

Homœopathy in the light of common sense and modern science / by D. Dyce Brown.

Contributors

Brown, D. Dyce.

Publication/Creation

London : Longmans, 1875.

Persistent URL

<https://wellcomecollection.org/works/snmxed9g>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

4

HOMŒOPATHY

IN THE LIGHT OF

COMMON SENSE

AND

MODERN SCIENCE.

BY

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

LATE PHYSICIAN TO THE ABERDEEN DISPENSARY, AND FORMERLY ASSISTANT-
PROFESSOR OF MATERIA MEDICA IN THE UNIVERSITY OF ABERDEEN,
MEMBER OF THE BRITISH MEDICAL ASSOCIATION, ETC.

LONDON: LONGMANS & CO.

EDINBURGH: JOHN MENZIES AND CO.

ABERDEEN: A. BROWN AND CO.

1875.

A. KING & CO., PRINTERS & STEREOTYPERS, 2 UPPERKIRK GATE, ABERDEEN.

P R E F A C E.

THE following papers appeared originally in the form of leading articles in the *Monthly Homœopathic Review*. for July and August, 1875. The substance of the latter was previously read before the Aberdeen Branch of the British Medical Association, and has, I understand, been reprinted in the pages of an American Medical Journal. The present state of opinion in regard to therapeutics is curious. While, on the one hand, we find an incredible amount of ignorance as to what homœopathy really is, in the ranks of the profession, as well as among the public, we find, on the other hand, rising men of the "advanced" section of the old school unable to shut their eyes to the truth of homœopathy, and employing homœopathic treatment as far as they can, consistently with the retention of their professional status, but at the same time, not very candidly, concealing the source of their information, and the real nature of their practice. It seems, then, especially desirable that, at this important juncture, some exposition of the real nature of homœopathy should be accessible to the inquirer, at once sufficiently simple and clear as to be intelligible to the public, and yet so scientific as to engage the attention, and challenge the honest consideration of the professional reader. Such is the aim of this pamphlet, and if I succeed in thus furthering the cause of truth, and hastening the time which *must* come when treatment according to the law of similars will be the dominant practice, I shall feel well rewarded.

D. D. B.

ABERDEEN, *November, 1875.*



Digitized by the Internet Archive
in 2019 with funding from
Wellcome Library

PART I.



HOMŒOPATHY

IN THE

LIGHT OF COMMON SENSE.



THERE would be a good deal less of prejudiced opposition to homœopathy if it were more frequently defended from a "common sense" point of view. The dogma, *similia similibus curantur*," has been often explained, and is, more or less, understood by our opponents, and by our patients. The latter, for the most part perhaps, have a general idea of the meaning of the law, but, more commonly, they judge by the results of the practice based upon it, which is, after all, the only really practical test of any value. A system, or a theory, may sound very beautiful and enticing when explained, but unless it stands the test of practice it is worth nothing.

Our professional opponents scorn to put our statements to the practical test "to see whether these things be so," and content themselves with an *a priori* condemnation of the system and the dogma "*similia similibus curantur*," by arguments which, for the most part, are the offspring of ignorance and prejudice. No one who has written on the subject controversially has been able to say, "I have, after mastering the subject in its details, put the theory in practice, given it an honest, fair trial, and find it of no use." Had this argument been used, it would have been worth all the volumes hitherto written against homœopathy, but, as we have already said, no such statement has ever been made. The sum and

substance of the arguments hitherto brought against homœopathy is, "It can't be true, therefore it is not". This, as every one knows, is the lamest possible method of discussing a subject. It puts the man who takes up this argument into the position of saying that his present knowledge is final and complete, and perfect as a standard to judge by.

The history of progress and civilisation is too wonderful to permit of this position being sustained by any one who values the opinion of his neighbours.

Many discoveries which to-day are taken as matters of fact, were pronounced by those who lived at the time of the discoveries to be absurd impossibilities. If this is true in mechanical and chemical science, what shall we say of medicine? For any man who knows the ever-varying change of opinion, and of practice based upon theory, which forms the tiresome history of old-school medicine, to say that homœopathy is not true because, in accordance with his present knowledge, it can't be, is simply childish. The only true and reliable test of the truth of homœopathy, or of any other system of medicine, is the practical trial of it in disease. We rejoice that, at the present day, the eyes of the old-school section of the profession are opening to see the truth of what we have been preaching so long, and its more liberal and advanced men are putting homœopathy to the test largely, with the result, anticipated on our part at least, of the extensive adoption of its treatment, in preference to the old. This is, as yet, done in a surreptitious manner, no acknowledgment of the source of the information being given. Still it is done; homœopathy is practised by its former opponents, and the very fact of its being done surreptitiously shows how convinced these men are of its value, since, till now, when the battle is already more than half won, even the unacknowledged practice of homœopathy involved a risk in professional status.

Would that we could think that the majority of the old school were of this advanced way of thinking. We regret, however, that as yet we can only say it is the few advanced

men who have even gone thus far ; the large majority stick to the old thing, from blind prejudice, not knowing in many cases what homœopathy consists of, and where the meaning of it is known, it is condemned *a priori* on the fallacious ground already stated.

At the present juncture of affairs, then, when a very important crisis is coming, and everything in medicine is leading up to the law of similars, as the most reliable guide in the drug-treatment of disease, it is of great importance in the combating of prejudice to let our opponents know that the *a priori* argument, instead of being against us, is strongly in our favour. If this is seen clearly, then the way to a practical testing of it is opened up at once. It is also of importance that, at the present time, when so much of homœopathy is adopted, not only without acknowledgment, but coupled in many cases with abuse, our patients should be able to give a reason of the faith that is in them, and so both strengthen their own belief, and combat any opponent that they may meet with.

There are two ways of putting the *a priori* argument. The one is the purely scientific mode, on which we show how completely homœopathy is in accordance with the latest discoveries in physiology. The other is the popular mode, showing how, putting out of sight the scientific view of the question, its simplicity and common sense appeals to the understanding of every one. To make a full elucidation of the *a priori* argument in favour of homœopathy, we ought to employ both these modes together. We, however, think it better to separate the two modes of putting the argument, reserving for the second paper the purely scientific explanation, confining ourselves at present merely to the more popular form of the argument.

It is necessary that this should be understood distinctly by our professional opponents, otherwise they might take exception to our conclusions on the ground, that though our argument might seem plausible, yet there was not sufficient basis of scientific fact to warrant our conclusions. What we

aim at now is simply to show that the homœopathic system appeals to the common sense of every one, and we shall endeavour so to put it that our non-professional readers can as thoroughly understand it as those who are medical. It is, we think, much better to begin with this form of the argument, as it is an immense point in our favour, or in favour of any disputed subject, if we can show that, before going into scientific detail, the matter can be put in such a simple way that no one can fail to see the force of it, or admit that so far the probability of truth is in our favour. We therefore entitle it the *a priori argument from common sense*. Those who are familiar with homœopathic writings will see that it is just a popular and simple mode of stating what Dr. Sharp calls *organopathy*.

We have, we shall suppose, a disease to treat which we can diagnose as affecting a particular organ—for example, the brain—what class of medicines in our *Materia Medica* would probably be the proper ones from which to choose, and which would be most likely to be beneficial? We have drugs acting on the brain, on the stomach, on the bowels, on the liver, on the kidneys, &c., and of these the veriest tyro would at once answer, that those affecting the diseased organ, the brain, would probably, *a priori*, be the most suitable, and would be those from which we should most probably get benefit, and not those acting on some different organ, such as the stomach, or bowels, or liver. Supposing, then, that we can go a step further, and diagnose that a particular *part* of the diseased organ is affected, and supposing also that we have discovered that, of a dozen medicines acting on the brain, four act on the particular part of the diseased organ specially affected, need we say that the probability is, on the same reasoning, that these four will be more useful in the given case than the other eight. Further, after having localised our disease as much as we possibly can pathologically, we notice that certain marked symptoms characterise our case, and suppose we have discovered that one out of the leet of four brain medi-

cines not only acts upon the affected part of the diseased organ, but does so in such a manner as to produce symptoms exactly resembling those present in the case we have to treat, then, on the same principle, it must be evident that *that* is the one medicine of the twelve which we should *a priori* expect to be the most beneficial in treatment. And why? For the obvious reason that we have got a medicine which goes direct to the seat of the disease, and which affects the seat of the disease in such a way as even in the healthy body, when given in a *large* dose, to produce symptoms exactly corresponding to those present in the case we have got to treat. The probability is, that this supposed medicine acts in a manner similar to the *cause* of the disease, whatever that may be.

The disease and the effects of the remedy being thus so closely similar, it will occur to every one who devotes a moment's thought to it, that this is, *par excellence*, the remedy most likely to be valuable in the treatment of the case, because we have got a drug which goes to the very inmost root of the matter. Can anything be simpler or more in harmony with common sense than this? But we may be asked by our non-professional readers—How do you know that this or that drug acts on a given diseased organ, or part of that organ? We reply that this is ascertained by experiments conducted on the *healthy* body, and by observing cases of accidental poisoning. From such experiments and observations we find that drugs do not act helter skelter on the body at large, but that each drug selects a given organ, or set of organs, upon which it *invariably* shows its action. For example, *belladonna* selects for its action the brain, the skin, the throat, the eyes, &c.; *arsenic*, the whole mucous tract from the eyes downwards; *ipecacuanha*, the stomach, bronchial tubes, respiratory nerves, &c. And it is by this constant selective power of each drug that the medical jurist can tell, when once he knows the symptoms, by what drug a man has probably been poisoned; and it is further found by these experiments that of several drugs acting on one organ, each one

has distinctive symptoms of its own, so that one medicine may more exactly picture a case of disease than another. But it may be urged, if you have given a medicine that you have found will produce a diseased state exactly resembling the case you have to treat, will not that medicine be more likely to do harm than good by increasing the symptoms? Here comes in that great fact which has been clearly ascertained, and of which there is ample testimony in allopathic, as well as in homœopathic works, *that most, if not all, medicines have opposite effects in small and large doses, and that the one is precisely the reverse of the other.* Of course, it stands to reason that if a dose of a drug sufficiently large to produce diseased symptoms even in the healthy body be given to a patient who is under treatment for a similar state, it will make him worse. But we specially avoid this by giving a dose of the drug sufficiently small *not* to cause any aggravation even in the supposed case of disease, and yet one which will be sufficient to produce the small dose action, which we have seen is the reverse of the large dose, and *therefore* curative.

And here is the whole question of the small dose in a nutshell—*less must be given than will make the patient worse.* It is simply a corollary from the former principle. A drug acting so similarly to the disease as we have described *must* be given in a quantity less than will aggravate the disease.

This, then, is homœopathy, and it harmonizes so clearly with common sense that the truth and simplicity of such a principle of treatment must be evident to any one, even a non-professional reader. The great beauty of this treatment is, that it is *direct* treatment. There is no punishing of healthy organs, by acting on *them* instead of the diseased one. In giving our homœopathic medicine, we know that it will go directly and certainly to the seat of the disease, and will produce the cure without interfering with other organs. In this point we see the great contrast between homœopathic and the so-called allopathic treatment. Hardly a case is treated allopathically without at least commencing with a purgative to *derive*, as it is called, from the bowels, or remove supposed

errors of action in these much-punished organs. or without an alterative of mercury being given to put the liver in order, on some preconceived theory, in accordance with which this is necessary; or perhaps, further in the disease, blisters are given to punish the skin.

This method has, with the majority of allopaths, so become a matter of routine, that they presume a case will not do well without it. But the fact is, that the allopaths themselves, when they get beyond this system of disturbing the bowels, &c., and come to giving a mixture specially for a definite complaint, find themselves unwittingly, and in a very rough and inexact manner employing this very common sense treatment of homœopathy. For what do their mixtures in the treatment of coughs, for example, consist of, but a combination of drugs which have a direct action upon the bronchial mucous membrane. They use *ipecacuanha*, and so do we; they use *squill*, and so do we; they use *tartar emetic*, and so do we. But they use these drugs simply because they have been found to do good, and so show their action on the diseased part; while we discover their action on the diseased part beforehand, and then prescribe them, not because this or that physician has found them of use, but because by experiment on the healthy body, we have discovered that they have an elective affinity for these parts. We are thus able, by our common sense principle, so to precisionize our remedy, that we can select *the* one medicine which is suited to the case, and are under no necessity, therefore, to combine it with others in a *mixture*. The allopaths, on the other hand, who only make use of this common-sense principle in a rough way, are not sure of the powers of any one remedy, and therefore combine three or four, and in unnecessarily large quantities, and so make up those nauseous cough mixtures which disorder the stomachs of their patients. This last is another instance of that unintentional punishing of healthy organs which is of frequent occurrence in old-school practice.

The stomach is made the receptacle for the nauseous combination of large doses prescribed, in order that, through it,

the medicines may affect the diseased part; but, in thus healing the original disease, a fresh one in the shape of disordered stomach and loss of appetite remains to be afterwards cured.

Old-school practice, in fact, consists of a small amount of *pure* scientific allopathy, a considerable amount of very rough and unwitting homœopathy, and a large amount of irritation of unoffending organs. Homœopathy enables us to avoid this last, and treat our patients by the common-sense method of giving a drug, which has been proved beforehand to act *directly* on the diseased tissue. And it is this simplicity and directness of treatment which enables us to do away with the old and barbarous irritation of the bowels and other organs. Surely if any treatment commends itself to the common sense, not only of physicians, but of patients, it is the homœopathic. No longer can we be told, as leading journals have told us, that our system is "repugnant to common sense"

But we may be answered, "Your principle of drug-selection may be very simple and beautiful, and common sense, but are not your infinitesimal doses "repugnant to common sense"? For a reply to this we are quite willing to wait till our common-sense principle of drug-selection has been fairly tried. We have shown that our law of the dose is simply this:—that, in accordance with common sense, the medicine *must* be given in a smaller dose than will aggravate the patient's disease. This stands to reason. Let any one, then, act in accordance with this simple rule, and begin his experiments, not with infinitesimal doses, but with tangible ones, till he is satisfied of the *practical* truth of our common-sense principle of drug-selection, and he will soon find that very much smaller doses than he could have supposed capable of affecting the system at all, will not only cure as well as larger ones, but that in many cases they will do so far better. "Infinitesimal" is a vague word, and may, taken in the ordinary acceptation of the allopath, mean anything smaller than $\frac{1}{100}$ th or $\frac{1}{1000}$ th of a grain. Our enquirer will soon find that such quantities, and in many cases quantities far more

minute, especially of certain drugs, will give much better results of cure than larger ones. And then, when our friend has found this to occur in his own experience, we shall hear no more of the minute doses being repugnant to common sense. He will find, as we have found, that it is common sense to give just so much of the drug, and no more, as will cure the disease, however small that dose may be.

As an amusing illustration of the safety of leaving the common-sense question of the small dose to experience, we may adduce the following:—Some years ago, we had a talk with a Medical Professor in a Scotch University on the subject of homœopathy. He looked on the thing as utterly absurd. “I understand,” says he, “that you actually give drop doses of *ipecacuanha wine* in sickness.” On our admitting the soft impeachment, praising the excellent results we had obtained from it, and recommending him to try it, he said, “Oh, no, the thing is absurd. I can suppose a teaspoonful to have *some* effect on the stomach, but to suppose that one drop can have any effect whatever is simply absurd.” This was a year or so before Dr. Ringer brought out his “Manual of Therapeutics,” but backed by the endorsement of a Professor of Therapeutics in University College, this very piece of treatment was first talked of, then tried, and now stands recognised as one of “the modern uses of *ipecacuanha*.”

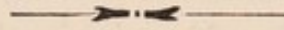
When the anti-febrile powers of *aconite* first became evident to the allopathic mind, drop doses of the tincture were considered absurdly small. Did not their pharmacopœia recommend 5 to 15 drops for a dose? *Now*, thanks to Dr. Ringer again, drop doses are *en regle*. And such will be the result of the practical trial of other homœopathic medicines, so that we need not trouble ourselves further on this point.

We would, however, suggest to enquirers, that if they find that what we have been preaching regarding the common-sense principle of drug-selection is true, the probability is that our statements regarding the efficacy of very minute doses are also true. It is highly improbable, on the doctrine of chances, that we should be found right, so far as our prin-

principle is concerned, and successful in our treatment, based on that principle, and yet that we should be altogether wrong in our doses. Once more, by using our small doses, we obviate all possibility of destroying the stomach and appetite of a patient when prescribing for other organs, which, as we have seen, is so often the result of the ingestion of the old-school *mixtures*. This is no inconsiderable point, as if a patient is weakened by any disease, it stands to common sense that it is of the highest importance not to interfere with the power of the stomach to receive, relish, and digest the food so requisite to the maintenance of the patient's strength.

We have often appealed to our opponents in favour of our system by the argument of success, but we have as often had our cures discredited or explained away; we have appealed to them by the argument of statistics on a large scale, and we have been told that statistics prove nothing, and may be made to prove anything. The only argument which will have any decisive or permanent result is, the practical trial of our system in disease. If it is fairly and honestly mastered in the first place, and honestly tested in disease, no other arguments will be required. This will be the "*argumentum ad hominem*," *par excellence*. And if we have succeeded in this article in paving the way for such a trial of our treatment, and in disarming prejudice to any extent, by showing the common sense of homœopathy, we shall feel well rewarded. In the next article we shall appeal more specially to professional readers, by stating our *a priori* argument in the scientific form, and thus showing how entirely in accordance with the latest discoveries in medicine and physiology is our much-abused system.

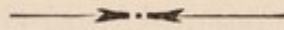
PART II.



H O M Œ O P A T H Y

IN THE

LIGHT OF MODERN SCIENCE.



HAVING gone over, in our first paper, the more popular form of the *a priori* argument in favour of homœopathy, and shown how thoroughly it is in harmony with the common-sense understanding of every one, medical or lay, we now proceed to investigate the question in a manner which will more especially appeal to our professional opponents, though we shall at the same time endeavour to explain it so clearly that non-medical readers may easily follow the argument. We shall still keep entirely to the *a priori* argument, and we hope to demonstrate clearly upon what a truly scientific basis we have to go, in employing homœopathic treatment; how all modern physiological discovery is in perfect harmony with the law of similars as a guide to treatment, and how it points to homœopathy as the basis of the therapeutics of the future.

Let us, in the first place, observe what takes place in disease. Inflammation is usually taken as a type of disease in general, because an inflammatory state, or a state akin to inflammation, is at the bottom of most diseases. What, then, are the processes observable in a simple case of inflammation of a given part? These processes are well known to every medical man, and can be observed, following each other, in such transparent parts as the web of a frog's foot.

Very soon after the application of an irritant to the web, the vessels are seen (1) to *contract*. Sometimes this contraction is so momentary as hardly to be visible, and the second stage seems to come on at once, but the visual evidence of its existence depends very much upon the strength of the irritant. If the irritant be comparatively weak, the contraction of the vessels is clearly visible; if, on the other hand, it be powerful, the contraction is so momentary, that it is hardly observable. Along with this state of contraction of the vessels, the part becomes pale, and the temperature is lowered. This first state of contraction, pallor, &c., soon gives way to (2). a state of *dilatation* of the vessels, in which the blood moves more slowly, and then stagnates altogether. The affected part then becomes redder than natural, and the temperature is abnormally increased. When this occurs, we have inflammation. Let it be particularly observed that the first and second stages are precisely the reverse of one another. The contraction is followed by dilatation, the pallor by excessive redness, and the lowered temperature by increased temperature. *And this double or reverse action is produced by the same irritant.* This state of action and reaction—the one the reverse of the other—can be constantly observed in every-day life. The vessels contract, and subsequently dilate, from very trivial causes, and very frequently without causing inflammation or any disease proper. In the morning cold bath, for example, when the water is first applied, there is something akin to a shiver, the vessels contract, and the skin becomes pale; but after one comes out of the bath, and has the skin rubbed dry, the opposite state results. A delicious sensation of warm glow comes over the body, the vessels dilate, and the skin reddens. This amount of action and reaction is within the limits of health, and is what daily occurs in a person in full vigour. But this very process in a person of debilitated health, or when the stimulus of the cold water has been too prolonged, results in disease. The first stage of coldness and contraction of vessels becomes an actual shiver, and is followed, not by a healthy glow, but by a *hot* skin, high temperature, and quick pulse;

in fact, a state of fever. The stimulus has been too powerful for the body to react *healthily* against, hence we have abnormal reaction and disease. In one case, this abnormal reaction may take the form of simple fever; in another, nasal catarrh; in others, bronchitis, sore throat, pneumonia, pleurisy, diarrhoea, congestion of kidney, &c. In all these, then, the *one exciting cause* acts (1) as an over-stimulus, and (2) produces abnormal reaction, in the shape of disease.

Now, what does this contraction and subsequent dilatation of vessels depend upon? As every one now knows, it depends on the condition of the vaso-motor nerves, nerves which regulate the calibre of the capillary vessels. Those distinguished physiologists, Bernard and Brown-Séquard, proved to demonstration—as every tyro in medicine now knows—that when a stimulus, as of galvanism, is applied to the vaso-motor or sympathetic nerves, *contraction* of vessels is produced, with pallor of the part and diminution of temperature; while, if the nerve is cut and thus paralysed, the reverse obtains, and *dilatation* of vessels is the result, accompanied by increased heat of the part and redness, with stasis of blood. We thus have the phenomena of inflammation produced artificially; the primary or contracted-vessel condition, corresponding with the effect of the medicinal stimulus—galvanism—while the secondary or dilated-vessel condition corresponds with a paralysed state of nerve, and with the condition which we know as *disease*.

Having got thus far, we ask ourselves what medicine is *a priori* most likely to cure a case of disease, or—to keep to our original type of disease—inflammation? One naturally answers that, if a medicine could be found which would go to the affected part, and stimulate back again to normal contraction the dilated vessels, and so remove the concomitant symptoms of heat, redness, pain, &c., that would be the *beau idéal* of therapeutical treatment. And such has been the answer to this question, which has been given by many writers on the subject, from Fletcher down to the present day. But, having given this answer, they leave the matter there,

deeming it too Utopian to find such a simple, and, at the same time, scientific means of combating disease. Shall we, then, give the subject up as too Utopian?

Let us see whether we cannot throw further light upon it, and bring the principle of treatment we have spoken of to some practical issue.

Having ascertained the great fact already alluded to, that a stimulus—in the experiment, galvanism—when applied to the sympathetic nerve in moderate strength produced contraction of vessels, pallor, &c., those great physiologists, Bernard and Brown-Séguard, went a step further, and in another experiment, after causing, as in the former one, contraction of vessels by a modern galvanic stimulus, they increased the dose of the galvanism, and what was the result? Precisely *the reverse* of the effects of the moderate stimulus. The vessels dilated, the temperature rose, and the part became abnormally red—in fact, paralysis of the nerve was produced.

The same double effect of an irritant upon the vaso-motor nerves is quite recently corroborated by Dr. Moritz Nüssbaum, of Bonn, who, in a series of experiments to determine whether the chief vaso-motor centre does or does not extend down the spinal cord, divided by a galvano-caustic wire the spinal cord opposite the atlas. Of this “the first effect is great constriction of the vessels throughout the body, caused by irritation of the vaso-motor nerves, giving place, in the course of about five minutes, to great dilatation, consequent on the paralysis, which persists for the space of about two hours.”—(Editorial Article in *Lancet*, June 12th, 1875.)

Here is a remarkable phenomenon—in fact, the key to the whole question—a phenomenon whose full meaning we must endeavour to comprehend. The important points to be observed in it are—1. *That the same medicinal stimulus produces two distinct effects, each precisely the reverse of the other*; 2. That these two reverse actions are produced by a small and large dose respectively; and 3. That it is the large or overdose which produces the effects of dilatation, which we have seen correspond to the state we know and see as *disease*. We

have, by means of these experiments, ascertained one *fact*—that *one* medicinal stimulus at least, viz., galvanism, produces two directly opposite states in a small and large dose respectively, and that the effect of the small dose is to produce that state of contraction of vessels, which we saw before was theoretically so desiderated in treatment, but which is considered by so many to be Utopian.

Two important questions next arise in the mind:—1. Is this double action of galvanism in small and large doses a phenomenon peculiar or proper to galvanism only, or is it a sample of what occurs in the case of all or most medicinal substances? and (2), if it should be found that it is *not* peculiar to galvanism only, but that all medicinal substances have this double action, does not the fact of their producing in a large dose a real state of disease, provide the method of discovering what medicine is *the one* likely to be of use in a given case of disease, remembering that the small dose has the reverse effect of the large dose?

These two important questions, then, we shall endeavour to throw some light upon. And first, in reference to the question—“Is this double action of galvanism in small and large doses a phenomenon peculiar and proper to galvanism only, or is it a sample of what occurs in the case of all or most medicinal substances?”—we may, without hesitation, say that if there were no other facts bearing on the point than simply the one demonstrated fact regarding the effects of galvanism, this of itself is sufficient to produce in the mind of any unprejudiced philosophical observer, this thought—“Well, this is quite *possible*, and it is worth inquiring into, and putting to the test of practice, seeing what great results may be obtained, if it turn out true.”

We are not going to rest our argument, however, on this one fact, but proceed to adduce other corroborative evidence on this question.

1. *Belladonna*.—The double action of this drug has been amply *proved to demonstration* by most careful experiments conducted by Dr John Harley (See his *Old Vegetable*

Neurotics, article, *Belladonna*.) His experiments clearly show that in small doses the vessels are contracted, while in large ones they are dilated, producing the flushing and redness of the skin of the face and other parts, and of the conjunctiva. These facts are also proved by Brown-Séquard. Harley further shows that small doses soothe and quiet, while large doses cause excitability, sensitiveness to impressions, and delirium; that small doses produce sleep, while large ones cause sleeplessness; that small doses increase the force of the heart, while large ones diminish it. He says: "Pulsations which, before a dose of *atropia**, are only faintly felt through the chest-wall, afterwards become each one very strong, distinct, and still regular, and no artificial contrivance is needed to demonstrate *increased pressure* of the arterial current. Nor, after excessive doses, is the hæmometer required to prove loss of power in the cardiac contractions, and diminished arterial pressure." (*Op. cit.*, p. 221.) Brown-Séquard also says (*Functional Nervous Disorders*, Part I., p. 66) ". . . the fact that a remedy, in different doses, can produce two opposite effects. *Belladonna*, for instance, by its influence on the blood-vessels of the spinal cord, will diminish sensibility, the reflex faculty, the tendency to convulsions, &c.; but when the dose is toxic, sensibility and the reflex faculty become morbidly increased, and convulsions occur."

2. *Opium*.—Quotations from authors are unnecessary here, as the stimulant effect of a small dose in producing mental excitement and sleeplessness is well known, while the reverse effects of a large dose in producing dulling of the mental power and heavy sleep, even to coma, are equally well-known.

3. *Alcohol*.—We shall simply quote, in evidence of the double action of alcohol, a conclusive passage from an article on *Alcoholism*, by the late Dr. Anstie, in Russell Reynolds' *System of Medicine*, Vol. II., p. 65 :—"If the dose be moderate, and the administration well-timed, the effect upon the nervous system is simply that of a restorative stimulant. Sensations

* The active principle of *Belladonna*.

of fatigue are dispelled, the mind works more freely, a healthy sense of warmth is diffused through the body, and the arterial system acquires an increased tonicity, if it was hitherto deficient in that quality. The latter fact, which is due to the influence of the remedy upon the sympathetic nerves, is capable of being demonstrated in a very interesting and convincing manner. The sphygmograph of M. Marey has the power of accurately representing, by its registration of the pulse-waves, the degree of arterial tonicity present; and by this unfailing test it appears that the small vessels, when *relaxed in a condition of fatigue*, are brought, by a *moderate* dose of alcohol, to a *proper tension*, from which they suffer no recoil. If, on the contrary, the dose has been *immoderate*, or administered at a time when it was not required, the pulse-waves give a *precisely opposite* indication—that, namely, which proves that arterial *relaxation* has occurred, and simultaneously with this the pulse becomes abnormally quick. At the same time, other symptoms of a paralytic nature are observed, confined in the first instance to the spinal nerves, and to the fifth cranial nerve. The former show their weakness by the occurrence of slight feelings of numbness and an impairment of muscular sense in the extremities; the latter indicates its affection by the occurrence of slight numbness of the lips. The vaso-motor fibres of the fifth nerve discover their partially palsied condition by flushing of the face, congestion of the conjunctivæ, and lachrymation," &c., &c. (The italics are ours.)

4. *Theine and Caffeine* (the active principles of tea and coffee, respectively).—The evidence of the double action, as shown in these substances, is taken from the most recent experiments in physiological therapeutics. A committee of the British Medical Association was appointed some months ago, with Dr. Hughes Bennett as chairman, and other names which are a guarantee for accurate observation, to investigate the action of medicines. Among other drugs, the action of theine and caffeine are fully investigated. And these experiments, repeated on a large scale, show most conclusively this same double or reverse action in small and large doses.

What strikes one remarkably on reading over these results is the uniform and intense prostration produced from excessive doses, contrasting so strongly with the well-known stimulant effect of a small dose, when taken in the form of a cup of tea or coffee. But going more minutely, we find from these elaborate experiments that theine and caffeine show their double action on the *brain*, by producing—1. Marked cerebral *excitement*; 2. Equally marked cerebral *depression*; on the *vaso-motor nerves*, by producing—1. An anæmic or pale state of ears (showing *contraction* of the vessels, and consequently *stimulation* of the vaso-motor nerves), with diminished temperature of the part; and 2. A hyperæmic or flushed state of the same parts (showing *dilatation* of vessels, and consequently *paralysis* of the nerves), with increased temperature. And not only in the ears was this flushed or hyperæmic condition produced by the over-dose, but the membranes of the brain were found congested, as were also the tongue, mouth, skin, and internal viscera, with stasis of blood in the vessels; on the *heart* and *breathing*, by producing—(1) Increase of the heart's action; and (2) Diminution of the same, and (1) Quickened respiration; and (2) Impeded respiration.

Here then we have the double or reverse action of small and large doses *proved to demonstration* in the case of six medicinal agents:—galvanism, belladonna, opium, alcohol, theine, and caffeine. After relating the double effects of galvanism, we remarked that this one fact was sufficient to an unprejudiced and honest mind to suggest the *possibility*, that other medicinal agents would be found to have similar double action; but with our additional facts, we can now go a step further, and say that, on the argument from analogy, there is a strong *probability* that such will be the case. Of many drugs, it is difficult to *prove to demonstration* this double action, in a previously healthy subject. The reason of this is plain—namely, that when a healthy person takes a small dose of a drug, he may find no results whatever, because he is in health; and it is only when he oversteps a certain point,

and takes a larger dose, that he finds disease symptoms produced; but then these are the secondary, reactive, or large-dose symptoms. The only method, then, of *proving* in such medicines the primary, stimulant, or small-dose action is, having ascertained the effects of the large dose, to observe in disease whether the small dose has or has not the reverse or stimulant action. This the homœopathic practitioner does every day, and is satisfied of the fact; but as in the present article we are arguing with an allopath, we wish to take nothing for granted, and as it has been the fashion to poohpoo our observations and discredit our cures, we refrain altogether from bringing forward at present *our* results. Fortunately, we have no need to bring forward *our* observations to prove our point, as we have ample testimony in the standard old-school books, of which the following is a sample.

1. *Belladonna*.—It will be remembered that a full dose of belladonna produced dilatation of vessels, stasis of blood, redness of the part, and increased temperature—in fact, a state of congestion. Dr. John Harley, whom we have already quoted, says (*op. cit.*, p. 246). “We may as readily satisfy ourselves of the influence of the drug in removing congestion and stasis. Thus, if $\frac{1}{200}$ of a grain of sulphate of atropia (the active principle of belladonna) be injected under the skin of a frog in which some cardiac paralyser has previously produced a condition of stasis in the web, we shall soon see the oscillating current begin to take a forward course, and in a short time the flow will be re-established, the dilated vessels will recover their original dimensions, the circulation will proceed with unwonted tone and vigour, and for many hours a slight contraction of the blood-vessels may be observed.” On page 225, the same author says: “While dryness of the tongue is the invariable result of the use of belladonna in health, it is remarkable that the *reverse* effect occasionally follows its use in disease. A quarter of an hour after the injection of a medicinal dose of atropia beneath the skin of a patient suffering from fever, I have several times observed the tongue,

which for days before had been parched, contracted and hard, swell out again, and become moist for a time." Belladonna in large doses produces *convulsions* (see Trousseau and Pidoux, *Traité de Therapeutique et de Matière Medicale*, Vol. II., p. 55 ; Taylor *On Poisons*, art. Bell, &c.), and yet these first-named authors, whose names are a guarantee for truthfulness and accuracy, say, Vol. II., p. 66 : " We have very often, to praise Bell. in the treatment of convulsive diseases, but above all in that of eclampsia of infants and of puerperal women . . . Bell. in small doses sometimes produces unhoped-for results."

Bell. produces mania, with hallucinations (see all works on Toxicology). Trousseau says (*ibid.*, p. 69) : " Analogy, that guide so sure in therapeutics, ought to lead us to use bell. in the treatment of mania, inasmuch as bell., taken in large doses, produces a temporary mania ; for *experience has proved that a multitude of diseases are cured by therapeutic agents which seem to act in the same manner as the cause of the disease to which we oppose the remedy.*"

Bell. produces, as we have already seen, redness of the skin ; and Mr. Liston (*Lancet*, April 16, 1836) recommends its use in erysipelas, in which bell. is the principal homœopathic remedy.

2. *Arsenic* causes gastric irritation, pain, vomiting, and diarrhœa (see all works on Toxicology and Mat. Med.) Recommended in similar states by Trousseau and Pidoux, Vol. I., p. 377 ; by Dr. Begbie, of Edinburgh (*Contributions to Practical Medicine*, pp. 274, 275) ; by Dr. Leared (*Brit. Med. Journal*, 1867) ; by Mr. Hunt (quoted by Handfield Jones in *Functional Nervous Disorders*, p. 535) ; by Dr. Black, of Chesterfield (*Lancet* Oct., Nov., and Dec., 1857) ; and by Trousseau (*Clin. Lectures*, art. Diarrhœa.)

Arsenic causes various skin eruptions (see works on Toxicology ; Begbie, *op. cit.*, and Hunt on Skin Diseases). Is well known to be the most generally useful of all medicines in skin diseases (see all works on the subject).

Arsenic causes inflammation of the conjunctiva of the eye.

Cures it (Handfield Jones, op. cit., p. 297; Mackenzie, in Waring's *Practical Therapeutics*; Begbie, op. cit., p. 298).

Arsenic produces irritation of the air-passages, cough, shortness of breathing, tightness of the chest, &c. (Christison *On Poisons*, p. 302; Pereira, *Mat. Med.*, pp. 655, 658, 660, 663, &c., &c.) Is curative in similar states (Greek, Roman, and Arab physicians testify to this; Begbie, p. 297; H. Jones, p. 401; Trouss. and Pid., Vol. I., p. 375, &c.)

3. *Bismuth* produces gastro-enteritis, with vomiting, pain, and diarrhœa (see Christison and Pereira). Well known to relieve pain in stomach, and vomiting. Trouss. and Pid. recommend it, besides, in diarrhœa, as does also Dr. Theophilus Thompson (Pereira).

4. *Quinine* produces a fever closely resembling ague (Trouss. and Pid., Vol. II., pp. 351, 364).* Is well known to be the chief remedy in ague. It likewise causes in full doses marked dyspepsia (Trouss. and Pid., *ibid.*, pp. 350, 356.) Its curative action in certain forms of dyspepsia is well-known. Produces headache, giddiness, noises in the ears, &c., conditions which it is well-known to cure.

* That Quinine does thus act is frequently denied by allopaths, who, in doing so, only show their limited reading. It may, therefore, be better to extract the passage referred to in the text. We could quote other clear evidence on this point, but the following from such high authority is sufficient. "Each day's experience," says M. Bretonnean, "proves that cinchona, given in a large dose, determines, in a great number of subjects, a very marked febrile movement. The characters of this fever, and the time when it shows itself vary in different individuals. Oftenest, tinnitus aurium, deafness, and a species of intoxication precede the invasion of this fever; a slight shivering then occurs; a dry heat accompanied by headache succeed to these symptoms; they gradually abate, and end by sweat. Far from yielding to new and higher doses of this medicine, the fever produced by cinchona is only exasperated." (p. 351, loc. cit.) "But, if strong doses are renewed each day, and continued during a long time, besides the stomach pains of which we have spoken, there manifests itself a species of fever exactly indicated by M. Bretonnean, and which affects the intermittent type, when the cinchona is given in an intermittent manner. This fever is a species of vicious circle in which very often inexperienced physicians turn, who are ignorant of the action of cinchona; they redouble the doses of the medicine, and throw the patient into a state which may be very serious." (p. 364, loc. cit.)

5. *Chlorine*, when inhaled undiluted, produces spasm of the glottis, violent spasmodic cough, tightness of the chest, difficulty of breathing, and inflammation of the air-tubes and lungs (see Pereira, Wood, Trousseau and Pid., Christison). Trouss. and Pid. say, in speaking of its valuable effects in bronchitis, in the form of inhalation: "It cannot be denied that chronic catarrhs have been most successfully modified by that method of treatment, which has most frequently produced acute bronchitis." (Vol. I., p. 471.) (See Wood also, Vol. II., p. 354.) This action is so well recognised now, that a "vapour of chlorine" is officinal in the British Pharmacopœia.

6. *Chlorate of Potash* produces stomatitis (*Med. Times and Gaz.*, May 22, 1858.) Is acknowledged by all to be a specific in this complaint. Produces also salivation (Trouss. and Pid., Vol. II., p. 594). The same authors speak (p. 595) in the highest terms of the success attending its use in excessive salivation.

7. *Chloride of Sodium*—common salt, produces in large doses vomiting and inflammation of the intestinal canal; and is well known to promote digestion, as an article of diet.

8. *Copaiba* produces irritation of the urinary passages, with great pain, &c. (Wood's *Mat. Med.*, Vol. II., p. 614). Well-known as a remedy in similar cases, also in inflammation of bladder (see *Cyclop. of Pract. Med.*, Vol. I., p., 505; also Liston's *Elements of Surgery*, p. 580).

9. *Copper*.—One of its most marked actions is to produce diarrhœa, with inflammation and ulceration of the bowels found after death. Well known as a remedy in chronic diarrhœa; in chronic enteritis (see Wood, Vol. I., p. 408.)

10. *Cubeb*s produces irritation of the urinary passages (Wood. &c.) Its use in similar states is well known.

11. *Digitalis* produces feeble, irregular pulse, and fainting, in large doses. Is now in small doses the recognised remedy in such cases.

12. *Gold* causes vomiting, gastric irritation, diarrhœa, &c.

(Trouss. and Pid., Vol. I., p. 391). For its use in diarrhœa, vomiting, and dyspepsia, see same authors, p. 394.

13. *Hydrocyanic Acid* produces nausea and vomiting, with feeling of heat in the stomach; also dyspnœa, difficult and hurried breathing, palpitation, pain in region of heart, feeling of suffocation, &c. (see Christison, Taylor, Wood, Pereira, and Trouss. and Pid.) For its use in all these affections, see Pereira, Waring, Wood, Trouss. and Pid.

14. *Iodine and Iodide of Potassium*.—The vapour inhaled produces coryza, cough, inflammation of air-passages, and difficulty and quickness of breathing (see Trouss. and Pid., Wood, Christison, and Pereira). Its use as an inhalation in coryza and catarrh of the air-passages is now so well-known that a "vapour of iodine" is officinal in the British Pharmacopœia. (See also Trouss. and Pid., Vol. I., p. 320; Waring, &c.)

In small doses it increases the appetite, while large ones destroy it (see Wood, Pereira, Christison, Trousseau, and Pid.) Produces salivation and soreness of mouth (see Pereira, Trouss. and Pid., Christison.) For its use in mercurial salivation, and the salivation of pregnancy (see Trouss. and Pid., Vol. I., pp. 322, 323.)

Produces various skin symptoms (Trouss. and Pid., Wood, &c.) For its use in similar diseases of the skin, see same authors, Pereira, and general experience. Inflames the liver (Christison, Pereira, Waring.) For its use in inflammation and enlargement of liver, see Pereira and Waring.

15. *Ipecacuanha* produces sickness and vomiting, as is well known. For its use in the sickness of pregnancy, see Braun of Vienna, *Edin. Med. Journal*, Feb. 1864. For its use in ordinary sickness and vomiting, see Ringer, *Manual of Therapeutics*, &c. This action is now well-known.

Produces diarrhœa (Trouss. and Pid., &c.) For its use in diarrhœa, see Trouss. and Pid., Wood, Pereira.

Produces irritation of the bronchial tubes, cough, difficult breathing and asthma. Its medicinal use in these affections is well known, but we cannot resist quoting on this point

from Sir John Forbes, who was a great opponent of homœopathy. He says (*Cyclop. of Pract. Med.*, Vol. I., p. 200): "Ipecacuan is certainly a remedy of considerable power in the asthmatic paroxysm; but this seems altogether independent of its emetic properties. Practitioners of experience, without subscribing to the doctrines of homœopathy, will certainly think more favourably of it on account of its peculiar tendency to induce fits of asthma in the predisposed. Long before the time of Hahnemann, the main principle of his doctrine was recognised by practical men, in the adage 'nil prodest nisi læditur idem.'"

16. *Kreosote* produces vomiting (Pereira, &c.) Recommended by the same author as a remedy in the same.

17. *Mercury*, as is well known, causes diarrhœa; the bichloride of mercury, or corrosive sublimate, produces the dysenteric form of diarrhœa. For its use in these cases, see Trouss. and Pid., Waring, Wood, Ringer, &c.

It produces disease and enlargement of the liver (Graves and others). In speaking of its curative effect in liver diseases, Graves says (*Clinical Lectures*, Neligan's edition, p. 344): "In this instance, we are compelled to allow that our practice may furnish weapons to be used against us by the disciples of homœopathy." See also the recent elaborate experiments on Mercury, of the Committee of the British Medical Association, which show that Mercury in full doses diminishes and even stops the secretion of bile, while the experience of every one testifies to the reverse action of small doses.

It produces symptoms so resembling syphilis, as to lead Trouss. and Pid., Vol. I., pp. 242, 243, to give an elaborate comparison and differentiation between the two. It is well known to be *the* remedy, *par excellence*, in syphilis. We must again quote Graves on this point (*Clin. Lect.*, p. 784): "Here you perceive, we have a remarkable analogy between the diseases produced by mercury and syphilis. . . . It is well known that some active remedies have a tendency to produce diseases somewhat analogous to those they are known

to cure. This is frequently observed with respect to mercury, belladonna, strychnine, quinine, hydriodate of potash, and some other powerful medicinal agents,—in fact, it is hard to expect that a remedy will cure a disease affecting a certain tissue or tissues, unless it has some specific effect on such tissues; and in this point of view we have an example of the ‘*similia similibus curantur*’ of the homœopathists.”

Perhaps our readers are already tired of this long list of corroborative evidence from standard allopathic works. We therefore refrain from enlarging it, and simply state that we have quotations ready, testifying to the same double and reverse action in small and large doses, in the following additional drugs:—The mineral acids; alum; ammonia; antimony; nux vomica; opium; rhubarb; rhus toxicodendron; ruta; sabina; nitrate of silver; stramonium; sulphur; turpentine; valerian; camphor; cantharides; ergot; hyoscyamus; podophyllum; veratrum album.

So-called “astringent” lotions which are used as eye-washes, gargles, injections, and lotions for ulcerated parts, act as they do in virtue of their homœopathic action. They consist of sulphate of zinc, sulphate of copper, alum, bichloride of mercury, nitrate of silver, &c. These are all drugs which, when applied to a healthy mucous membrane in *strong* solution, produce inflammation in it; but when used in *weak* solution, they stimulate the dilated vessels to contract, and so help to remove the inflammation.

With such a mass of evidence to prove the existence of this double and reverse action in small and large doses taken from the writings of those who profess to ridicule our system, we think we may now go a step farther still in our argument, and say that, judging by analogy, it is *next to certain* that almost every drug will be found to have this reverse action in small and large doses. And in order to make it *certain*, it only remains for each one or any one to test for himself, if he will not take the evidence of others, whether it be not so. We, homœopaths, have done so, and are satisfied with the result. And if our opponents would only open their eyes and

see that we are as qualified as they are, have been taught as they were, and in all respects like as they are, except that we have thought for ourselves, have not been afraid to inquire into what is termed medical heresy, and having found the heresy to be the very truth, tried by both theory and practice, have openly avowed our opinions, and acted thereon, and that therefore our observations are as reliable as theirs are, they would find a mass of therapeutical information ready to their hands, which would throw a new light upon their practice.

And when it is found that not one homœopath or two bear testimony to certain facts as having occurred over and over again, but that *thousands* of highly-educated medical men all corroborate the same facts, and base a successful practice upon them, then this evidence, by all rules of logic, is irresistible. But our opponents will perhaps now say, "suppose we grant you that most medicines have this double or reverse action, is it not as scientific to make use of the large dose action as it is to employ the small dose action in the treatment of disease? For example, if we wish to produce contraction in a relaxed uterus, and we know that the effect of a *full* dose of ergot is to produce the very effect we wish, is it not perfectly scientific to prescribe a full dose?" Yes. It is perfectly scientific. This is *pure* allopathy; but the bits of *pure*, scientific allopathic treatment are so few that one can count them on one's fingers. There is ergot to produce uterine contractions, purgatives to produce an immediate evacuation of the bowels, morphia to relieve pain, chloral and morphia to procure sleep, bromide of potassium in nerve-pains, chloral and calabar bean in tetanus, and the treatment of cases of poisoning by physiological opposites. These are pure pieces of allopathy, and, when they are called for, it is quite scientific and theoretically correct to employ them, but these are about the only pieces of *pure* allopathy which can be produced; and it is evident that they are applicable in only a limited class of cases, while, if the homœopathic or small dose action is employed, we find among the hosts of

drugs which are allopathically of no use a medicine which corresponds to nearly every known curable complaint.

We now come to ask our second question, which was suggested by the galvanic experiments. "If it is found that most medicines do have this reverse action in small and large doses (which we may now take as certain), does not the fact of their producing in a large dose a real state of disease provide the method of discovering what medicine is *the one* likely to be of use in a given case of disease, remembering that the small dose has the reverse effect of the large?" To reply that it does provide us with the means of discovering what medicine is likely to be suitable in a given case follows as a matter of course, and is the logical deduction from the facts. As is remarked in our first paper, medicines do not act helter skelter on the body, but each one picks out one or more organs upon which it *invariably* shows its action. One medicine produces, in large doses, inflammation of the kidneys and the whole urinary tract, *that* therefore, in small doses, will be the remedy, which will be of most use in similar cases of disease. Another drug produces in full doses congestion of the brain, delirium, and convulsions; it, therefore, will be the remedy in similar cases of disease. Another produces in large doses inflammation of the lungs, another pleurisy, another sore throat, another watery diarrhoea, another dysenteric diarrhoea, another vomiting, another colic, another constipation; these drugs, then, each in its own sphere and in small doses, will be remedies in the corresponding cases of disease. And, moreover, as we find that, of certain classes of drugs, for example those which cause diarrhoea in large doses, one hardly ever produces *exactly* the same kind of diarrhoea, or with the same concomitant symptoms as another, it follows that the closer the picture of the medicinal disease corresponds with the actual case in hand, so much more certainly will this drug cure rather than another which does not so closely picture the disease.

The great therapeutical rule comes, then, to be this:—To treat a given case of disease, *give, in a small dose, the drug*

which, administered to a healthy person in a large dose, will produce a similar state of disease. THIS IS HOMŒOPATHY; and the axiomatical form of stating the rule is, "*Similia similibus curantur*"—"Likes are cured by likes". We have deduced it by clear logical argument, in which we challenge any one to show a fallacy, or to controvert our statement that homœopathy, instead of being opposed to medical science, is in most complete harmony with the most recent discoveries, and is the only system of therapeutics which avails itself of the mass of known facts regarding the action of medicines.

Having arrived at the homœopathic rule of "*Similia similibus curantur*" as a guide to treatment, the question of the small dose is simply, as we stated in our first article, a corollary from it. If a drug produces in the healthy body two precisely reverse actions in a small and large dose, and we have discovered by experiment what amount of dose is required to produce the secondary or disease-symptoms, it stands to reason that the dose required to produce the reverse, primary, or curative action must be considerably less. In each drug there must be a point in the dose beyond which diseased symptoms begin to manifest themselves; and as those symptoms in the supposed case are similar to those produced by the large dose of the drug, it is clear that we must keep considerably within this point, otherwise we are sure to aggravate instead of curing. And this is the whole dose-question in a nutshell. How small the dose should be will depend partly on the medicine, and partly on the constitution and temperament of the patient, in both of which points experience comes to our assistance. It need not be infinitesimal. The best dose is found to vary in different cases from "high" dilutions, or so-called infinitesimal quantities, down to one or two drops of "mother tinctures". Our enquirer may begin his experiments with tangible doses until he gains confidence; but he will soon find that, in certain cases at least, so-called infinitesimal doses not only cure as well, but often far better than larger ones.

To form our *Materia Medica*, then, what we have to do is

to investigate the effects of drugs given in different doses to the *healthy* body. This is admitted by all our opponents. Sir Thomas Watson first, and after him most of the thinking men of the old-school, when commenting on the backward and unsatisfactory state of old-school therapeutics, have said that the first step towards a revival in therapeutics is that we should thoroughly know the effects of our drugs, not when given to sick people, but when administered to the *healthy* subject. So said Hahnemann, and the valuable *Materia Medica* of the homœopaths is composed of such investigations made by him and his followers. It may be imperfect, and it is in many points imperfect, and we should be only too glad of the co-operation of our opponents in sifting it, re-proving the drugs and adding new ones; but its perfection is astonishing when we consider the short time in which it was made, and the comparatively small number of its compilers. While preaching the desirability and *necessity* of such investigations, it is utter folly in our opponents to ignore our *Materia Medica*. But such investigations will be gone about with very little heart, so long as our opponents shut their eyes to the homœopathic action of medicines. And the reason is evident. They will find that, viewed from an allopathic standpoint, the large mass of facts brought out by them will be of no use whatever. They may discover a new purgative, or sedative, or tonic; but of what use is it to an allopath to know that *arsenic* produces conjunctivitis, gastritis, vomiting, cramps, and diarrhoea; or to know that *cantharides* produces inflammation of the kidneys and bladder; or that *chloral* produces urticaria, or that *bryonia* produces pleurisy and bronchial catarrh, &c., &c. ?—while, to a homœopath, all these facts are of the first importance in indicating the use of these drugs in corresponding cases of disease. The feeling of disappointment at the practical result of such experiments was openly expressed in a lecture published in the *Lancet*, May 25th, 1872, by Dr. Sturges of Westminster Hospital. And it is clearly implied by Dr. Begbie, of Edinburgh, who, in his recent address before the British Medical Association

in August, when noticing the recent experiments on mercury (see Mercury, p. 28 of this Paper), warns his hearers not to be led away by such experiments, when they seem to run counter to every day's experience. And this we consider is an *a priori* argument of great importance in the question of homœopathy *versus* allopathy, viz. ; That the large mass of facts brought out by the very method of investigation they themselves advocate, are to the allopaths so many interesting observations to be shelved in the museum of the mind, but are of no practical value, while the homœopath not only turns every such fact to practical use, but his is the only known system of therapeutics which *can* utilize all the facts. The *method* of investigating the action of drugs all of both schools are agreed upon ; the *facts* brought out cannot be at fault, and they *must* be surely of some use. The fault lies in the mode of interpreting the facts. And is it not in the highest degree probable that the school which can utilize all the facts is in the right, while the other is on the wrong tack ?

We entreat our opponents again, in the interests of science and humanity, to open their eyes and see how perfectly scientific is our much-abused system of homœopathy, how common-sense it is, and how it, and no other system, supplies the missing link between disease and the physiological action of drugs. Then should we see investigations into the wide field of drug-action carried on with a vigour and an earnestness hitherto unfelt by them, and a new and intense interest would be imparted to the routine of daily practice.