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MANUAL

OF

HOMŒOPATHIC

THEORY AND PRACTICE,

WITH AN ELEMENTARY TREATISE

ON THE HOMŒOPATHIC TREATMENT

OF

SURGICAL DISEASES,

DESIGNED FOR STUDENTS AND PRACTITIONERS OF MEDICINE, AND AS A GUIDE FOR FAMILIES AND AN INTELLIGENT PUBLIC GENERALLY.

BY

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PREFACE.

SEVERAL years ago we published a Domestic Physician, two editions of which were rapidly exhausted. In the meanwhile, a number of domestic works on Homœopathic practice made their appearance, which seemed to supersede the necessity for a third edition of our own work. The present publication is intended to supply a want which the popular works on Homœopathic practice now existing have left unsatisfied. It is not only designed for the public generally, among whom the interest for Homœopathy is rapidly spreading from year to year; it is likewise adapted to students and practitioners of medicine, who wish to obtain a first initiation into the principles and practice of the Homœopathic school. It was found to be a very difficult task to conciliate the demands of science with the simplicity of popular style and arrangement of materials. We have endeavored to do justice to each, although we are persuaded that it is impossible to so completely democratize the forms of Science as to render them accessible and attractive to all minds. Nevertheless, we feel satisfied that the end we have had in view in perfecting this work, has been attained, if only approximatively. The

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intelligent layman will find this work a reliable guide in his own limited sphere of practice; and the student of Homœopathy, and the young and still inexperienced practitioner of this system, may study this work as a simple, but tolerably comprehensive exponent of the principles of our School. Students of medicine and allœopathic practitioners, are often puzzled what to do with our ponderous and intricate Materia Medica. This work will not only give them an initiatory knowledge of our principles and practice, but will also satisfy all the ordinary exigencies of professional business, and pave the way for a complete reception of our doctrines.

In regard to doses, we have often found it necessary to recommend the strong tincture, and the first, second or third trituration or attenuation of liquid medicines. If no particular potency is indicated, the fourth or sixth may be used indiscriminately.

We are responsible to the public for the whole of this work, except the Treatise on Surgical Diseases, which is due to the pen of our friend and colleague, Dr. Beakley, and may be looked upon as the precursor of a larger and original work on Surgery, which the Doctor is now preparing for the Homœopathic profession.

CHARLES J. HEMPEL, M.D.

PHILADELPHIA, June 12th, 1858.

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SYNOPTICAL DISTRIBUTION

OF THE

SUBJECTS TREATED OF IN THIS WORK.

PART I.

PHYSIOLOGY AND PATHOLOGY.—Use of health. God has given us the means to cure disease. What is necessary to a cure? Improvements in the healing art. Homœopathy is a truly humane and popular mode of treating disease. All science was originally based upon illusions, also the science of medicine. Errors of the humoral pathology. Wrong practices of the old school, such as bleeding, vomiting, purging, etc. Errors of the Chemical School of Physiology. The vital functions cannot be satisfactorily accounted for upon merely chemical principles. Chemical theory of animal heat, and its application to the phenomena of fever. Fallacies of this theory. Principles embodied in every vital phenomenon. These principles illustrated by the process of digestion. Circulation of the blood. Physiology of the circulation. Theory of fever. The proximate cause of fever resides in the nervous system. Explanation of the heat in fever. Conditions which must exist to produce fever. Palliative treatment. "*Contraria contrariis*" is the leading principle of this treatment. Expectant method. *Counter-irritant* method.

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HOMŒOPATHY. THE HOMŒOPATHIC LAW OF CURE. Origin of medicine. The development of the healing art has been marked by untold suffering. The most distinguished physicians have repudiated their own art. In what manner did man derive his first knowledge of drugs? Genius was necessary to infer the true principle of cure from the accidental effects of drugs. Homœopathy was known even in olden times. Hahnemann the discoverer of homœopathy. "Like cures like," the fundamental principle of homœopathy. Necessity of proving drugs on the healthy body. Homœopathic Materia Medica. Mode of preparation of homœopathic medicines. The first or primary action of drugs does not effect the cure; the vital reaction does. Medicinal aggravations, their truth and fallacy examined. What constitutes the power of a drug, in reference to disease? Difference of action between the allœopathic and homœopathic remedial agents. Explanation of the modus operandi of a homœopathic remedial agent. Existing misapprehensions about homœopathy in the public mind. Triturations. *Dynamization* or *potentization*. The medicinal power of a drug is developed by breaking up the cohesion of its molecules. Spiritual or aromal principle of a drug. Gradual growth of the doctrine of potencies. What this doctrine implies. *What potencies or attenuations should be principally used?* Gradual introduction of the higher potencies. *How, or in what form, should the medicine be administered to the patient?* Globules, powders, watery solutions, drops, smelling. Progressive solutions. Endermatic use of homœopathic medicines. *Size of the doses.* Upon what it depends. In what cases larger, and in what cases smaller doses should be given. The student of homœopathy should never fail to examine

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for himself. *Repetition of the dose.* Frequency of the dose in acute and chronic cases of sickness. *Alternation of medicines.* No more than two medicines should be used in alternation. One medicine is sufficient in most cases. Origin of the method of alternating several medicines at one and the same time. Impropriety of mixing up drugs. *Examples of homœopathic treatment taken from old school practice.*

HYGIENE.—What is meant by hygiene. DIET. Different views in regard to the use and preparation of food. Some propose to eat everything raw. Some abolish the use of meat. Fallacies of these doctrines. On the use of meat. Necessity of using meat in the present impoverished condition of the globe. Impropriety and hurtfulness of eating too fast. Injurious effects of eating fat. List of articles digested in a specified time. List of articles containing a certain quantity of nutritious matter. The inhabitants of cold climates require fat food; those of warm climates require more fruit. Remarks on certain articles of diet, meat, vegetables, etc. Total abstinence. On the use of wine. Propriety of using it. General rules concerning diet. List of aliments which are allowed under homœopathic treatment. List of aliments which are forbidden under homœopathic treatment. Remarks thereon. EXERCISE. Walking. Riding on horseback. Dancing. Fencing. Sawing and splitting wood. Gymnastic exercises. CLOTHING. Object of clothing—fashion, protection. Injury from tight shoes. All sudden changes in the amount of clothing should be avoided. VENTILATION. Ill effects of deficient ventilation of cities and houses. Difference between ventilation and a current of air. Precautionary measures in ventilating apartments. Danger of being exposed to

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draughts of air. WATER. USES OF WATER: *Cleanliness.* General ablutions. *Cooling. Drinking. Medicinal purposes;* hydropathic treatment, or the so-called water-cure treatment. Principal operations with water under the water-cure treatment: bathing; sweating,—superior advantages of homœopathy in this respect;—plunge-bath; shower-bath; douche; partial baths; wet bandage; injections.

DIAGNOSIS.—Obscurity of diagnosis in former periods. Importance of simplifying the diagnosis of disease. General diagnostic signs: fever, pulse, periodical recurrence of the paroxysms of fever, or uninterrupted continuance of the fever, with or without exacerbations at particular periods; pain; nature, locality and duration of the pain, its permanent continuance or its disappearance and recurrence at regular periods; condition of the secretions; sweat, alvine evacuations, urine; condition of the brain and nervous system; condition of the patient's spirits, mental faculties; condition of the gastric functions, appetite, thirst, appearance of the tongue, taste, absence or presence of nausea, vomiting, etc.; color of the skin, eyes, etc.; sleep, dreams, phenomena experienced during sleep; condition of the chest, cough, expectoration, oppression, pain, etc.; condition of the spine, shape and sorencss of the spine, etc.; hereditary or acquired character of the disease; temperament, age, sex, and general occupation of the patient. Names of diseases; origin and rationale of names.

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PART II.

DISEASES OF THE MIND: Consequences of disappointments, sudden or violent passions or emotions; hypochondria; melancholia; hysteria; mania; weak memory, or loss of memory.

FEVERS: General remarks on fever. (See the Essay on Physiology and Pathology.) Simple catarrhal or irritative fever; inflammatory or synochal fever; gastric fever; bilious fever; bilious remittent fever; congestive fever; intermittent fever; fever and ague; apoplectic intermittent fever; typhoid or nervous fever; typhus fever, cerebral, pulmonary, hepatic, abdominal, putrid or malignant; ship fever; jail fever; hospital or epidemic typhus; yellow fever; lentescent, hectic or consumptive fever.

DISEASES OF THE NERVOUS SYSTEM.—CEREBRAL DISEASES: Rush of blood to the head; vertigo, dizziness; sea-sickness; apoplexy; inflammation of the brain; hydrophobia; insolation or sun-stroke; delirium tremens; headache from various causes; nervous headache or hemicrania; catarrhal and rheumatic headache; headache from derangement of the stomach; congestive headache; headache caused by sudden emotions; headache from exposure to the sun or from mechanical causes; acute inflammation of the spinal cord and its membranes.

General and local Nervous Affections: Neuralgia of the brain, face, teeth, heart, stomach, bowels, extremities;

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cramp in the leg; general and partial paralysis of the extremities, face and jaw; fainting, swooning; epilepsy; chorea or St. Vitus' dance; tetanus, trismus, lock-jaw; catalepsy; twitching; nervousness; fatigue; over-heating, nervous debility; innervation; marasmus, atrophy or nervous consumption; pain in the back, spine-disease, irritation of the spinal-marrow; lumbago; palpitation, tremor, fluttering and spasm of the heart; spasms and convulsions.

EXTERNAL, CUTANEOUS DISEASES; *Acute Eruptive Fevers:* Rash; hives; nettle-rash or urticaria; measles; rubeola; scarlet-fever, scarlatina; scarlet-rash; purple-rash; small-pox or variola; varioloid; chicken-pox; erysipelas or St. Anthony's fire; purpura hæmorrhagica. *Chronic Eruptions and External Diseases:* swellings, tumors; mumps; boils; carbuncles; chilblains; corns; indurations of the skin; warts, wens, ganglia; whitlows; felons; sores, ulcers; abscesses; goitre; swellings and tumors; mumps; swelling of the glands; scirrhus, cancer; irritation of the skin; unhealthy skin; itching, pruritus; freckles; hepatic spots; excoriations, chafing, soreness, intertrigo; chapped hands; itch, scabies; eczema; salt-rheum; herpes, tetter; ring-worm; acne; scald-head or tinea capitis; falling off of the hair, alopecia.

GENERAL DISEASES: Rheumatism, acute and chronic; rheumatic pains; gout; arthritis; inflammation of the psoas-muscle; abscess of the psoas-muscle; pains in the loins; sweaty feet; tuberculosis and scrophulosis; cholera morbus; Asiatic cholera.

DROPSICAL EFFUSIONS: Effusions into the cellular tissue, anasarca; dropsy of the brain, hydrocephalus; dropsy of the chest or hydrothorax; dropsy of

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the pericardium; dropsy of the abdomen or ascites; dropsy of the scrotum or hydrocele; dropsy of the knee-joint; dropsy of the spine or spina ventosa.

DISEASES OF THE DIGESTIVE ORGANS, teeth, mouth, throat, stomach, bowels, liver: Toothache or odontalgia; caries or decay of the teeth; gum-boil; foul breath; bad taste in the mouth; canker-sores; stomach-ache; ulceration and swelling of the jaw-bone; scurvy; ptyalism or salivation; inflammation and swelling of the tongue, glossitis; paralysis of the tongue; difficulty of speech; stammering; ranula or swelling under the tongue.

SORE THROAT: Angina faucium, tonsillaris, uvularis; quinsy sore throat; ulcerated sore throat; malignant quinsy.

LOSS OF APPETITE: Anorexia; voracious appetite, or bulimy; indigestion; weak stomach; dyspepsia; wind on the stomach; flatulence; eructations; water-brash; heart-burn; acid stomach; pyrosis; derangement of the stomach; bilious derangement; nausea, vomiting; spitting up of the food; vomiting of blood; vomiting of bile; impropriety of using emetics for this condition; spasm of the stomach, cardialgia; stomach-ache; colic; bilious colic; bloating of the bowels; congestion of the bowels; inflammation of the diaphragm, diaphragmitis; inflammation of the stomach, gastritis; inflammation of the bowels, enteritis; inflammation of the peritoneum, peritonitis; inflammation of the liver, hepatitis; liver complaint; jaundice; inflammation of the spleen, splenitis; weakness of the bowels; constipation, costiveness; diarrhœa, bilious diarrhœa, chronic diarrhœa; constant urging to stool; dysentery, inflammatory, bilious; piles

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or hæmorrhoids, blind and flowing; hæmorrhoidal tumors; impropriety of treating them surgically; worms and worm affections; itching and soreness of the anus; prolapsus of the rectum and anus; fistula of the rectum.

DISEASES OF THE URINARY AND GENITAL ORGANS: Inflammation of the kidneys, nephritis; inflammation of the bladder, cystitis; strangury; ischuria; inability to pass urine; incontinence of urine; enuresis; diabetes; hæmorrhoids of the bladder; polypus of the bladder; bloody urine; hæmorrhage of the bladder; purulent urine; gravel, calculus, stone; soreness of the penis in children; inflammation and swelling of the testicles; ill effects of onanism; eruptions on the genital organs; ulcers; syphilitic ulcers or chancres; inflammation of the urethra; discharges from the urethra, caused by worms; inflammation; gonorrhœal discharge, primary and secondary, clap, gleet, consequences of a sudden suppression.

DISEASES OF THE RESPIRATORY ORGANS, larynx, lungs, pleura: Hoarseness; loss of voice or aphonia; catarrh, with or without fever; cold in the head; influenza; inflammation of the air-passages, or bronchitis, acute and chronic; pulmonary catarrh; cough; croup; determination of blood to the chest; congestion of the lungs; inflammation of the lungs, or pneumonia; pneumonia of little children; pneumonia of old people, or pneumonia notha; inflammation of the pleura or pleuritis, pleurisy; false or spurious pleurisy, or a stitch in the side; blood-spitting, hæmorrhage from the lungs or hæmoptysis; pulmonary consumption, pulmonary tubercles; angina pectoris; asthma, asthma millari; diseases of the heart; inflammation of the

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heart, rheumatism of the heart, carditis, endocarditis, pericarditis; dropsy of the chest or hydrothorax.

AFFECTIONS OF THE JOINTS: Pain in the hip, hip-gout, hip disease, sciatica, coxagra: affections of the knee; inflammation of the knee-joint, dropsy of the knee-joint, scrofulous enlargement of the knee.

AFFECTIONS OF THE BONES: Inflammations, swelling, periostitis; rickets.

AFFECTIONS OF THE EYES: Acute inflammation of the eyes or ophthalmia; chronic inflammation, sore eyes; scrofulous, rheumatic, arthritic, syphilitic, traumatic ophthalmia; inflammation of the lids; swelling of the eyelids; styes; weeping or lachrymation; weakness of sight; amblyopia, blindness or amaurosis; near-sightedness or myopia; far-sightedness or presbyopia; squinting or strabismus; cataract, glaucoma; falling or paralysis of the eyelids; eversion and inversion of the eyelids.

AFFECTIONS OF THE EARS: Inflammation of the ear or otitis; earache or otalgia; deafness, hardness of hearing; discharges from the ears; noises in the ear; sore ears; polypus in the ear; foreign bodies in the ear.

AFFECTIONS OF THE NOSE: Sore nose, inflammation and swelling of the nose; itching of the nose; bleeding of the nose or epistaxis; catarrhal and scrofulous discharges from the nose; suppressed catarrh; dryness of the nose, impropriety of taking snuff for it; ulceration of the nose, ozæna narium; ozæna of the antrum Highmorianum; polypus in the nose; cancer of the nose.

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AFFECTIONS OF THE FACE, LIPS, JAWS: Inflammation and swelling of the face; erysipelas of the face and lips; prosopalgia, face-ache, tic douloureux (see neuralgia); eruptions in the face; freckles (see freckles under cutaneous diseases); warts and spots (see warts); cancer of the face.

SLEEP, deranged wakefulness, dreams, nightmare, etc.

PART III.

DISEASES OF FEMALES.—*General remarks* on the nature and treatment of these diseases; *Menstruation:* menstrual irregularities, suppression or amenorrhœa; retarded appearance of the first menses, chlorosis or green-sickness; painful menstruation or dysmenorrhœa; profuse menstruation or metrorrhagia, flooding; premature menstruation; delaying and scanty menses; change of life, critical period, cessation of the menstrual flow; prolapsus, or falling of the womb; prolapsus, or falling of the vagina; leucorrhœa or fluor albus, whites.

Pregnancy: Symptoms of pregnancy; rules to be observed during pregnancy, in regard to exercise, diet, clothing, conversation and social intercourse, mental and bodily employment, emotions, derangements and diseases occurring during pregnancy: nausea and vomiting; itching of the vagina or pruritus; menstrual appearance; varicose veins; spots, hepatic spots; constipation or diarrhœa; fainting, hysteric paroxysms; toothache; swelling of the face; pains in the back and

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loins; miscarriage; premature birth; labor-pains; false labor-pains, spasmodic pains, cramps and convulsions, or eclampsia; adhesions of the placenta; flooding; after-pains; treatment after delivery; duration of confinement; sore nipples; milk-fever; inflamed breasts; caking of the milk, ague in the breast; gathered breasts; suppression of the secretion of milk; excessive secretion of milk, galactirrhœa; bad milk; refusal of the child to take the breast; weaning; constipation or diarrhœa of lying-in-women; lochial discharge; canker-sores in the mouth; inflammation of the womb or metritis; puerperal fever, child-bed fever.

PART IV.

TREATMENT OF INFANTS: Treatment of infants after delivery; apparent death of new-born infants, asphyxia, still-born; swelling, elongation of the head; umbilical hernia; expulsion of the meconium; diet of infants; nursing, feeding, necessity of attending to their wants; colic; crying and sleeplessness of infants; snuffles; cold in the head; stoppage of the nose; swelling of the breasts in infants; ophthalmia; hiccough; regurgitation of the milk; flatulence, acidity; milk-crust or crusta lactea; thrush or aphthæ; constipation and diarrhœa; summer-complaint; incontinence of urine; retention of urine; soreness, excoriations; jaundice; complaints incident to dentition; spasms and convulsions; tumors and swellings; infantile remittent fever; vaccination.

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SURGICAL DISEASES.

IRRITATION, Inflammation, Suppuration, Mortification, Granulation, Cicatrization. Abscess. Whitlow, (or Felon). Furunculus, (or Boil). Anthrax, (or Carbuncle). Psoas or Lumbar Abscess. Ulcers, Cutaneous, Varicose, Menstrual, Sanious, Venereal, Mercurial, Irritable, Inflamed, Indolent, Phagedenic, Gangrenous. Scalds. Burns.

Diseases of the Eye, Ear, Throat, Thorax, Abdomen. Urinary Organs.—Kidneys, Ureters, Bladder. Organs of Generation.—Penis, Testicle, Prostate Gland, Vesicula Seminalis, Uterus. Disease of the Rectum.—Hæmorrhoids or Piles. Diseases of Joints.—Morbus coxarius, White Swelling. Wounds: Incised, Contused, Lacerated, Punctured, Poisoned, Wounds of the Scalp, Face, Neck, Thorax, Lungs, Heart. Wounds of the Abdomen, Stomach, Intestines, Liver, Gall-Bladder, Pancreas, Spleen, Kidneys, Bladder. Wounds of Blood-Vessels. Wounds of Joints.

Injuries of the Head.—Concussion, Compression, Fracture of Skull, Spine, Joints; Sprains, Dislocating Fractures.

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AN ESSAY,

EXPLANATORY OF

THE MOST IMPORTANT PHYSIOLOGICAL FUNCTIONS AND ANATOMICAL RELATIONS

OF

THE HUMAN BODY.

THIS ESSAY SHOULD BE READ BY EVERY ONE WHO DESIRES TO USE THIS WORK UNDERSTANDINGLY AND PROFITABLY.

HEALTH is one of the greatest blessings which man enjoys in this life. Without health, it is almost impossible to accomplish much good in the world, and it should therefore be every body's earnest endeavor to study and live up to the conditions of health. It is wrong to suppose, that because the Creator allows sickness to exist in the world, it is therefore an unavoidable element in our earthly state. If, on the one hand, God allows sickness to befall us, he has, on the other hand, given us reason to provide against and neutralize it. We have it in our power to investigate and remove the causes of disease; and it is a well known fact that, although there is yet much physical suffering in the world, the average mortality of mankind is less, and the average amount of physical well-being greater, now, than it has been at any

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previous period of human history. Disease must necessarily decrease in proportion as man succeeds in subduing the surface of the globe, and regulating the influences to which he is exposed, agreeably to the laws which govern his own being. It is the study of these laws, and their application to social life, including education, government, industry, and so forth, that will gradually redeem man from sickness, and render this earth what the Creator originally designed it should be, an abode of good and happy beings.

But until the conditions of health are fully and permanently realized all over the globe, there will be more or less sickness; in other words, the normal functions of the body will be disturbed by a variety of causes, and such disturbances will be characterized by a variety of painful sensations and appearances, which we will designate as *morbid phenomena.* The study of the nature, cause and relation of these phenomena has, from time immemorial, been a subject of high interest to man, and now constitutes one of the most important branches of human knowledge. It would seem as though a proper knowledge of the morbid phenomena were impossible, until we shall have previously acquired a knowledge of the healthy functions. This is really so, and this is the reason why the study of disease, and the study of the natural or normal functions of the organism, have always gone hand in hand. Any one who will take the trouble of reading the history of medicine, will see that, in the knowledge of the human organism, we are superior to the ancient philosophers. I will mention a single discovery which has been fraught with immense consequences to the interests of suffering humanity, *the circulation of the blood.* What horrible tortures patients were

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exposed to before we knew that arteries can be tied, and obliterated by ulceration; and what truly invaluable advantages have been derived from *Hunter's* great discovery, that wounds will heal by the first intention! The whole modern art of rhino-plastic, which has restored to thousands of deformed human beings an appearance of beauty, is based upon these two cardinal principles: circulation of the blood and adhesion by the first intention.

But the science of the natural functions of the organism—*animal physiology;* the science of the organs which perform these functions—*anatomy;* and the science of the conditions and circumstances in which these functions can alone be normally performed—*hygiene;*—are not the only branches of medical science that have been cultivated by modern investigators with untiring industry and zeal. The science of diseases, or of the phenomena by which we recognize a disordered or disturbed state of the normal functions, and the science of the means which will effect a restoration of the original harmony of the organism in the safest, speediest, most economical and most pleasant manner, have likewise been the objects of our solicitude and watchful care. The treatment of disease is not only much more positive and certain than formerly, but it is likewise much less complicated, and the most enlightened members of the medical profession are constantly endeavoring to render it so simple, that it requires but an ordinary degree of intelligence and education to administer medicines in a successful manner, without much previous preparation in the class-room or hospital. The discovery of homœopathy favors the adaptation of medical science to the plain, non-professional understanding. Homœopathy is

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destitute of the technical jargon of the old school of medicine, of its Latin formulas, and the undecipherable scrawls of pedantic practitioners; and all attempts to engraft the superannuated gibberish of the past upon the lucid science of the present, and of the future, should be discountenanced. Homœopathy being nearer to truth than any of the medical doctrines that have preceded it, its practice is, of course, more simple and more accessible to the generality of intelligent laymen, and it is undoubtedly the duty of physicians to popularize this new science, not only by a more successful treatment of disease, but also by direct and popular teaching. The present work, which is the third edition of our Domestic Physician—and is vastly superior to the former editions, both as regards the quality and quantity of the materials of which it is composed—will, it is hoped, be somewhat instrumental in dispelling the illusory and often pernicious practices of the old school, and convincing all earnest and intelligent seekers of truth, that the means which the Creator has given us for the purpose of curing disease, can be applied in a manner that will neutralize their deleterious action and convert them into positive and direct supporters and restorers of the embarrassed or sinking vitality.

All science was originally based upon illusions. In geography, for instance, it was supposed that the earth was a flat square of land floating upon the water; in astronomy, that this earth was the fixed and immovable centre of the universe, and that the sun and all the stars of the firmament revolved round it every twenty-four hours; in medicine, that the arteries, because they were found empty after death, contained nothing but air during a person's life, whence they were denominated

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arteries, from the two Greek words, *aër* and *terein*, the former of which means *air*, and the latter *contain*, air-containing vessels: whereas we now know, thanks to the genius of Harvey, that they not only contain the red or vital blood, but that the whole volume of blood, existing at any time in the organism, rushes through this immense and wonderful network of blood-vessels as often as we feel the throbbing of the pulse at the wrist, or in any other accessible portion of the arterial system. The rational observation and interpretation of phenomena, and a perception of their real nature, origin and relation, have been reserved for the later periods of human development; and even now, when the most amazing progress in science and art is constantly unfolding new and gigantic truths, the rationality of man is still in its infancy, and no where is this more sadly seen than in everything that has a direct bearing upon the political and social sciences, including that vast science of life, of which the preservation and restoration of health is, in a special sense, a mere fragment.

It may be truly said, that medicine has been a tissue of illusory perceptions and false inferences, of which the patient has been the victim. The limits of our space will not allow us to enumerate all the errors and pernicious practices of the old system of medicine; a few will suffice to show that, like every other science, the science of curing disease, or therapeutics, was based upon a sensual, not upon a rational perception of the morbid phenomena.

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Humoral Doctrine.

One of the most wide-spread and most popular illusions in medicine, has been the doctrine of humors. It was believed, and is even now believed by thousands of physicians and laymen, that all disease originates in bad humors which vitiate the blood, and in this way poison the whole organism. Bad blood, bad humors, and similar expressions, are consecrated modes of speech which show, that, in the interpretation of morbid phenomena, reason was subservient to the senses. The practice which was based upon the doctrine of humors, was correspondingly illusory and mischievous. The bad humors had to be expelled from the system, and, for this purpose, the various medicinal substances were classed under appropriate heads: one class, the *diuretics*, containing those that expelled the humors by the urine; others, the *diaphoretics*, those that expelled humors by the skin; others again, the *cathartics* and *drastics*, those that expelled all the vitiated humors by the bowels. Cupping and venesection were likewise humoral remedies. According to the humoral pathology, people had to be bled once in a while for the purpose of getting rid of the old blood; and we have heard more than one humoral doctor boast, I have not a drop of old blood in my veins.

Such practices seem very plausible, but, on a closer examination, they will be found to be fallacious. In the first place, there is no such a thing as old blood in the human body; there is a constant system of waste and supply taking place in the human organism; the blood, like every other fluid in the body, is continually being re-made out of the food which man takes into his stomach, and, while performing the office of nutrition

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as the blood courses through its appropriate channel, all those ingredients which are no longer essential to the maintenance of the organism, are carried off by means of organs specially adapted to this purpose, the bile by the liver and its appendage, the gall-bladder; the urine by the kidneys and urinary bladder; excrementitious matter by the intestines; the aqueous secretions by the bladder, skin and lungs. To be sure, these organs may not perform their offices in a proper manner, and the urea, which is one of the chief constituents of the urine, or the chlorophyl and soda, which are two of the principal ingredients of the bile, instead of being carried out of the system, may remain as foreign, heterogeneous bodies in the circulation, and disturb and irritate the organism in a variety of ways. Blood thus mixed up with substances that have ceased to be normal constituents, cannot be healthy blood, and might be called bad, vitiated blood. But is it not apparent that the bodily removal of this blood from the circulatory apparatus, would not alter the essential condition of the organism? For the kidneys and liver would not perform their secretory functions any better after the withdrawal of the blood than before; and yet it is to the condition of the bladder and liver that our remedies should apply; it is these organs that require to be specifically stimulated and relieved of the embarrassment or torpor under which they are laboring. For as soon as the secretory organs resume their functions in a normal manner, the blood will at once be freed from the heterogeneous irritants which it, innocently, has to carry along with it through the whole organism.

Or let us look at what physicians have been in the habit of calling *inflammatory* blood. When there is

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high fever, the blood, from time immemorial, has been supposed to be at fault; there was too much action in the circulation, and the first thing a physician had to do, was to draw off this rich, intensely vital, inflamed blood. And this process of depletion was kept up until the so-called *buffy coat* ceased to appear on the surface of the blood, which buffy coat is found, upon being chemically examined, to contain *fibrine, albumen* and *caseine*, or the so-called *Proteine group*, which constitutes the most important ingredient of all vegetable and animal food. After as much fibrine, albumen and caseine, or, in other words, after as large a portion of the vital constituents had been removed from the blood as could safely be done next to killing a patient, he was further reduced by constitutional treatment, low diet, purgatives and so forth, for the ostensible purpose of preventing the reproduction of the inflammatory blood. Now, any attentive observer may see from this mode of treatment, that even those who employ it, do not hold the blood directly responsible for the existing fever or inflammation; for, if they did, why should it be thought necessary to depress the constitutional action, after the blood had been reduced to the consistence of a watery fluid by repeated and copious depletions? Is not the constitution reduced for the avowed purpose of preventing the reproduction of the inflamed blood? There must, therefore, be some other cause at work in the system which causes the increase of arterial action, the dryness and heat of the skin, in one word, the inflammatory fever; a cause not residing in the blood, but out of it, in more vital parts of the organism, upon which the circulation of the blood itself depends, and by which it is chiefly controlled and regulated.

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Chemical Theory.

The chemical physiologist explains the circulation of the blood upon the principle of chemical affinity. According to him, the general or systemic circulation is carried on in consequence of a high affinity existing between the arterial blood and the arterial tissues, and the pulmonary circulation in consequence of a high affinity between the venous blood and the oxygen which it finds in the air-cells of the lungs; but this same affinity exists in the dead body as well as in the living, and it alone, is not, therefore, sufficient to account for the circulation of the blood, for the simple reason that it was incapable of preserving life, of which the circulation of the blood is one of the most marvellous and most beautiful phenomena.

But how would the advocates of the chemical theory account, by their principles, for the phenomena of fever, and how would they proceed to treat fever, in agreement with their doctrines? Let us briefly examine what are the chemical doctrines respecting respiration and circulation, and we shall then be better prepared to understand their application to an elucidation of the theory and treatment of disease.

One of the most brilliant and acute of all chemical physiologists is Dr. Draper, of the University of New York, and his doctrine respecting the circulation of the blood being admitted by many of the leading physiological writers to be true, we will consider it as a standard doctrine of the Chemical school.

We are not aware that any chemical physiologist has, as yet, offered any satisfactory explanation of the office of respiration upon strictly chemical principles. Those phenomena which constitute the really vital character

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of the respiratory process, the expansion and contraction of the lungs, phenomena which affect the whole organism to its outermost boundaries, have so far defied all attempts at explanation as purely chemical facts. Nevertheless, it may be said that the vital phenomena of the organism rest upon chemical and physical relations. Optical principles are embodied in the sense of sight; acoustic principles in that of hearing; mechanical principles in the construction and movements of the osseous system; chemical principles in the process of respiration. For it is in the lungs that the black or venous blood is brought in contact with the atmospheric air, and by taking up the oxygen contained in the air, is changed to arterial blood, which is indispensably necessary to the preservation and development of the body. The absorption of the oxygen is a phenomenon of capillary attraction, or, rather, the principle of capillary attraction constitutes the basis of this process; for capillary attraction alone is insufficient to account for the inmost nature of the process of respiration. Respiration is a phenomenon of life; if capillary attraction constituted the essence of the respiratory process, it would operate in the dead lungs full as well as in the living,—for, as a purely chemical phenomenon, this principle acts upon dead matter in all its force, and develops the interesting phenomenon which chemists term *endosmose* and *exosmose*,* and which is resorted to for the purpose of ex-

* *Endosmose* and *exosmose* are two terms derived from the Greek words, *endon*, within, and *osmos*, impulse. These terms were first used by Dutrochet, a French physiologist, for the purpose of designating the passage of fluids through organic membranes. In order that this passage may be effected, the fluids must have an affinity for the interposed membrane, and likewise for each other. *Endos-*

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plaining the process of respiration upon chemical principles. As we said above, *endosmose* and *exosmose* is a phenomenon of capillary attraction, and may be beautifully illustrated by the following simple experiment: Take a bladder filled with alcohol, and, after making the mouth of the bladder tight so that none of the fluid can escape, place it in a vessel of water. The bladder being full of capillary tubes, the alcohol will gradually pass out of the bladder into the water, and the water, which flows more readily than the alcohol, will pass more rapidly into the bladder, and, after a short period, will accumulate in the bladder and distend it so as to cause it to burst. The introduction of oxygen into the blood takes place in a similar manner, through the delicate membranes of the air-cells. In the air-cells the blood presents itself of a deep blue color, and is then known as venous blood. From the atmospheric air it obtains oxygen, which passes through the thin membrane of which the air-cells are composed, and gives out carbonic acid gas. This operation is carried forward on a scale of great magnitude, as may be seen from the circumstance, that in a man of average size, about seven tons of blood are, in a single day, exposed to two hundred and twenty-six feet of atmospheric air.

According to Dr. Draper, and the physiologists who adopt his mode of reasoning, the phenomenon which goes under the name of *endosmose* and *exosmose*, is likewise sufficient to explain the circulation of the blood. For, as we have seen in our experiment with the bladder, a constant current of the alcohol and water is kept

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mose generally applies to the more transmissible fluid, whilst *exosmose* is used for the least transmissible. An illustration of this phenomenon is furnished in the next period.

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up through the walls of the bladder, the water flowing more rapidly, because it has a greater affinity for the sides of the capillary tubes than the alcohol. From these facts, Dr. Draper has inferred the following proposition, with a good deal of ingenuity:

"*If two liquids meet in a capillary tube, or in a porous or parenchymatous structure, and have for that tube or structure different chemical affinities, movements will ensue; that liquid having a higher degree of affinity will move with greater velocity, and may even drive the other liquid entirely before it.*"

Now let us apply this principle to the circulation of the blood. There is the systematic circulation, or the circulation of the blood through the whole organism, and the pulmonic circulation, or the circulation of the blood through the lungs. The arterial blood courses with the utmost facility through the arteries, in consequence of being possessed of a high degree of affinity for the arterial tissues, whereas the venous blood has little or no affinity for them; the venous blood courses with equal readiness through the lungs, in consequence of the high affinity which it possesses for the atmospheric oxygen which it meets in the air-cells of the lungs, whereas arterial blood has little or no affinity for this gas. On the same principle, Dr. Draper explains the rise of the sap, the circulatory movements in the animal tribes, and the minor circulations in the human system. Those who believe that the circulatory process depends upon the hydraulic action of the heart, are referred by Dr. Draper to the various phenomena of circulation carried on without the intervention of a heart. Thus, plants have no hearts to propel or suck up the juices, and yet these circulate in the plants. Insects are deprived of a

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central organ of circulation. In fishes, the systemic circulation is carried on without a heart. In cold-blooded animals we observe movements in the capillaries even after the heart is cut out. In the earliest periods of foetal existence, the development of the heart takes place subsequently to the appearance of the blood-vessels. These facts show that the circulation of the blood is not sufficiently accounted for by the supposed forcing and sucking powers of the heart, and that a rational understanding of the process of circulation requires the calling in aid other principles, either physical or vital.

Let us now examine whether Dr. Draper's theory of the circulation is sufficient to account for the phenomenon of fever, and whether it is capable of suggesting an appropriate method of restoring the equilibrium of the organism, in case it should be disturbed by febrile action. What are the phenomena of fever? There is, in the first place, a bounding pulse, dryness of the skin and mouth, increase of temperature, thirst, and very frequently headache, dizziness, and a variety of other symptoms, such as flushed cheeks, or alternate paleness and redness of the cheeks, appearances before the eyes, etc. Is the chemical theory capable of accounting for this bounding of the pulse, and more particularly for the heat which fever-patients experience? According to the chemical theory, animal heat is the result of the oxydation of the tissues, or of the elements of respiration which they contain. The oxydation of the elements of respiration, or the so-called non-nitrogenized bodies, results in the production of carbonic acid and water; and the oxydation of the tissues, or of the nitrogenized bodies, also designated as elements of nutrition, results

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in the formation of carbonic acid, water, and ammonia. But these changes or processes of oxydation do not take place without a rise of temperature; for oxydation is, so to speak, a process of combustion, although the term combustion is very improperly applied to the phenomena of oxydation which occur in the animal organism. For the combustion of carbon and hydrogen in the open air certainly leads to different results from the oxydation of the tissues in the body; the former occasions the destruction of the burnt or oxydized substances, whereas the oxydation of the tissues results in the preservation and development of the organism. Hence there exists an essential difference between the combustion of substances in the air, and the process of oxydation as carried on in the animal economy, and which chemical physiologists are likewise pleased to designate as a process of combustion.

Now, if the chemical theory of the circulation be correct, it follows that, in a febrile state of the system, when the oxydizing process is carried on with greater rapidity than in a state of health, all the results of this process ought to be produced in a more striking manner; there ought not only to be an increase of heat, but also an increased development of all the other common results of oxydation, among which the production of water is one of the most characteristic. But it is well known that, in a feverish condition of the system, there is an absence of moisture; the skin is dry, the mouth is parched, the patient wants to drink all the time, the breath is dry and hot, and the urinary secretions are frequently suppressed. This heat and dryness cannot therefore be occasioned by the increased oxydation of the tissues, and must be owing to some other more

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general and more deep-seated cause, upon which the oxydizing process itself depends for its normal continuance. What this cause is in its inmost nature, purely chemical or physical investigations will probably never discover; but we are sufficiently acquainted with the nature and office of the various constituents of the living mechanism which the animal organism exhibits to our wondering reason, to know, that the nervous system is that portion of the visible body which enables its various parts to perform their respective functions. If these functions are not properly or normally performed, it is the nervous system that is at fault, and whatever means we apply for the purpose of restoring the equilibrium of the functions, must of necessity be brought to bear upon the nervous system as the first ostensible plane where the derangement of the animal economy begins. We cannot possibly go any farther; it is not given to our finite understanding to ascertain whether, in a case of sickness, life is affected in its inmost nature; but we need not hesitate to believe that the inmost principle of life is not affected in disease; for the inmost life-principle, or the ethereal, substantial essence of life is preserved and developed out of the eternal life-principle of God, and reason tells us that this principle can no more be disturbed or tainted than His own divine nature. What we term disease, can, therefore, only extend to the subordinate, phenomenal spheres of the animal organism, but it is not a chemical fact, and, as we have seen, cannot be accounted for upon chemical principles, although it is undoubtedly true that the operations of the vital principle are based upon chemical and physical laws.

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All the laws of Nature converge in the vital functions.

Before undertaking to account for the nature and conditions of fever, let us again recapitulate the various facts which every vital phenomenon embodies. These are: first, the all-pervading, eternal life-principle which presides over every created being; which makes every created being to be what it is, and, by its presence, preserves the essential constitution of the being; this principle, being an emanation from the inmost life-principle of Nature, is, in its essence, unalterable and inaccessible to disease: secondly, the individual or individualizing life-principle constituting more particularly the distinguishing form of every being, with its inherent characteristic properties; (in the human organism the nervous system is the primary vehicle and perceptible manifestation of this principle, through which it affects every fibre of the organism, vitalises every organ and enables it to perform its appropriate function;) and thirdly, the chemical and physical relations or laws upon which the vital operations rest as their basis and support. Let us illustrate this three-fold order of principles by a particular fact, for instance, the process of digestion. This process implies distinctly, first the existence and presence of an universal life-power which created the digesting organism, and which, after creating the organism, preserves it as a constituent portion of the universal order of Creation; secondly, the particular power of carrying on the various functions which intervene in the process of digestion; and thirdly, these functions themselves, or, if you please, their results. What are these functions? First, we have the action of the teeth and other organs of mastication, by which the particles

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of the food are first roughly divided or broken up, and simultaneously mixed with saliva. This process of comminution and the mixing up of the broken-up particles of the food, are mechanical processes embodying a vital power; afterwards the comminuted food is passed into the stomach where it mixes with the gastric juice, a viscid and slightly acid liquid. The secretion of the gastric juice from the coats of the stomach is a vital phenomenon which no chemist can imitate in his laboratory, although chemical physiologists do profess that water, acidulated with hydrochloric or acetic acid, and containing animal matter in a state of change, acts upon organized substances in the same manner as gastric juice containing animal matter in a state of metamorphosis acts upon fibrine or coagulated albumen. But in the case of chemical physiologists, it is really proper to apply the words which Festus spoke to Paul when this Apostle pleaded his cause before King Agrippa, "much learning hath made thee mad." Although the secretion of the gastric juice is a vital phenomenon, yet the dissolving action of the gastric juice upon the food in the stomach, and the successive gyrations of the food by means of which it becomes thoroughly commingled and acted upon by the gastric juice, are, strictly speaking, so far as their material results or effects are concerned, chemical and mechanical facts, just as much so as if the food were dissolved by the gastric juice in a crucible and the mass stirred with a glass-rod. But in the crucible the gastric juice would gradually lose its dissolving power; for this juice is not a dead but a living product, and, unless it embodies in its composition an actually present principle of life, it loses its original properties, and is converted into elementary ingredients out of

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which it is beyond the power of any chemist, by any combination of his own, to reproduce the original fluid. After the food has been sufficiently acted upon by the gastric juice and converted into chyme, it passes into the intestine, where the chyme is mingled with bile coming from the liver, and with pancreatic juice from the pancreas. The chyme is now changed to chyle, which, upon examination, is found to consist of a creamy fluid and a whey-like fluid in a state of intimate commingling, and thirdly of a red sediment. In this condition the food is prepared to pass into the blood-vessels.

It would seem as though no rational being could deny that the process of digestion as I have analyzed it, contains both a vital and chemical or physical principle. For is not the comminution of the food by the teeth a mechanical fact? And is not the grinding or comminuting power of the teeth a vital fact? And yet learned men seem unable to understand each other in this respect. Some stoutly deny the existence of a vital principle, and assert that all the functions of the animal economy are chemical operations; and yet, after analyzing the blood into its constituent parts, the plasma or the fluid portion of the blood and the disk-like bodies floating in it, no chemist is capable of re-combining these parts into the original substance. And so in regard to any other vital product. Milk has been analyzed into water, butter, caseine, milk-sugar, soda and various phosphates and chlorides. But what chemist has ever succeeded in reproducing the original milk out of its constituent parts? Liebig pretends that, if the elements of urine be added to the elements of bile, they will represent the elements in the blood; but this is mere speculative theory, and he will never succeed in making

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blood, no matter in what proportion bile and urine may be added together.

On the other hand, there are philosophers who deny that chemical or mechanical laws have anything at all to do with the operations of the animal economy. According to them everything is a strictly vital process. These so-called vitalists occupy the other extreme. They deny that there occurs a single fact of a chemical or mechanical nature in the body. According to them, even the comminution of the food with the teeth is a strictly vital process. It would seem as though any simple-minded man might easily understand, how far chemical and mechanical principles are involved in the operations of the life-principle; but men of science are generally tainted with the pride of the understanding; they are analysers, not reasoners; each knows a thing better than his brother, and they will fight for their own shadows and against the theories of others with all the fierce and exclusive spirit of bigots. To be sure, it is impossible to draw a fixed line of demarcation between the chemical and vital character of an organic process; but it is undeniable that both chemical and vital principles intervene in it. Thus the lungs exhale carbonic acid gas, which is a chemical product; urine frequently contains a distinctly perceptible excess of ammonia. And it is useless to deny that the phenomena of capillary attraction are not frequently and undeniably witnessed in the absorbent system. Thus a cow which is fed on linseed-cake, gives milk that tastes strongly of this substance; and madder is found in the bones of animals that have been fed on it.

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Circulation of the Blood.

After these somewhat general, but, for our present purpose, satisfactory explanations of the differences between the doctrines of the Chemical and Dynamic Schools, or between the chemists and vitalists, as the adherents of these schools are respectively called, we are prepared to account for the phenomena which we comprise under the collective appellation of fever, in a more rational, and therefore more intelligible manner than has been done by former pathologists. Before, however, reasoning on the subject, let us endeavor to have a clear perception of the organs which are more directly instrumental in carrying on the process of circulation. If physicians should read these lines, they will please bear in mind that we are not so much writing for their own benefit as for that of intelligent laymen, who may not have had an opportunity of acquiring a sufficient amount of anatomical knowledge to profitably read a disquisition on physiology, were it ever so plain and simple. It is then, more particularly, for the benefit of laymen that we will state that the circulatory apparatus is composed of a central organ, the heart, and of two series of vessels; the larger vessels through which the general circulation is carried on, and the capillaries. We will describe each part a little more minutely.

Every body knows that the heart is a muscular organ. It is situated in the thorax, surrounded by the substance of the lungs, except in front. It rests on the diaphragm below, and the point or apex of the heart is inclined to the left side and touches the walls of the thorax somewhere near the point where the fifth rib unites with its cartilage. The heart has four cavities, two of which are

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termed auricles, the others ventricles. The ventricles are much larger than the auricles. The right auricle and ventricle contain the black or venous blood, and the left auricle and ventricle the red or arterial blood. We will now suppose the heart engaged in sending forth its contents, which office it accomplishes in the following manner: Commencing our description of the route which the blood follows in coursing through the system, at the left auricle, we will suppose it filled with red or arterial blood. This auricle contracts and sends the blood it contains into the adjoining left ventricle through an opening which is termed *ostium venosum*. This opening is provided with a valve by means of which it can be closed or opened, according as circumstances may require. It is opened by the column of blood rushing from the left auricle into the left ventricle, from which it follows, as a matter of course, that the valve opens into the ventricle. While the blood rushes into the ventricle it dilates, and as soon as the blood is received, the ventricle contracts and sends the blood through the aorta and its branches into the system. While the ventricle contracts, the valve which closes the opening between the ventricle and auricle, closes, to prevent the reflux of the blood from the ventricle into the auricle. This valve is called *mitral valve*. The orifice of the aorta is likewise provided with valves which, from their shape, are termed *semilunar*, and of which there are three. When the blood rushes from the left ventricle into the aorta, these valves open into the aorta; but when this ventricle dilates for the purpose of receiving the blood from the left auricle, the valves of the aorta close in order to prevent the reflux of the blood from the aorta into the ventricle. Having

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entered the aorta, the blood courses through every artery in the organism until it reaches the capillaries, which are a network of exceedingly fine vessels, so fine that they have to be examined microscopically. In persons with a very fine skin a considerable number of them can sometimes be seen with the naked eye on the face, hands, and on other parts. The terminal capillaries of the arterial system unite with the first beginnings of the venous capillaries, but it is a mistake to suppose, as is thoughtlessly averred by anatomical writers, who copy one from another, that the arterial blood passes into the venous system in the shape of venous blood, and, in this condition is returned to the heart. On its passage through the system the arterial blood subserves the purposes of nutrition, and those parts of the blood which the system does not require for its sustenance, are transmitted to the kidneys and other organs, and pass out of the system in the shape of urine, water, bile, etc. All such facts are substantiated by observation. By observation we know, that, when the blood-disks are old and approaching the period of disorganization, their interior is filled with a yellow substance, called *hæmaphein*, and corresponding to the coloring matter of the urine. And we know likewise by observation, that, as the disks grow old and disappear, new ones are formed from the plasma. There is no such a thing as old blood in the system, and the idea that the blood courses, as it were, in a vicious circle, from the left ventricle through the arteries, thence passing by the capillaries into the veins and returning to the right ventricle by the venous system, is, upon the whole, erroneous, or requires, to say the least of it, a vast deal of modification. What the true relation of the terminal arterial

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capillaries to the capillary beginnings of the venous system is, has, so far, remained a mystery, and our knowledge, in this respect, is exceedingly speculative. But it stands to reason, that the notion which many persons, physicians as well as laymen, entertain of the arterial circulation being intended for the purpose of conveying oxygen to every part of the system, and afterwards returning to the heart by the veins to receive a new supply of oxygen in the lungs, and again carrying it onward to its various points of destination, can only be partially true. For, the oxygen which the blood receives from the atmospheric air in the lungs, ceases to be a free substance. The arterial blood is not a chemical compound, but a living unit, which cannot be decomposed into its constituent parts without its complete disorganization being effected at the same time. And we know that a disorganizing metamorphosis is going on in the blood while it is coursing through the system, and that the animal tissues derive their constituent principles, their fibrine, albumen, caseine, gelatine, chondrine and other substances from the blood, in such manner that venous blood is not left, but that the original blood is entirely altered. Even if we do now admit that a residue of arterial blood passes from the terminal capillaries of the arterial system into the capillaries of the venous system, and returns to the heart in the shape of venous blood, this blood must be of a very inferior kind, and could subserve the purposes of life but very triflingly, if it likewise were not renewed just as the arterial blood is. And we know perfectly, that such a renewal is taking place uninterruptedly while life lasts. It is accomplished through the lymphatic system, and more particularly the *thoracic duct*, to whose

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enlarged extremity in the abdomen, called the *receptaculum chyli,* the chyle, or that portion of it which is necessary to the vital process, is conducted by the *lacteals* or absorbent vessels of the intestines; from the abdomen the thoracic duct passes into the thorax through the diaphragm, and, accompanying the aorta, ascends in front of the spinal column, and empties its contents at the junction of the left subclavian and internal jugular veins. There is another lymphatic trunk which discharges its contents into the venous system at the junction of the right internal jugular and subclavian veins. Having entered the venous system, the chyle is conducted to the right auricle and thence to the right ventricle, and, having been thoroughly mixed in the right ventricle into a homogeneous mass, the venous blood, thus renewed and regenerated, as it were, passes into the substance of the lungs to be converted into arterial blood, and, in the shape of arterial blood is transmitted to the left auricle, thence to the left ventricle, from which it is again sent forth on its mission of nutrition through the arterial channel. This renewal of the venous blood by means of the chyle is somewhat analogous to the process of grafting in nature, by which means a new and vigorous vitality is communicated to an old and worn out trunk.

Let us now resume our description of the circulation of the blood where we left off, and briefly show how the venous blood reaches its destination, which is the right ventricle of the heart. Where the arterial circulation terminates, the venous circulation commences, in the capillaries. From the venous capillaries the blood gradually collects in larger veins, until, at last, all the venous blood in the body collects in two large venous

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trunks, called the *inferior* and *superior vena cava*. The superior or descending vena cava receives all the venous blood of the upper, and the inferior or ascending vena cava all the venous blood of the lower portions of the body. Both these venous trunks enter the right auricle of the heart, the superior vena cava posteriorly, at the superior angle of the auricle, and the inferior or ascending vena cava at its inferior angle. From the right auricle the blood passes into the right ventricle through an opening termed, like the opening between the left auricle and the left ventricle, *ostium venosum*, and provided with a valve which opens into the ventricle, and is called *tricuspid*, from the three points or processes situated at the loose margin of the valve. After the blood has entered the right ventricle, this ventricle contracts for the purpose of sending its contents into the pulmonary artery. During this contraction the tricuspid valve closes the passage from the right auricle into the right ventricle, to prevent the reflux of the blood into the auricle. The contraction of the ventricle causes the column of blood to pass into the pulmonary artery, which is likewise provided with valves precisely like those at the orifice of the aorta, and likewise termed *semilunar*. The column of blood from the ventricle presses this valve before it, and, on the dilatation of the ventricle for the purpose of receiving the blood from the right auricle, this valve closes again to prevent the reflux of the blood from the pulmonary artery into the ventricle. From the pulmonary artery the blood is sent into the substance of the lungs, where it is acted upon by the oxygen of the atmospheric air, and converted into red or arterial blood, which gradually collects in the four pulmonary veins, and, by them, is carried to

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the left auricle, into each of whose four angles a vein enters. The pulmonary circulation offers the only instance where an artery contains venous, and a vein arterial blood, the pulmonary artery containing the former, and the pulmonary veins the latter.

This account of the circulation of the blood is sufficiently explicit to be understood by every reader of ordinary intelligence, and is likewise sufficient to explain how far the doctrine which converts the heart into an hydraulic machine, and the doctrine of the chemists, according to which the heart is a passive central reservoir of the blood, are erroneous. We know, from positive observation, that the blood is propelled by the ventricles—and I may here state that the auricles act together, and the ventricles likewise—and it is this projection of the blood into the arteries which causes the pulse. With every contraction of the heart the blood is propelled, and a pulsation is experienced wherever we can place our finger upon an artery, even at the remotest point from the central organ, the heart. It is doubtful, however, whether the propelling power of the heart would be sufficient to send the column of blood through the arterial system, with its wonderful network of smaller branches, if the arterial tissue, commonly termed the coats of the artery, were not endowed with properties similar to those of the substance of the heart. The arteries are, in reality, prolongations of the left ventricle, and the muscular coat of the artery is endowed with the same kind of contractility as the muscular substance of the heart. Hence the impulse and the contractile and propelling energy of the heart are continued to the very terminations of the arterial system, and the arterial circulation is carried on in the remotest arteries, with the

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same regularity and energy as in the arterial trunks nearest the heart. The chemical doctrine destroys the pulse altogether, for, according to this doctrine, the heart is like an Indian-rubber bag, and the arteries like Indian-rubber tubes, which are simply designed as passive receptacles, in which the arterial blood might be pushed bodily forward by the venous. The chemical doctrine implies that there is no difference between the arteries and veins, for in the veins the venous blood is pushed forward by the arterial, in the same manner as, in the arteries, the arterial blood is pushed forward by the venous. The affinity of the arterial blood for the arterial tissue, and of the venous blood for the tissue of the veins, is undoubtedly necessary to enable the blood to course through these respective canals; but this affinity is not sufficient to explain the interesting and remarkable phenomenon of the pulse. To account for it, we have to call in aid a vital property of the heart, the contractility and dilatability of its muscular substance, and the regularly occurring contractions and dilatations of the ventricles, the former of which are termed *systole*, the latter *diastole*. Of course, there cannot be any perceptible pulsations in the venous system, because there is no propulsion of the blood going on in the veins.

The question now naturally occurs: what enables the heart to contract and to propel the blood? This ability is derived from the same power from which every other organ derives its functional energy—the lungs the power to inhale and expel the air, the liver the power to secrete the bile, the stomach the power to perform the office of digestion. This is the life-principle, which the material or bodily eye does not behold in its actual form or substance, but the existence of which is an established fact,

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and of which the nervous system is the first vehicle or material development. By severing the communication between an organ and the nervous system, we destroy the power of the organ to perform its functions. By cutting the pneumo-gastric nerve, for instance, some of whose branches are distributed over the heart, others through the substance of the lungs, and others again over the coats of the stomach, we incapacitate the lungs from breathing, the heart from contracting and dilating, and the stomach from secreting the gastric juice and causing the food to perform its gyratory movements in this organ. Hence, it is the nervous system that sustains the organic power of every organ, and likewise of the organs that constitute the circulatory apparatus.

Fever.

Let us now enquire what takes place in common fever, and what are the particular symptoms of this disturbance. Common fever is characterized by several leading symptoms, which occur in every case. These are, for instance, a bounding pulse, thirst, dryness and heat of the skin. There may be likewise a variety of other symptoms, such as headache, dizziness, soreness, a coated tongue, foul taste in the mouth, etc.; but the violent throbbing of the pulse, the thirst, and the heat and dryness of the skin, are the leading characteristic symptoms of fever. What is the nature and proximate cause of these phenomena? When I say proximate cause, I mean their more immediate cause; for the primary or essential cause of fever is, in the present state of our knowledge, no more accessible to our understanding than the primary cause of any other form of disease. The

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proximate, or more immediate cause of fever, must reside in the nervous system. The nervous system—which is the chief vehicle, the primary material embodiment, manifestation or connecting link of the invisible, immaterial vital principle—has, by some particular cause, been incapacitated from performing its function of conducting the preserving, directing and harmonizing influence of the life-principle to the organs which constitute the circulatory apparatus; and, if we desire to employ suitable means for the purpose of restoring the equilibrium of the circulation, we have to bring our remedial measures to bear upon the nervous system, disembarrass the nervous system, restore its tone, its functional power, and, in proportion as this object is attained, we shall find that the blood will again circulate with the usual quiet and regularity.

It is well known that the phenomena of fever are more particularly inherent in the arterial system. A common inflammatory fever is generally induced by some external cause, exposure to a sharp wind, a current of air, wet; and these causes, from their very nature, affect in the first place the superficial or terminal portion of the circulatory system, which are the capillaries. It is here, in the capillary system, that the phenomena of fever seem to originate. The capillary circulation, which is carried on under the immediate influence of the capillary nervous system, is interfered with, because this system had become embarrassed in consequence of some disturbing influence. Whatever the real nature of this nervous embarrassment or torpor may be, we know that it is characterized by an inability, on the part of the capillary nerves, to carry on the capillary circulation. Hence the first effect of this engorged or congested con-

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dition of the capillaries, is an increased redness of the skin, and of the temperature of the body. We have seen, in previous paragraphs, that both these conditions, the redness of the skin as well as the evolution of animal heat, depend upon the oxydation or the arterialization, as it is termed, of the venous blood. Having accounted for the increased redness and temperature, we will now try to account for the bounding or throbbing of the pulse in fever. This phenomenon is a necessary consequence of the capillary congestion. For the capillary circulation being interrupted, and the heart propelling the same volume of blood through the arterial system, it follows, as a matter of course, that the impulse of the heart must be greater and more sensibly felt, and the contractions of the heart, and the series of successive contractions continued from the heart throughout the arterial system—in other words, *the pulse*—must become stronger, and, under the finger, acquire that peculiar bounding or throbbing sensation. The common notion is, that, at such a period, there is more blood in the system; but the explanation which I have given shows that this is a mistake, and that as soon as the capillary circulation, which acts as a natural outlet to the general circulation, is restored, the general circulation will, of necessity, recover its equilibrium. It is clear that bleeding will not remove the nervous impediment or torpor upon which the condition of fever depends, and that this result can only be accomplished by means of some specific medicine, which possesses the power to affect the diseased nerves precisely in such a manner as will restore their free action.

The first symptom of fever is a chill, or a sense of chilliness, or cold creepings or crawlings. This arises

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from the process of oxygenation of the venous blood being more or less interfered with. The venous capillaries become clogged, the supply of venous blood for purposes of arterialization is curtailed, and the first effect of this change must be a sudden decrease of animal heat. Hence the chill. If this chill were to continue beyond certain limits, the vital activity would become extinct, as certainly as no physical life can be permanently preserved by the rays of a wintry sun. Hence the chill is sooner or later followed by an opposite condition, that of heat, chiefly consequent upon arterial capillary engorgement, and an absence of counter-balancing or equilibrating moisture.

We have acccounted for the chill, the subsequent heat of the skin and the bounding of the pulse; it remains yet to account for the dryness and the thirst which are always present during fever.

We have seen that animal heat, or the natural temperature of the system, depends upon the oxydation of the blood-disks. But the heat which would be evolved in consequence of this process, or rather, which becomes manifest while this process is going on, would be much greater than it really is, if it were not counter-balanced by some opposite influence. This counter-balancing influence is first, the moisture permeating the atmospheric air; and secondly, the moisture which, in normal conditions of the system, is secreted by the mucous surfaces out of the circulating fluid. Now let us see what takes place during fever in regard to the moisture which covers the absorbent surfaces in health. The absorbent action of these surfaces being interrupted for the time being, the skin feels dry and hot, and hence the sensation of thirst. The interruption of the mucous

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functions is owing to the same cause as the embarrassment of the capillary circulation, to wit, a depressed or torpid condition of the capillary nerves upon which the regulation of these functions depends. As soon as this torpor of the capillary nerves is removed by appropriate treatment, the functional power of the mucous surfaces will act as before, and, for a time, even with extreme energy, so that moisture will collect upon the skin, and upon the inner membranes in considerable quantity. This is what we term sweating. The equilibrium between the absorption of moisture by the external and internal surfaces and the evolution of heat in consequence of the arterialization of the blood, will be restored, and, until this restoration is effected, an unusual amount of moisture will be developed, so that, in the end, the whole amount which is secreted during the period of reaction, and the amount of heat which had been evolved during the fever, will be found to balance each other.

In order that fever may result, the following conditions must necessarily occur:

1. Some external cause sufficiently powerful to embarrass or depress the nervous action upon which the venoso-arterial capillary circulation depends.

2. Congestion or engorgement of the capillary vessels, being the first symptom of organic reaction excited in consequence of the depression of the capillary nervous system. The heat, thirst, throbbing of the pulse, and the whole series of symptoms which generally accompany the vascular disturbance, are, in reality, secondary phenomena, or, as they are usually termed, phenomena of organic reaction.

Capillary nervous depression and the inflammatory

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action resulting from it, may take place in any part of the body, in internal as well as external organs. Hence every organ may be in a state of inflammation. The lungs may be inflamed, the heart, bowels, eyes, ears, brain, muscles, indeed every part of the animal organism may be inflamed. If the inflammatory action is going on at the surface of the body, the skin is generally very sensitive, sore even, and if a vital organ should be affected, the pain is sometimes very great, often agonizing. The pain is generally proportionate to the delicacy of the structure of the inflamed organ. Thus, an inflammation of the brain, eye or ear, is much more painful than muscular inflammation. But it will be perceived that, in no case, would it be rational treatment to bleed for the purpose of reducing the pulse. The inflammation of some local organ has the same effect upon the pulse as any common catarrhal or rheumatic fever, where no local inflammation is apparently present; and we ought to use the same method of combating the local inflammation that we resort to in treating any common fever. This method will be more particularly described in the subsequent pages.

Delusive principles of Old School treatment.

It is not inflammatory diseases alone that have been treated in an irrational manner by Old School physicians; all the leading principles of cure which have been followed by the Old School, are more or less contrary to nature. They treat disease upon the principle, that what is contrary to the disease, will cure it. This is one of their principles. The Latin formula for this principle is, "*contraria contrariis curantur.*" According

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to this principle, if a patient be affected with diarrhœa, he has to be treated with medicines that will bind the bowels. Or, vice versa, if a patient be affected with habitual costiveness, he has to be treated with medicines that will loosen his bowels. Now, this mode of proceeding is very unsafe. To be sure, in an ordinary case of diarrhœa, a glass of brandy and water, or perhaps a few drops of opium may stop the looseness permanently. But such would not be the case, if it were a diarrhœa of long standing. In chronic diarrhœa, the continued use of binding medicines would most probably increase the difficulty. We know that persons who are habitually costive, have to take loosening medicines all the time, if they once get into the habit of it. And hysteric ladies who are troubled with wakefulness, cannot do without their sleeping mixture, if they had once accustomed themselves to it. All such means afford only temporary relief, but they are unable to effect a complete and radical change for the better. There are, however, a great many chronic weaknesses which can be removed by judicious treatment, and, if not entirely removed, they can be so much relieved that the relief almost amounts to a cure. But the continued use of palliatives never accomplishes a permanent cure. Palliatives only hush up the disease, while the action of the palliative medicine lasts, after which the disease shows itself again with renewed intensity. The Old School principle of cure, "*contraria contrariis curantur*," is really and truly the fundamental principle of the palliative mode of treatment, and, as such, it is, within certain limits, a just and useful law. But it must be strictly confined to the palliative system; whenever the law of palliation is raised to the rank of a law of cure, a cure is very seldom

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accomplished, and, if accomplished, it is accomplished in a round-about way, with an unnecessary sacrifice of time, money, and constitutional vigor.

When may palliatives be used?

Under what circumstances is it proper to use palliatives? These circumstances are easily defined, provided we are willing to drop all prejudices in favor of a particular method, except in so far as it is consistent with reason and universal truth. Strictly speaking, man's whole life is a system of palliation. Man eats to satisfy his hunger; this is, so to say, a palliation, for after a certain period, the hunger returns and has to be appeased or palliated a second time, and so on, until death. The same is true in regard to thirst, sleep, and all the other animal functions. Resting one's-self after getting tired by walking, by working, or by any other kind of exercise, is a palliation, for, after every new exercise man requires new rest. But all these means of restoring the strength and preserving the harmony of the body, are natural means, and they actually accomplish the purpose which they were intended to fulfil. Hence we might lay it down as a rule, that the use of palliatives is admissible in every case, where they really accomplish the purpose which they were intended to subserve, in a natural and pleasant manner. If we have a hearty appetite for breakfast, and have something before us wherewith to gratify it, we may partake of the proffered nourishment, if it be otherwise wholesome food, without fearing to make the appetite so much greater at dinner. If we should have a good appetite at dinner, we may gratify it a second time, and the

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result of these successive gratifications will be the preservation of the bodily strength and health. If palliatives act in this simple and beneficial manner, their use is legitimate, no matter what the nature of the palliative may be. Thus, if we feel cold, we may warm ourselves by a good fire, of course within conservative limits. And even, if some particular function should have been accidentally disturbed, and the vital powers should only require a little stimulation to recover their equilibrating influence, it is not always necessary to resort to medical treatment. A sudden fright or surprise may cause a person to faint, and, to restore consciousness, it may be sufficient to hold a bottle with cologne-water under the person's nose, or to sprinkle a little cold water on the forehead. Or exposure to dampness or a little over-fatigue may have caused a derangement of the bowels, which a little brandy and water may be abundantly sufficient to remove. Under certain circumstances it may even be allowable to use palliatives that approach more closely the character of medicines. A little peppermint will sometimes afford great relief to infants when they are troubled with wind on the stomach. But let us not be misunderstood. Such means should only be used as exceptions, for if such medicinal palliatives had to be used habitually, they would, in the end, fail of affording the desired relief, and, in order to afford relief, they would have to be used in large quantities, and might affect the organism or some particular organ, the stomach, bowels or nervous system, in an injurious manner. In all such cases the trouble which the palliative was designed to quiet, is not the result of a mere temporary disturbance, but a weakness partaking of the character of disease, that may require to be treated

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according to a positive and comprehensive system, comprising not only the medical treatment properly speaking, but likewise a general regulation of the patient's diet, exercise, and, as far as possible, every thing that has an influence over the bodily functions. The rational use of palliatives is likewise admissible in all cases where a cure is impossible.

Expectant Method.

The French physicians have started a peculiar method of treatment, which they term the *expectant method*, and which is, in reality, another form of the palliative treatment. According to this method, very little medicine is given. Weak infusions, herb-teas, slight expectorants, and such simple preparations, are given, and it is nature that is supposed to effect the cure. If, by this, be meant that the cure is not effected by the medicine directly and immediately, it may be said that nature performs the cure in every case. But it is well known that nature, unassisted by art, is generally powerless and insufficient to cure disease, or, if she does cure, she does it bunglingly; nature has to struggle to achieve the cure, and has to waste her strength in endeavoring to check the antagonist. Nature cannot set a broken bone, nor can she tie an artery; a clever surgeon does all this much more effectually. Therefore, all this talk about nature curing the disease requires to be taken "*cum grano salis*," and the boasted expectant method of the French physicians simply means, that they had lost all confidence in the heroic treatment of the old school, of which they had probably witnessed the disastrous results, and that, not having mother-wit enough to discover the true system

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of the healing art, they discarded the use of medicines, and contented themselves with a few simple and inoffensive herbs, as palliatives.

Counter-irritant Method.

Another form of the palliative treatment, is the so-called *counter-stimulant* or *counter-irritant treatment.* This method of treatment is much more positive than the expectant method, and must have been developed out of the palliative treatment by a very simple process of reasoning. It is the palliative treatment elevated to the rank of a curative method. When it was found that a mustard-plaster, for instance, would ease a pain, when applied over the region where the pain was felt, the idea that pain could be relieved by a process of counter-irritation was readily perceived by the understanding, and was made the ground-work or basis of a whole system of treatment. If the simple counter-irritation of a mustard-plaster, or of a pepper-poultice, did not cure, the conclusion was that the artificial irritation was not sufficient, and that some other more powerful irritant must be applied to the skin. From a mustard-plaster the physician would resort to blistering the skin with Cantharides or Tartar-emetic ointment, and, if this was still insufficient, moxæ or the red-hot iron were applied. The most horrible wounds and tortures were inflicted upon the patient, and if the practices of the old school had not become so frightful, that all the intelligent and better-feeling portion of humanity recoil from them in disgust, and condemn them as abominable aberrations of professional pride and ignorance, Heaven knows how long the insane practitioners of the old school might have con-

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tinued their destructive and degrading art! But these horrors were not much longer to devastate society, and inflict endless misery and pain upon their victims. The death-knell of allœopathic barbarity sounded when Hahnemann discovered the great truth, that the true system of medicine is just as pleasant and saving, as the old system of medicine had been repulsive and destructive of life. Yes, Hahnemann is, in more than one sense, the benefactor of his race, and long yet, after every great name in medicine shall have perished in the flood of oblivion, will his memory survive in the hearts of a grateful and regenerate humanity.

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HOMŒOPATHY.

THE HOMŒOPATHIC LAW OF CURE.

We have now arrived at the point where it becomes our duty to expound the true system of the healing art. It may certainly be supposed that the Author of life would not allow disease to invade our frames, without giving us, at the same time, the means to combat it. These means have been given to us in abundance, but the best mode of using them was first unknown to us. How could we know it, unless God revealed it to us? And if He did not see fit to give us a special revelation regarding the curative virtues of every drug, and the most appropriate mode of using it for purposes of cure, what else remained for us to do, except to discover the properties and the true use of drugs by patient investigation and experience? Indeed, this has been the road which humanity had to travel for thousands of years, before the truth in medicine was finally discovered. The development of the healing art has been marked by untold suffering, by mutilations and poisoning. It may be said, without exaggeration, that millions of human lives have been destroyed by the ignorance and barbarity of medical practitioners. And many chronic maladies, with which mankind are afflicted even at this period, eruptions, irregularities of the bowels, nervous diseases, dys-

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pepsia, and a host of other troubles, are the consequences of the horrible outrages which have been perpetrated upon the human system for a long, long series of years, by the murderous lancet and the no less murderous salivating, sweating and purging system of treatment. The most distinguished practitioners of the allœopathic school have denounced their practice as dangerous and disgusting. *Boerhaave*, whose reputation extended to the ultimate confines of the known world, even to China and Japan, is said to have left behind him a large quarto volume, which was supposed to be a treasure of wisdom. This book was not to be opened until after his death. It was found to be a volume containing nothing but blank paper, except the last page, on which was found a verse in the Dutch language, the literal meaning of which is as follows: "Keep your head and feet warm, fill your stomach moderately, keep your bowels regular, and then let the doctor run." *Girtanner*, another eminent physician, says: "Our Materia Medica is a mere collection of fallacious observations;" and the distinguished *Hoffmann* writes, in his Medicina Rationalis: "*Perpauca sunt remedia quorum virtutes et operationes certæ; plùrima vero infida, suspecta, fallacia, ficta;*" the English of which is: There are but few remedies the virtues and effects of which are certain; most remedial agents are unreliable, doubtful, fallacious, fictitious.

And yet medicine should not be a curse to mankind. Medicine should be a blessing, for its object is to heal the sick. Surely, this is a beautiful and noble object, and if it be not worthily fulfilled, it cannot be the fault of medicine; the fault must rest with man's ignorance of the true curative virtues of drugs, and the proper mode of using them for purposes of cure.

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Let us examine in what manner man may have derived his first knowledge of drugs. Either God must have revealed to him this knowledge, or else it must have been acquired by experience. We know that the knowledge was not obtained by a special revelation, hence it must have been derived by observation or experience. In adapting the products of the earth to his use, man must at first have proceeded more or less indiscriminately; he could not possibly know whether a plant would be useful or hurtful to him, until he had tried it. The probability is that man, at first, behaved as children do even now in regard to the things that grow around them. If they see a pretty looking berry, they fancy it must taste well, and they will try it, not supposing that the beautiful appearance of the berry could be deceitful, and hide poisonous qualities. So it was with man. He could not know that Belladonna was a poison, until the berries had been tasted; nor could he have known that Aconite would destroy life, until this destruction had actually been accomplished. It is by the slow method of experience, that man gradually learnt to know the difference between poisonous and nourishing plants; but the application of poisonous plants to the cure of disease, was at first, not the work of experience, but of pure reason. Some first case of sickness, must necessarily have arisen among men. We will suppose it was a case of diarrhœa or fever. When this case occurred, the probability is, that the poisonous effects of various roots, leaves, fruits, or even minerals, were known. Now then, here was a series of disturbances, or poisonous effects of natural substances, and, at some later period, a series of similar disturbances came under man's observation not as the poisonous effects of

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drugs, but as manifestations of disease, of whose origin and mode of development he was ignorant. For the sake of illustration, we will suppose that the stomach-sickening and vomiting properties of Ipecacuanha were known, and that a case of vomiting afterwards occurred in consequence of some cause or other, not medicinal, was it not natural that man should have established a relation between the stomach-sickening virtues of Ipecacuanha and the natural stomach-sickness? And if he did, what relation must this have been? What else could it have been than that, if Ipecacuanha was capable of sickening the stomach, it must be essentially adapted to a condition of the organism of which stomach-sickness was a prominent symptom? The inference must have been that Ipecacuanha would stay the sickness, if occurring as a natural disease. To be sure, such an inference could only be drawn by a man of genius. But so it is with all new principles in science or art. It requires genius to discover them. It required genius to discover the true nature of lightning, and from its identity with the electric fluid, to draw the conclusion that the proper mode of neutralizing its destructive power, was to draw it to us, as it were, from the heavens, and to conduct it along a metallic rod into the bosom of the earth. So it was in regard to the use of drugs. It required genius to conclude, that if a drug have at all any use, it must be to cure the very diseases which most closely resembled its own subverting action upon the human organism. For, although man had no special revelation in regard to the *particular* uses of created things, yet he had been told this general truth, that every created thing was for some useful purpose, for "God saw every thing that he had made, and behold! it was very good." Now, inas-

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much as it was evident, that among the created things, there were some that did not support and develop, but destroy and disturb the harmony of life, it followed, as a matter of course, that the only use for which these things could have been intended, was to restore this harmony, in case it should be disturbed by some immaterial or dynamic influence. This conclusion having once been arrived at, it was not a difficult thing to conclude further, that inasmuch as there did not exist any special revelation in regard to the particular curative virtues of the different drugs, and inasmuch as it was evidently the design of Providence, that man should become acquainted with these virtues by gradual observation and experience; the accidental discovery of the effects which any particular drug was capable of producing in the human organism, amounted, in reality, to a positive revelation of the uses which the drug was capable of accomplishing; that one drug, for instance, was capable of curing diarrhœa, another sickness at the stomach, another fever, another headache, and so on; some particular drug for every particular morbid condition. Indeed, it is recorded, that this truth was known, even in remote periods. For in one of the works which are attributed to Hippocrates, it is stated that a "disease is cured by administering a medicine which produces a similar disease," and that "vomiting is cured by administering an emetic."

These axioms embody great principles of cure. But the train of reasoning which we have offered in the preceding lines, and of which these isolated sentences are practical illustrations, was not resorted to in the first ages of medicine. In offering this mode of reasoning now, we have simply permitted ourselves to indulge in

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a species of anachronism; for it is only in our age that the exalted reason of Samuel Hahnemann was led to the discovery of the true law of cure. Humanity had to wade through ages of gross empiricism and merciless dogmatism, before the torch of medical truth shone into the dark chambers of the human understanding.

In translating Cullen's Materia Medica into German, Hahnemann was struck by the statement that the extraordinary power of Peruvian bark to arrest the paroxysms of fever and ague, was supposed to depend upon some specific power inherent in the bark. Hahnemann, suspecting that this specific power was nothing else than a power possessed by bark to affect the human organism similarly to fever and ague, at once instituted provings with bark, and found that his supposition was verified by actual results. By taking a few grains of bark for several consecutive days, paroxysms were produced which resembled very closely the paroxysms of fever and ague. From this verification to the establishment of homœopathy there was but one step. As Peruvian bark cures fever and ague, so does every other medicine cure its corresponding disease, in accordance with the principle of similarity; or, as Hahnemann expresses it, to cure a disease we have to employ a drug, the inherent or characteristic effects of which upon the healthy body, shall be similar to the characteristic symptoms of the disease. This is the meaning of the celebrated formula, "*similia similibus curantur*," or "*like cures like*," a formula which acquires strength as it spreads through the nations of the world, "*vires acquirit eundo*," and embodies one of the most beautiful and most beneficent triumphs of the human reason. The formula being once discovered, the difficulties to its practical application had

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to be overcome. These difficulties were great and, to a mind without love, faith or enthusiasm, they might have seemed almost insurmountable. Not so with the great discoverer of homœopathy. He at once went to work, induced his friends and disciples to follow his example, and the art of proving drugs, or of discovering their effect upon persons in health, was the next problem which required to be solved. While in a state of perfect health they swallowed the crude drugs in sufficient quantities to develop their inherent effects upon themselves, and the action of each drug, as it developed its effects upon the organism, was watched with the most conscientious solicitude. It will be readily perceived that the accomplishment of this vast, but indispensable undertaking, required time, patient toil, and devotion. To be sure, the records of the various symptoms of poisoning, which had been collected in former works on medicine, were made available for the building up of the new medical structure; but these records were exceedingly imperfect, they only contained the gross and most material effects of the drugs or poisons; all the more delicate disturbances of the nervous system were omitted. Hence all these drugs had to be proved over again, after duly preparing the system by rigorous diet and abstention from everything that might possibly interfere with the natural and unimpeded action of the drugs; their effects were watched from day to day, and from week to week, by a number of devoted provers, and they were finally collected by Hahnemann according to a certain method, and arranged in series, the symptoms of each drug separately; first, all the symptoms which had more particular reference to the brain and mind, then those of the special senses, of the digestive organs, and so on, in

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a regular series, through the various parts of the body, until a sufficient number of symptoms had been obtained by patient and careful provings, to apply the new law of cure to the treatment of disease. It need not be told in this place, that the first attempts of Hahnemann and his disciples, to reform the practice of medicine, were crowned with the most brilliant success. Thousands of practitioners have ranged themselves under Hahnemann's standard; the new system is taught in organized colleges, it is recognized and protected by the State as a true principle of cure, and it is blessed as a glorious and regenerating gift of heaven by millions of grateful hearts. Since the first establishment of homœopathy by Hahnemann and his personal disciples, our Materia Medica has been considerably enlarged by devoted followers of the new school of medicine, and it is probable that the time will arrive when, thanks to the efforts of these generous explorers of the curative resources of nature, we shall be able to cope successfully with every form of disease.

Having established the new law of cure, and constructed the new Materia Medica, the question of necessity arose: How shall we proceed to apply our remedies to the cure of disease? In what form, quantity and order shall we administer them? These different points shall now be briefly examined.

First, as to THE FORM of the homœopathic medicines. According to Hahnemann, the simplest form is the best, and is best calculated to preserve the curative virtues of drugs, and to secure to them a full influence over the disease. The method of preparing homœopathic medicines is fully described in the standard pharmacopœas of our school, more particularly in those of *Buchner* and *Gruner*, which were originally written in German, but

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have been translated into English by one of the authors of this work. It is therefore unnecessary to go more minutely into the subject here, and it will suffice to state, for the benefit of the general reader, that Hahnemann, in obedience to his general principle, and as a logical consequence of his mode of viewing disease and its relations to drugs, not only discarded the use of compound medicines, but likewise all those methods of preparing medicines which had a tendency to alter the genuine medicinal action of the drug. The only preparations which he made use of, and the only ones which are even now sanctioned by the Homœopathic School, are alcoholic tinctures, watery solutions, and triturations, of the crude drug or of its alkaloid. The rules which Hahnemann lays down for the making and keeping of homœopathic preparations are exceedingly minute. He directs that the mortars and pestles should be perfectly dry and polished, that all strong-tasting or strong-smelling drugs should be prepared each in a separate mortar, and even in a separate apartment; he even specifies the number of minutes during which a trituration is to be completed, including the scraping up of the triturated substance, recommencing and continuing the trituration; in one word, his instructions concerning the making of homœopathic tinctures and triturations are so specific, that they are almost liable to the charge of pedantry, and that it is exceedingly doubtful whether they are not, at this period, considerably modified by homœopathic practitioners and pharmaceutists.

QUANTITY.—It stands to reason that Hahnemann, as he differed from old school or allœopathic physicians in the principles of cure, should likewise differ in the essential particular regarding the quantity of the medicine

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which the patient was to take. Indeed, if the medicine acted similarly to the disease, common prudence required that the smallest possible dose should be given in the first place. Of liquid medicines, the first smallest dose was of course a drop, and, indeed, we find that this was the dose which Hahnemann commenced with in his new practice. It would seem as though a medicine which had the power to produce a disturbance of the functions that resembled the natural malady in all essential particulars, must have had a tendency to increase the symptoms of the disease, were it only temporarily, and, according to Hahnemann's statements, he indeed found that this was sometimes the case, and upon this phenomenon he constructed a partial explanation of the modus operandi of his preparations. According to Hahnemann, it is not the primary action of the drug that cures disease; this cure is effected by the reaction of the organism. Hence it is the reaction that we have to keep in view in our treatment, not the first or primary action of the drug. If, in a case of diarrhœa, we prescribe a binding medicine, such as Opium, the first action of the medicine will be against the disease, but the reaction will be against the medicine and in favor of the disease. Hence the natural disease will be strengthened by a medicine, the primary action of which is contrary to the disease. Common experience is undoubtedly in favor of this doctrine. Thus, a drunkard has to steady his trembling hands by brandy, before he is able to use them for the day's work; and the longer he has been in the habit of using the brandy, the more of it does he require. Persons who are in the habit of warming their feet over a register, have to warm them the longer the more. The bowels can be accustomed to the influence of loosen-

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ing medicines to such a degree, that these medicines lose their effect on the bowels, and that increasing quantities of medicine may be required; whereas a smaller dose was sufficient, in the beginning, to develop the cathartic action of the drug. What do these, and many other similar cases, from common experience, show? They show conclusively that, although the first effect of a drug may seem to be contrary to the disease, and in favor of the organism, yet, in the majority of cases, the reaction is contrary to the drug, and in favor of the disease. Hence, we must naturally infer that, in order to develop a suitable reaction, the primary action of the drug must be in favor of, or similar to, the disease, and the greater this primary similarity or correspondence between the remedial agent and the disease, the more contrary will be the reaction, and the more certain and permanent the cure.

But these so-called medicinal aggravations not only served, in the judgment of Hahnemann, to corroborate the truth of the homœopathic law; they led him to the discovery of important physiological and therapeutic truths. Compelled to diminish the quantity of his drug-doses, he resorted to the following method of diminishing the strength of the medicine, and at the same time, preserving its curative virtues. He mixed one drop of the original tincture, with ninety-nine drops of alcohol, and shook the vial vigorously, first carrying the arm up and then downwards; and, in order to shake the contents of the little vial the more thoroughly, he caused the hand to alight on some elastic substance, which made it bound back with a certain force. This preparation was labelled "first attenuation." To prepare the second attenuation, a drop of the first attenuation was again mixed in a per-

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fectly clean and dry vial, with ninety-nine drops of alcohol, and shaken as before. And in this way the process of attenuating the medicine was carried on through a number of vials, and has recently been conducted as far as the eight thousandth, and even the ten thousandth attenuation.

It would seem as though these highly attenuated medicines could not possibly have any effect, and that the medicinal power of a drug must disappear after the drug has been attenuated beyond a certain limit. It is not our business, in this place, to decide either for or against these high attenuations, but simply to relate facts as they have actually occurred. Our duty to the reader, is therefore fulfilled, if we simply state to him, what Hahnemann asserts with much emphasis to be true, that his mode of dividing the drug by succussion, in a successive series of vials, develops its inherent dynamic power, spiritualizes the drug so to say, and while neutralizing or removing its purely chemical, physical or grossly poisonous properties, fits it to act so much more efficiently and positively as a curative agent. Hence attenuations are likewise termed dynamizations, or potencies, potentized drugs.

The doctrines of medicinal aggravations and of dynamization have given rise to a good many misconceptions in the popular mind. In regard to the former, the opinion has prevailed for a considerable period of time that no cure can be effected by homœopathic medicines without previously aggravating the character of the disease; and this exceedingly erroneous belief has prevented many from trying the homœopathic mode of treatment. It is certainly true that an excessive dose of a medicine which has a tendency to disturb the system in a manner per-

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fectly analogous to the natural disease, may produce a very unpleasant aggravation of its symptoms; but where is the necessity of administering such a dose? One of the inestimable advantages of homœopathy is, to enable the practitioner to administer the appropriate remedy in any quantity and of any strength, even an infinitesimal portion of a drop, and to avoid even the remotest chance of unnecessarily aggravating the natural pains. For it is a mistake to suppose that the aggravation must be perceptible in order that the disease may be removed from the system. The whole doctrine of medicinal aggravations is more or less speculative; an isolated and accidental aggravation has been made the basis of a doctrine, and it will require a good deal of discussion and explanation to chase the bug-bear of aggravations out of the popular mind, and to establish the truth concerning them upon a truly philosophical basis.

In regard to the doctrine of dynamization, important errors have likewise disturbed both the friends and opponents of homœopathy. It has been supposed that the term dynamization or potentization implies an increase of power, and yet this is not so, if we have reference to the destructive or poisonous properties of the drug. Every body knows that, if we divide a grain of arsenic into a hundred parts, the one hundredth portion of a grain cannot be as powerful as the whole grain; and it is, therefore, evident that by dynamizating or developing the power of their drugs, homœopathic physicians cannot mean an increase of their destructive properties, but must mean something entirely different from what it is popularly supposed they do mean. What then is understood by the term dynamization, or potentization, if it does not mean an expansion of the inherent

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chemical or physical properties of the drug? Let us explain.

According to the common belief, a drug is powerful when its action upon the animal organism is of a violent and subversive nature. Prussic acid, for example, is called a powerful poison, because a small quantity of this substance is capable of destroying life. It is not in this sense that the power of homœopathic preparations should be understood. These preparations are powerful in this sense, that they are endowed with a specific efficacy to control disease in a direct manner, not in the round-about way of the old school. Under the old school system a headache is cured by physicking the bowels, or a weakness in the bowels by sickening the stomach. Hence under homœopathic treatment, the cure of disease is so intimately associated with the production of a violent medicinal commotion in the system, that it has become a popular prejudice that a medicine cannot cure disease except by convulsing or irritating the system in some part more or less remote from the focus of the diseased action. This is the reason why recent converts to the homœopathic treatment of disease, on receiving a dose of medicine out of the doctor's hands, are very apt to ask the question, how will this medicine act? will it act upon the bowels, or what will it do? Such patients should be made to understand that the development of these mediate or revulsive effects is not, by any means, the legitimate office of a remedial agent. If a patient wants to get cured of colic, for instance, or of a sick headache, and he takes medicine for such a purpose, what should be the natural, direct, and therefore legitimate effect of the medicine? Common sense tells us that this should be a diminution and

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gradual disappearance of the headache. After taking the medicine, and allowing it a reasonable time to manifest its influence, the patient should feel relieved. It makes very little difference to him how this takes place, all he asks is to get better after taking medicine, and this relief must be the direct, inevitable consequence of his taking the medicine. What logical connection can there exist in the patient's mind between the relief he is in need of, and purging the bowels or blistering the skin? It is evident that the idea of relief, and the infliction of pain for the purpose of procuring it, are two facts that exclude each other as perfectly as heat and cold, or any two opposites in nature. Why then does the allœopathic drug convulse or irritate the system? Why does it not effect a cure without producing these violent commotions or alterations which patients dread more than the original disease? For the simple reason that the allœopathic remedial agent has no direct, immediate power over the disease, and that this revulsive or counter-irritating action is resorted to in the hope of absorbing and neutralizing, by its means, the natural irritation. This is far different in the homœopathic practice. The homœopathic remedial agent exercises a direct, immediate, and very frequently instantaneous influence over the disease, and causes it to yield without a struggle and without the least appearance of any of those distressing medicinal symptoms that have rendered the allœopathic treatment of disease so formidable and so destructive of life and happiness. After taking the proper homœopathic remedy, the patient feels better; this is all he knows of the presence of the medicine in his system. There is no vomiting, no purging, no artificial sweating, and, if it were not for the suddenness

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and the striking character of the relief obtained, he might be tempted to believe, and indeed, he frequently does believe, and very ungratefully asserts, that he got well without any medicine whatsoever. How is this? How is it possible that a minute dose of medicine should have such remarkable curative powers? In respect to such questions the allœopathic physician enjoys great advantages over the homœopathic. For, if a pain in the head should disappear under the purging action of a dose of calomel or rhubarb, or a pain in the chest under the blistering influence of tartar-emetic ointment, the patient contents himself with believing that the pain was driven out by the bowels, or that the pain in the lungs was owing to bad humors which the blister had drawn out upon the skin. The allœopathic system is filled with such grossly-material modes of reasoning, which would be found to be without the least meaning, if patients would only take the trouble to investigate the meaning carefully. They would soon find that it is beyond the common understanding to trace any logical connection between the pain in the head and the loosening effects of calomel, and that it is just as impossible, in the present state of the natural sciences, to account for the action of calomel or of any other drug, as it is to acconnt for the mysterious influence of the brain itself. Nevertheless, man who, as a general rule, is yet fond of illusions and allows his reason to be swayed by illusions, prefers an illusion, even though completely erroneous, to a transcendent, purely rational truth. And, unfortunately for homœopathic physicians, pure reasoning has as yet to be their chief reliance in endeavoring to account for the action of their remedial agents. The homœopathic physician has none of those

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sensual illusions and sophisms at his command that suggest themselves to the allœopathic practitioner in abundance. All that a patient under homœopathic treatment experiences of the effects of the homœopathic remedial agent, is the gradual restoration of his health; but there is no sweating, no purging, no vomiting, or any other of the violent allœopathic revulsions to which the carrying off of the morbid matter could be ascribed. Now, we trust, we are prepared to understand what homœopathic physicians mean by the term "power," when they use it in connection with, or as an attribute of, their remedial preparations. By "power," homœopathic physicians mean that relation between the homœopathic remedial agent and the disease which will most directly and certainly ultimate in a cure. The method of progressive attenuations or dynamizations is believed to be the best means of exactly fitting the remedial agent to the disease, and it is in this exact adaptation to the disease that the "*power*" of the remedial agent over the disease resides. Various attempts have been made to account for the mode in which the remedial agent effects the cure. Some account for it upon the principle of oscillation; regarding the morbid action as a series of oscillations in one direction, and the action of the remedial agent as a series of oscillations in an opposite direction; others account for it upon grounds suggested by the doctrine of positive and negative electricity, regarding the disease as a negative and the remedial agent as the opposite positive principle; others again explain the modus operandi of the remedial agent upon the principle of attraction, the disease being attracted, as it were, by the homœopathic remedial agent, which, by the peculiar process of preparation it

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had undergone, had acquired a sort of magnetic-spiritual power and, by this means, had become enabled to draw the morbid sphere which had diffused itself through the organism, into a material point, just as the point of the metallic rod will attract the electric fluid; the disease being condensed or materialized, as it were, in a mere point or ultimate molecule, the organism is, of course, freed from the morbific principle, and the material form to which the disease has been reduced, is readily expelled from the system. Any of these various processes of cure must evidently take place silently, spontaneously and without any perceptible commotion of the organism. All these different modes of explaining the action of the homœopathic agent, are more or less speculative, but, fortunately not essential to a cure. The essential thing is to understand and admit the principle "*similia similibus;*" this being admitted, the smallness of the dose follows as a matter of course. And now, after the homœopathic healing art has existed for half a century, and, during this period, has spread with the most triumphant *éclat* over every country where science and genius are honored, we can appeal to the most brilliant cures in testimony of the efficacy of our small doses. To those who have discovered a glimpse of truth in the fundamental principle of homœopathy, we say, try the application thereof to the cure of disease and you will not be disappointed; but be sure to select the right remedy, otherwise the small dose will have no effect.

And this leads us to allude to a misapprehension which is quite current among uninformed laymen; it is this, that homœopathy is supposed to consist in the use of small doses of medicine, and that large doses of medi-

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cine are supposed to be contrary to homœopathy. Those who have taken the trouble to read our explanations of the fundamental homœopathic law of cure understandingly, scarcely need be shown the fallacy of the notion, that the size of the dose constitutes either the homœopathicity or non-homœopathicity of medical treatment. They must have understood, that it is upon the relation of the internal quality of the drug to the disease that the homœopathicity of the treatment depends. A medicine is homœopathic to the disease when it is capable of affecting the healthy animal organism in a manner strictly similar to the disease for which it is prescribed. This condition of similarity is the soul and spirit of homœopathy, and wherever it is wanting, the treatment is not homœopathic, no matter how small soever the dose which a physician may prescribe. On the other hand, it is evident that the medicine may be strictly homœopathic to the disease, and yet be given in large doses. Homœopathic physicians generally give very small doses, in order to avoid unnecessary medicinal aggravations, and because experience has shown that the so-called attenuations realize, as a general rule, the most direct and certain curative relation between the medicine and the disease; nevertheless, cases may occur where a homœopathic physician may consider himself obliged to resort to larger doses, even to the tincture, and the treatment may, for all that, be strictly homœopathic.

It remains now to say a few words about homœopathic globules and triturations, and we shall then have said everything that is necessary to a proper understanding of the homœopathic law of cure.

We have explained, in previous paragraphs, the method of making alcoholic attenuations. This process

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cannot be applied to all drugs, dry substances, metals, minerals, various kinds of roots, seeds, etc. To attenuate or potentize these drugs, the following process is resorted to: One grain of the original drug is mixed with ninety-nine grains of sugar of milk, in a perfectly dry and well polished mortar, and these two substances are then ground together for one hour in a manner which has been very minutely described by Hahnemann, and which it is unnecessary to detail here. This product forms the first trituration. The second trituration is made from the first, by taking one grain of the first trituration and mixing it with ninety-nine grains of sugar of milk, after which these two substances are ground together in a mortar, in the same manner as the first trituration. The third trituration is made from the second, in the same manner as the second from the first. There is no necessity of continuing the triturations beyond the third, except in exceptional cases, and with substances which it is very difficult to break up uniformly and completely, such as the seeds of Lycopodium. Generally speaking, the third trituration is soluble in water or dilute alcohol, and the fourth attenuation is prepared from the third, by dissolving one grain of this trituration in ninety-nine drops of distilled water or dilute alcohol, taking good care to shake the solution in the same manner as any other ordinary alcoholic attenuation. The fifth, and every succeeding attenuation, is prepared from the next preceding attenuation, by mixing one drop of this attenuation with ninety-nine drops of strong alcohol, and shaking the mixture as directed for the other attenuations. These attenuations should be kept in vials that had never been used for any other purpose whatsoever, nor should ever different kinds of

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medicine be placed in the same vial. It is likewise of the utmost importance to cork the vials with care, and to use corks that are perfectly sound. To reduce a dose of medicine to the smallest possible size, and likewise for the better preservation of the medicine, Hahnemann resorted to the use of very small globules of sugar and flour, commonly termed pellets, about a hundred of which he moistened with one drop of the attenuated drug, and after having dried them carefully on a piece of unglazed and perfectly clean paper, the borders of which were slightly raised, so that the globules could be rolled about; they were enclosed in a tightly-corked vial, and in this state they were found to preserve their medicinal power for a series of years.

For the benefit of those who wish to become more extensively acquainted with the particular principles of homœopathic posology, or the science of doses, we will now describe more in detail the mode of using homœopathic preparations, including the size and repetition of the dose, and everything that may be of practical interest concerning the administration of homœopathic remedial agents. Our purpose is best attained by arranging our remarks under the following general heads:

1. What potencies or attenuations should be principally used? Size of doses.

2. How, or in what form, should the medicine be administered to the patient?

3. Repetition of doses.

4. Alternation of medicines.

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WHAT POTENCIES OR ATTENUATIONS SHOULD BE PRINCIPALLY USED? SIZE OF DOSES.

This question has caused a good many disputes in the homœopathic ranks. Some physicians have strenuously contended for the higher and highest; others, on the contrary, for the lower and lowest attenuations. Many physicians, and these, it is to be hoped, constitute a majority of the profession, permit themselves to use the whole scale of preparations, from the tincture up to the highest attenuation. The division of practitioners into high and low dilutionists is a most absurd arrangement. It may be asserted as an established fact, that a cure may be effected, in every case where a cure is possible, with the first twelve attenuations of the suitable medicine. It cannot be shown, by any experimental evidence in our possession, that it is at all necessary, for purposes of cure, to attenuate drugs beyond the twelfth dynamization. The tendency of the age seems to be, to use the lower attenuations in preference to the higher. The size of the dose may depend upon a variety of circumstances—upon an idiosyncratic susceptibility to the action of particular medicines, upon the character and duration of the malady, upon the natural sensitiveness of the patient to medicinal action, and upon other circumstances. In some patients, a few drops of the strong tincture may be required to effect the largest amount of good in a given case, whereas a few globules of a tolerably high attenuation may be amply sufficient in other cases. After the sixth attenuation, the difference between subsequent attenuations is very trifling indeed. It is even doubted, by many of the most experienced and intelligent practitioners of our school, whether such a difference is not altogether imaginary. Hahnemann was very

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gradually led to the adoption of the higher attenuations; some of his most brilliant cures were achieved in the first years of his homœopathic career, when he operated altogether with comparatively massive doses. As a general rule, homœopathic physicians prefer small doses, or the higher attenuations, in most chronic cases, and likewise in the first stage of acute fevers; larger doses may be required at a later period of an acute disease, or if disorganizations threaten to develop themselves, or have actually set in. In the course of this work, the dose will always be indicated for every particular disease. In the meanwhile, it may be expedient to indicate a few general rules, by which those who prescribe homœopathically may be guided in determining the size of the dose.

As a general rule, we resort to the lower preparations in the treatment of all diseases that run a rapid course, or which, unless speedily checked, would soon lead to disorganizations, or to the destruction of tissues. In this rule we not only include acute diseases, properly speaking, but also chronic diseases of great intensity and affecting the general organism in a dangerous and disorganizing manner. Starting from this position, we prefer the lower preparations,

1. In acute fevers, with or without local inflammations;

2. In remittent fevers, with local inflammation;

3. In intermittent fevers, and other intermittent diseases of an acute character, such as fever and ague, various forms of inflammatory neuralgia, etc.;

4. In chronic diseases that have a tendency to terminate in disorganizations, such as syphilis, tuberculous and scrofulous diseases, etc.;

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5. In such nervous diseases as will readily terminate in the destruction of parts, or in a permanent derangement of the functional powers of the affected part; such as various forms of acute nervous irritation, spinal irritation, seated or shifting congestions, spasms, convulsions, apoplexy, etc.

6. In actual disorganizations, suppurations, ulcerations; such as blennorrhœa of the lungs, uterus, vagina, phagedenic ulcers, schirrus, enlargements of organs, etc.

We repeat that, as a general rule, it is safe to employ the lower attenuations in the treatment of these diseases. We say, as a general rule; for, in a number of cases of these very diseases, the middle or higher attenuations may be more conducive to a speedy and permanent cure. It is utterly impossible to furnish rules that will prove safe and invariable guides to the beginning practitioner; in spite of rules, he will soon feel compelled to rely upon his own powers of observation, his own judgment, and to pursue a course opposite to the one that was pointed out to him in the books. Physicians who practice in the same families from year to year, enjoy great advantages over the beginning practitioner, as respects the dose which should be prescribed under certain circumstances. They are afforded frequent opportunities of studying the constitution of their patients, and the character of the diseases to which the families are most liable, and hence they are better able to judge, by the apparent phenomena of the disease, to what extent the internal organism is affected, and how much medicine it will require to make a curative impression on the disease, and whether the same medicine should be continued after this first impression is obtained, or whether another medicine should be substituted for, or given in alternation with it. The

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beginning practitioner, not having yet enjoyed these advantages of steady observation, has to steer his course, in respect to doses, with great caution, though even in his case the difficulties are by no means overwhelming, provided he enters upon the practice of his profession with a full knowledge of the pharmacodynamic virtues of our drugs, and of the various observations made by reliable practitioners, at the bedside of their patients, regarding the efficacy of the various attenuations of our remedial agents. It being the legitimate right of every practitioner to deduce rules of practice from the clinical observations he is enabled to make, the student of homœopathy must expect to find a good deal of speculative reasoning mixed up with sound practical teaching, and to see one class of practitioners attack the statements of another class, sometimes with a good deal of bitterness of feeling. What is the student of homœopathy to do in the presence of these apparently perplexing circumstances, these contradictory statements and inferences? To the intelligent student there is but one way left, and this is to hear every side, to listen to every opinion, and then to judge for himself, and pursue a perfectly independent course.

We have named various classes of diseases, in which the lower attenuations seem to be preferable. This preference, however, is by no means absolute.

The beginning practitioner should have some positive rules to set out with in his career; and the general propositions expressed in the preceding paragraph, are intended to subserve this purpose. There is scarcely a single rule in regard to the administration of drugs that does not require some modification in particular cases.

Let us take an acute disease, pleurisy, we mean the

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acute form, characterised by synochal fever, stitches in the side, excessive painfulness to the touch, oppression of breathing, racking cough with bloody sputa, etc.

In many cases one or two doses of the thirtieth potency of *Aconite* will suffice to effect a radical cure; in other cases, on the contrary, the same disease, with apparently the same symptoms, will require repeated doses of the tincture, provided we mean to do the patient justice, and cure him according to the principle of Celsus, "*cito, tutè et jucundè*:" Or, let us take a case of inflammatory rheumatism, for which we will suppose *Aconite* to be the true remedy. Do we not know that many severe cases of articular rheumatism have been cured with the middle potencies of *Aconite* in an incredibly short space of time, and that other cases, on the contrary, had to be treated with large doses of the tincture? As far as we are personally concerned, we can answer these questions in the affirmative with an impartial and truth-loving mind.

Some cases of neuralgia will yield to the higher potencies of *Aconite* as by a charm, other cases require the use of strong doses of the tincture, and even an outward application of the drug.

In many sections of our country, fever and ague is a prevailing disease. Some attacks will yield perfectly to a few globules of the thirtieth potency of *Ipecacuanha*, others have to be treated with Quinine in substance, others again are readily controlled by a few globules of the thirtieth potency of *Cinchona;* whereas, in thousands of cases *Arsenic* has to be given in doses of one-fifth of a grain.

As regards chronic diseases it is generally supposed that the higher attenuations are preferable to the lower. This is true in many cases, but in other cases it is not

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true. The itch has frequently been cured with the higher attenuations of *Sulphur* and *Mercury*, but there are likewise cases that require the use of massive doses of *Sulphur*, and even the application of the sulphur-ointment. The lower attenuations are likewise preferable in all chronic diseases that threaten to terminate in the destruction or disorganization of tissues, extensive suppurations, ulcerations, congestions, etc. Even in purely nervous diseases, hysteria, hypochondria, mania, etc., it may sometimes be necessary to resort to the lower attenuations. It is not only proper, but frequently necessary to commence the treatment of these diseases with the middle or higher attenuations; but, if the same medicine should have to be used for a long time in succession, it may become necessary to use the lower preparations, though it may sometimes be of advantage to the patient to interpolate a dose of the higher preparations of the same substance. In some cases it is useful to employ the lower and higher attenuations of the same drug in alternation. In chronic eruptions, the middle or higher attenuations may be resorted to first, to be afterwards followed by the lower, if necessary.

Persons who have never taken homœopathic medicines, are more easily impressed by them than others who have already been under homœopathic treatment. This is particularly true in regard to inflammatory diseases, where, after a protracted allœopathic treatment, a single dose of some higher potency of *Aconite* will sometimes relieve the patient as by enchantment. This remark applies likewise to organs that are acted upon for the first time by a certain medicine, which had been given to the same patient for diseases affecting other organs. For instance, the patient may have taken so much mer-

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cury, even in homœopathic doses, for certain affections of the liver, that this organ refuses to receive any further impression from that agent; but, supposing he should be attacked with sore throat, and, for the first time should take mercury for this affection, provided, of course, that mercury is the specific remedy, the action of the medicine will be speedily perceived by the diseased part. So with any other drug.

Affections of the larger nervous trunks require, as a general rule, to be treated with massive doses of the specific remedy. The rule seems to be, that the more central the diseased nervous mass, the more delicate should be the medicinal influence that is brought to bear upon it, of course within certain limits. Some portions of the nervous system may, for particular affections, have to be acted upon externally, by friction, endermatic application of the suitable remedial agent, etc. Even the poultices which we apply to inflammatory swellings, abscesses, etc., may be referred to as illustrations of this general principle.

Physicians are frequently called upon to relieve their patients of drug-symptoms. The excessive use of mercury, for instance, may have caused an habitual tendency to salivation, inability to bear the least exposure to a current of air, to dampness, etc., bone-pains, costiveness, derangement of the liver. All such medicinal diseases have to be treated by suitable antidotes, or by the higher preparations of the same drug, or by the wet pack. The cold-water treatment will be found admirably adapted to such conditions.

In order to facilitate the determination of the size of the dose as much as possible, we will terminate this paragraph for the convenience of laymen and beginning

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practitioners with the following general resumé of practical rules:

1. Use the lower preparations in acute catarrhal and rheumatic fevers with or without local inflammations; in acute gastric and bilious fevers.

2. In all chronic diseases with tendency to disorganizations, in extensive suppurations and ulcerations.

3. In all nervous diseases with tendency to disorganizations, such as spasms, convulsions, epileptic fits, etc.

4. In acute congestions of the brain, thoracic and abdominal viscera.

5. In acute diseases which run a rapid course and are disposed to terminate fatally, such as cholera, apoplexy, inflammation of the heart, stomach, etc.

6. In a great many cases, where the medicine has to be continued for a long time, it may be expedient to use it in gradually increased doses.

Use the middle and higher attenuations:

1. In sequelæ of acute affections.

2. In chronic eruptions and other diseases without tendency to disorganization.

3. In purely nervous affections, such as vertigo, hysteria, hypochondria, without tendency to disorganization.

4. In all cases, where a certain drug had been used to excess, and where the same medicine is again indicated by the symptoms.

5. In all diseases, where the more central portions of the nervous system seem to be involved, as in typhus cerebralis, delirium tremens, etc.

6. In a great many cases, where the diseased part is for the first time acted upon by the homœopathic agent.

We may be pardoned for alluding once more to the

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bitter strife which has been waged for years past by the respective adherents of high and low potencies, but more particularly by the so-called high against the low dilutionists. Such a course of conduct is not justified by Hahnemann's own antecedents.

There was a period when Hahnemann considered it necessary to use very large doses; he states expressly that, in some cases of sickness, large doses were absolutely required to effect a cure. In the epidemic influenza of 1798, Hahnemann used *Camphor* as the specific remedy. He relates his success, in the treatment of this dangerous epidemic, in the following words (see Hahnemann's *Lesser Writings*, published by W. Radde, 322 Broadway, New York, p. 336): "Camphor surpassed all the expectations that could have been formed of it; it was efficacious, and, I may say, specific, in all the stages of the disease, accompanied or not by fever, especially when it was given as early as possible, *and in large* doses. A large number of patients recovered by its use in the space of four days, in spite of the gravity of their symptoms.

"At the commencement, I was very cautious in its use, and did not give to adults above from fifteen to sixteen grains a day, in almond-milk; but I soon perceived that, in order to produce a speedy recovery, it was necessary to give, even to weak subjects, thirty grains, and to more robust individuals, forty grains in the twenty-four hours. The favorable result was never long delayed; the constipation ceased; the bad, or at least the bilious taste, rapidly went off, together with the nausea and discomfort; the weight and pain in the head diminished from hour to hour; the febrile rigor was smothered in its birth; the heat diminished, and in those cases

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where there had been no perspiration, or where it had been abundant, there occurred a general mild diaphoresis, with diminution of all the drawing, tensive pains in the external parts. The strength soon returned, along with appetite and sleep; the despondency changed to hope, and the patient recovered his health without a drawback."

We might refer to a number of other instances from Hahnemann's own practice, to justify the use of large doses; but this seems a mere waste of ink and paper. The chief object, in prescribing a medicine, is to effect a cure, and every physician is entitled to the privilege of using his own discretion regarding the dose by means of which this object is best accomplished. In a very large number of cases, small doses are undoubtedly sufficient to effect a cure. If a patient had been frequently bled for pneumonia or some other inflammatory disease, and he is transferred to the hands of a homœopathic physician in a low state, small doses of medicine are undoubtedly preferable to large ones. A large dose of Aconite, for instance, in case this medicine should still be indicated by the existing inflammatory symptoms, might produce unpleasant medicinal effects, such as dyspnœa, palpitation of the heart, anxiety, violent throbbing of the pulse. A higher attenuation might produce the desired relief without any of these distressing aggravations.

Repetition of the Dose.

In the earlier periods of homœopathy, it was thought proper, by Hahnemann and his disciples, to give but one dose, and to watch its effects before administering a sec-

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ond dose of the same medicine. This method, however, has been abandoned by most homœopaths. It would be impossible to watch the effects of a single dose in every case; physicians who have a large practice could not do their patients justice, if this rule were a fundamental principle in the homœopathic treatment of disease. Some writers apprehend very unfavorable consequences from an unnecessary or untimely repetition of the dose. These apprehensions are very much exaggerated, and, in most cases, unfounded. If the medicine produces a favorable result after one, two or three doses, common sense tells us that it is unnecessary to use the remedy as frequently as before. Instead of giving it every two, we give it every four or six hours, or even less frequently. It stands to reason that, as long as the patient continues to feel better, the medicine may be discontinued. In a case of fever, for instance, where a dose of Aconite produces perspiration, with a feeling of ease, it would be ill-advised to repeat the medicine as long as the perspiration and the feeling of ease continue. If the improvement ceases or begins to be less marked, the medicine may be resumed. In all cases it would be injudicious to repeat the dose more frequently than is required by the condition of the patient; but in this respect, as well as in respect to the size of the dose, all pedantry should be avoided, and no practitioner should suppose that, because it may suit his taste or genius to give but one dose of medicine every eight or twelve hours, it might not sometimes be to his patient's advantage if the medicine were repeated every two or three hours. Every physician will have to depend more or less upon his own judgment in regard to the repetition of the dose; in the absence of rules derived from his own personal observation and

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experience, the beginner may avail himself of the following general suggestions:

1. In acute fevers, with or without local inflammation, repeat the dose every hour, or every two or three hours, according as the violence of the symptoms may seem to require.

2. In chronic diseases, with tendency to disorganizations, repeat the dose three or four times in the twenty-four hours.

3. In extensive or deep-seated suppurations and ulcerations, repeat the dose three or four times a day.

4. In acute spasms and convulsions the dose may be repeated every ten or fifteen minutes; if the spasms recur at intervals of weeks or months, the specific remedy may be repeated twice a week.

5. In acute congestions, such as congestion of the brain, lungs, liver, etc., the dose should be repeated every hour, or every two or three hours, according as the intensity of the pain, or the extent of the danger, may require.

6. In cholera, inflammation of the heart and stomach, apoplexy, acute paralysis, or any other acute disease, which runs a very rapid course, and is disposed to terminate fatally, the medicine may be repeated every five, ten or fifteen minutes, until a favorable reaction sets in.

7. In the sequelæ of acute affections the medicine may be repeated three or four times a day.

8. In chronic eruptions give the medicine once or twice a day, or in very chronic cases, once or twice a week.

9. In nervous affections, without tendency to disorganizations, such as vertigo, hysteria, hypochondria,

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local spasms, etc., give the medicine three or four times in the twenty-four hours.

10. In acute diseases of the higher portions of the nervous system, the medicine may be repeated every half hour, or every hour, or even every two hours, according as the symptoms are more or less threatening. In simple typhus cerebralis, for instance, or in meningitis, in delirium tremens, or even in acute hydrocephalus, we would advise to give the medicine every two hours, although we are persuaded that it may be safely given every hour, until the pain is mitigated and a reaction has commenced.

Alternation of Medicines.

Experienced practitioners are not fond of using many kinds of medicine. Homœopathic beginners who are not yet thoroughly acquainted with their Materia Medica, are very apt to commit the great mistake of changing their medicines too frequently. Some physicians give a new medicine as often as they visit their patients. We have known physicians who used half a dozen different medicines in a case, where an intelligent and well-informed practitioner would have contented himself with one or two. These frequent changes of medicines are all wrong, and they betray an ignorance of the true action of our drugs or a want of faith in their efficacy. In many diseases it is, of course, necessary to employ different remedies; but there is scarcely a disease, even the higher forms of typhus, which cannot be effectually controlled by at most three or four remedies. In a number of diseases, where many physicians are in the habit of prescribing several different medicines, a single remedy is frequently sufficient to effect a radical

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and permanent cure. In simple inflammatory diseases, for example, physicians generally commence the treatment with a dose of *Aconite*, and as soon as the fever abates and signs of reaction set in, the *Aconite* is abandoned and a dose of *Bryonia*, *Belladonna* or some other medicine substituted. This may all be very well in some cases, but it is decidedly wrong to make this a rule; for in many cases the probability is that a second dose of *Aconite*, given at a suitable interval from the first, would have achieved the cure much more speedily and thoroughly than any other two, three or half a dozen medicines could have done.

There is another custom which has been introduced into the practice of Homœopathy by recent practitioners, and is unfortunately carried to so great an extent that it amounts to a positive abuse; we allude to the habit of alternating several medicines at one and the same time. Some physicians use as many as four different remedies at one period. This is certainly a great mistake, although patients will, of course, get well under such a treatment as well as under any other mode of homœopathic practice. But it would seem as though physicians who have acquired a proper knowledge of the curative resources of their Materia Medica, could not possibly resort to the simultaneous use, in alternation, of three or four remedies. This method of alternation has originated, in a great measure, in a false conception of what should be understood by the term "similarity." It has been supposed that this term implies an exact reproduction, in our provings upon the healthy organism, of the morbid symptoms which we desire to cure. Now, every intelligent observer at once perceives that similarity, as understood in this technical sense, is impossible. For

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we have not yet succeeded, and probably shall never succeed, in producing the exact symptoms of pneumonia, pleurisy, inflammation of the brain, typhus, or any other disease. Hence it is not by this merely external or symptomatic resemblance that the homœopathic similarity of a drug to the disease should be measured. This similarity has reference to the essential morbid condition; it may exist, even though the symptoms, as recorded in the Materia Medica, should not comprehend the full series of morbid phenomena which characterise the particular case before us. The very expression "homœopathy," refers, not to the technical symptoms, but to the disease; homœopathy means "similar disease," and by disease we understand any state or condition of the body which is not a state of health. Disease is not anything positive; health is a positive state, characterised by definite functions and appearances, and resulting from, and supported by fixed laws; but disease is merely a negative state or condition of the organism, an *absence of health*. Hence the symptoms which characterise the disease, are, properly speaking, the symptoms by which we recognise an absence of health. How far this absence extends, or the degree of the disturbance, can only be determined by a comparison of the morbid with the healthy state. This shows that disease is a relative condition; that it is something only, when compared with a state of health, and that, without a knowledge of the normal physiological functions, it is utterly impossible to determine the true meaning and character of disease. Hence the symptoms of a disease imply, in reality, an abnormal alteration of the primary or normal physiological state, and just as much as it is the legitimate province of the human reason to investigate the

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character and connection of the physiological phenomena, just as much it is the undoubted privilege and office of reason to determine the true meaning and relation of the pathological symptoms, or the symptoms by which we recognize a disturbance of the normal physiological condition of the organism.

To prescribe for symptoms without reference to the physiological functions, would be tantamount to confounding a dead with a living body. It would be prescribing for shadows, and such a mode of prescribing would be, as the late Dr. Hufeland very correctly observed, the grave of Medicine. Any dunce might be a physician, provided he is able to read and write, and knows an eye from a toe-nail. The symptoms of a disease should be viewed as the phenomenal manifestations of an internal condition of the system. It is only when symptoms are viewed superficially, without reference to their internal unity, that they seem disconnected, and that more than one medicine seems to be required at one and the same time for their removal. In his Organon, Hahnemann proposes that a general record of the symptoms, as stated by the patient, be taken according to a certain order, and that from among the drugs, the provings of which are recorded in our Materia Medica, the physician select one whose symptoms resemble, as nearly as possible, the symptoms of the disease. This method has given rise to abuses. If one remedy does not suffice, some practitioners will select two, in order to make sure that the symptoms of the disease are "covered," as they term it, by the remedies. Physicians who proceed in this manner seem to ignore the fact that diseases are *disturbances of the organism*, and that the symptoms simply reveal the nature of these disturbances to those

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