be that, by the time you are called to your patient, the stage of excitement might be merging into that of depression and stupor, or this latter condition may be already developed. Remembering Trinks' canon as to the place of *Bryonia* in serious inflammations, viz., that it belongs to the period of effusion,* you will yet find it useful if the symptoms hitherto have been mainly meningeal. Should it fail to effect any change, your choice will lie between **Apis, Helleborus,** and **Sulphur.** The second would be preferable to the first when the cerebral depression was out of proportion to the amount of effusion, indicating that the brain-substance itself had been much affected; it would, in fact, follow *Belladonna* as *Apis* would *Bryonia.* But, should these directly Homœopathic remedies prove ineffectual, you would do well at once to fall back upon the inflexible and undoubted virtues of *Sulphur;* upon which, indeed, some of our therapeutists would have us rely exclusively as soon as the time for *Aconite, Belladonna,* and *Bryonia* has passed.

As long as the thermometer tells us that the heat of the blood is above the average standard (and it rarely falls throughout the course of this disease), I would not advise you to go beyond the truly Antiphlogistic remedy now mentioned. But, should inflammation really have ceased, and nothing but effusion or cerebral torpor remain, **Arnica** and **Zincum** may be thought of. The former would of course be specially indicated where Concussion had been the exciting cause; but, as promting the absorption of any serous effusion, it takes up the action where *Bryonia* and *Apis* leave it. *Zincum* occupies a corresponding third place in relation to *Belladonna* and *Helleborus;* even in advanced Paralysis from Encephalitis, with general coldness, it has been known to excite salutary reaction.

* See Pharmacodynamics, SUB VOCE.

Of the place and value of these medicines you will find abundant illustration in Dr. Peters' "Treatise on the Inflammatory and Organic Diseases of the Brain," and in Bahr and Jahr.* The inference both from the evidence adduced and from the agreement as to remedies, is much in favour of the power of Homœopathy over the diseases. On the other side we have Dr. Hammond's admission † that out of thirteen cases treated by him he lost ten, and that the good result in the three which recovered was not obtained with the orthodox medication he recommends—blood-letting, cold, purging, and Mercurialisation—but with large doses of *Bromide of Potassium.*

It is otherwise with Chronic Meningitis. We have here no definite Homœopathic experience or record; while, on the other hand, the therapeutists of the old school testify to results often surprisingly good with the large doses of *Iodide of Potassium* which they administer. In many cases the explanation of its beneficial effects is undoubtedly that the affection is Syphilitic, and the action of the drug is simply destructive to the new formation. But we may have Chronic Meningitis, especially at the convexity of the brain, from other causes, and still the *Iodide* is frequently beneficial, while smaller (though still substantial) doses are required. In the presence of this disease, therefore, I can say nothing about Homœopathic treatment, and should myself feel it a duty to give my patients the benefit of full and increasing doses of *Iodide of Potassium.* If, too, the *Bichloride of Mercury* helps its action in Syphilitic cases, and one of the *Bromides* in those otherwise caused, I know of no reason why they should not be employed.

So far of inflammation affecting the membranes of the brain. We come now to that which involves the BRAIN SUBSTANCE itself—

CEREBRITIS.—Inflammation of the brain, like that of the liver, may take place either in the essential elements of the organ—here the nerve cells and fibres—or in the connective tissue. In the former case it ends, if not checked, in Abscess; in the latter it leads to induration and atrophy.

1. Suppurative Cerebritis is always circumscribed, and presents itself in a sub-acute or chronic form, in the latter case

* A marked case of Cerebral Meningitis occurring in adult is recorded in CALCUTTA JOURNAL OF MEDICINE for July, 1805. The action of *Aconite, Glonoin* and *Bryonia* was very decided.

† Treatise on Diseases of the Nervous System, 6th Ed.

constituting cerebral abscess. The symptoms of irritation and fever are never severe, and I do not think that *Aconite* and *Belladonna* find any place in its treatment. The most Homœopathic remedy for this condition seems to me to be **Mercurius.** I have mentioned, when speaking of this metal, that its influence on the cerebrum is very marked; and the symptoms it induces, which might belong to any degeneration of the organ, from its action elsewhere are best ascribed to inflammation. So when Sir Thomas Watson says, "I have known several obscure but threatening symptoms of brain disease clear entirely away when the gums were made sore by *Mercury* and kept slightly tender for some time,"* one is inclined to suppose that the power of the drug to cause cerebral disease had something to do with the cure, and that the Stomatitis was quite an unnecessary element in the treatment. I know, however of no intentional Homœopathic use of the drug for the purpose, or indeed of any recorded experience in the treatment of the disease. As regards our authors, Bahr suggests *Iodium* and *Plumbum,* giving a case of chronic poisoning by the latter metal in which the Autopsy disclosed Abscess of the Brain; and Jousset, reminding us of the harm which *Nux vomica* does in ordinary doses, justly infers that in minute quantities it might be beneficial.

2. Inflammation of the neuroglia of the brain causing induration thereof, and consequent atrophy of the brain substance, has only been recognized of late years. It may occur over one large tract, or in disseminated FOCI; hence we have "Diffuse" and "Multiple Cerebral Sclerosis.' The symptomatology of the affection, in these two forms is excellently given by Dr. Hammond; and its study may lead us to suitable remedies for the disease, among which *Baryta* deserves consideration, from the success which this writer claims from the administration of the *Chloride of Barium.* At present, I should suggest **Plumbum** as the drug best indicated by the nature of the lesion. Induration and atrophy are most frequently found POST MORTEM in the nervous centres of those subject to its influence; and the TREMBLOTTEMENT SATURNINE, as also the spasms and shooting or tearing pains it causes, have striking analogies in the phenomena of Cerebral Sclerosis. Dr. Halbert has had some good result from *Aurum.* †

SOFTENING OF THE BRAIN may be either Idiopathic, or secondary to obstruction of blood-vessels. In the former case the

* Mr. Jonathan Hutchinson, in Quain's Dictionary, speaks equally strongly as to the advantage of *Mercury* in cerebral inflammation.

† See the CLINIQUE, March, 1899.

morbid process is called an inflammation of the brain substance, though it has no tendency, as in true Cerebritis, to suppuration. If it be inflammatory at all, it seems analogous—again to use the liver in illustration—to Acute Hepatic Atrophy; and like that malady, it finds its correspondence in Pathogenesy among the effects of **Phosphorus.** I have shown, when speaking of this drug, that it is truly Homœopathic to Cerebral Softening; and the credit it is now receiving in its treatment in the hands of practitioners of the old school must be laid to its dynamic rather than to its nutrient operations on the nervous substance. Jahr speaks warmly of its power over the disease; and, from his description of the symptoms, it is evident that he has treated genuine cases. He always uses the 30th dilution.

The Softening dependant on dificient nutrition is Pathologically different from the primary form; but it may still find a useful medicine in *Phosphorus.* It is a Fatty Degeneration; and the powers of the drug to cause this morbid process in nearly every tissue of the body is now established. When, moreover, the obstruction to the supply of the blood arises from arterial Thrombosis, forming itself upon previous Atheroma, the drug would be as suitable to the cause as to the effect.* When the obstruction is from embolism, it would of course have no such influence; but there is nothing to prevent its aiding the starved part to avail itself of the collateral circulation as this becomes established.

Of

CEREBRAL TUMOURS, the prognosis given in the ordinary text-books is that they must necessarily kill unless they are Syphilitic, in which case they can nearly always be dispersed by full doses of *Iodide of Potassium,* with or without the *Bichioride of Mercury* to aid. I do not know that Homœopathy enables us to alter this statement in any particular. I can only add that **Apomorphia** has been found to check the vomiting and **Glonoin** to remove the occasional congestions incidential to the presence of these growths. Possibly, too, by remedies chosen from close symptomatic resemblance, and given in highest dilutions we may

* "In the case of a gentleman, aged sixty, with weakened brain and Bronchitis depending on adipose degeneration, I have seen, after five years of long and steady use of *Arsenic, Digitalis,* and *Phosphorus,* a very material gain in health and strength. A large arcus senilis diminished; a pulse, felt with extreme difficulty, now readily counted; and a weak-beating heart now manifesting in its clearer sounds a great gain in vigour" (Black).

palliate the atrocious pains they cause;* but, if not, we must resort to the ordinary *Anodynes*, among which Dr. Russell Reynold's *Indian Hemp* is the least objectionable.

The last disease of which I shall speak in this lecture is—

APOPLEXY.—Of the treatment of this very common disorder we have abundance of Homœopathic experience on record. I need not refer you to many books however; for you will find a very complete collection of all that had been published up to date on this subject in Dr. Petar's 'TREATISE ON APOPLEXY.'

There are three stages in the course of the malady in which we may have to consider the most appropriate treatment to adopt.

1. Our patient may be suffering under the well-known premonitory signs of this affection. Presenting constitutional evidence of tendency to Cerebral Congestion, or arterial degeneration or both, he complains of Headache, Vertigo, transient Deafness or Blindness, Double Vision, faltering speech, partial Paralyses or Anæthesiæ, failure of memory, drowsiness, dread, and so on. Here, besides the obvious hygienic and general measures, we have medicines of inestimable service. **Nux vomica, Belladonna**, or one of the others mentioned under Cerebral Congestion, will control the determination of the blood to the brain; and **Phosphorus** will do something to retard the advance of brittleness and obstruction of the arteries.

2. We may be summoned to a patient in an Apoplectic fit. If extravasation of blood or serum has already taken place, we cannot remedy that. But if either an excited state of the circulation or active Cerebral Congestion be present, they must be remedied, or further mischief will ensue. In the former case, withhold your lancet, and give **Aconite** at short intervals. You will be astonished at the rapidity with which the beneficial results formerly obtained by blood-letting will manifest themselves under the action of this potent drug. There are indeed few cases of Apoplexy—none certainly in vigorous or plethoric subjects—in which one or more doses of *Aconite* may not be given with advantage. If, however, the Cerebral Congestion be the most prominent feature in the case, another medicine will have to be selected. This must most frequently be **Belladonna.** Bahr and Jahr unite in giving it the highest praise; and the cases narrated by Peters show how often it has been efficacious. Its only rival is **Opium**, which is prefered when the congestion

* See B. J. H., xxvii., 467.

is less active, and the stupor more profound. To this also general consent is given. *Nux vomica* is more doubtfully spoken of, and is perhaps better suited for the previous stage.

Sometimes, especially in old people, neither arterial excitement nor Cerebral Congestion is present but the symptoms depend simply on the giving way of a long-diseased blood-vessel. They are then those of shock; and *Arnica* is the medicine to be administered.

3. When the primary Apopletic condition has passed away, medicine had best be suspended for a day or two, till you see whether Cerebritis is going to be set up. If it threatens, *Belladonna* is to be opposed to it. You will then endeavour to promote the resorption of the clot. *Arnica* is again helpful here; and, not less so, **Sulphur.** In aged persons the recovery of the brain from its shock seems aided by **Baryta carbonica.**

4. The Post-apoplectic Hemiplegia so often improves by the mere lapse of time, if the muscles be kept in exercise by passive movement and Galvanism, that it is not easy to say whether recovery under this or that medicine is a case of PROPTER or only one of POST. Bahr considers **Causticum** occupies the first place among its remedies; and after this ranges *Zincum, Cuprum,* and *Plumbum.* He recommends them in the higher potencies. Jahr also praises *Causticum;** and **Cocculus is another medicine** in repute here. Late contractions and rigidity of the paralyzed limbs were formerly supposed to be due to cicatrization of the lesion caused by the clot, and to be irremovable. There seems reason now, however, to ascribe them to secondary sclerotic processes in the motor tract of the cranio-spinal axis, which may be arrested. Dr. Hammond speaks very hopefully of the effect of Galvanizing the cord and Faradizing the muscles opposing those which are contracted; and the remedies I shall speak of under the head of Sclerosis of the Spinal Cord may do good service in aid.

* A good case, showing how rapidly this medicine may start a long delaying recovery in Hemiplegia, may be read in the REVUE HOMŒOPATHIQUE FRANCAISE for April, 1901.

LECTURE XXV.

DISEASES OF THE NERVOUS SYSTEM.

MALADIES AFFECTING THE BRAIN
(Concluded)

MANIA—MELANCHOLIA—DEMENTIA—GENERAL PARESIS,
HYPOCHONDRIASIS—DELIRIUM TREMENS.

HEADACHE—VERTIGO—DERANGEMENTS OF SLEEP.
CONCUSSION OF THE BRAIN.

In my present Lecture I shall endeavour to give some idea of what Homœopathic treatment can do in MENTAL DISORDERS. When I last wrote upon Therapeutics, this field was so comparatively unworked that I could do little more than supply hints as to what might be done. All I had to draw upon, beyond the Pathogenesy of drugs, was the collection of cases of the successful treatment of such disorders made from our periodical literature by Ruckert, and arranged by Peters in one of his useful Volumes—"On Nervous Derangements and Mental Disorders" :—this, and a Review of Jahr's Treatise. "Du traitment Homœopathique des Affections Nerveuses et des Maladies Mentales," in the Twelfth Volume of the BRITISH JOURNAL OF HOMŒOPATHY : where also are given the statistics of a private establishment for the insane in which the medicinal treatment was strictly Homœopathic, these being quite as good as could be expected.

Already, however, a brighter prospect was opening. The erection of the State Homœopathic Ashylum for the Insane at Middletown, New York, had began to afford an opportunity for Homœopathy to test its remedies on a large scale in Lunacy. I was able to quote from the Report of the first Medical Superintendent, Dr. Stiles, issued after the Institution had been open nineteen months for the reception of patients, and 168 had been admitted, the following encouraging statement :—

"Our medical treatment continues to be purely according to the Homœopathic law SIMILIA SIMILIBUS CURANTUR, and entirely without resort to any of the forms of *Anodynes*, sedative or palliative treatment so generally in use (even among physicians of our own school) in cases of mental disturbance. Not a grain of *Chloral*, *Morphine*, the *Bromides*, etc., has ever been allowed

in our pharmacy or given in our prescriptions, nor do we feel the need of them even in our most violent cases of Acute Mania. A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemannian principles of selection and administration of remedies, has enabled us to meet the requirement of each individual case with comfort and success".*

The principles and results here described have continued to characterize the Middletown Asylum throughout its subsequent career, extending now over nearly thirty years, during which it has been conducted mainly by Dr. Selden Talcott. He has frequently reported his practice there, to the American Institute and in the pages of our periodicals, and has now gathered up his long experience in a Volume entitled, "Mental Diseases and their Modern Treatment." The success of the Institution (which has now, I may mention, I, 800 beds) appears from the Statistics of the ten years 1881-90 brought before our International Congress of 1891, their figures being compared with those of the three asylums under old school management in the same State. They show that the recovery rate at Middletown upon the numbers discharged each year during the decade was about 50 per cent; the death-rate, upon the whole number treated, about 4 per cent. In the other asylums calculations made on the same basis and for the same period show a recovery rate of less than 30 per cent, and a death-rate of over 6. The impression made by such results is best evidenced by the other institutions of the kind which different States of the Union have placed under Homœopathic management during the last twenty years—these being now six in number.

I shall draw largely on Dr. Talcott's Book in sketching the Homœopathic treatment of Mental Disorders. First, however, let us take into account certain General considerations.

1. It goes without saying that in our homes for mental disease, the improved general treatment of modern times is carried out in all its details—mental, moral, hygienic and dietetic. We should be unworthy of our Master were it not so; for Hahnemann, contemporarily though without concert, with Pinel, led the way in abandoning and condemning the harsh treatment of the insane prevalent in his time.* In this respect our asylums are fully abreast with those of the other school; but in another we go far beyond them. We do not poison with *Narcotics* the poor brains already so far gone from original righteousness. As at Middletown, so at Westborough—and I doubt not that the same is true at Fergus Falls, at Ionia, and at Fulton †—no medicinal hypnotic is ever administered. The physicians are under a self-denying ordinance in the respect, and the result has fully

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* Dudgeon, "Lectures," p. xxxiii, † See M. H. R., xiv., 254, for the last.

warranted the experiment. If only no harm had come from withholding this drugging, alienists ought to be grateful to us for providing that it is needless; but when we can show better figures than their own, surely not only our negative but our positive procedures should be imitated.

2. These consist, of course, in adding to the general management of insane patients the administration of small doses of medicines Homœopathic to their condition. In choosing a specific medicine for a case of Mental Disorder, it is more than ever necessary to take into account the "totality of the symptoms." I mean that the intellectual or moral disturbance is often intimately connected with a morbid state of the blood or of some organ of the body; and the remedy for the former must accordingly cover also the latter. I need hardly remind you of the Melancholia of hepatic disease and of Oxaluria, for instance Puerperal Mania and Melancholia, are examples of what I mean. And it is here that we gain so much by knowing the mental and moral characteristics of our medicines. There is no reason to suppose, for instance, that **Pulsatilla** has any direct relation to Physical disorders. But when we meet with its distinctive MORAL aggravated into Mental Disease, especially in uterine cases, we may prescribe it with the fairest hope of a cure. I shall refer to some instances of this when I come to speak of Female Disorders.

Your first step, then, will be to consider the morbid state of the whole organism, with a view to the choice of a specific remedy. In this way medicines like **Nux Vomica** and **Sulphur** may often be the best to administer. The former is invaluable in "Hypochondriasis"—i.e., Melancholia accompanying, but out of proportion to, Dyspepsia—when the gastro-intestinal symptoms are (as they generally are) those of this drug. *Sulphur* is a remedy often given with advantage when the cutaneous symptoms indicate an impure state of the blood.

Hahnemann has some valuable remarks on this point in his 'Organon' (ccx.—ccxxx.). He points out that the mental diseases do not constitute a class distinctly separated from all others, since in the so-called corporeal diseases "the condition of the mind and disposition is ALWAYS altered, and in all cases of diseases we are called on to cure the state of the patient's disposition is to be especially noted, along with the collective symptoms, if you would trace an accurate picture of the disease, in order to be able therefore to treat it Homœopathically with success." On the other hand, Mental Disorders are rarely anything more than corporeal diseases, in which the accompanying derangement of the mind is in excess, even to the extinguishment or at least suspension of the bodily ailment. The latter, however, though it may not be apparent at the time of our examination of the patient, must be diligently ascertained for the complete picture of the morbid state to be

constructed. Drugs, in like manner have each a state of disposition characteristic of them, which they produce in the healthy and cure in the sick. Our choice of them in corporeal disease is often largely determined by the Psychical disturbance present, and in Mental Diseases we have but to attach additional weight to this element of the similarity. The remedies, he adds, for chronic or recurring Mental Disorders should be sought among the class of Antipsorics, *i.e.*, the medicines of deep and slow action; while, if Insanity suddenly breaks out as an acute disease, it should be managed in the first place with such remedies as *Aconite*, *Belladonna*, *Stramonium*, *Hyoscyamus*, *Mercury*, etc. What these can do, in the "minute, highly-potentized" doses which he recommends, he does not say, but of chronic forms of Mental Disorders he writes;—"Indeed, I can confidently assert, from great experience, that the vast superiority of the Homœopathic system over all other conceivable modes of treatment is nowhere displayed in a more triumphant light than in Mental Diseases of long-standing, which originally sprang from corporeal maladies or were developed simultaneously with them."

As regards the varieties of INSANTITY, it is doubtless abstractly correct to classify them as PERCEPTIONAL, IDEATIONAL, EMOTIONAL, and VOLITIONAL. As a matter of fact, however, these elementary morbid states come before us for treatment in the concrete forms of MANIA, MELANCHOLIA, DEMENTIA and GENERAL PARESIS, under which headings I shall consider their medicinal treatment.

And, first, of

MANIA.—Excluding the Puerperal form of this disease (of which I shall speak in its proper place), your choice for its remedy will nearly always lie among the three *"Mydriatics"*—**Belladonna, Hyoscyamus** and **Stramonium.*** You will remember the differential characteristics of these medicines, as I have sketched them in my 'Pharmacodynamics'—the more furious rage of *Stramonium*, the marked hyperæmia of *Belladonna*, and the altogether less active and sthenic type of the delirium of *Hyoscyamus*. Dr. Talcott concurs in this preference and these indications. He adds, as regards *Belladonna*, "a fixed and savage look, with now and then sudden ebullitions of rage and fury", restlessness, destructiveness, and rapid alterations of mental state. When erethism is well-marked, he prefers the dilutions from 3rd to the 30th: when there is heaviness and dull rage, he gives the 1, and 2. For *Stramonium* he considers hallucinations, which cause the patient great terror, a main

* *Duboisia*, whose action is so similar to that of *Belladonna*, has found much favour in Mania of late (J. B. H. S., i. 376; ii., 219).

indication, and the dread and horror itself, even without the illusions, another; for *Hyoscyamus*, a tendency to expose the person. When this last symptom exists with marked immodesty and lasciviousness, **Phosphorus** is strongly recommended by Jhar—of course in high dilution; when it is more Physical than Psychical, Dr. Talcott relies upon **Cantharis.**

Veratrum album is the only other remedy I would mention. Its reputation among the ancients has been confirmed in our practice. Dr. Talcott has verified the indication I have given for it in extreme anguish of mind. This is often associated, he says, with the physical prostration and coldness of the drug—which he classes with the three *Mydratics* as the "Big Four" against mania.

Whichever of these medicines you choose, you must persevere with it,—not expecting any rapid results. Dr. Talcott gives three to six months as the probable duration of mania, even under the most favourable circumstances. In chronic cases, and in the recurrent form of the malady, you may gain time by making a strong impression on the brain by a single full dose sufficient to excite Physiological effects. The advantage of doing this with *Hyoscyamine* (of which Alkaloid he gives a grain for a dose) has been illustrated by Dr. Lawson. He says justly that the drug produces in man a subdued form of Mania, accompanied by almost complete Paralysis of the voluntary muscles, and finds that by inducing this state Chronic Mania is subsequently improved to a striking extent.*

MELANCHOLIA is sometimes simply a mental feature of Dyspepsia, hepatic disease, Oxaluria, or disordered ovario-uterine functions. It then yields, with the other symptoms of such statess, to the remedies suitable for these. *Nux vomica* and *Pulsatilla; Mercurius* and *Carduus marianus; Oxalic* or *Nitro-muriatic acid Actæa, Lilium tigrinum or Platina*—these medicines, in their respective spheres, have restored many a patient to cheerfulness. But there is a Melancholia which is out of all proportion to any bodily disorder on which it is engrafted; which is traceable, to inheritance or acquirement to Psychical causes; and which requires remedies of another group. I am glad to find that Dr. Talcott confirms my recommendation of **Ignatia** as the best medicine in recent cases. He emphasised the

* PRACTITIONER, Vol. xvii. See also B. J. H., xxxv., 162.

suspension of the power of weeping as calling for it, where also

"the grief that cannot speak.
Wrispers the o'erfraught heart, and bids it break.*

Where the patient weeps overmuch, and the physical state is of the Anæmic, atrophic state characteristic of it, **Natrum muriaticum** may take the place of *Ignatia*. In more confirmed cases our choice generally lies between **Aurum** and **Arsenicum.** Dr. Talcott has been disappointed in the former metal; but this is probably because his hospital patients are in too low a physical condition to render it suitable. The testimony borne to it by Hahnemann himself and several of his followers is too strong to be neglected. It is, as you know, when suicidal tendencies manifest themselves in Malancholia that *Aurum* has so much repute among us; and I have suggested that its mental state, though urgently demanding treatment on its own merits, is one primarily engrafted on hepatic or testicular disease. But while vindicating the traditional claims of *Aurum*, I fully subscribe to all that Dr. Talcott has written in praise of *Arsenicum*. Patients calling for it, he says, are "much emaciated, and have wretched appetites. They present a dry, red, tremulous tongue; they exhibit a shrivelled skin, and a haggard and anxious countenance. They look as if they had suffered the tortures of the damned." That *Arsenicum* is imperatively called for here there can be no doubt. Its patients may not be so suicidal, but they are "apt to mutilate the body by chewing the fingers, pulling out the eyelids" (? eyelashes), "by scratching holes in the face and scalp, and by torturing the flesh generally," They are also very restless.*

These (with *Veratrum* when its bodily conditions are present) are the leading medicines for Acute Melancholia with anguish. There is a form of the malady, however, where stupor predominates,— "Melancholia Attonita" of auothers. Fever is often present here, possibly threatening life, and **Baptisia** is most frequently called for to subdue it. Following it, or from the first in apyretic forms, we have to think of **Helleborus,** of **Opium,** and (again) of **Veratrum.** The first two seem best indicated, but Dr. Morris Butler—who has worked with Dr. Talcott at Middletown—writes (in a valuable study of Melancholia Attonita)†:—*Veratrum album* has proved, in our experience, the most valuable remedy in our Pharmacopœia for combating this formidable disease. Many of these patients, who for weeks had passed their days sitting with heads bent and hands resting on their knees, noticing nothing with their mental and physical vitality reduced to

* Some cases illustrating the sphere of *Arsenicum, Aurum* and *Pulsatilla* in the Melancholia, by Dr. Junge, may be read in J. B. H., S., iv., 137.

† NORTH AMER. JOURN. OF HOM.; Feb., 1837.

the lowest ebb, we have seen, under the influence of this drug, renewed and restored to their normal activity of mind and body." *Opium* is more renowned in the old school than with us.* Melancholy, however, is characteristic of *Opium*-eaters; and the Constipation so constantly present in the Idiopathic disease is an important element in the Homœopathicity of the drug.

I come now to

DEMENTIA. I need hardly say that in its senile form this malady is unsusceptible of cure, save so far as good diet and surroundings can conduce to it. But Dementia may be acute. I have said hitherto that when occurring in the young it is nearly always the result of masturbation. Dr. Talcott, however, has well-pointed out that it may be induced by "monotony of thought and feeling, or mental inanition." Factory life, prison life, stationary sailor life are in this way conducive to it, and such factors are specially operative on the youthful, as yet unstable, nervous system. In either case be agrees with me that **Phosphoric acid** is its great medicine—especially, he says, when the flow of urine is profuse. I have added **Anacardium.** Dr. Talcott only recommends this medicine when the patients are inclined to swear, which in Dementia they surely are rarely energetic enough to do. It is gaining in repute of late. Failure of memory is the great indication for it, and even in incurable cases may be benefitted by its administration. Delusions, also, will clear away if it be given as soon as a new one crops up. † When Melancholia co-exists in masturbatic patients, **Conium** is said to be useful.

These are primary Dementiæ; but another possibly curable form of the disease is that which sometimes follows upon an acute attack of Mania or Melancholia. For this *Helleborus*, or, in more confirmed cases, *Zincum*, would seem indicated.

GENERAL PARESIS, as Dr. Talcott gives good reason for calling it, appears to be in all cases connected with a diffuse inflammation of the cortical substance of the brain and the

* See Hammond, OP. CIT., p. 372.

† So Drs. Taylor and McCracken, from alienist experience, in the CLINIQUE for July, 1899.

—ghbouring membranes. This would indicate, in its early stage, the persevering administration of **Belladonna.** When the symptoms of mental exaltation so characteristic of it as it advances are present, I think we should try whether benefit might be obtained from **Cannabis Indica.** This medicine has been much used in mental derangement of recent years, but its Homœopathicity thereto seems quite ignored. Great exaggeration of perceptions, ideas and emotions is the mental disorder produced by it: and here, if anywhere, it finds opportunity for exerting a curative action on similar phenomena.

Dr. Talcott speaks very despairingly of the treatment of this disease. Dr. Elias Price has published a case seemingly of it, which recovered under *Plumbum and Zincum*, 24 and 30. It is worth-mentioning, moreover, that as a subject of *Iodoform-poisoning* (through the uterus) the cerebral symptoms became chronic, and ended in General Paresis, from which the patient died two years and a half later.

Hypochondriasis and Delirium Tremens must finally be discussed ere we leave the subject of Mental Disorder.

HYPOCHONDRIASIS has been already alluded to in its most common form, i.e., of Melancholia accompanying, but out of proportion to, Dyspepsia: and the value of **Nux vomica** in such a conditioned mentioned. But there is also what Jousset calls a HYPOCHONDRIE ESSENTIELLE, which is a real mental disease. It is defined by Drs. Gull and Anstie, in their Article upon it in Reynolds 'System of Medicine', as "mental depression, occurring without adequate cause: and taking the shape, either from the first or very soon, of a conviction in the patient's mind that he is the victim of serious bodily disease." Dr. Jousset says that England is the country of Hypochondriasis; but it seems to be Germany than by us at the present day. Hartmann goes very fully into its remedies; and Bahr has an excellent Article on the disease. Besides *Nux vomica* and *Sulphur* he commends **Staphisagria, Natrum muriaticum** and **Conium;** the first being specially indicated when the affection is caused by long-continued depressing emotions; the second when there is much Cachexia and Constipation; the third when forced sexual abstemiousness seems the origin of the trouble. He also transcribes Hartmann's strong recommendation of **Stannum** which I have cited when speaking of that drug, viz., that it is good when severe abdominal pains are present, relieved by movement, which, however, exhausts.

Besides these medicines, I must mention **Arsenicum** and **Ignatia.** The latter will control the occasional semi-delirious exacerbations of

mental distress which afflict the victims of Hypochondriasis. The former is indicated by the burning pains so characteristic of the disease and the mental condition present corresponds closely with that induced by the poison. Dr. Black* speaks highly of its value in association with *Mercurius*.

DELIRIUM TREMENS is confessedly an instance in which more patients have died of the doctor than of the disease. Treated of old as an inflammation, the Antiphologistic measures and regimen adopted were (so Watson tells us) "positively injurious." But now the same imputation is cast upon the *Opiate* treatment which in his eyes seemed their rational substitute. "Great mischief" is ascribed in one of the latest treatises on Medicine to such belief and practice; and we are told that "the idea that patients in Delirium Tremens require to be narcotised into a state of repose may now be said to be abandoned by those best-qualified to speak upon the subject." The treatment of the present day seems to be one of almost pure expectancy,—"the successful treatment of Delirium Tremens, in nine cases out of ten, depending on the regular and continuous supply of suitable nutriment, whereby the functions of the nervous system are supported during the struggle towards recovery."

I have no Statistics to bring forward bearing on the question whether Homœopathy can add anything to the success of expectancy here. But I think it highly probable; and shall endeavour to give you the indications for certain medicines to be used in its treatment.

You will generally require two,—one to control the cerebral disorder, the other to meet the gastric and general nervous symptoms of the Alcoholised patient. The former you will find in **Hyoscyamus, Belladonna, or Stramonium,**—far most commonly the first. It is rare that the Delirium is inflammatory enough for *Belladonna*, or sufficiently Maniacal for *Stramonium*. The medicines of the latter class which will do you good service are **Tartar emetic** and **Arsenicum.** The former answers best where there is much MUCOUS gastric derangement, as when Beer has been the intoxicating agent: the profuse cool sweats also indicates it. The tendency to supervention of Pneumonia in cases of Delirium Tremens is another proof of the Homœopathicity of *Tartar emetic*. *Arsenic* comes in when the condition of the stomach is one of Gastritis, and when the nervous disorder is considerable, as shown by the prostration and the muscular tremors, which last it remarkably controls.

* Hahnemann Mat. Medica, Part i., p. 25.

By giving one of the latter medicines by day, and one of the former by night, you will, I think get very satisfactory effects in Delirium Tremens. For some illustrative cases I refer you to a paper on the disease by Dr. John Moore of Liverpool, in the Eighth Volume of the BRITISH JOURNAL OF HOMŒOPATHY. I agree with him in thinking that *Hyoscyamus* requires to be given here not higher than the first decimal dilution, I would also commend to your notice a paper on the disease by Dr. A. P. Williamson in the HAHNEMANNIAN MONTHLY of October, 1896. He thinks **Cannabis Indica** more often called for than the other deliriafacients. Dr. Olive, of Barcelona, has recorded a good case in which it exhibited marked curative power.*

Delirium Tremens is now described as "Acute Alcoholism," and is viewed in connection with a series of changes in the nervous functions occurring in drunkards, to which the term "Chronic Alcoholism" is given. Muscular tremors and morning vomiting are the most common of these; grave degenerations of the nerve-centres, as indicated by Paralysis and mental alienation, stand at the other extremity of the scale. I need hardly say that, if such patients are to be treated successfully, their vicious habit must be broken off. But, besides this, you may obtain great benefit by the administration of **Nux vomica** in these cases when the mischief has not gone too far. In more advanced forms of the disease I suppose we could hardly do better than what Dr. Anstie recommends viz., endeavour to improve the nutrition of the nervous centres by **Phosphorus** and fatty foods. We ought, moreover, to utilise Dr. Marcet's favourable experience with the preparations of **Zinc** in such cases, as the remedy is throughly Homœopathic to the morbid condition.

Having now concluded the substantive diseases of the brain, I must, before passing to the spinal cord, speak of certain phenomena, proximately cerebrale, but of very various origin, which frequently come before us for treatment. These are Headache, Vertigo, and the Deragements to which Sleep is liable.

First, of

HEADACHE. It is one of the glories of Homœopathy, that it has brought within the range of curative treatment a multitude of minor ills hitherto thought unworthy of the practitioner's attention. Who ever contributes to the LANCET and its fellows a case of chronic or recurrent Headache successfully treated? It is one of the most prevalent of complaints, especially in women; but it has come to be regarded as a necessary evil, and neither physicians nor patients think of it as curable. It is just the

HAHN. MONTHLY, March, 1896, p. 201.

reverse with Homœopathy. Our literature abounds with cases of the cure of Headache—Dr. Peters had collected 169 in his treatise on the subject; and the relation of many of our medicines to this form of pain is accurately fixed. For full details I refer you to the "Treatise on headaches" by Dr. Peters, which I have mentioned; to the admirable papers "on Headaches" by Dr. Black in the Fifth Volume of the BRITISH JOURNAL OF HOMŒOPATHY; and to a semi-popular but really excellent sketch of the subject by Dr. Shuldham, entitled "Headaches; their Causes and Treatment." I will myself endeavour to sketch for you the treatment of the leading forms of the malady.

Of TOXÆMIC (Syphilitic, Gouty, Rheumatic) and SYMPATHETIC Headaches I need not speak particularly. Their treatment must be that appropriate to the blood-poison or the disordered organ on which they depend. Nor will I deal here with Migraine. Recent study of this affection has given it a place among the neuroses, with which we shall consider it. The three great types which come under our present notice are the NERVOUS, the CONGESTIVE, and the "SICK" Headaches.

I. By the "NERVOUS HEADACHE" I understand a hyperæthesia of the brain itself or of some of its issuing nerves, depending on a morbidly excitable condition of the cerebral substance. We have two leading remedies for this trouble—**Belladonna and Nux vomica.** The former is, as a rule, most applicable to women and children; at any rate, to young slender subjects of nervo-sanguineous temperament and otherwise fairly healthy. *Nux vomica* is preferable for men; when the well-known constitution, temperament, habits and conditions characteristic of this medicine are present; and when errors in diet readily excite the attacks. Hyperæsthesia and hyperæmia are features common to both. When the pain takes the form of "Clavus" in nervous and excitable subjects and when depressing emotions will at any time bring on the attacks, *Ignatia* will replace either. With it the face is pale during the paroxysm (unlike that of *Belladonna* and *Nux vomica*); chronic spasms are frequent concomitants; and diuresis often constitutes the crisis. One or other of these medicines will both relieve at the time, and by their continued use will greatly lessen the morbid susceptibility upon which the suffering depends.

There are three varieties of NERVOUS HEADACHE which must be specified here, as they require their own medicines.

1. The first is a Chronic, persistent ache, somewhat resembling the Syphilitic, but with no such anamnesis; generally occipital in seat and thence coming forward: relieved by warmth, increased by mental and physical exertion. Here *Silicea*, in medium dilution, will often work wonders.*

* See J. B. H. S., vii., 438; viii., 160.

2. The second is the Headache traceable to INJURY, whether physical or mental. It may be from over-work, from exposure to too much light or noise, or from Concussion, that the damage has been wrought; but damage has been done, the brain is a bruished one, and aches. **Hypericum** is the *Arnica* of such injuries as you may see in Dr. Lambert's interesting study of the drug in the Eighth Volume of the JOURNAL OF THE BRITISH HOMŒOPATHIC SOCIETY.

3. The third is the Headache of EYE-STRAIN. For this the excellent therapeutist I have just mentioned has given us one remedy in **Natrum muriaticum;*** and American experience has furnished two from among their indigenous plants, both named from Virginia —the **Epiphegus** and the **Onosmodium.** I have frequently verified the recommendation of *Epiphegus*—the provings of which show a clear Homœopathicity, and a power of inducing Headache which SIMILIA SIMILIBUS ought to utilise yet further. † To the testimony in favour of *Onosmodium*, Dr. A. B. Norton has lately given his weighty accession. Even where the proper correction of refraction cannot be made, he says that great amelioration will follow the use of the drug. A tired feeling, locally and generally, he describes as a sure indication for it. ‡

II. I come now to CONGESTIVE HEADACHES. Here, as is only to be expected, the remedies for Cerebral Congestion itself find place again; and I need to repeat what I have said as to the distinctive indications for *Aconite, Belladona, Ferrum, Glonoin, Gelsemium, Nux vomica* and *Opium.* I would add to the list however, *Bryonia, Chininum,* and *Melilotous.* **Bryonia,** like *Nux* suits the Congestive Headaches connected with Dyspepsia and Constipation. The pain is in the forehead, and accompanied by giddiness; both being much increased by movement, and also by stooping, which causes a sensation as if the brain would fall out. The *Nux* headache is rather occipital, and is specially aggravated by mental exertion. The headache of **Quinine** is general and continuous, with a tendency to Deafness and noises in the ears: in this I have often found the first three triturations of much benefit. Dr. Bowen has lately come forward again to testify his confidence in **Melilotus.** There is frequently Epistaxis with its Headaches to show their congestive basis. ‡

* L. H. H. R., vii 144.

† Dr. J. C. Andrews affirm that it is as effective in Headaches from excitement of any kind as it is in those of eye-strain. He gives the 3x dil. (J. B. H. S., v., 191).

‡ NEW ENGL. MED. GAZETTE, March, 1901.

§ See J. B. H. S., ii., 360; vii., 223.

§ The following case is not given in Dr. Peter's Treatise. It is related by Dr. Chapman in the Seventh Volume of the BRITISH JOURNAL OF HOMŒOPATHY (p. 505) :—

Dr. Claude has good reason to believe that the Headache of over-work is associated with congestion—not of the arteries but of the veins of the head. He is sustained in this connection by Dr. Parenteau, who finds in the cases Dr. Claude has sent to him, marked enlargement of the veins of the fundus oculi, with corresponding shrinking of the arteries. Dr. Claude has long-treated such Headaches mainly with *Pulsatilla*, and has found the mother-tincture aggravate, while the dilutions from the third upward have shown most beneficial effects.*

III. I have yet to discuss "SICK HEADACHE." I do not mean mere Dyspeptic Headache,—the remedies for which are the Anti-dyspeptics indicated. I mean a periodically recurring attack, of which pain in the head is one symptom, and vomiting another; but whose clinical history points to a gastro-hepatic rather than a cerebral origin. The following case will illustrate what I mean, and exhibit the action of one of the remedies :—

Agrnes F—, æt. about thirty, had suffered, on and off, from recurring "Sick Headaches" for the last eight years, I had treated her at times in the past, but with little result. On May 6th 1870, she again applied to me to see if I could help her in this respect. When I come to inquire into her condition, I found that the symptoms had acquired so typical a form that I was able to promise her almost certain relief.

"A lady arrived at Liverpool from South America in a great state of suffering. From the time she went on board the ship until she landed she had been constantly Sea-sick; was never free from Nausea and vomited frequently. During the last fortnight of her voyage there had been Hæmatemesis several times. The bowels had not been relieved for upwards of a fortnight, though she had taken pills frequently, which only increased her Nausea and the distress of her stomach.

"Her face was very red; she was very giddy; she could not stand, and could scarcely sit. She had considerable Headache; a sensation of great fulness in the bowels. The slightest movement increased her sufferings, which were partially relieved on lying down and keeping quite still. The colon was distended, and to the touch seemed loaded with fæces. Notwithstanding her repugnance to it, had an ounce of Castor Oil with a few drops of *Laudanum* was given to her. She retained it, and discharged an enormous quantity of fæces.

"The next day, though the distension of the bowels was relieved and the long-accumulated fæces had been removed, all her symptoms of Sea sickness continued—the flushed face, the giddiness, the Headache and the Nausea : the distress increased on any movement. A drop of *Bryonia* of the 3rd dilution was given her : the next day she was quite well, and travelled to London."

* M. H. R., xiv., 489.

Every fortnight regularly this patient began to feel much pain in the right hypochondrium, which gradually increased in severity. As it grew worse the head began to ache, especially in the right forehead and temple. This also rose by degrees to its acme; and, as it did so, the nausea which had been present to some extent from the first resolved itself into vomiting, chiefly of bile. This continued for some hours, and then the symptoms as gradually declined, the whole attack lasting nearly three days. In tht intervals there were occasional feelings of Headache, sickness, and pain in the side, but in a slight degree. The secretions and the uterine functions were normal.

The medicine I had fixed upon in my mind as I heard her story and from which I was able to promise such certain benefit, was *Chelidonium*. I gave her these drops of the 3rd dilution night and morning.

May 30th.—The attack came on at the usual time, but was less severe. Continue medicine.

June 15th—It is now three weeks since the last proxysm, and no further one has occurred. She feels altogether better, Continue medicine, 3rd decimal dilution.

June 25th.—An attack came on the day after I saw her, but was quite a slight one. She feels little of the nausea and pain in the side. Continue medicine.

This was the last of the Headaches for a long time. Patient discontinued the medicine at the end of July. I have seen her occasionally since, but once only for an attack of this kind, which is now a rare occurrence.

It is seldom that the hepatic origin of the attack is so obvious as in this case. When the symptoms are more obscure I would direct your attention to **Iris.** It will often cut short the proxysms; and its continued use, with proper attention to diet and Hygiene, will be much to obviate their recurrence. It is said to be especially useful when the attack commences with a blur before the eyes, as in true Migraine—of its place in which I have yet to speak.

For other Headaches not falling within these three classes, and not mentioned under the head of Catamenial or Climacteric sufferings. I must refer you to the Clinical Index to my 'Pharmacodynamies,' and references to its text there given.

The list of symptons of nearly every medicine given in the schematic Pathogenesis begins with

VERTIGO. In the presence of this EMBARRAS DE RICHESSES you will be glad to have the results of experience in the treatment of the symptom in question.

Symptom it is, and nothing more, in organic disease within the cranium, in Apoplexy, and in gastro-hepatic disturbance. Persistent in the first case, temporary in the two latter, in either it affords no point for special treatment. But Vertigo not uncommonly comes before us unconnected with either of these causes, and sufficiently prominent to require special attention and medication. It may depend on disorder of the intra-cranial circulation, and this in the way either of excess or of defect. When Congestion is present, and accompanied by Headache, the medicines already recommended for the latter consequence will remove the Vertigo also. But cases often occur, especially in old people, in which Chronic Cerebral Congestion causes much giddiness, but little or no aching. In this affection I have derived singular benefit from **Iodine** in about the 3x dilution. *Sulphur*, also, must not be forgotten. Still more frequently, however, Vertigo testifies to deficient supply of the brain from an enfeebled heart. This is the "Essential Vertigo" of Dr. Ramskill.* In such cases we shall have some palpitation and breathlessness, a slow and feeble pulse, and a tendency to Syncope. Here **Digitalis** is our grand remedy, given in small doses (say the 1st dilution), as a direct tonic to the muscular fibre of the heart. The disappearance of the Vertigo is generally the earliest sign of its taking effect. Another Anæmic Virtigo is that to which Epileptics are subject. It is from a contraction of the cerebral arteries, not strait enough to amount to the "Petit mal"; and it finds an effective medicine in **Hydrocyanic acid.**

Much light has been thrown on Vertigo in recent years by the researches made as to the functions of the cerebellum. They are well brought together by Dr. Ferrier, in the Fourth and Sixth Chapters of his "Functions of the Brain." The cerebellum appears to be the centre of equilibration, the seat of association of those combined impressions and movements which result in the preservation of balance under all circumstances. The impressions which convey the sense of need of adjustment come through three channels—the eye and optic tracts, the semi-circular canals of the internal ear with their afferent nerves, and the paths of tactile sensibility—these last being the posterior columns of the cord, which transmit the sensations caused in the soles of the feet by walking and standing. The cerebellum being connected with all these central paths, and receiving their impressions, transmits them peripherally through the motor

paths, with which it is equally connected by means of its middle peduncles; and here they are transformed into such movements as are requisite to preserve or restore the balance.

Now, through its superior peduncles the cerebellum is connected with the cerebrum, the seat of consciousness; and here loss of balance finds its subjective complement in Vertigo—the sense of giddiness. Let the posterior columns be affected with Sclerosis, as in Locomotor Ataxy; and if the optical aid to equilibrium is removed by closing the eyes the patient immediately feels as if he would fall, and has to grasp at some support. Conversely, let a full dose of *Hemlock*, which paralyses the ocular muscles, be taken; and here the ingester will be unable to walk steadily as long as his eyes are open, while on closing them the giddiness immediately passes away. The part played in equilibration by the semi-circular canals, was ascertained experimentally by Flourens, and has been confirmed Pathologically by the phenomena of Meniere's Disease. Vertigo, then, may evidently be set up through disorders occuring in any of these paths; and will require medicinal remedies accordingly. *Quinine, Salicylic acid* and *Chenopodium* will be indicated when Tinnitus and perhaps Deafness indicate the ear as at fault; *Conium* and *Gelsemium* when the trouble lies in the optical apparatus, as shown by exacerbation on changing the focus or direction of vision.* There may be also a real "Essential Vertigo," *i.e.*, one where the cerebellum itself is primarily at fault; and certainly giddiness does not uncommonly come before us where no exciting cause or Pathological explanation can be found for it. In such cases I am in the habit of prescribing **Cocculus,** and with fair success; though Jousset considers **Tabacum** preferable (in the 6th dilution).

If these indications prove insufficient, you must consult the 'Materia Medica'; or you may save yourself a long hunt by referring to Dr. Kafka's exhaustive treatise on the subject, which is translated in the Thirty-First Volume of the BRITISH JOURNAL OF HOMŒOPATHY. As for our other authorities Bahr simply considers the Vertigo of old people, and treats it according as the brain seems hyperæmic or Anæmic,—in the former case with *Belladonna, Arnica, Nux vomica* and *Lachesis;* in the latter, with *Silitea, Baryta carbonica, Graphites, Lycopodium, Ambra,* or

* In Russell Reynolds' System of Medicine, Vol. ii. Art. "Vertigo".

Flouric acid. Jahr gives a good many symptomatic indications and says that *Phosphorus* "displays great curative powers in every imaginable case of Vertigo, more specially in the Vertigo described as NERVOUS." Dr. Guernsey speaks of a giddiness on the least mental or physical exertion as under the control of *Argentum nitricum*.

It is probable that Primary Vertigo may be classified as Headache into Nervous, Congestive, and "Sick"—the last-named being understood to be cerebral and not of gastro-hepatic origin. Then we shall have as our main remedies,—for the first form, *Phosphorus, Ambra, Argentum nitricum;* for the second, *Iodium, Arnica, Nux vomica, Sulphur;* for the third *Tabacum* and *Cocculus*.

Here are two more excerpts bearing on this subject.

1. In a case of poisoning by a grain of *Morphia*, recorded in the HOMŒOPATHIC PHYSICIAN for December, 1945, a marked symptom was Vertigo from the least motion of the head. In the March number, Dr. Skinner relates a case in which this symptom, tending even to "Petit-mal," after resisting *Nux* and *Lycopodium*, yielded rapidly to a high potency of *Morphia muriatica*.

2. Dr. Colby calls attention to the marked Vertigo experienced by those who have taken Pomegranate root for the expulsion of tæniæ, and says that he has come to regard *Granatum* as quite the leading remedy for Vertigo when occuring as a substantive symptom of a case. This is from the NEW ENGLAND MEDICAL GAZETTE of November, 1900.

I come finally to the

DERANGEMENTS OF SLEEP.—Sleep is too important a part of the life of the brain not to be subject to disorder, and not to require remedial means when that disorder is considerable or

J. B. H. S., iii., 326.

persistent. The most common form in which its disturbance comes before us is SLEEPLESSNESS. When this is part of a general systematic derangement, the treatment — medicinal and hygienic—suitable thereto will nearly always favour sleep; and, indeed, improvement in this respect is one of the best signs, alike in acute and in chronic disease, that the remedies chosen are agreeing with the patient. But it not uncommonly happens that Sleeplessness comes before us as the main element in a condition of nervous erethism, and demands primary consideration in our choice of medicines. You will generally find its remedies among the group consisting of **Aconite, Actæa racemosa, Chamomilla, China, Coffea** and **Iodine.** Of these *Coffea* has been, in my experience, by far the most frequently useful; it is indicated when the patient cannot get to sleep for simple cerebral activity, thoughts crowding upon him and clinging to him in spite of all his efforts at detachment. I have found the 6th and 12th better than the lower dilutions.* The habitual use of Coffee as a beverage, if not taken in excess, is no counter-indication to its exhibition as a remedy. In cases, however, where the Sleeplessness is traceable to its immoderate use—especially when it is drunk by students to keep themselves awake—it must be discontinued, and *Nux vomica* or *Chamomilla* given as an antidote. *China* is good when the erethism is rather emotional, and when its subject is weak from some drain on the system. It is also the remedy when excessive Tea-drinking has been the exciting cause. The Sleeplessness of *Iodine* is connected with palpitation, that of *Aconite* with vascular excitement generally, that of *Actæa* and *Chamomilla* with bodily restlessness (motor erethism). You will also remember *Nux vomica* when the patient wakes at two or three A. M., lies awake for some hours, and then sleeps heavily when he ought to be getting up; and *Pulsatilla* when he cannot get to sleep during the early part of the night.

Again, the sleep may not be absent, but morbid; it may be disturbed by dreams, made hideous by nightmare, or entirely altered into the Pathological condition known as SOMNAMBULISM. Dreams when unusual in frequency, vividness, or persistence of character, are no unimportant indication of the state of the brain, or the body generally, and deserve more attention than they ordinarily receive, Hahnemann enjoined the taking account of them in examination of patients, and frequently in his Pathogenesis records their production by drugs, with the peculiarities they assume. For information as to them in parti-

* Sometimes, however, the *Berry* in its ordinary form is efficacious; and thus we have an old-school writer saying, "Although the effect of Coffee is generally such as to induce Sleeplessness, there are cases in which its action is directly the reverse" (Hammond 'SLEEP AND ITS DERANGEMENTS', 1869).

cular cases you will of course consult your Repertories. I would just say that **Hyoscyamus** and **Cannabis Indica** are very useful when dreaming is simply too frequent and vivid. For Nightmare and Somnambulism the *Bromide of Potassium* is in much use in the old school, and, as I have shown from Laborde's experience how entirely Homœopathic it is, we can hardly do better than employ it. **Pænio,** also, is good for Nightmare.

Finally, sleep may be excessive; and such soporose conditions may occur independently of other symptoms of cerebral or general disorder. You will naturally think of **Opium** here, and it will often wake your patient up. But another good medicine for it is **Nux moschata.** The face is inclined to redness with the former drug, to paleness with the latter.

I need hardly say that the general management of patients with disturbed sleep is of the utmost—often of primary—importance. For many useful suggestions on the subject I may refer you to Dr. Hammond's Treatise on "Sleep and its Derangements," and to a Paper by Dr. Ker in the Eighteenth Volume of the MONTHLY HOMŒOPATHIC REVIEW.

On the subject of INJURIES of the HEAD I have only to speak of.

CONCLUSSIONS OF THE BRAIN.—You had best give **Arnica** here while the symptoms are those of Shock; * but as soon as reaction sets in, your chief aim will be to moderate this with repeated doses of **Aconite.** If it should be already established when you see your patient, and inflammation should be threatening, you will combat it with **Belladonna.**

* "The medicine that is most essentially serviceable in the treatment of Concussion is *Arnica;* and its early administration, if the injury be not extremely severe,, will not only prevent many of the evil consequences that may result, but by its influence upon the vessels may limit the extravasation of blood within the cavity of the cranium" (Helmuth, SYSTEM OF SURGERY, 4th Ed., p. 620).

Other remedies, however, may conceivably be required. If, for instance, Spinal Congestion should be met with as a recent affection resulting from cold, or from suppression of a menstrual or hæmorrhoidal discharge, the timely administration of *Aconite* might restore the disturbed balance of the circulation without further aid. Where excessive muscular exertion was the cause, and a strong man the subject, I should be disposed to employ the indubitably Homœopathic action of *Nux vomica* or its Alkaloid. Dr. Aitken mentions that the difficulty in walking after recumbency characteristic of Spinal Congestion "may be temporarily induced by *Strychnia or Nux vomica";* and it is equally significant that Dr. Radcliffe should speak of *"Nux vomica* now and then in small doses" as part of the successful treatment of the illustrative case he relates, and that Dr. Hammond—who is addicted to large doses—should enjoin "that *Strychnia* should never be administered in Congestion of the Cord".

SPINAL IRRITATION receives from Dr. Radcliffe a description which separates it distinctively from Hysteria on the one hand and from Myalgia on the other. Dr. Hammond draws a very similar picture of it, and thinks that its Pathological basis is Anæmia of the posterior columns of the cord. However this may be, the pain, tenderness to pressure at certain points, and the eccentric symptoms of Irritation of the spinal nerves, make a group of symptoms familiar to most of us, and having an undoubted clinical history of their own. What can we do for them? Bahr is the only one of our authors who characterizes the malady distinctly; but for its treatment he sends us to our 'Repertories', save in the form resulting from Onanism in which he recommends *Nux vomica* and *Sulphur.* **Ignatia, Actæa racemosa** and **Agaricus** are the remedies which have commended themselves to me. In a case reported by Dr. Chepmell in his "Hints for the Practical Study of the Homœopathic Method" the first-named medicine did much good in conjunction with *Platina,* the latter being given on account of the uterine symptoms present. *Actæa* is suitable when the latter troubles are the exciting cause of the disease. The reproving of *Agaricus* under Professor Zlatarowitch displayed a striking action of the drug upon the cord; and the symptoms are those of Spinal Irritation rather than of Congestion. Dr. Clifton writes. "In Spinal Irritation, in weakly women of low and feeble habit of body, with weak pulse, tenderness over the spinous processes of the cervical and dorsal vertebræ, attended with headache, constriction across the chest, and flatulent eructations, I have frequently found it useful".*

* M. H. R., xii., 402.

LECTURE XXVI

DISEASES OF THE NERVOUS SYSTEM

—o—

MALADIES AFFECTING THE BRAIN.

—o—

SPINAL CONGESTION—SPINAL IRRITATION—SPINAL MENINGITIS—MYELITIS — SPINAL PARALYSIS — LABIO-GLOSSO-LARYNGEAL PARALYSIS—MULTIPLE SPINAL SCLEROSIS—LATERAL SPINAL SCLEROSIS—LOCOMOTOR ATAXY—PROGRESSIVE MUSCULAR ATROPHY—SOFTENING—HYDROPHOBIA—TETANUS.

From the Diseases of the Brain I pass on to those of the SPINAL CORD. I shall first speak of its non-organic disorders—CONGESTION and IRRITATION; and then of its INFLAMMATION, including under this heading the various forms of SPINAL PARALYSIS. In this novel and somewhat obscure region I shall assume as my basis for Pathology and diagnosis two recent contributions on the subject, —Dr. Radcliffe's Article on "Diseases of the Spinal Cord" in the Second Volume of Reynolds' 'System of Medicine', and the section treating of these maladies in the Sixth Edition of Dr. Hammond's "Diseases of the Nervous System".

In Discussing the treatment of these maladies I regret that I can do little more than give hints and suggest probabilities. There is an almost utter absence of well-diagnosed spinal disease in Homœopathic literature. I can only hope that by noting this deficiency I may stir up some of our practitioners, and especially those attached to hospitals, whose large experience must have included cases of this kind, to tell us what they can do for them, and with what remedies. An excellent beginning in this direction has been made by Dr. Goldsborough in connection with our own London Hospital, and we cannot have too much of such work as his.

SPINAL CONGESTION is excellently characterized by our two authorities, and is no very uncommon affection. I have myself seen several cases of it, and have found **Gelsemium** in the first or second dilution most effective in its removal. In one instance there was Paresis of both arms and legs and of the sphincter vesicæ, with numbness and tingling in the extremities; in another (in addition to the usual symptoms) some difficulty in speaking and writing, with loss of the memory of words, *i.e.*, incipient Aphasia. In all the dull, burning aching in the spine and the aggravation after recumbency were present. I have not required the aid of heat or cold, or of Electricity, in this malady.

In my 'Pharmacodynamics,' noting the tenderness of some of the vertebræ felt by Dr. Caroll Dunhum during his proving of **Tellurium,** I said it should cause the metal to be remembered in Spinal Irritation. Dr. Shelton has reported three cases in which great pain and sensitiveness of the spine were prominent symptoms, and which recovered under this medicine in the 5th dilution.*

I must acknowledge that I have found Spinal Irritation a very intractable disorder. I have only succeeded in CURING two cases of it—one with *Ignatia* the other with *Actæa* and *Agaricus*, all in the first decimal dilution. Whether I should have done better with higher potencies, I cannot say. But I feel ashamed of my own Homœopathy, at least, when I find Dr. Hammond stating that, of the hundred and fifty-six cases occurring in his private practice during six years, a hundred and thirty-three were thoroughly cured, and that, as his examples show, in no long space of time. Of the constituent elements of his treatment, based upon his Anæmic theory of the disease, I cannot adopt the Blisters, or the large doses of *Strychnia, Phosphorus, Phosphoric acid*, and *Opium*; but the hot-water bag to the spine, and the passage through it of the continuous Galvanic current, are auxiliaries as unobjectionable as they are rational. The *Secale* moreover, which in large doses is his favourite remedy for Congestion of the Cord, might in small doses be beneficial to its Anæmia. In the Cramps of Spinal Irritation Dr. Hirsch has found the medicine very beautiful. Dr. Brown-Sequard's Article on the disease in Quain's Dictionary contains some practical suggestions for its management.

SPINAL MENINGITIS—I am now on untrodden ground, for I know of no recorded experience with this disease,† and I have not myself met with it. In its acute form, however, the analogy of Cerebral Meningitis would leave little doubt of the usefullness of **Aconite** and **Bryonia.** The pain on movement characteristic of the latter medicine is nowhere so marked as in Spinal Meningitis: and its Pathological appropriateness, as also that of *Aconite*, is obvious. In the chronic form of the malady Dr. Hammond concurs with other observers in placing much reliance upon *Iodide of Patassium*, of course in full doses, conjoined, when there is a Syphilitic history, with the *Bichloride of Mercury*. Here, as in Cerebral Meningitis, Homœopathy has no counter-experience to show: and you will have to consider

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* M. H. R., xxxvi. 548.

† Since writing the above, I have met with a well-characterized case from Dr. H. Goullon (J. B. H. S., iii, 214). Here the action of *Bryonia* 3 was very satisfactory.

whether your duty to your patients requires you to use accredited measures, which are nevertheless out of the range of your ordinary practice.

MYELITIS is also conspicuous by its absence in Homœopathic Therapeutic records. Bahr, who notes the fact, accounts for it by the rarity of its cure; for it is not so uncommon a disease. He himself relates an acute case which recovered under **Mercurius** (3x trituration), and to this medicine, preceded or accompanied by **Belladonna**, I think we may safely trust in recent instances of the disease. In more chronic cases the two medicines I should suggest for consideration are **Oxalic acid** and **Arsenicum.** In describing, in my lectures, the phenomena of poisoning by the former drug, I have said that I think there can be no doubt of their pointing to inflammation of the membranes and substance of the cord. A Myelitis involving the meninges to some extent would best correspond to them. I have also described, from Dr. Imbert-Gourbeyre's materials, the *Arsenical-Paralysis* and shown that its seat is in the cord. Congestion only had been found POST MORTEM up to the time of writing; but, Velpeau now announces that he has succeeded in developing an acute Myelitis by it in a dog, and three undoubted cases of the disease in the human subject have been traced to its influence. The absence of Meningitic symptoms distinguishes the *Arsenical-Myelitis* from that of *Oxalic acid*. Dr. Ravel, from whose remarks in L'ART MEDICAL (XLIII. 48) I have taken these later facts about *Arsenic*, mentions a "*Plumbic* and *Phosphoric-Myelitis*" also; but I think that they belong to other diseases of the cord than the simple inflammation of which I have now been speaking. More pertinent is Dr. Simpson's case of Diffuse Myelitis in the MONTHLY HOMŒOPATHIC REVIEW of 1894 (p. 639). Here *Lathyrus* proved curative.

By "Myelitis" I have meant (as explained) SIMPLE INFLAMMATION of the whole thickness of the cord. But recent investigations—especially those of the French school—have (as I have already said—see Lecture XXIV.) led to the recognition of Inflammation, followed by induration or atrophy of particular tracts or elements of the cranio-spinal axis, as being the Pathological basis of a number of hitherto diseases. You cannot find the results of these discoveries better summed

up than in an Essay by Dr. Jousset "On Chronic Inflammation of the Spinal Marrow and of the Brain", which is translated in the Thirty-Third Volume of the BRITISH JOURNAL OF HOMŒOPATHY. The maladies he groups here around this common lesion at its various seats are Locomotor Ataxy, Multiple Cerebro-spinal Sclerosis (SCLEROSE EN PLAQUES), Gentral Paralysis of the Insane, Spinal Paralysis of adults and infants, Labio-glosso-laryngeal Paralysis, and Progressive Muscular Atrophy. To these Dr. Hammond, in his Chapter on "The Inflammations of the Spinal Cord", adds Tetanus, Pseudo-hypertrophic Spinal Paralysis, and Lateral Sclerosis. Of these affections I have spoken of General Paralysis of the Insane among Mental Disorders; and shall reserve Infantile Paralysis for the Diseases of Children. Tetanus I must class with Hydrophobia as a spinal malady PER SE. I shall therefore, here discuss the SPINAL PARALYSIS of adults (Jousset's Essential or True Paraplegia), LABIO-GLOSSO-LARYNGEAL PARALYSIS, LATERAL SCLEROSIS, MULTIPLE SPINAL SCLEROSIS, LOCO-MOTOR ATAXY, and PROGRESSIVE MUSCULAR ATROPHY.

SPINAL PARALYSIS (Poliomyelitis Anterior Acute) appears to be an inflammation of the anterior grey cornua of the cord. Beginning with pains in the back, which radiate to the limbs, it rapidly shows itself in Paralysis, which is followed by atrophy. The sensory disorder of Myelitis is absent; there are no cramps or bed-sores; and the sphincters nearly always escape. We know nothing of its Therapeutics, and should consider whether the large doses of *Secale* with which Dr. Hammond starves the inflammation by occluding the spinal arteries merit employment. Of our own remedies. **Belladonna** would be indicated by the Pathological condition in the early stage,* and either **Phosphorus** or **Plumbum** when atrophy was threatening. The latter medicine would even seem earlier indicated. Dr. Jousset has communicated to L'ART MEDICAL (XLIII., 269) a striking case of acute Paralysis of the muscles of the neck and those of deglutition, with ablolition of electric contractility, rapidly cured by *Plumbum* 30. There can be no doubt, he thinks, of the presence here of the specific lesion which lies at the bottom of so many of the Spinal Paralyses, *i.e.*, inflammation of the grey substance—in this case of the anterior horns. He considers the acute Myelitis which Vulpian has found *Plumbum* to cause an affection of this nature. *Phosphorus* is undoubtedly most appropriate to non-inflammatory Softening of the Cord; but the case of *Phosphoric-Paralysis* I have cited in my lecture on the drug presents some features of the commencing atrophic stage of the present malady.

Probably, however, the use of localised Electricity is of more

* Trousseau and Pidoux speak of Bretonneau as having obtained in several cases of Paraplegia a cure as unexpected as inexplicable by the use of *Belladonna.*

importance in confirmed Spinal Paralysis than any medicinal treatment; and it seems to give excellent results.

LABIO-GLOSSO-LARYNGEAL PARALYSIS* is probably the more precise modern name for the "PARALYSIS OF THE TONGUE" of which we sometimes read in the older Homœopathic books. *Anacardium* is said to have cured it; and *Oleander* is recommended for it on the strength of some symptoms in its Pathogenesis, which, however, I think is misinterpreted. But as the lesion here is identical in form with that which obtains in general Spinal Paralysis, and differs only in seat, I think our most promising remedies must be the *Belladonna* and *Plumbum*—especially the latter—there recommended.

The disease hitherto mentioned (with Infantile Paralysis) appear to be inflammations of the grey substance of the cord going on to degeneration and atrophy of its cells. In the three now to be discussed the latter process seems secondary to an inflammation of the neuroglia—the connective tissue of the cord; and the thickening of this substance leads to such induration, partial or general, that the affections resulting from it are named "Scleroses." The process may be disseminated here and there in the cord, or may attack its lateral or its posterior columns exclusively. The Paralysis caused is always more or less of the "spastic" kind.

MULTIPLE SPINAL SCLEROSIS is the same affection as the disseminated inflammation of the neuroglia of the brain which we have already considered: it is one form of the SCLEROSE EN PLAQUES of the French. The *Aurum*, *Barium* and *Plumbum* already suggested there would be applicable here; but the rigidity and contracture which characterise its Paralysis strongly suggest the phenomena of *Lathyrism*, and point to **Lathyrus** as a promising remedy. The promise has received fulfilment in at least one case—that contributed by Dr. Dewey to the MEDICAL CENTURY of January, 1900, where the 3x and 6x dilutions were employed. If the spinal mischief be of traumatic rather than spontaneous origin, **Hypericum** would be casually indicated, and Dr. Speirs Alexander has communicated two excellent cases in which complete cure resulted from its use.†

LATERAL SPINAL SCLEROSIS is similarly characterized, but the Paralysis is more general. There is one form of it which strikingly reminds one of the effects of *Cuprum*; that, namely, where the affected muscles are atrophied (the "Amyotrophic" form). If the description I have given in my 'Pharmacodynamics' of the palsied arm of a Copper-worker be compared with the plate at p. 576 of Dr. Hammond's work, illustrating this disease, the correspondence will be found exact. There is no recorded experience with this Metal in the disease; but Dr. Halbert has given us a well-diagnosed case in which immense improvement has taken place under the persistent use for nearly a twelvemonth of **Argentum nitricum**, first in the 3x and finally in the 30x dilution.

Sclerosis of the posterior columns—more strictly, of the posterior root-zones with their intra-cranial continuations—constitutes the interesting disease known formerly (as in Romberg's time) as "TABES DORSALIS," but now called—

LOCOMOTOR ATAXY. †—There was very little to be found in Homœopathic literature, when I wrote my 'Therapeutics,' regarding the treatment of this disease; and I confined myself to suggesting *Belladonna*, in the incipient stage, and mentioning some results obtained from *Agrentum*, *Aluminium* and *Zincum* in more advanced cases. We have more material of the kind now; and the "much may be done by drugs" which is stated by Sir William Gowers in his Article on the disease in Quain's Dictionary is confirmed by the experience of our school.

1. The Syphilitic anamnesis so frequently obtaining in this disease has not, as is generally the case, aided in its treatment. Gowers speaks of the "the almost invariable inefficacy of Anti-syphilitic remedies". The "almost" is borne out by a case of Dr. Delamater's in the MEDICAL ERA of October, 1897, where a course of **Mercurius corrosivus** 3x, with one fortnight of *Secale* 1x, effected a complete cure in six months.

2. The probable commencement of the disease is an inflammatory process, and the analogy between its symptoms and those of the drug, have led me in time past to urge the employment of **Belladonna**, at any rate in the incipient stage, when the "douleurs fulgurantes" and other erethistic symptoms are present. I think I have checked a commensing case with it. My reasonings have lately been supported by Dr. Jousset ‡ He prefers the drug in the form of *Atropine* which he gives in the 3rd trituration during alternate fortinights with *Strychnine* of the same strength. From that medication, he says, he has in the first stage of the disease obtained gratifying results.

3. *Argentum*, in the form of the *Nitrate*, and of course in substantial doses, has in the hands of Wunderlich and others played a considerable part in the old-school medication of Locomotor Ataxy. I am unable to claim for Homœopathy any

* Now more commonly known as "Progressive Bulbar Paralysis".
† J. B. H. S., v., 41.

* CLINIQUE, July, 1896.
† Quite recently, there seems a tendency to reversion to the old name; but I cannot think it—appropriate.
‡ See BULL. DE LA SOC. MED. HOM. DE FRANCE., xxxi., 43.

virtues it may have, and I observe that Gowers places it below *Arsenic* and even **Aluminium.** Both of those are ours,—the former by the similarity of its pains to those of the disease, the latter by the experience of Bœnninghausen to which I have already referred. * It has been verified of late among ourselves. Dr. Simpson, of Liverpool, contributes a case having all the features of the disease, in which *Aluminium* 6 relieved the muscular weakness, the formication, the numbness of the feet and the tottering gait. *Phosphorus* 6 was then given for some time, at the end of which "the patient expressed himself free from pain and discomfort, and strong to labour and endure," † Dr. Clarence Bartlett says that he has used it in a couple of instances with good effect : ‡ and in the four cases contributed by Dr. Goldsborough in the MONTHLY HOMŒOPATHIC REVIEW of June, 1901. *Aluminium* played an active part in the improvement effected. Bœnninghausen states that he was led to this remedy by the Pathogenesy of *Alumina;* and though it is difficult to follow him here, the dosage employed by himself and his followers forbids any but a Homœopathic explanation of its efficacy.

4. The suggestion of the phenomena of Lathyrism in the direction of spastic Paralysis has been paralleled by that of *Ergotism* an regards Locomotor Ataxy. If you will read some of the descriptions of the results of living on spurred Rye collected in the Cyclopædia of 'Drug Pathogenesy' you will at once see the resemblance of the two series of symptoms, and will ask whether **secale** should not find an important place among our anti-tabetic medicines. It has already begun to do so. Besides Dr. Delamater's case already mentioned, I can refer you to one of Dr. Ord's, where arrest of the disease and an endurable life seems to have been secured by the use of the 1x dilution —*Stramonium*—1x helping head symptoms and *Carbo vegetabilis* 3x gastric crises. §

5. Even in incurable cases, something may be done to relieve symptoms, especially those calling most loudly for help—the lightning pains. These belong to what may be called the fluctuating, functional, dynamic, and therefore modifiable element in the disease; and, besides the *Belladonna* or *Atropine,* already specified, have proved amenable to several of our remedies. **Agaricus** developed in the heroic Austrian provings a marked action on the spinal cord; and among the phenomena were fugitive neuralgic pains along the spinal nerves. Dr. Dyce Brown, in a valuable study of the Pathogenesis which appeared in the Twentieth Volume of the MONTHLY HOMŒOPATHIC REVIEW suggested its appropriateness to the pains of Ataxy. I said that I could not quite follow him here as the inflammatory induration which lay at the basis of these was

* See p. 54.
‡ J. B. H. S., iv., 127.
† M. H. R., xxxix, 442.
§ M. H. R., xl., 465.

beyond the range of action of the drug. They answered rather, I suggested, to those of Spinal Irritation. So far I was right, but the DOULEURS FULGURANTES may be just an expression of such irritation, which intervenes—as it were — between them and the Sclerosis. Dr. Brown's recommendation was well-founded; and Dr. Sauer has since spoken of having obtained at least temporary benefit from the remedy. You will remember that the neuralgic pains of *Agaricus* are compared to sharp ice touching the spots, or cold needles running through the nerves, —in this contrasted with those of *Arsenicum,* where the imaginary needles are red-hot. Coming now to the drug last-named, I would say that while the "Myelitis" which has been observed from it is hardly that of Locomotor Ataxy, so that it has no fundamental relation to the disease, the *Arsenical-Paralysis* is always accompanied by neuralgic pains and usually with loss of sensibility, and least to everything but cold. A similar exemption of the sense of temperature is often seen in the anæsthesia of Ataxy, which, too, not uncommonly sets in with BURNING pains in the soles of the feet. A case is recorded by Dr. Mackechine in which the lightning pains were almost entirely removed by the 3x trituration of the *Iodide,* the patient reporting himself also as wonderfully better in every repect.* We also have high commendation of *Ammonium muriaticum* from Drs. George Martin and Dewey,† and cases showing great benefit from *Plumbum iodatum* (3rd dil.) from Dr. Allen and of *Guaiacum* from an Indian practitioner (this last case occurred in a highly Syphilitic subject). ‡

Another troublesome symptom is the Enuresis, Dr. Tessier has seen this disappear under *Ferrum phosphoricum* 3x and *Equisetum* 1x given alternately. § The painful sexual excitement which is sometimes present in the earlier stages of the malady may be relieved by *Picric acid* ; and the Perforating Ulcers of the Soles have been seen to heal under *Silicea.*

PROGRESSIVE MUSCULAR ATROPHY is the last malady of this group. It was for some time uncertain whether it was a disease in the first instance of the muscles themselves or of the cord. The question is settled in favour of the latter—the anterior cornua being the seat of the degeneration; and hereby is made complete by the resemblance of the phenomena to those of chronic poisoning by Lead. When lecturing on **Plumbum** I have shown

* M. H. R., xli., 32.
† J. B. H. S., iv., 349; v., 294.
‡ IBID., 396; vii., 419.
§ IBID., v., 293.

how close is the analogy here, and have only to repeat the recommendation made, that the medicine be given a full trial in the first case which comes before any of us, and the result reported. I am bound to add, however, that Sir William Gowers speaks of hypodermic injections of *Strychnine* as "certainly capable of arresting the disease" when occurring in subjects not too advanced in life. The hundredth-grain doses he gives somewhat commend this medication to us, but we cannot claim it for Homœopathy.

"There is", I wrote in 1877, "another form of this disease, in which the muscles, though impaired as to function, are increased instead of lessened in bulk. It is the Pseudo-hypertrophic Paralysis of Duchenne. Fatty degeneration and deposit appear to be the essence of the muscular change, while the central lesion is identical with that which obtains in ordinary Spinal Paralysis". This last statement seems to require modification now, as in the great majority of cases the spinal cord exhibits no morbid changes. It does not, however, impair the recommendation I made of **Phosphorus** for it, some thirty years ago: and which has since been carried out with success by several of our practitioners. You will find the whole evidence well brought together by Dr. Goldsborough in a Paper appearing in the Fifth Volume of the LONDON HOMŒOPATHIC HOSPITAL REPORTS. From the 3x to the 6 dilutions have been employed.

So far of the inflammations of the spinal cord. A few words now upon its

SOFTENING, which may be primary and non-inflammatory. I think that this is the malady which as frequently as Locomotor Ataxy, is designated in the old books as "Tabes Dorsalis"; for the condition thus styled is said to be a common consequence of sexual excess, and the form of disorder set up by this cause is Softening. We have two excellent medicines for it in **Phosphorus** and **Picric acid** both of which have caused the lesion in the brute and the symptoms of it in the human subject, and both of which are in relation with the usual exciting cause. They may not indeed, be able to effect regeneration of substance already softened, but they ought to be able to check any advance of the morbid process. *Picric acid* has shown its power of so doing in a case described by Dr. Lilienthal.* He cites it as an instance of Locomotor Ataxy; but I cannot so read it, nor do I see any symptoms of this condition in the Pathogenesis of the drug. The animals poisoned by it died paralysed, and their spinal cords were found white, soft, and diffluent, while the weakness

* NORTH AMER. JOURN. OF HOM., xxiv., 63.

and heaviness of limbs experienced by the provers seem to be of the same kind to bear the same significance.

It remains that I speak of Injuries affecting the Cord. These may be either intrinsic or extrinsic. Of the former class is Spinal Hæmorrhage, where, if any good is to be done, it will probably be (as Dr. Jousset recommends) by **Aconite** and **Arnica;** and Concussion of the Spine, for whose effects we seem to have a very promising remedy in **Hypericum.** I mean, of course, when these effects have not gone on to congestion or inflammation, in which case the medicines appropriate to these conditions would come in. As Injuries of the Cord of extrinsic origin I class the two important maladies known as HYDROPHOBIA and TETANUS. And, first, of—

HYDROPHOBIA, which is the name of the nervous disorder induced when the TRAUMA is the bite of a rabid animal. Homœopathy has of course nothing to say against the attempt at removal of the exciting cause. Indeed, the excision of the bitten part is as much the duty of the Homœopathic practitioner as of his brother of the old school; and nothing we can offer in the way of prohylaxis or cure supersedes its paramount necessity. But having done this, we can advance to further treatment with larger resources and fairer propects of success.

In my Fifteenth Lecture I referred, in passing, to the "Mithridatism" now coming into vogue, as not content—like the ancient king of Pontus—with seeking generally from poisons to be made proof against poison, but requiring the defensive to act similarly to the offensive agent. I illustrated this by the use of *Tansy* as preventive of Hydrophobia and *Strychnia* of Tetanus. Now that we are upon the class of maladies to which these two belong, we may look further into the subject, with a view to the Therapeutics of the formidable diseases so named.

In a Paper by M. Peyraud, presented by the late Dr. Brown-Sequard in 1887* the former tells us that, since 1872, he had been led to think that substances which were isomeric atomically were also isomeric Biologically, and VICE VERSA. Experimenting on animals with the *Tanacetum vulgare*, our common *"Tansy"*, he found it produce convulsions of the Hydrophobic rather than the Epileptic type—as with its congener *Absinthe*. "All the phenomena of RAGE are seen: hallucinations, convulsions without loss of consciousness, opisthotonos, spasms of the muscles of the pharynx, larynx, and the entire thorax, abundant salivation, asphyxic phenomena, sensorial excitability, tendency to bite, characteristic hoarse cry, diminished sensory and motor activity, momentary Parylysis, foamy and bloody mucus in trachea and bronchi, sub-pleural hæmorrhages, sanguineous

* See BULL. DE LA SOC. MED. HOM. DE FRANCE., xxxix., 570.

infarctions in the liver". You may read these experiments in detail, with some corroborative poisoning cases, in the 'Cyclopædia of drug Pathogenesy'. They led M. Peyraud to believe that the virus—whether primarily animal or a chemical product of bacilli—which produces Hydrophobia must be isomeric with *Tansy*, as the two act so similarly; and therefore that it might take the place, in the "Vaccination" of persons presumably bitten by rabid animals, of the extract of poisoned cords used by Pasteur. He tested his idea upon five rabbits with brilliant results: two drops of an essence of *Tansy* seemed sufficient to neutralise the effects of an injection of rabic virus which had previously killed two of their comrades.

Nothing further seems to have come of these researches; but they are surely conclusive as far as they go. A plant acting similarly to the Hydrophobic virus—a "simili-rage" as M. Peyraud calls it—is found to inhibit the development of the latter's action. Whatever value these ingenious theories about Isomerism may have, phenomenally at least (and that is all we care for) the practice is one of Homœopathic prophylaxis. Nor is it the first time that this thing has been done. I recalled, in my 'Therapeutics', the results obtained by the pastor Munch and his sons with *Belladonna*—a drug, if you will consider some especially of its older poisonings, as truly Homœopathic to the disease as *Tancy*, in the human subject perhaps more so. They treated with it 176 persons who had been recently bitten by mad dogs, and not one of these was attacked by the disease. According to the most recent and moderate estimate, one-third of these persons should have become Hydrophobic. I think that these results may compare favourably, to say the least, with Pasteur's; and that the method of such prophylaxis is obviously preferable to his. The wholesale destruction of animal life and happiness required for the latter, the loss of time and money and the positive risks of "Rabies Paralytica" and other accidents incurred by the subjects of his injections,—these might be tolerated if the results were commensurate, and if they could not otherwise be obtained. But when an equal immunity promises from the simple administration of non-lethal herbs, should not their influence be sought rather than the Pasteurian "vaccinations"?

I went on to show that here, as elsewhere, Homœopathic preventive is also a curative. "Bayle relates six cases treated by *Belladonna*, and of these four recovered. Hempel has collected five other cases of supposed cure with it; and three are recorded by practitioners of our own school in which it was the leading remedy". *Tancy* has not yet been tried: it should be, I think, first tested in the canine rabies it so vividly simulates.

* B. J. H. vii., 146; viii., 81; xi., 140.—Another has since been added; see J. B. H. S., ix., 182.

Till this is done, the best ally of *Belladonna* would be its sister plant *Stramonium*. This is reputed a specific for the disease in China; and might, as I have said, be chosen in preference when the general nervous irritability and delirium—such as it causes—were extreme.

The Homœopathic treatment of—

TETANUS was not, at one time, brilliantly successful. In our Austrian hospitals there were received, during the years 1832-1848, ten cases of this disease, of which only four recovered—one of these being non-traumatic. This is hardly worse than in the opposite camp, where 24 deaths out of 44 cases seems to be regarded as an average mortality; but we ought to do better. So, it seems, we do now; for in the Cook County Hospital at Chicago, recent statistics show in the Homœopathic wards two deaths out of twelve cases admitted; while during the same period, the same number treated on the other side gave a mortality of ten. One would like to know whether this advance is due to a more thorough reliance on the great SIMILLIMUM of the disease—*Nux vomica* and its Alkaloid. Of the curative action of the former two cases have been lately published,* in which it was given in quite high dilution—one of them being an example of the dreaded Tetanus Neonatorum. On *Strychnia* as remedial here we have really heard more from old-school writers than from our own. Sir Thomas Wason justifies its recommendation in a most naively Homœopathic way. "We know," he says, "that *Strychnia* acts upon the spinal cord, affecting apparently those parts and those functions of the cord which are affected in Tetanus; and in so fatal a malady, it would be justifiable, I conceive, to give the *Strychnia* in the hope that it might occasion a morbid action which would supersede the morbid action of the disease and yet be less perilous and more manageable than it. This, were it successful, would be a cure according to the Hahnemannic doctrine SIMILIA SIMILIBUS CURANTUR." Stille cites eight cases of the traumatic form in which its use was followed by cure, gr. $\frac{1}{8}$ to 1/16 being given for dose. He is more puzzled than Watson was at such results being obtained, but like him suggests that the *Strychnine* acted "substitutively," which we know to be equivalent to saying that the process is Homœopathic. We should probably adopt less perturbative dosage than he used, and should especially choose the medicine—in preference to its alternatives, *Aconite* and

* IODIAN HOM. REGIEW, March, 1895; PACIFIC COAST JOUR. OF HOM., June, 1895.

Hydrocyanic acid—when reflex excitability was very marked; but it should certainly be our leading Anti-tetanic.

And here too it appears that besides cure Homœopathy affords prophylaxis. Starting from the recognised facts as to the TOLERANCE of poisons which may be induced by their continued use Rummo "sought, by establishing a tolerance for *Strychnia*, a substance producing Physiological effects much resembling those of Tetanus, to protect animals against that disease. With considerable difficulty he was able to produce a fair amount of tolerance to *Strychnia* in a small series of guinea-pigs, so that they resisted a dose of 3½ milligrammes when introduced into the stomach. All these, as well as several controls, were then inoculated with a culture of Tetanus. The controls all died in from six to ten days; some of the less saturated guinea-pigs developed slight symptoms of Tetanus, from which, however they recovered; those in which a maximum degree of tolerance had been set up did not develope any sign of the disease." * Here by another hypothesis—the establishment of tolerance for the same or similar poisons, the Homœopathic preventive has been reached; but that it is Homœopathic and might readily have been reached by applying SIMILIA SIMILIBUS to prophylaxis as well as cure, cannot be questioned. We must claim for Homœopathy, though not for Homœopathists, the credit of the piece of practice in question; and I trust that we shall hear of its adoption in our hospitals.

The adoption at the present day of a bacillary origin for Tetanus seems to have paralysed its ordinary treatment proceeding on the lines of a starting-point in injured nerves. We still, however, act in accordance therewith,—not so much by stretching or dividing the nerve trunk leading from the wound as by medicating this internally with **Hypericum.** Dr. Henser has cured two cases with the 1x dilution. Dr. Majumdar relates a case occurring in a young lady, where the lesion was a jammed finger. *Hypericum* 3 relieved the pain in a couple of hours and soon dispelled the spasms. Dr. Charles W. Smith reports a case of no slight severity, resulting from a lacerated wound where *Hypericum* was first given alone, then in alternation with *Nux vomica* 1x and subsequently the latter with *Hyoscyamus* till the termination of the case in complete recovery. Another case, recovering under this drug constitutionally and topically used, has been reported later. †

The Homœopathicity of *Strychnine* to Tetanus has needed no demonstrations. It is one of those facts that go to prove the fundamental character of the Law of Similars, since we see Nature herself making provision for its application. That

* BRIT. MED. JOUN., 1894, i., p. 35 of 'Epitome of Current Literature'.
† See, for the above, J. B. H. S., v., 109; viii., 185; M. H. R., xiiv., 740,

Aconite can cause Tetanus is less generally known, but the reference to cases of poisoning which I will give in a note will set the fact beyond a doubt. * Here, too, we have some old-school experience, showing it to be Tetanifuge as well as Tetanigenic. In a second note you will find references to records of nine cases treated by it (eight being traumatic), of which eight recovered. † It was stated that at one time it was the one remedy given in every case of the disease at the Middlesex Hospital. It is hardly surprising that such practice should bring the remedy into contempt. *Aconite* would be most applicable when exposure to cold and wet formed some part at least of the exciting cause of the disease. It would thus find its chief place in the idiopathic form, and would be least appropriate when the symptoms arose purely from eccentric irritation. Its spasms are more continuous than those of *Strychnia* and depend less upon reflex excitement.

The Homœopathicity of **Hydrocyanic acid** to Tetanus was pointed out by Dr. Madden and myself in an Article on the poison which he published in the Twentieth Volume of the BRITISH JOURNAL of HOMŒOPATHY. It does not seem to have been known as a remedy for the disease either in the old school or in our own. But in the Twenty-Fourth Volume of the same Journal Dr. George Moore reported a traumatic case successfully treated by drop doses of Scheele's preparation of this *acid*. It will not do to lay too much stress on this one case, for the patient might have recovered spontaneously. Still, during the first forty-eight hours of the treatment which was commenced with *Aconite* and *Belladonna*, the spasms were more numerous and violent, and the patient much more prostrate. Improvement commenced on the night after the *Acid* was begun. A similar account may be given of a case by Dr. Stopford, published in the MONTHLY HOMŒOPATHIC REVIEW of 1886 (p. 472). I cannot suggest any differential indications for this medicine.

I would add that the source of most of the experience cited above seem to render it necessary that, if we would emulate its success, we should give tolerably full doses of whichever of these medicines we select, Jahr, however, states that in the Insurrection in Paris in June, 1832, he treated a case with *Angustura* 30, which soon controlled the convulsions. I presume he means the *Angustura spuria;* and this, as is well-known, is only *Nux vomica* in another form.

* BRIT. MED. JOURN., Dec. 1, 1860; LANCET, Oct. 6, 1860 (two cases); "Hahnemman Mat. Med.," Part 1., Art. *Aconite*, sympt. 664; Fleming on *Aconite* (two cases).
† Braith waite's Retrospect. 1846, i., 484, 494; BRIT. MED. JOURN., Jan. 28, 1860; Oct. 26, 1861; LANCET, Aug., 1860; Stille, ii., 316.

LECTURE XXVII

DISEASES OF THE NERVOUS SYSTEM

—o—

THE NEUROSES.

—o—

EPILEPSY—CHOREA—TREMOR—HYSTERIA
CATALEPSY—NEURASTHENIA

In this Lecture I propose to discuss the Therapeutics of a group of maladies which, though obviously belonging to the Nervous System, are not definitely referable to either of its divisions, and possibly involve both. They are EPILEPSY, CHOREA, TREMOR, HYSTERIA and CATALEPSY. They form, together with certain other disorders (as Neuralgia, Migraine, etc.) elsewhere treated of, the group of NEUROSES.

And first, of—

EPILEPSY.—Under this name I speak solely of the Idiopathic disease. All symptomatic and toxæmic convulsions, however Epileptiform in appearance, must here be excluded, if we wish to avoid confusion. In this I follow all writers—Trousseau, van der Kolk, Brown-Sequard, Russell Reynolds, Sieveking, and Radcliffe—who have of late years written upon the disease. To supplement these works on the therapeutical side Homœopathy has many recorded cases of relief and cure, most of which up to that date are contained in a collection by Dr. Baertl, which you will find translated in the Twenty-Second Volume of BRITISH JOURNAL OF HOMŒOPATHY. You should also read the two lectures on Epilepsy in Dr. Russell's 'CLINICAL LECTURES'; and the account of Dr. Bojanus' experience with it given in the Thirty-Ninth Volume of the Journal last-named.

You may possibly enquire, however, whether it is worth while going any further until we know whether Homœopathy can do better than in old-school practice, which is done by the new universally used *Bromides*. I have fully considered this question when speaking of the *Bromide of Potassium* in my 'Pharmacodynamics,' and I came to the conclusion that the large and continued doses of the drug which were necessary to suspend the fits were themselves so prejudical, that the *Bromic*-treatment of Epilepsy was not to be adopted save when the frequency of the convulsions was threatening life or reason, and then only as a temporary palliative. My mind is not altered by anything I have read or seen since. Dr. Hammond, who has himself had three cases of death from *Bromism*, and admits the Cachexia induced by the large doses necessarily given, considers nevertheless, that the induction of such a condition is favourable to the eradication of

the Epileptic tendency, and therefore endeavours to produce it as soon as possible. Strangely enough, however, he goes on to say that one of the *Bromine* compounds—that which it forms with *Zinc*—has in several cases proved exceedingly efficacious in arresting the paroxysms where other *Bromides* had failed, but that Bromism is not an attendant upon its administration. He nevertheless considers that the *Bromine* of the compound exercises considerable curative influence. When, moreover, he speaks of prognosis, he says that "recent cases can often be cured, but those which have lasted for several years are rarely brought to a favourable termination." Dr. Brown-Squard, who wrote the Article on Epilepsy in Quain's Dictionary, did not hold out much better hopes. He treated all his patients with a stock mixture of *Iodide of Potassium, Bromide of Potassium* and *Ammonium*, and *Carbonate of Potash*, giving also *Strychnine* or *Arsenic* as a "Tonic." This, he says, may be, continued for years "without any marked bad effect"; but he admits that like medical treatment generally, it only issues in cure or improvement in 7 per cent. of the cases. Dr. Bojanus, in a series of 54 cases, can report 22 as cured, and 11 as considerably benefited. The comparative results of the *Bromic*-treatment thus hardly outweigh its disadvantages; and as Homœopathy does not need to poison its patients in the process of curing them,* I think you may with a clear conscience keep your hands off the *Bromides* when you have Epileptics to treat, and be content to do your best for them according to the method of Hahnemann. Should, indeed, this method itself lead you to them, as where (in a case of Dr. Carpenter's†) much mental lebetude existed, or where minute doses as Dr. Love's 25 centigrammes daily of the 1x trituration†) suffice to produce the effect desired, you will do well to avail yourselves of any specific action there *Bromine* has upon Eclamptic conditions. I only advise not to keep your patients in a chronic state of *Bromic-poisoning* because they occasionally have Epileptic fits.

Let us consider what the condition is which in patients afflicted with this disease we have to treat. It is a chronically morbid state of a certain portion of the nerve-centres (generally perhaps, the medulla oblongata), which leads to an irregular production of its force, and occasional explosive discharge of the same. This morbid patch may be an inherited infirmity, or it may be acquired under the influence of depressing emotional

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* See Dr. Weir Mitchell's enumeration of the evil effects of Bromic intoxication in J. B. H. S., v. 88. He may well "strongly inveigh against deluging patients with *Bromides*, especially in Epilepsy". To the same effect Dr. Goodhart has spoken in his Address in Medicine at the Meeting of the British Medical Association in 1901. "The *Bromide* treatment of Epilepsy," he affirms, "often does a great deal of harm, and I am by no means certain that it does any equivalent good." (BRIT. MED. JOURN., Aug. 3rd, 1901).

† J. B. H. S., viii., 257. ‡ IBID., p. 157.

or other causes, or from continued eccentric irritation. In any case itself is the proximate cause to which our medication must be directed : the paroxysms are only tht indication of its presence.

Our available remedies for this condition are of several kinds. There are, first, certain *vegetable poisons* from whose acute operation Epileptic convulsions are apt to occur. These are *Hydrocyanic acid;* the three Umbelliferæ. *Œnanthe crocata, Cicuta virosa,* and *Æthusa cynapium,* and *Belladonna.* Next we have some mineral substances, and a vegetable one whose long continued operation sometimes gives rise to similar phenomena : I speak of *Copper, Lead* and *Arsenic,* and of *Absinthe.* Lastly, there are drugs which, though never causing Epileptiform paroxysms, have an ascertained relation either to over-excitability of the nervous centres or to their imperfect nutrition. In the first class are *Strychnia* and its ores (as they may be called) *Nux vomica* and *Ignatia;* in the second, we have *Calcarea* and *Silicea.* These drugs constitute our Anti-epileptic armoury ; it is rarely that you have to go beyond them. Let me sketch to you the adaptation of them to Epilepsy in its several stages and forms of occurrence.

First, as to the FIT itself,—can you do anything to ward it off, when the occurrence of premonitory symptoms gives us time and opportunity ? If we can, I think it must be employing the Antipathic rather than the Homœopathic method,—though one of the drugs with which we carry it out is (or once was) peculiar to the school of Hahnemann. I am speaking of **Glonoin.** In lecturing upon that substance, I assigned reasons for believing that it acts immediately upon the medulla oblongata, and thence upon the vaso-motor nerves of the head and face, causing its well-known throbbing and flushing. It thus occupies the same ground and traverses the same path as the Epileptic NISUS, while its influence is precisely contrary thereto ; and it acts with almost equal rapidity. It thus answers in all respects to the requirements of an effective Antipathic palliative, and ought to be very useful in such a capacity. I suggested its employment here many years ago;* but have had no sufficient opportunity of testing its efficacy. In the meantime, however, another agent of the same kind, but acting more quickly still, has been introduced into the ordinary practice,—**Amyl nitrite.** Drs. Weir, Mitchell and Crichton Browne at once perceived its applicability to check the Epileptic paroxysm, and have reported very favourably of its employment. Dr. Hammond also praises it, but jtstly simits its use to those cases in which the face ordinarily becomes pale in the very inception of the attack. He has found it, as might be expected, of no curative power whatever when given systematically. The *Amyl nitrite* should be inhaled ; with *Glonoin* the first decimal dilution may be touched with the tongue.

* See 'Manual of Pharmacodynamics', 1st Ed. (1867), p. 289.

The treatient we adopt in the interval of the paroxysms, with the view of averting their recurrence, will be somewhat modified according as the disease is recent or of long-standing. For Epilepsy of recent origin we have two very valuable remedies, which are of little power in confirmed cases. These are *Ignatia* and *Hydrocyanic acid.*

Ignatia is of much value on account of the frequent origin of Epilepsy in emotional disturbance. I have mentioned that it was in use for the disease when thus caused before Hahnemann's time, and that he confirms its usefulness from his experience with small doses.—limiting its sphere, however to recent cases, or to those in which the fits never occur save from disturbance of this kind. Dr. Baertl relates several instances in which it was curative, and two are given by Dr. Bojanus. It is especially suitable for Epilepsy occuring in children, without being inherited by them.

The Homœopathicity of **Hydrocyanic acid** to Epilepsy was first argued out by Dr. Madden and myself in a Paper of this subject contributed to the Twentieth Volume of the BRITISH JOURNAL OF HOMŒOPATHY. I have several times since returned to the subject, and maintained our position, defending it against the only assailant it has had—our late colleague Dr. Russel ; and in a communication to the proceedings of the World's Convention of 1876, which is published in its Transactions, I have finally stated the whole matter. You will find there the complete argument of the conclusion that "*Hydrocyanic acid* is exquisitely Homœopathic to the Epileptic paroxysm ; that its effects as closely and truly resemble that disorder as those of *Strychnia* resembling Tetanus." Of this I think there can be no doubt ; but the inference as to its curative power over the disease cannot be made without considerable reservation. In Tetanus it is 'the paroxysm that we have to treat, in Epilepsy it is the morbid condition of the nervous centres from which at times paroxysms start. It is not so certain that we can modify this with the drug, which has moreover (as Dr. Russell justly pointed out), a very evanescent action. Nevertheless, as it will sometimes cure, in a most rapid and striking manner, such recurrent spasmodic attacks as Gastrodynia and Pertussis, there is no reason why it should not be occasionally remedial in Epilepsy. I have cited, in the Paper last referred to, several recorded instances of cure by it, even in cases of long-standing. I have myself many times obtained great benefit from it here, and when the disorder was of recent origin, actual cure. In one very interesting case the patient was the subject of Angina Pectoris also and both affections yielded to the *Acid.* I have had better results since I gave stronger, more frequent, and more continued doses. It is my present practice to administer from five drops of the 3rd decimal attenuation to three drops of the 1st centesimal four times a day.

In Epilepsy of some standing the leading remedies among Homœopathists are *Belladonna, Calcarea* and *Cuprum.*

Belladonna still holds in our affections that high place which it once occupied in the old school until dethroned by the *Bromides.* I have mentioned in my 'Pharmacodynamics' Trousseau's favourable estimate of its powers; and from Dr. Stille's Article upon the drug, it appears that its systematic use was intitiated by Debreyne, and consisted in giving daily doses increasing in quantity up to the maximum of toleration, and continuing this course with occasional relaxations and intermissions for three or four years. From the cases collected by Dr. Baertl and those reported by Dr. Russel it appears that it can sometimes cure in much smaller and less frequent doses, to complete the recovery. Bahr justly remarks that "the Epileptic *Belladonna-Convulsions* are the consequence of an intense intoxication of the organism; while running their course they may recur several times, but never in the form of a chronic affection, as is the case with *Cuprum* and *Plumbum.* Hence the *Belladonna-Convulsions,* as we indeed know from experience correspond rather to Eclampsia, which has been very properly designated as Acute Epilepsy." We shall see, when Puerperal and Infantile Convulsions come before us, how important a place *Belladonna* holds in their treatment. It is indicated in Epilepsy the younger the patient is, and the more sanguine his nervous temperament. It acts (we may suppose) by modifying the irritability and hyperæmia of the discharging centre. We can quite follow *Echeverria,* therefore, in expecting good from it in "Vertiginous Epilepsy;—the PETIT-MAL of the French writers. It may be tried in the form of *Atropia* also before abandonment.

That **Calcarea** has proved not less frequently and more permanently useful is evident from the cases in Dr. Baertl's Paper. It is of course especially indicated when the constitutional condition is one for which this great nutrition-modifier is suitable. But it seems often to have acted well when no symptoms of this kind were present, and to be peculiarly suitable for re-inforcing and perpetuating the action of *Belladonna.*

Cuprum, which once had some reputation in the old school as an Anti-epileptic, has a big one in ours. Bahr, Jousset and Bayes concur to give it the first place among our remedies for the disease; and Dr. Baertl cities a number of cures of chronic cases. Dr. Bayes thinks it indicated in proportion to the violence of the Convulsions.—The last two medicines have done most in the higher dilutions and rarely repeated doses; and Bahr thinks this practice to be best in the treatment of Epilepsy generally.

A few words may be said upon certain other medicines which may in exceptional cases become serviceable.

Argentum nitricum has well-known traditional reputation. Dr. Gray of New York says that it is often curative—without the need of including Cyanosis in the process—in cases arising from moral causes, as impassioned lay preaching. Dr. Brown-Sequard relates two cases in which $\frac{1}{8}$ gr. doses effected a cure. *Arsenic* has undoubtedly caused Epilepsy, but we know nothing of its power to cure it; it would perhaps be indicated if the paroxysms recurred periodically, *Cicuta* is credited with some cures, and so also is *Cocculus,* as I have related in my *'Pharmacodynamics.' Opium* is said to have cured cases where the fits occurred only in sleep. *Plumbum* is highly commended to us by Bahr, but rather upon the ground of its Homœopathicity than from any experience with it. *Silicea* is recommended in Epilepsy when the constitutional condition and concomitant symptoms of the patient are such as to suggest this remedy: it also (like *Opium*) is indicated by the occurrence of the Convulsions during sleep. The latter feature is Dr. Hammond's indication for *Strychina,* of whose successful use in Dr. Tyrrell's hands I have spoken when lecturing on that drug, *zizia aurea** appears to act as a poison much like *Œnanthe* and *Cicuta.* It has cured in Dr. Marcy's hands two genuine cases of Epilepsy of some standing. He gave the third decimal dilution.

I need hardly say that in Epilepsy, as everywhere, whenever the maxim TOLLE CAUSAM is practicable, it ought to be implicitly obeyed. Whether the CAUSA be an intestinal parasite, a depression of the cranium, or a Syphilitic growth, it must be removed by the measures appropriate for the purpose.

In these Therapeutic suggestions I have mainly reproduced what I wrote in 1877. The lapse of years since then has brought some further experience to light.

1. The use of **Œnanthe crocata,** which of the three Umbelliferæ most closely simulates Epilepsy, has been growing of late, Dr. Dewey has summarised the published evidence of its remedial power in the HOMŒOPATHIC RECORDER for December, 1899, and there is really a good body of it. Among others, Dr. Talcott praises it as improving the Epileptics among his patients in the Middletown Asylum. He gives it in the mother-tincture. †

2. Dr. Colby, of Boston, who is a nervous specialist, writes: "I have now been trying **Indigo** in nearly all my cases of Epilepsy for the past twelve years, and the percentage of actual cures has been so much greater than from the *Bromides* that I still continue to employ it, with 10 per cent. of apparent cures, *i.e.*, patients who do not have an attack of GRAND or PETIT MAL for over two years." ‡

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* See Hale's New Remedies, 2nd Ed. SUB VOCE.
† J. B. H. S., i., 280.
‡ NORTH AMER. JOURN. OF HOM., NOV., 1899.

3. In the Supplementary Lecture of my 'Pharmacodynamics' I have mentioned the repute of the **Artemisia vulgaris** in Epilepsy both in the hands of the common people and in those of Nothnagel; and have called attention to the power in the *Artemisia absinthium,* when habitually taken as *"Absinthe,"* to set up an Epileptic condition. My inference that we should get better results from this species of the genus has hardly been verified; on the other hand Dr. Sprague, from his experience at the Nebraska Institution for the feeble-minded, is inclined to place the *"vulgaris"* species at the head of our Anti-Epileptics, and seems to have used it in the dilutions.*

4. I have also, in the same place, quoted testimony to the virtues in the sphere of the poison of the toad, which we call **Bufo.** I omitted to mention that to this remedy, in the medium dilutions, Dr. Bojanus owed the majority of the cures and improvements he has reported.

5. Dr. W. M. Butler, whose experience, like that of several of the foregoing, has been gained in a public institution, has had his best results from *Cuprum* and *Hydrocyanic acid*. Of the former, he says that he has not been able to define its exact indications; but that several cases, apparently hopeless, which had been for years under old-school medication, he has promptly and permanently cured with it. Nor has it been inefficacious in recent cases, though for these he generally prefers *Hydrocyanic acid*. "We have found," he writes, "exceedingly satisfactory, and have permanently cured several cases through its agency. In some instances, where we have ultimately had complete success, we have found that it did not at first check the Convulsions, but rendered them much milder and shortened their length, the patient retaining partial consciousness during the seizures." The lower dilutions are recommended. †

The next Neurosis of which I have to speak is the well-known "St. VITUS'S DANCE"—

CHOREA. For Therapeutical purpose I think we may speak of three varieties of Chorea. The first is that induced by a

* NORTH AER. JOURN. OF HOM., Sept. 1894.
† IBID., May, 1901.

definite exciting cause, whether mental or material, as fright or the presence of worms. There is doubtless some fundamental instability of the nervous centres here; but when the cause can be removed or neutralised, the disturbances ceases. In the second the Chorea seems to be an expression on the part of the nervous system of a general diathesis or constitutional condition, as Chlorosis, Rheumatism, or Tubercle. The third form, in our ignorance, we must class as Idiopathic.

1. There seems no doubt that Chorea, like Epilepsy, may arise from a sudden and profound emotional impression, such as fright. Trousseau records two well-marked instances of the kind. In these cases we should expect the same benefit, from **Ignatia** as in recent Epilepsy thus caused: and the Pathogenesis fully favours the expectation. Jahr recommends *Causticum* where *Ignatia* is indicated, but proves insufficient. Like Epilepsy again, Chorea may be a symptom of the presence of worms in the intestinal canal. I have referred, when lecturing on **Cina,** to a very pretty case in which severe Chorea subsided on the expulsion of Ascarides consequent upon the administration. It will generally be the appropriate medicine where worms are suspected to lie at the bottom of the symptoms. Another which may fairly be named here is **Spigelia,** whose relation to Rheumatism strengthens the indications for its use in Chorea.

2. *Iron* is deservedly a favourite remedy in the old-school for Chorea; and the frequent co-existence of Chlorosis and Anæmia with this disorder explains its efficacy. In such cases Homœopathy has nothing better to suggest, and you had better give **Ferrum redactum** as you had a simple case of Anæmia before you. On the other hand, Trousseau's statement that Chorea is not uncommonly an expression of the Tubercular diathesis leads me to call attention to the place of **Iodine** in its treatment. Something very like the twitchings of Chorea appears among the phenomena of *Iodism;* and from my observation of the action of this precious medicine on the Nervous System in general, I should look for good results from it in cases of this kind. Jousset recommends it in the graver forms of disease, and there is old-school experience in its favour.

But by far the most important diathetic relationship of Chorea is that which it bears to Rheumatism. I do not mean through the medium of cardiac vegetations, causing embolism; but immediately. Wherever you can trace this relationship, I advise you to depend upon *Actæa racemosa* in its treatment. The cases recorded in the Second Edition of Dr. Hale's 'New Remedies' and those communicated by Dr. Gibbs Blake to the Sixteenth Volume of the MONTHLY HOMŒOPATHIC REVIEW, will encourage you in this course; and will also, I think, lead you not to go much above the mother tincture for the most suitable dose.

3. In the treatment of Idiopathic Chorea we are in much the

same plight as our brethren of the other school. We have so many remedies that we question whether any of them really cure or whether the disease does not get well of itself. The **Arsenic** and **Zinc** so much relied on by them we also use, adding **Cuprum.** We have also the group of vegetable neurotics, **Belladonna, Hyoscyamus** and **Stramonium;** and **Agaricus.** The last-named has perhaps been credited with most cures in our school; and its Austrian proving shows its perfect Homœopathicity to the disorder. The characteristic of the Convulsive movements of this drug mentioned by Dr. Clifton,* that they cease during sleep, is an almost invariable feature of Chorea. While with this medicine and *Cuprum* we may combat the ordinary cases of the disorder, *Belladonna, Hyoscyamus* and *Stramonium* will be more suitable in nervous and delicate children, *Zincum* where the nervous centres and the general nutrition are much depressed; and *Arsenicum* in those graver forms of the disease where even life is threatened. As the Pathology of such cases seems to be a condition of active hyperæmia at the base of the brain, the **Veratrum viride,** so much commended by Dr. Cooper,† might be a useful adjunct.

Another class of remedies of some repute in Chorea are the venomous spiders. The alleged connexion of the convulsive epidemics of the Middle Ages with the bite of the **Tarentula** has yet to be demonstrated; and Dr. Nunez's proving has not added much to our real knowledge of the subject. His preparation of the spider, however, has gained a good deal of repute among the Spanish and French Homœopathists in the treatment of Chorea, Dr. Jousset stating that it has given him more successes than any other remedy. While I am referring of authors, I may say that Bahr and Jahr concur in placing *Cuprum* and *Stramonium* at the head of Anti-choreic remedies. The former employes *Stramonium* in severe cases till the violence of the paroxysms is reduced, and then—or in "Chorea minor" from the first—gives *Cuprum.*

Here also, as in Epilepsy, the years which have passed since I wrote thus have brought their changes, though rather in the way of addition than of modification.

1. Dr. Goldsborough has given us two valuable studies of the Therapeutics of Chorea, in Sixth Volume of the LONDON HOMŒOPATHIC HOSPITAL REPORTS and the Eighth of the JOURNAL OF THE BRITISH HOMŒOPATHIC SOCIETY respectively. They are based upon the experience gained in our hospital, and I am glad to say that they confirm the suggestions I had so long ago made. *Ignatia* where simple nervous instability seems present, or mental emotion has been the exciting cause; *Actæa*—in fullish dosage—where a Rheumatic element is present; *Arsenic*

* M. H. R., xii., 400.
† B. J. H., xxix., 163; xxxiv., 279.

in severe cases, especially when there is Endocarditis; *Agaricus* or *Stramonium* when spinal cord or brain seems involved; *Cuprum* for sharp spasm and *Zincum* in depressed nervous systems with bad surroundings—these are his remedies as they have been mine and my former colleagues'. Brilliant and rapid results are not to be expected, but satisfactory recoveries can nearly always be depended upon.

2. Dr. Halbert has several times given, in the CLIOINUE so ably edited by him, illustrative cases of the treatment of Chorea. In Non-rheumatic cases he depends mainly on *Agaricus,* giving it in the form of its Alkaloid—*Agaricine.*

3. Here again, as in Epilepsy, *Argentum nitricum* receives commendation. Dr. Gross, of Regensburg, finds in it—in the 2nd to the 4th trituration, probably decimal—more effective than any of our ordinary remedies, and relates four cases illustrative of its power.*

Under the head of—

TREMCR several distinct affections might be included. Trembling is a marked feature of the SCLEROSE EN PLAQUES of the French Pathologists, whether occurring in the brain alone, or in the brain and cord conjointly. There are attacks of Convulsive Tremor which are connected with Epilepsy, differing from it mainly in that there is no loss of consciousness. But over and above these there is an essential tremor which is apt to invade the body,—either beginning in the head and gradually spreading from thence, or primarily involving the hands and associated with Paralysis. In the former variety (often called Senile Tremor, though by no means peculiar to old) I think **Agaricus** very useful. I once rapidly cured a case of long-standing in an old man with deep doses of the mother tincture of this drug; it had the peculiar feature of the twitchings of the arms ceasing when he used them in his work of shoe-making. The other kind of essential Tremor is "Paralysis Agitans," though its English equivalent "Shaking Palsy" probably applies to both. For this disorder **Mercurius** ought to be useful as it is strikingly Homœopathic; but Dr. Jousset says he has used it and other medicines without benefit. From the other school we have reports in favour of **Hyoscyamus** from Dr. Oulmont, and this is Homœopathic enough. Dr. Hammond speaks of obtaining excellent results from Galvanism and the *Bromide of Zinc.*

Good effects in Paralysis Agitans have been noted more

* ALLG. HOM. ZEIT., vol. lxiv., No. 24.

recently, by Dr. Goldsborough from *Mercurius solubilis* 12 and 30 and by Dr. Halbert from *Zincum picricum* 3x.* *Hyoscyamus* is also receiving enhanced favour in the Termor both of this complaint and in that of disseminated Sclerosis. In the latter Dr. Delamater uses the 4x trituration of Merck's preparation of the *Hydrobromate of Hyoscyamine* with much satisfaction. †

HYSTERIA is the next in order of our Neuroses. Here, besides the all-important mental and moral treatment, we can do a good deal by medicines,—thus advancing a step beyond the old school, which, according to one of its latest expositors, knows "not one single drug which exerts any specific action on the disease."‡ We have such a drug in our **Ignatia.** Besides removing many of the pains and spasmodic phenomena occasionally present, its continued use in varying dilutions will almost certainly modify favourably that morbid impressionability—emotional, sensory and reflex—in which so much of Hysteria consists. With **Moschus,** moreover, we can sometimes arrest and always shorten the Hysteric paroxysm. It should be given in the lower dilutions of the tincture, as its odour has much to do with its rapid action.

These are the medicines on which experience has taught me to rely. Jousset, however, considers **Tarentula** of at least equal value with *Ignatia,* especially when Hysteria assumes the Convulsive form. When this amounts to "Hystero-Epilepsy," the old-school recommendation of Duboisine may be considered.§ Bahr has a very full and detailed Article upon the disease, mainly taken from Hartmann, and gives indications for a number of remedies, as *Nux moschata, Valerian, Secale, Aurum, Pulsatilla, Conium, Cocculus, Asafœtida, Sepia,* &c. One would have been glad of some practical recommendations for special Hysterical affections. One of these is vomiting, which is often very obstinate; but it will sometimes give way to *Kreasote.* Hysterical pains in the joints will often yield to *Ignatia* or *Chamomilla,* or—if of longer-standing—to *Argentum.* For Aphonia, Paralysis and Anæsthesia occurring in connection with Hysteria, we have generally to call in the aid of Electricity. When Hysteria takes the form of sopor, *Opium* will prove curative;** when of Catalepsy, *Cannabis Indica.****

* J. B. H. S. iii., 141; vii. 329.
† Ibid., vi., 101.
‡ Dr. Russell Reynolds, in his 'System of Medicine', ii., 327.
§ See J. B. H. S., i., 121.
¶ See J. B. H. S., v. 296.
*** See Ibid viii., 156, I have myself had a similar experience.

CATALEPSY itself is so rare a disease that there is little likelihood of the question of its best Homœopathic treatment being brought before you. Nevertheless, it is well to remind you of the perfect picture of its phenomena occasionally presented by susceptible persons under the influence of the **Cannabis Indica** I have spoken of in connection with the Hysterical simulation of the condition.

I can find no better place than this for the affection so much noted of late, and described under the name of—

NEURASTHENIA—It is our old "Nervous Debility" scientifically recognised and elevated to the rank of a distinctive malady. Where it occurs in women, without any ascertainable exhausting cause, and when emaciation co-exists, I have no doubt that the plan of treatment devised by Dr. Weir Mitchell of Philadelphia, and carried out here by Dr. Playfair, is the best that can be adopted. When, however, Neurasthenia is distinctly traceable to over-strain or other nerve-depressing causes, much may be done for it by ordinary Hygiene and Homœopathic medication. Of our old remedies, **Phosphoric acid** and **Silicea** stand out pre-eminent,—the first where grief or chagrin has lowered the system or sexual excess had drained it, where there is diuresis and too ready perspiration, and where the memory shows notable failure; the second where there is more erethism present and more tendency to Headache and other pains. I have signalised these medicines in my 'Pharmacodynamics', and have generally been content with them; but I am glad to note the aid brought to *Silicea* by **Picric acid and to** *Phosphoric acid* by Schussler's **Kali phosphoricum.** Dr. Halbert finds no remedy for Neurasthenia equal to or surpassing *Picric acid*; and Dr. W. E. Taylor finds it curative even when the nervous depression threatens Insanity.* Dr. Gorton, of Brooklyn, assures us that we shall be helped by drop doses of the tincture *of Scutellaria lateriflora* when the brain symptoms are marked.†

* J. B. H. S., viii., 75 ix., 101.
† M. H. R., xxxvii., 109.

LECTURE XXVIII

DISEASES OF THE NERVOUS SYSTEM

—o—

LOCAL NERVOUS AFFECTIONS

—o—

NEURITIS—NEURALGIA—MEGRIM—LOCAL SPASMS—FACIAL PALSY

Having now completed the consideration of the general disorders of the nervous system, I shall devote this lecture to those which are of a more localised character. I shall speak of NEURITIS and NEURALGIA, of MIGRAINE, of LOCAL PARALYSIS, and of LOCAL SPASMS.

NEURITIS has only recently been recognised, but it embraces several affections to which we have hitherto given other names, as "Rheumatic" Neuralgiæ and Paralyses. I shall still speak of the treatment of those under their former headings; and will only say here that **Aconite** (preferably in the tinctures of the root) is the great remedy for them. The most interesting form of Neuritis is that called "Multiple Peripheral." Its special interest to us arises from its frequent causation by mineral poisons, as *Lead, Arsenic,* and (in India-rubber workers) the *Bisulphide of Carbon*: for in these substances we get remedies for it when occurring as an effect of Alcohol or a sequela of Influenza or Diphtheria. In the Fifth Volume of the LONDON HOMŒOPATHIC HOSPITAL REPORTS, Dr. Galley Blackley relates five cases of its having the latter origins, in four of which the **Carbon bisulphide** certainly contributed to the cure. Dr. George Black has related a cure of a case of long-standing, having its seats in the right sciatic, by the 3x dilution of this drug; and Dr. Hawkes has reported an Alcoholic case successfully treated by **Plumbum.**

In Neuritis of traumatic origin, you will of course think of **Hypericum.** A case where it was consecutive to Neuroma was practically cured by it in Dr. Colby's hands.†

* M. H. R., xxxvii., 594; xxxix., 121.
† J. B. H. S., 1., 280.

And now of—

NEURALGIA.—Of the Homœopathic treatment of this painful malady I am able to give you a most favourable account. Without the blistering and hypodermic Morphia, or even the Electricity, which seem at present the main resources of the old school, you need seldom fail to effect a rapid cure of the ordinary varieties of the disease, and even the intractable "Tic Douloureux" will sometimes yield to our remedies. If you need further encouragement than my assertion affords, let me ask you to read the cases of the diseases recorded by Dr. Quin in the Fourth, by Dr. Morgan in the Thirteenth, and by myself in the Twenty Second Volume of the BRITISH JOURNAL OF HOMŒOPATHY. I can also refer you to Dr. Burnett's little volume on the disease.*

In my Lectures on the 'Materia Medica' I have endeavoured to characterize the sphere and kind of action of our most noted Anti-neuralgics. I would ask you to read what I have written there about *Aconite, Arsenic, Belladonna, Colocynth, Phosphorus, Spigelia* and *Sulphur* in this relation; and will here, without repeating myself, take up the subject from the side of the disease, and endeavour to apportion our remedies to its several forms and varieties.

The primary classification to be made of them relates to the history of the malady,—whether it is recent or of long-standing inherited or acquired, and whether its subject is young and impressionable, or sufficiently advanced in life to be undergoing degenerative changes. A Neuralgia of recent origin in any one yet on the sunny side of the grand climacteric requires such remedies as *Aconite, Belladonna, Colocynth* and *Spigelia*: it is pretty sure to be more or less Rheumatic or inflammatory (if not reflex) in origin. But when a patient inherits a morbid nervous system; when Neuralgia sets in with him to all appearance spontaneously, and settles in time into a chronic and obstinate misery; or when it begins late in life,—you will have to resort to deeper-acting remedies, like *Arsenic, Phosphorus* and *Sulphur*. You have degeneration to deal with, and must select your remedies accordingly.

Let us now pass in review the local varieties of Neuralgia, with the object of seeing what has been or may be done for their treatment.

1. Neuralgia of the trigeminal nerve (PROSOPALGIA) are among the most frequent we are called to treat. Many of these affect its supra-orbital branch alone. The sympathetic Neuralgia of gastric disorder generally attacks this nerve (some persons cannot swallow an ice without being attacked by it); it then finds it remedy in **Kali bichromicum.** The 'Hahnemann Materia Medica' contains two cases cured by it in the 6th and 12th dilutions. "Brow-ague," again is a supra-orbital Neuralgia, and when truly Malarious, finds its best remedy in **Quinine** which may also prove serviceable in the disorder otherwise occurring, Dr. Anstie agreeing with Valleix as to the doubtful value of this remedy in

* "Neuralgia" its causes and its remedies 2nd Ed., 1894.

Non-malarious Neuralgia, except "the Ophthalmic form." In this Buzzard also commends it. And the following case shows that infinitesimal doses of the drug may suffice for the cure, which could hardly be unless it were Homœopathic to the condition,—as indeed the provings of Dr. Schulz have proved it to be.*

Mrs. Des V—, æt. about 50, consulted me on December 12th, 1867. About a week previously she had had a chill, the immediate effect of which was a cold in the head. With this her appetite had gone off; and in a day or two a pain had set in above the left eye, which, after wavering about for a little, had become a periodical supra-orbital Neuralgia. For the last three days the pain had come on daily at noon, and continued till between four and five p.m. It shot from the supra-orbital foramen up the scalp on the same side, and one spot over the parietal bone was especially painful, and tender to the touch. The eye did not become bloodshot during the attack, nor did it water, but the eyelids quivered much. The distribution of the supra-orbital nerve readily accounts for all these phenomena.

I found the appetite quite absent, a clammy taste in the mouth, and the tongue rather thickly coated with a greyish fur. The urine was loaded with Lithates, but the bowels were normal. No other symptoms worthy of note were ascertainable. I prescribed *Kali bichromicum* 6, a drop three times a day.

Dec. 14th. The tongue was cleaner and the appetite better, but the attacks of pain had recurred without diminution or variation. Continue *Kali bichrom.*

Dec. 16th. The gastric symptoms are now quite removed, but there is no real change in the Neuralgia. The periodicity of the paroxysms and the Lithate-loaded urine were the only symptoms upon which I could found my choice of a remedy. They led me to *Quinine*, which I prescribed in the 3rd centesimal dilution, a drop four times a day.

Dec. 18th. Since beginning the *Quinine* there has been hardly any pain worth-mentioning, but during the usual hours of attack there has been an occasional slight stab in the brow and quivering of the eyelids. Continue.

Dec. 21st. No supra-orbital nerve symptoms has appeared these three days. The urine is much clearer.†

In RIGHT supra-orbital Neuralgia, especially in connection with hepatic disorder, you may do well to bethink yourself of **Chelidonium,** which indeed its prover, Dr. Buchmann extols as sovereign remedy for most superficial affections of this nature.‡ **Nux vomica** also is appropriate here, and is commended by Jousset even when Malaria is the exciting cause.

Neuralgia of the Superior and inferior maxillary branches of the fifth (often including the Ophthalmic) is met with under two forms, the one recent and readily curable, the other chronic

* 'See Cyclopædia of Drug Pathogenesy', ii., 738.

† Abridged from report in B. J. H., xxvi., 131.

‡ See. Vol. xxv. of the same Journal p. 30 : and vol. xx., p. 47.

and very intractable. A good number of remedies have gained repute in the former; and possibly some of them may be applicable to the latter. I will therefore give the indications for in each in order.

Aconite I have formerly described as "invaluable in quite recent cases, where the phenomena are Congestive or Rheumatic in character," referring to Dr. Morgan's first case as illustrating such adaptation. Since, however, I became acquainted with Schroff's provings, showing its power of setting up a true Trigeminal Neuralgia, I have much extended the range of its usefulness, saying that "in recent Prosopalgia, especially when caused by exposure to dry cold, it will prove curative, even when the terms 'Congestive,' and 'Rheumatic' are out of place." This is Dr. Dudgeon's experience as well as our own.* Dr. Gubler's results, cited in my 'Pharmacodynamics', would lead us to trust to it in more chronic and deeply-rooted cases; but here, I think, it should be given in the form of the tincture of the root or of *Aconitine.*

Belladonna is the remedy in sub-acute cases, even of some standing; in comparatively young and florid subjects; where in each attack of pain the face flushes up (especially, sometimes only, on the side affected), the cheek being hot and the eyes suffused. Its Neuralgia differs from that of *Aconite,* which otherwise—in the congestive form—it so closely resembles, in having hyperæsthesia present, so that any jar aggravates the pains. These, moreover, are apt to come and go suddenly.

Colocynth is recommended where the disorder has arisen from exposure to damp cold, or occurs in Rheumatico-gouty subjects. The pain is tearing; aggravated by touch or movement of the facial muscles; relieved by warmth and rest.

Spigelia in Bahr's opinion, "deserves the first place in the list of remedies for Prosopalgia." The indications are those of *Colocynth* (*i.e.* the "Rheumatic" character), with anxiety at the heart and great restlessness. The pain, too, is as much jerking or pulsating as tearing. Jahr adds periodical recurrence as a characteristic; others aggravation by stooping.

I confess that I have had no successful experience with the last two remedies in Rheumatic Prosopalgia. I have always got on, if *Aconite* has not been sufficient, with **Rhododendron** and **Pulsatilla.** The first has answered well in recent cases, where the whole half of the face seems to ache; in one such case where it failed, *Kalmia* succeeded, as recommended by Dr. Bayes. *Pulsatilla* comes in where the disroder is of longer-standing, and the pains are of the character so graphically described by Hahnemann—"as if a nerve were put upon the stretch and then let loose again suddenly causing a painful

* See "Materia Medica, Physiological and Applied," i., 134.

jerk." The other characteristic of the drug are also usually present.

Verbaseum, Mezereum, Platina and **China** find also an occasional place in the treatment of Prosopalgia. The pain of the two former is seated in the infra-orbital foramen, and is a stupefying pressure. Dr. Cretin thinks highly of *Verbascum* (in the mother tincture): its pains, he says, are readily excited, the face is red, and there are acid eructations.* Syphilitic or Mercurial influence would especially suggest *Mezereum*. *Platina* and *China* are (like *Aconite* and *Belladonna*) exactly antithetic in one important particular, viz., that the pain of the former is accompanied by numbness, while with the latter the face is so sensitive that the least touch aggravates. *Cedron* and *Plantago* also should be considered. †

Last, though not least, but greatest comes **Arsenicum.** In purely Nervous Prosopalgia (as from Influenza, Malaria, or Simple Debility) this remedy stands FACILE PRINCEPS. I have fully given the indications for it in my 'Pharmacodynamics,' I may add here Bahr's testimony to its efficacy. "*Arsenicum*", he writes, "quiets nervous pains better than any other medicine. Its effect is rapid, and sometimes rivals a powerful dose of *Opium*. It is characteristic of *Arsenic* to exert this soothing influence only" (I should rather say "especially") "in the case of pains that become worse at the approach of night, reach their climax about midnight, and are accompanied by an extraordinary degree of nervous restlessness." I quite agree with this author in preferring the higher dilutions of *Arsenic* (and, indeed, of most other Anti-neuralgics, save *Aconite* and *Belladonna*) to the lower.

It is mainly by such use of *Arsenic* that the true TIC DOULOUREUX—the "Epileptiform Neuralgia" of Trousseau—can be (when it ever can) removed out of the category of incurable disorders. Several of the cases recorded by Dr. Quin were unmistakenably of this nature—in the first the Neuralgia had actually superseded Epilepsy; and all were of some standing. *Arsenicum*, in high dilutions (30-39), was his chief remedy, though it was sometimes powerfully reinforced by *Belladonna*. The cases are too long to cite, but their attentive perusal will well repay you. The other medicines deserving of consideration in this frightful malady are **Sulphur, Phosphorus,** and **Thuja.** Although none of Dr. Copper's recorded cases of cure by the first-named drug ‡ can be referred to this category, yet some of them were severe and obstinate enough to suggest its further trial; and in a case I have myself treated it has so far effected a cure that the

* A case resembling Tic Douloureaux, in which this drug in the 3x dilution, was of great service, may be found in the J. B. H. S., Vol. vii., p. 420.

† See Ibid., p. 87, and Vol. i., p. 374.

‡ "Sulphur as a remedy for Neuralgia and Intermittent Fever," by Robert T. Copper M. D., 1869.

patient suffers very little as long as she continues to take it. The mother-tincture (tinctura fortissima of the Pharmacopæia) is the form in which its victories have been achieved. Very similar remarks may be made about *Phosphorus*. None of the cases continued in Mr. Ashburton Thompson's Book, or of those cited from the medical literature of both schools in the Article upon the Subject which commences the Thirty-Second Volume of the BRITISH JOURNAL OF HOMŒOPATHY, were of true TIC DOULOUREUX, but many were of very violent and chronic character. The relation of *Phosphorus* to nerve degeneration would make it specially applicable to this form of Neuralgia. It has hitherto done most in tolerably substantial doses; but Dr. Jousset speaks of having had success with it in a case of the kind in the medium attenuations. This writer mentions cures effected by him with two curious medicines—*Thuja* and *Coccinella** in alternation, giving the third dilution of each. This was an old medication of his master Tessier's—how arrived at I know not. Some trials by Dr. Escallier and himself have indicated the *Thuja* as the really potent agent in this combination. Dr. Cooper was the only English physician, who seems to have employed it—and this rather in "Face-ache" (Alveolar Periostitis) than Prosopalgia. His experience was gained, though not published, in 1868-9. In 1881, Dr. Burnett was led, as I have related, to his views about "Vaccinosis," and to the practice of treating such blood-infection with *Thuja*. In 1882, a case of this kind (as he considers) came before him with, as its chief symptom, a severe Post-orbital Neuralgia (so diagnosed by all the oculists consulted); and it was cured by *Thuja* 30. Other cases (see pp. 64 and 88 of his book on "Vaccinosis") were similarly characterized and cured. In his Book on Neuralgia he reproduces these three cases, and adds two more,—the pain in all instances being seated mainly in or about the eyes. Whatever we may think of Dr. Burnett's theory, the action of his remedy seems indubitable; and, with Tessier and Jousset also warranting it, we may give it in suitable cases with much hope of success.

2. Sub-occipital Neuralgia has no special Therapeutics of its own; Intercostal Neuralgia will be discussed under the head of Pleurodynia; and the various Visceral Neuralgiæ will come before us in connection with the organs they affect. I have, therefore, here only to speak of the malady as it is seen in the limbs.

Neuralgia affecting the arms—"Brachialgia," as it may be called—is not, I think a very common affection. You will bear in mind Mr. James Salter's observations, cited by Anstie, † of its frequent dependence on carious teeth; and will not neglect TOLLERE CAUSAM in such cases. Where it cannot be traced to

* Not *"Coccus cacti"* (See B. J. H., xxxvi., 184).

† "On Neuralgia and its Counterfeits," 1871—See a good illustration of such causation in M. H. R., xxxviii., 610.

such origin you will find some indications in Jousset (who seems to have seen the affection often) for *Bryonia, Rhus, Mercurius, Nux vomica, Pulsatilla,* and *Sulphur.* All he says from direct experience, however, is that he has cured a patient, who suffered cruelly at night and when at rest, with the third dilution of *Veratrum album.* My own successes here have been gained with *Aconite*-root and *Kalmia.*

Neuralgia of the lower extremities may attack the crural nerve, but this is a rare occurrence. Pain along the course of this nerve is generally, I think, sympathetic of ovarian irritation and finds its remedy in *Xanthoxylum* or *Colocynth.* The seat of pain in Neuralgia affecting the leg is nearly always the great sciatic :

We have to deal with

SCIATICA.—There are two principal forms under which this malady is encountered—the purely Nervous, seated in the nerve itself or its origin; and the Thecal, where the sheath is the part affected.

(*a*) Pure Sciatica, like Prosopalgia, differs in character according to the age of the patient, as Anstie has well-shown. In young persons of nervous temperament, **Chamomilla** will often suffice for the cure. The pain is worse at night, and the sufferer complains of it as intolerable: it is of a drawing or tearing character, and accompanied by a paralytic or numb sensation. Sometimes **Ignatia** is preferable, as in a case recorded by Dr. H. Nankivell in the Fifteenth Volume of the MONTHLY HOMŒOPATHIC REVIEW (p. 30). Great restlessness, so that the patient must walk about to relieve the pain, is the chief indication for it. In persons more advanced in life and subjected to fatigue, exposure, or constant sedentariness (whence pressure on the nerve), we have a more severe form of the malady (though it must be said that Dr. Nankivell's patient was fifty years old, and of sedentary habits). Here, in recent cases, **Colocynth** has always justified in my hands the high repute it has in Sciatica. Dr. Jousset says it is especially useful when the pain is cramp-like, and there is a sense of constriction round the haunch.* But when the affection is of longer-standing I have been disappointed with this medicine, and have fallen back with success on **Arsenicum,** which Bahr and Jousset concur with me in commending. Case xxviii. in my series is a capital instance of its virtue. Here Sciatica of eleven months standing yielded, after the failure of *Colocynth,* to one day's administration of *Arsenicum* 30. I may mention that this man died two years later of cardiac disease, but had no return of the Neuralgia. In

* A typical case of the Sciatica calling for this drug is reported by Dr. Hobart in the MEDICAL ERA of January, 1893. The pain had commenced in the stomach and left ovary, then shifting to the left leg, where it had continued at intervals for a year. It was drawing, crampy and throbbiug. *Colocynth* 3x cured in four days.

chronic and obstinate cases you may think of *Lycopodium,* as recommended by Bahr, or of *Plumbum,* with which, writes Dr. Jousset, "I have succeeded in an utterly rebellious case. I employed the 12th and 30th dilutions." *Sulphur** and *Phosphorus,* also as mentioned under Prosopalgia, must not be lost slight of.

(*b*) THECAL SCIATICA (shown to be such by the tenderness to pressure which is present) is sometimes Syphilitic, and then yields to the usual treatment for the diathesis. A case cured by *Mercurius corrosivus* 2, is reported by Dr. Crawford.† Far more frequently, however, it is Rheumatic. When the affection is recent it yields readily to **Aconite,** which I have always given here in the 1st decimal dilution, or, better still, the 1st centesimal of the tincture of the root. In more chronic cases **Rhus** will rarely fail to relieve, as my thirtieth case shows: of this remedy I prefer the medium and higher dilutions. Sometimes, as in Rheumatism occurring elsewhere, **Bryonia** may replace it. Dr. Jousset speaks of having obtained "very fine results from it in the second and first triturations, even in chronic cases, and where atrophy of the limb was present." He does not say if the characteristic increase of pain by movement was observed. An acute case of the kind, where this symptom was present, is reported by Dr. Fisher in the MEDICAL CENTURY of January 1894. Here a single dose of the 3, relieved so completely that no more had to be taken.

Besides the above-mentioned remedies for for Sciatica, I would say a few words upon *Arnica, Gnaphalium* and *Iris.*

A patient suffering from this malady swallowed a wine-glassful of tincture of **Arnica.** His pains increased considerably, and he had a bruised sensation in the joints; but after six hours this subsided, and with it went all trace of the Sciatica. This case led Dr. Lambreghts to try the drug in obstinate cases of the disease. He mentions five as having yielded to it, after resisting *Rhus, Colocynth,* &c. Four to six drops of the tincture were given daily for several days. It was especially useful when compression of the nerve seemed to be the exciting cause; and to cases having such origin or aggravation I should confine its use. ‡

The power of **Gnaphalium** both to cause and to cure sciatic pain has been noted in my "Pharmacodynamics" and its repute has been growing since, especially in the hands of those who have not feared to give substantial doses. §

Iris so far differs from *Gnaphalium* that it is only in diluted form that it has proved pathogenetic here, and that no application

* See J. B. H. S., iii., 456.
† IBID. ii., 228.
‡ JOURNAL BELGE D' HOMŒOPATHIE, May—June, 1893. p. 217.
§ See M. H. R, xxxxii., 491.

has been made of the fact in practice. It must not be forgotten, however, as a possible Anti-sciatic medicine.

For further suggestion in troublesome cases of Sciatica, I would refer you to an excellent Paper upon it by Mr. Wilkinson in Vol. xxxviii. of the MONTHLY HOMŒOPATHIC REVIEW.

From Neuralgia I pass on to another local nervous affection which I will follow most recent writers in calling, not by its Greek name HEMICRANIA, nor by the French derivative MIGRAINE, but by the old-fashioned English corruption of the latter—

MEGRIM,—It is under this name that Dr. Robert Liveing and Dr. P. W. Latham have described it—the latter in Quain's Dictionary, the former in a Monograph taking high rank in medical literature. † Megrim is known as "Sick-headache," from two of its most constant and distressing features. Some persons, for similar reason, describe it as "Blind Headache." It may occur, however, without either sickness, headache, or disturbance of vision. Dr. Liveing, studying the malady MORE HANNEMANNIANO, has been able to construct a complete picture of its phenomena, seen in full only in the most typical cases, but so occurring by one, two, or three as to leave no doubt of their coherence one with another and with the essential disease. "The forms of Megrim," he sums up, "range from the simplest, Hemi-cranial pain, transient half-vision, or sick-giddiness, to cases which present a complex assemblage of phenomena and wide range of sensorial disturbance." In a well-developed example, the attack is ushered in by a peculiar disturbance of vision, and culminates in Headache and vomiting; but during the culminating process there may occur numbness and tingling on one on other side of the body, and disorder of speech or thought; and at any time throughout the attack there may be Vertigo, hyperæsthesia and hallucinations of the other special senses, and emotional disturbance, especially "a vague and unaccountable sense of fear." The face in generally pale and sunken; the heart is slow and the pulse contracted. Dr. Liveing regards Megrim as a true and independent Neurosis, like Epilepsy, Asthma and Angina Pectoris; shows that like these it is hereditary, paroxysmal, approximately periodical, violent in direct proportion to the length of the interval since the last attack, and

* "On Megrim, Sick-headache, and some allied Disorders," 1873.

interchangeable with other forms of nervous disorder. The whole paroxysm is a nerve-storm.

I have given these details (others may be found in Dr. Latham's Article, and in the literature of the subject summarised in the First Volume of the LONDON MEDICAL RECORD) that we may look for medicines truly similar to its essential features. Before doing so, however, let us see what our older writers have to say on the subject. Clotar Muller and Trinks have discussed* at some length on the disease (whose distinctive Pathological character they fully recognise) and its remedies: and Bahr's Article may be consulted with advantage.

HEMICRANIA (these all say) is a disease which requires to be closely individualised. When you have selected what seems the SIMILLIMUM, administer it in frequent doses during the paroxysm, in rare ones through the interval, and give it a thorough trial before you change it. In chronic cases three months should be the shortest time of testing. Do not give one medicine in the intervals, and another during the paroxysms; and especially, as long as you have any hope of curing your patient, do not resort to palliatives like, Coffee, Guarana, and Chloral. It is significant that the old-school treatment of the malady resolves itself into the use of these; on the CURATIVE measures to be adopted between the attacks, its writers are vague and brief.

The medicines between which your choice will commonly lie are (they say) these :—*Belladonna, Calcarea, Ignatia, Nux vomica, Sepia* and *Stannum*.

Belladonna is generally the best medicine we can prescribe if the Headache is of recent origin, and occurs in young, slender subjects of nervo-sanguine temperament and otherwise fairly healthy. Vaso-motor complications confirm its choice; and the tendency of Migraine to pass over into genuine Neuralgia (as shown by Dr. Anstie) still further substantiates it. I agree with Dr. Muller that the medium dilution (3-6) are preferable to the lowest for this purpose.

Calcarca vies with *Sepia* as the radical remedy for chronic and obstinate cases. In lymphatic subjects especially of Scrofulous diathesis, and where (in males) there is an unhealthy state of the reproductive organs it is indicated. The symptoms of the paroxysm which call for it are coldness of the head, and much acid in the eructations and vomiting. The *acetate* seems the best form of administration.

Ignatia is commended here also, as in ordinary nervous Headache, when the pain has the form of "Clavus." It is indicated (as there) in nervous, Hysterical patients, and when depressing mental emotions will at any time bring on the attacks. The face is pale during the paroxysm (unlike that of **Belladonna** and **Nux vomica**):

* B. J. H., xxi., I, 276.

clonic spasms are frequent concomitants, and diuresis often constitutes the crisis.*

Nux vomica cannot fail to do something for Migraine when the well-known constitution, temperament and conditions characteristic of this medicine are present, and when errors in diet readily excite the attacks. But neither it nor *Ignatia* is allowed place in the first rank of its remedies by our writers.

Sepia has the largest and most unanimous testimony in its favour as a radical remedy for this disease. Its finds its sphere in chronic cases, occurring chiefly in women of disordered sexual function with much Leucorrhœa, and subject to hepatic disturbance and abdominal congestion. A florid countenance, inclined to be yellow, indicate it; also the so-called "Sudor Hystericus" in the soles or axillæ.

Silicea is only mentioned by Bahr, but his indications are precise. They are—"rush of blood to the head, great sensitiveness of the scalp, falling off of the hair, much perspiration on the hairy scalp." To these I would add—pain ascending from the nape into the head.

Stannum is unnoticed by any of the three writers I am quoting, but it is a favourite medicine of mine. The CRESCENDO DECRESCENDO character of its pains first directed my attention to it in Migraine, where this feature is often very marked. Its action is not so profound as that of *Calcarea* and *Sepia;* but after these I am inclined to claim the highest place for it.

Returning now to the picture of Megrim as drawn for us by Dr. Lieving, let us take the disturbance of vision as our starting-point in the search for remedies. The affection is a blind spot, most frequently central, but sometimes assuming the form of Hemiopia, and then almost always lateral, very rarely superior or inferior. The blur is dark against a bright ground like the sky, but luminous on closing the eyes; and is generally surrounded with zigzag coruscations, often compared (in shape) to the bastion-work of a fortress. It spreads peripherally or laterally, according as it is central or hemiopic; and the vision clears at the primary spot as the obscuration widens. Its course is a brief one, and then comes the Headache. It seems to be bilateral in all cases (though beginning, Dr. Latham says, on the side opposite to that on which the pain subsequently developes) : and is unconnected with any change (appreciable by the Ophthalmoscope) in the retina.

In hunting for remedies on the scent, we are first of all led to *Ignatia* and *Nux vomica* again. Hahnemann observed sixteen hours after taking a dose of the former, circle of brilliant

* See a good paper on "The Ignatia Headache" by Dr. Shuldham, in the Fifteenth Volume of the MONTHLY HOMŒOPATHIC REVIEW. His sketch of the subject in his treatise on Headaches is less detailed.

white glittering zigzags beyond the visual point when looking at anything whereby the letters on which the sight is directed become invisible, but those at the side are more distinct"; and again he notes, after thirty hours, "a zigzag and serpentine white glittering at the side of the visual point, soon after dinner." In a note, he directs attention to these symptoms as "very much resembling Herz's so called Spurious Vertigo". I cannot trace the allusion, but should think it most probable that Herz was describing the visual phenomena of Migraine, of which giddiness is often a potent element. Looking then to the other features of drug and disease, we find that the Headaches caused by *Ignatia* were frequent and severe, though only once associated with inclination to vomit; that difficulty of thinking and speaking was noted by two of Jog's provers of it; and that hyperæsthesia of the special senses and emotional disturbance are very characteristic of it. *Ignatia,* therefore, would be well-indicated for Migraine beginning with central blur and coruscations, and going on to severe pain with such concomitants as those mentioned.

Nux vomica also has produced the visual phenomena which Hahnemann compares to the Vertigo Spuria of Herz;* so that it would seem as if the *Strychnine* common to the two were their real exciting cause. In the Pathogenesis of the Alkaloid, however, though herocially enough obtained, this symptom has not appeared; and our wisdom will be, for the present at least, to use the matrix drugs. We thus, moreover, get two remedies instead of one, for *Nux* and *Ignatia,* as you know, have many points of distinction. The patient whom the former suits is one of different temperament and habits (often also of sex) from those which call for the latter; and (remembering how it is indicated for brain-workers) it is note-worthy how many men of high intellectual power — Woolaston, Herschel, Airy, Lebert, Du Bois Reymond—have furnished narratives of their personal experience with Megrim to Dr. Lieving's Book. The *Nux vomica* Migraine would, from its Pathogenesis, have more Vertigo in it than that of *Ignatia,* as much hyperæsthesia, but less strictly emotional excitement,—if anything of this sort were disturbed, it would be what we call the "temper". Errors in dier might well be its exciting cause; but I do not think that any stress must be laid on vomiting in the course of it, as only once has the Headache of *Nux* had this concomitant, and then it came on after dinner, and was sour,—very different from the way it occurs in Migraine.

When first the visual symptoms of Megrim were definitely described in our day, they recalled to several results obtained by Purkinje with **Digitalis.** Experimenting on himself on two occasions with the extract and infusion, he both times noticed

* 'Materia Medica Pura', Transl. by Dudgeon, § 145.

much flickering before the eyes, and makes this comment on some of his experiences :—"The figures formed by the flickerings have been described as FLIMMEROSEN, because the outline of the rose is their type. In place of the round spots in the middle of the field of vision observed in the first experiment there now occurred a space bounded by four deep oval circular lines, forming four large round identations, and the waves of light and shade surrounding it show the same indented form but less pronounced. These figures, which first appeared on the second day, were formed when they reached their height on the third by curved (but flater) lines having five indentations, and were surrounded by waves of light and shade exhibiting a similarly five-fold but not deep indentation". Now one may agree with Dr. Lieving that the resemblance between these "roses" and the "fortification pattern" of Megrim is not striking; yet it is near enough to call attention to the drug, and on looking further we find in its visual and other symptoms a close parallel with the disease. In a patient of Baker's taking it, muscæ volitantes were seen before the eyes on looking at distant objects, which, when the eyes were covered, became luminous. Brunton, when proving *Digitaline,* saw a large bright spot advancing before him; and Bahr, under the same circumstances, had the upper half of his field of vision covered with a dark cloud. In him, moreover, a parietal Headache set in the morning, became worse in the afternoon, and "increased in the evening to a violent Migraine". This was indeed not an unprecedented occurrence with him, but it was different from his ordinary attack, in that then it was always at its worst in the morning on rising. Headache, moreover, often sever, is a frequent effect of both *Digitalis* and its Alkaloid. Vertigo is not less marked from it, and its vomiting is of cerebral origin, slow of coming on, but when excited, violent and long-lasting. Remember also the slow pulse of Migraine, and the pale face and contracted arteries—the last being often so prominent a feature as to lead Du Bois Reymond and Latham to suppose the disorder a Vaso-motor Neurosis; and you have in forms of it frequently appearing a complete picture of the effects of *Digitalis*. Dr. Marc Jousset has made a beginning of the suggestion herein conveyed :* I hope that other experience may confirm his good results.

Again, of the Austrian provers of **Cyclamen** seven had more or less obscuration of sight, and four had flickering before the eyes. One of these, whose eyes were weak and required glasses had this symptom after two doses of the drug for six days in the right eye, for three weeks—though less severely in the left. It began, too, with violent Headache, which lasted unchanged for two days, diminished on the third and disappeared on

* L. Art MEDICAL, lx., 126.

the fourth. At one time he speaks of seeing a "luminous ball" before the eyes; at another, "with the eyes opened or closed, he seemed to see at a distance of about two feet a disk as large as a two-groschen piece, which seemed frequently to be pierced by brilliant lightnings". Vertigo and mental confusion appeared in the provers, and have been verified by a good cure. In this case they occurred in a women at the Climacteric; and Dr. Eidherr had long before given us several cases in which the head and eye symptoms of the drug had co-existed with Catamenial derangement such as it causes, and which had yielded to it. *Cyclamen,* therefore, should be useful in Migraine occurring in such subjects and under such circumstances; especially where its character was such as to lead to its being called "Blind Headache".

Of **Iris,** I have nothing to add to what I have written on it in my 'Pharmacodynamics'; but as it was the "blur before the eyes" preceding a Sick Headache which first led to its employment in true Migraine, it could not be omitted here.

I will also refer you to what I have written in the work just mentioned regarding **Sanguinaria,** * **Theridion** and **Zincum sulphuricum;** and will end with two quotations from the JOURNAL OF THE BRITISH HOMŒOPATHIC SOCIETY :—

1. "Translating a Paper of Dr. Jousset's on the treatment of Migraine, Dr. Pritchared adds some bits of experience from Dr. Puhlmann and himself. The former, for the radical cure, has most reliance on *Sepia* and *Calcarea carbonica* in alternate weeks. Dr. Pritchard has had personal experience of the Ophthalmic variety, where 'fortifiration-patterns' and zigzag flashes are seen before the affected eye. It was brought on in his case by the over-use of Tobacco and want of rest. After trying several remedies unsuccessfully he took *Nux vomica* 1, which relieved him in two minutes".

2. "Dr. H. Moser has a Paper on the treatment of this malady in the HOMŒOPATHISCHE MONATSBLATTER. No. 2 of 1893. His experience is that one can never hope to cure a case without getting the patient to give up Coffee entirely; that *Sanguinaria* and *Iris* are the leading remedies; and that **Niccolum,** when indicated 'will surprise'. Its pain is most severe in the forenoon, from 10 to 11, and may be so intense then that the patient cries out in anguish. It appears first on the left side, then possibly jumps over to the right. In the evening it disappears".

To sum up :—Megrim is a Neurosis like Epilepsy, having its periods of incubation and its paroxysms. The latter should be treated with drugs corresponding to their features,—of which we have studied *Belladonna, Ignatia, Nux vomica,*

* See also M. H. R., xl., 750.

Digitatlis, Cyclamen, Niccolum, Iris and *Sanguinaria.* Sometimes one or other of these will control the morbid tendency; but more frequently we have to deal with by means of deeper-acting medicines such as *Calcarea, Sepia, Silicea, Stannum,* and *Zincum*—medicines which deal with the general disorder of which the paroxysms are but an expression. By the use of both these classes of remedies in their respective place we are best likely to control the disease now under consideration.

Under the head of—

LOCAL SPASMS I propose to speak of several forms of involuntary muscular contractions. Tonic or Clonic, which, although localised, will not come under notice among the disorders of particular organs.

1. The more common of these are well-known CRAMPS OF THE CALVES. Seen at their highest intensity in Cholera they are symptomatic of the forms of instestinal irritation, or may result merely from fatigue. In the latter case *Arnica* will check them, in the former *Nux vomica;* but a more potent remedy than either is *Cuprum* which is so valuable for the Choleraic Cramps. Jousset says that he always succeeds in such cases with the 12th dilution; but suggests the wearing of plates of the metal on the legs when the affecttion is obstinate. Dr. Hirsch makes a similar recommendation of *Ferrum,* binding an Iron key to the soles or introducing it beneath the bed-covers.

2. A more general and continued form of CRAMP of the EXTREMITIES has been described by Trousseau and others under the name of "TETANY." The kind of contractions here present and the numbness, tingling and formication with which they begin, forcibly remind us of the pathogenetic effects of two medicines, **Aconite** and **Secale.** The facts which lead Trousseau to 'consider the affection of a Rheumatic nature, the occasional presence of febrile symptoms, and the benefit observed from blood-letting, all point to *Aconite* as the most important remedy. That Tetany occurs so frequently among nursing or pregnant women confirms the indication for *Secale,* and would lead us to choose it for such patients when no decided *Aconite* symptoms were present. The similarity of the symptoms of Tetany and of

Ergotism has been pointed out by Dr. Maxon; and Bauer actually applies the name to the phenomena induced by eating the spurred rye.* It is quite in accordance with these facts that Dr. Jousset recommended **Solanum nigrum** for the present malady; for it has been chosen, on the ground of the similarity of its effects, as the best remedy for Ergotism; and has proved of much benefit in its treatment.

3. In the facial muscles we meet with Clonic Spasms in the complaint known as "TIC NON-DOULOURUEX," or "HISTRIONIC SPASM OF THE FACE." In young persons it is a kind of local Chorea, and **Hyoscyamus** is useful in its treatment. In adults it is a very intractable disorder, being probably deeper-seated: "its treatment," writes Erb, "is one of the most thankless problems of medical practice." I have only seen one case of it, in a woman close upon sixty: the affection had been increasing upon her for four years. There was a history of much painful emotional depression, and of violent Headache on the right side of the head, the facial spasm being on the left. She had a tendency to stagger on walking. Some of the concomitant symptoms led me to give **Argentum nitricum;** and under this medicine in the third and third decimal dilutions, the spasms had entirely left her after about five months' treatment, and she was much stronger and firmer on the legs.

4. "TRISMUS" is the Tonic Spasm of the masticatory muscles. Excluding its appearance as a part of Tetanus, it arises either from Rheumatic cause when **Aconite** will help; or as a sympton of Hysteria, when the indications for **Ignatia** will be plain. In two cases of traumatic origin reported by Dr. Owens, *Physostigma* sufficed for the cure.† Its action would seem of Antipathic nature. "Trismus Neonatorum" will come before us among the Diseases of Children; as also will Carpo-pedal Spasms.

5. "TORTICOLLIS," in its Clonic form, is as yet unknown to our Therapeutics. I suspect that it is nearly always of central origin, and should be disposed to try the continued use of such medicine as *Strychma, Belladonna* and *Agaricus.* Perhaps *Magnesia phosphorica* might come in usefully here. Dr. McNish relates a case of a man of 60 who nineteen years before coming under his care strained his back while digging. The effects soon passed off, and he believed himself well, when he was suddenly seized with a Cramp in the lower dorsal and upper lumber region, which twisted him round until he "faced to the rear." The Spasm, which was very painful, was repeated several times. After an interval of some weeks he had another attack, and from that time forward they had increased in frequency, until he had one or more daily. *Magnesia phosphorica* 6x was given four

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* See Ziemssen's CYCLOPŒDIA, xi., 368.

† MEDICAL ERA, Jan. 1893, p. 8.

times daily for a month, and for eighteen months thereafter, when the report was made, they had not recurred.* The Tonic form of Torticollis may be of "Rheumatic" origin, being indeed only a more acute form of "STIFF-NECK"; it will then like that yield readily to **Aconite.**

6. "WRITTER'S CRAMP" is the last of these Local Spasms I shall specify here. It is included by Dr. Russell Reynolds with the disorders Pathologically similar to it in the following definition—"A chronic disease, characterized by the occurrence of Spasm when the attempt is made to execute a special and complicated movement; the result of previous education; such Spasm not following muscular actions of the affected part when the special movement is not required.' It may, however, be more Paralytic than Spasmodic in character, as its old name of "Scrivener's Palsy" would suggest. Certainly, the medicines which have helped it most have been Paralysers rather than Spasm-exciters. Dr. Halbert records a severe case in which, with static Electricity, **Picric acid** 4x was administered. (Electricity in all forms had been vainly tried before) Complete recovery, with great improvement in general health, occurred in three months though the patient did not relinquish the type-writing which was her occupation.† Again, an old-school physician published a case in which the affection—occurring in a pianoforte player—yielded to moderate doses of the tincture of *Gelsemium*; and this experience has been varified with yet gentler doses in our own ranks (among others by myself). It would be in cases of apparently local origin, not presenting the constitutional Asthenia of *Picric acid*, that *Gelsemium* would seem preferable. As an alternative, that close analogue of *Gelsemium*, **Conium,** may be named. Dr. Wingfield relates a case of a female clerk in an insurance office who for six months had suffered from loss of power of the right fore and middle fingers, with Stiffness, numbness, and excruciating pain. After the failure of *Gelsemium* to give more than temporary relief, *Conium* 1x 2 drops every 3 hours, was ordered. In two days the symptoms had disappeared, and three weeks later had shown no sign of return.‡ when the symptoms are traceable to over-exertion (which is by no means always the case) **Arnica** might be a useful auxiliary to the obvious prescription of rest.

* AMER. HOMŒOPATHIST. Oct. 15, 1897.
† HAHNEMANNIAN MONTHLY, Jan. 1899, p. 15.
‡ M. H. R., xxxix., 579.

After Local Spasms would naturally come Local Paralyses; but I find that nearly all affections of this kind will be more naturally treated of in connexion with the organs—as the eye, bladder, and rectum—which are their seat. The only exception is—

FACIAL PALSY, of whose Therapeutics a few words must be said in this place. I am speaking of course of the Peripheral form of the malady. It is so frequently of "Rheumatic" origin, and owning inflammatory swelling of the nerve-sheath as its Pathological basis, that **Aconite** should always be given in recent cases. When of longer-standing, there is a general consensus as to the value of **Causticum;*** and its administration need not exclude the Faradisation of the paralysed muscles.

*Dr. Cowperthwaite, contributing to the MEDICAL ERA of August, 1898, an interesting study of *Causticum* (which he regards as *Potash* preparation, says, "Some years ago I published the reports of a large number of cases of Facial Paralysis .... brought on by exposure to cold winds ... cured in a very few hours with the aid of *Causticum* 30."—One would like to have the reference to this publication.