

## **The two homoeopathies / by Richard Hughes.**

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# THE TWO HOMŒOPATHIES.

BY

DR. RICHARD HUGHES.

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*Read before the British Homœopathic Congress, Liverpool,  
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PRICE SIXPENCE.

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DR. RICHARD NICHOLS

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## THE TWO HOMŒOPATHIES.

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IN the year of our Lord 1790, when the eyes of all Europe were fixed upon the rapidly evolving drama of which France was the theatre, there was a man in Germany intent upon far different matters. This man was a physician, in the prime of his life; his name was Samuel Hahnemann. An accomplished scholar, both in medical and general letters; a profound chemist; the friend of the illustrious Hufeland—he was utterly dissatisfied with the state of therapeutics in his day. One of its few bright spots seemed to him to be the treatment of ague by bark. He pondered much over the *rationale* of this curative action—so simple, so direct, so effectual. How could other medicines be so used? How could other diseases be so treated? It occurred to him to try the effect of this bark in health: he experimented on his own person. He found that it set up a fever very like that which it cured: the relation between its disease-producing and disease-curing properties was that of similarity. Its operation, therefore, was an instance of that “*similia similibus*” which Hippocrates had recognised as occasionally holding good, and whose claims to notice and possibilities of fruitfulness as a therapeutic principle had been noticed by more than one writer. If it obtained in the present notable instance, the inference was obvious. Was it not possible that other cure-work like that of bark in ague might rest upon such relationship between drug and disease—might have been got from it occasionally in the past, might be got from it continuously in the future?

The question was a reasonable one; but it was only a question. It had to be answered by observation and experiment—by reviewing the cures on record, and endeavouring to obtain new ones. Both were fully carried out. Hahnemann's *Organon* contains a copious list, drawn

up from medical literature, of cures of disease effected by drugs which on no less satisfactory testimony were declared capable of causing similar conditions in the healthy. And his own experience, which was published from time to time, showed him that the power of similarly acting medicines was most undoubted, and their manner of curing greatly preferable. He now considered that the question had been answered affirmatively, the induction deductively verified; and, after suggesting it as a new method in 1796,\* in 1806† he confidently put forth *similia similibus*, ὁμοιοπαθεία, as the cardinal principle of therapeutics.

He had not gone far, however, in working out the method, when he found that to do so properly required a much fuller knowledge of pathogenetics than that possessed at the time. Records of poisoning and over-dosing were not scanty; but they referred only to a small number of very active substances, and to the large and crude effects of these. A few typical and severe diseases were here pictured, and served for the early application of the method. But if it was to be carried out systematically, if the great variety of morbid conditions which come before the physician were to be "covered" by corresponding drug effects, his knowledge of the latter must be indefinitely increased. With Hahnemann, to perceive this need was to feel the obligation of supplying it; and to feel the obligation was to fulfil it. He at once set to work to "prove" medicines on his own body and that of other healthy persons. In 1805 he had collected sufficient material of the kind for publication; and it appeared in his treatise *Fragmenta de viribus medicamentorum positivis*, which contains pathogenetic effects of twenty-seven drugs, obtained from the ingestion of single full doses.

But yet another step had been taken before this time. In prescribing medicines according to the rule *similia similibus*, Hahnemann of course gave them singly, and without the complex admixtures so common in his day. He administered them, however, in the usual doses. It is not surprising that his patient's symptoms, even though ultimately removed, were often in the first instance severely aggravated. It needs no argument to show that the

\* In his "Essay on a new principle for ascertaining the curative power of drugs" (*Hufeland's Journal*, vol. II. See Dudgeon's translation of his Lesser Writings, p. 295).

† "The Medicine of Experience" (*Hufeland's Journal* for 1806. See translation, p. 497).

ordinary doses of *arsenic*, against which even a healthy stomach needs to be shielded, would increase the irritation of one already inflamed—for which, nevertheless, the homœopathic principle would direct its being given. So Hahnemann found, and he reduced his doses accordingly. He did so by mixing his solutions or tinctures with definite proportions of some menstruum, as water or alcohol. The now well-known advantages of dilution came out in this process; and he found that attenuation could be carried to an extent hitherto undreamt of without the remedial power of the drug being lost. Accordingly, in his treatise on the *Cure and Prevention of Scarlet Fever*, published in 1801, we find him recommending *belladonna*, *opium*, and *chamomilla* in fractional quantities about equivalent to our third centesimal dilution, and defending his practice in *Hufeland's Journal* of the same year.

His complete method, constituted as now described, is set forth in the luminous essay entitled "The Medicine of Experience," published by him in the same journal for 1806. He there expresses his conviction that "as the wise and beneficent Creator has permitted those innumerable states of the human body differing from health, which we call diseases, He must at the same time have revealed to us a *distinct* mode whereby we may obtain a knowledge of diseases that shall enable us to employ the remedies capable of subduing them; He must also have shown to us an equally distinct mode, whereby we may discover in medicines those properties that render them suitable for the cure of diseases." To obtain this practically useful knowledge of disease, he maintains, we must abandon all speculation as to its essence, and content ourselves with a faithful and detailed picture of its manifestations, with their predisposing and exciting causes when these can be discovered. To ascertain the properties of medicines we must experiment with them on the healthy human body, noting the symptoms which result in their order and connection. We must then, if we wish a permanent and curative effect, administer in disease that drug whose effect most nearly resembles the morbid condition before us. To give, as is ordinarily done, remedies whose primary action is opposed to the diseased state we have to treat (as opium for sleeplessness), is mere palliation, and useful and necessary in but few cases. Finally, curative—because similarly acting—remedies must be given in comparatively small

doses, lest excessive aggravation or undue reaction should occur; and so sensitive is the diseased body to their influence, and so purely dynamic their mode of operation, that doses of extreme minuteness—even to a millionth part of those ordinarily given—will often suffice for the end proposed. Such medicines, also, should be given singly; and the doses should not be needlessly repeated—each being left to work within its ascertained term of action. “If,” he sums up, “as is not unfrequently the case when there is a sufficient supply of well known medicines, a positive remedy perfectly appropriate to the accurately investigated case of disease be selected, administered in a suitably small dose, and repeated after the expiry of its special duration of action, should no great obstacles come in the way (such as unavoidable evolutions of nature, violent passions, or enormous violations of regiminal rules), and should there be no serious disorganisation of important viscera, the cure of acute and chronic diseases, be they ever so threatening, ever so serious, and of ever so long continuance, takes place so rapidly, so perfectly, and so imperceptibly, that the patient seems to be transformed almost immediately into the state of true health, as if by a new creation.”

I have brought these facts, dates, and quotations before you as the best mode of exhibiting the first of the “Two Homœopathies” I am proposing to discuss to-day. The therapeutic method they describe presents several aspects for consideration.

I. It would, I think, be impossible for any unprejudiced person at the present day, standing in the light of the medical knowledge now enjoyed, and having some acquaintance with the doctrine and practice current in Hahnemann’s time, to doubt that the reform thus proposed by him was a real and most beneficent one. Pathology, at the end of the eighteenth and the beginning of the nineteenth century, was a tissue of the most baseless hypotheses; the therapeutics associated with it were a mixture of violence and confusion. Men were treating, as Hahnemann says, “unknown morbid states with unknown medicines,” opposing fancies about the one to fancies about the other. In the stead of this most unsatisfactory system he proposed a method alike simple, intelligible, and innocuous. It consisted, as we have seen, in the following elements:—

1. The apprehension of disease by its symptoms, *i.e.*, as we say, by its clinical characters and history.

2. The ascertainment of the powers of drugs by experimentation on the healthy human body.

3. The application of drugs to disease by a principle which at least insured directness of aim.

4. The administration of remedies singly, instead of in complex admixture.

5. Their prescription in doses too small to aggravate existing troubles or cause extraneous ones.

Who can doubt the blessing it would have been to mankind had such a method been adopted when Hahnemann promulgated it? Who can reckon the thousands that would have been saved from the murderous and poisonous doings universally prevalent in the days when bleeding and mercurialisation reigned supreme in therapeutics? If the profession can go no farther with Hahnemann; if even they feel his system imperfect for fully dealing with disease in all its forms, let them at least admit the vast advance it made upon the practice of its day, and its anticipation of much that is now regarded of unquestionable importance.

2. If this is the aspect which Hahnemann's original homœopathy has for the practitioners of medicine in general, it has no less important bearings for those whom adherence to his doctrines has formed into a distinct body.

The great majority of these, at least in the old world, have been converts from the recognised modes of practice. The expositions of homœopathy which have satisfied their reason, the cures which have established their faith, have been of the kind we have seen in the earlier writings and practice of its founder. They have accepted his method as he himself then conceived it—with its law of similarity, its provings of medicines on the healthy, its single medicine, and its small dose. But they do not think they need follow him in the rejection of the pathology of their day, as he in that of his. They find him allowing the existence of certain specific diseases, always essentially identical, for which fixed remedies can be ascertained; and they think that the advance of knowledge has identified many more of the same kind. They prefer to work the rule *similia similibus* with pathological similarities, where these are attainable; though in their default they thankfully use the comparison of symptoms. Accepting his statement that attenuation within the millionth degree hardly weakens the

power of a drug for good, while it robs it of power to harm, they freely use such fractional quantities; but they rarely go beyond this limit, and as a rule steer closer to the other end of the scale. They do not mix medicines, but they often alternate them; and they supplement them more or less freely with such agents as—lying outside the range of pure homœopathic medication—are commonly called auxiliaries.

On the other hand, there are many—especially in America—whose views of homœopathy have been formed upon the later teachings of the master, of which I shall subsequently speak; and some of these have become more Hahnemannian than was Hahnemann himself. Among these colleagues of ours there has often displayed itself an intolerant spirit towards such as occupy the more independent position I have described above. My good friend Dr. Lippe, of Philadelphia, is a leading spokesman of this party; and he is at present breathing out threats of exclusion and excommunication against all who cannot subscribe to the full homœopathic creed, as he conceives it. Hard words are used of these, of which “mongrel” seems the favourite; and they are bidden to depart from the associations of the true followers of Hahnemann, and to profane the name of homœopathy no more.

Now I must protest with all my might against such narrowing proceedings. If men have, *in bonâ fide*, cast in their lot with us; if they have sought membership in homœopathic societies, have written in homœopathic journals, and worked in homœopathic hospitals and dispensaries; if they are content, out of devotion to the common cause, to co-operate with their stricter colleagues in spite of what they must consider their extravagances, surely the latter may be content to co-operate with them. All recognise the method of Hahnemann as their rule of practice; but some stop short at a certain stage of his elaboration of it, and think that beyond this limit it is unverified. Why should they not do so, if such is their deliberate judgment? And why should those who go farther vilify them and refuse their fellowship? Their practice is surely good practice as far as it goes—far superior to that of one who rejects the master’s teachings altogether. Pathological similarity must be better than no similarity at all. It may be a pity to alternate, but it is less injurious than to mix. Auxiliaries may be used far more than is needful; but that is better than using nothing else.

And there is another important consideration to be submitted. Our best hope of winning converts to our system from the old school, and—which is better still—of obtaining its recognition from the profession as a legitimate therapeutic method, lies in the existence of the less distinctive homœopathy I have described. I believe it is vain to expect that unqualified liberty of opinion and practice which we demand. The day is far distant, to my thinking, when the members of medical societies and the readers of medical journals will take patiently the narratives of cures wrought by medicines selected because of minute symptomatic resemblance, and given in highly attenuated doses. But the occasional similarity of disease to drug, and the use of quantities of some fractional exiguity, are not so unfamiliar to medical men in general but that they may come to admit the possibility of such facts having a wider range than they before supposed. As a bridge over the gulf which divides the pure Hahnemannian school from that of modern medicine, I hail the existence of the more moderate homœopathy; and I have hope that upon it there will ere long be much passing to and fro between brothers too widely separated.

If I may give a word of counsel to those whose position I have now been surveying, it would be that they should follow up their own tendencies to the full by testing the capabilities of the mother tincture. Every now and then our brothers of the old school borrow a bit of practice from us, and (though sometimes the reverse is true) by giving larger doses than we have been accustomed to employ they outdo us with our own weapons. We cry out—this is homœopathy; we have been giving such a remedy for many years past. It is true; and yet we have never got such results from it. Recent communications on the use of *phosphorus*, *silica*, and the alkaline sulphides illustrate what I mean. It is a pity that we should leave such developments of our principle to those who oppose and reject it, when we are ourselves placed on such vantage ground for instituting them.

Hitherto I have been vindicating the legitimacy of the homœopathy taught by Hahnemann up to 1806 to be called by that name, and to be practised by professed acceptors of the system. But it is another question whether it is wise to pause there; and whether, in declining

to follow him farther in the elaboration of his method, there may not be involved the neglect of a more excellent way.

It will be remembered that, when he wrote the *Medicine of Experience*, Hahnemann was only 52 years of age. In the ordinary course of things, supposing health and strength to be spared him, there were at least twenty years of work remaining to him ere age should begin to dim his perceptions and enfeeble his faculties. Such work, moreover, if less original than that of earlier life, ought to be more matured; it should naturally contain the ripest fruits of a man's thought and observation. Now the twenty-two years which followed 1806 were those of Hahnemann's greatest activity as a practitioner and a writer. To this period belong the first four editions of the *Organon*, the first and second of the *Reine Arzneimittellehre*, and the first of the *Chronischen Krankheiten*. He is at Torgau from 1806 to 1810, and at Leipzig from the latter year up to 1821, in both enjoying large opportunities of practice; while from 1821 to 1828, at Cœthen, he has leisure to weigh the results of his experience, and to consider the problems of chronic disease presented by the sufferers of this kind who resorted to him there for treatment. It can hardly be doubted that whatever practical developments his method received during such a series of years are entitled to the most respectful consideration of those who accept that method in its essence.

There are four points, it seems to me, at which we discern a distinct advance and elaboration on Hahnemann's part at this time.

1. The first has regard to the principle on which selection by similarity should be carried out. Of course, wherever all the symptoms of a disease are reproduced in the pathogenesis of a drug, there is no difficulty; and where no drug has them all, *cæteris paribus* the one which possesses the greater number would have the preference. But Hahnemann found after a time that this *cæteris paribus* involved a good deal. A mere quantitative dealing with symptoms proved insufficient: they must, he saw, be weighed as well as counted; they must be treated qualitatively. And now, in seeking to appreciate the relative value of symptoms, he was led to two important conclusions: viz., that peculiar and unusual features, both of drugs and of diseases, should count for more than common ones; and that subjective

symptoms—and especially those of the mind and disposition—should preponderate over such as were objective and physical. These views led him to attach less importance than he had formerly done to the disease—as nosologically or pathologically defined—which was before him, and to think more of the special sufferings of each patient. The result was the doctrine expressed in the phrase “individualisation,” with the provisos I have mentioned as regards the relative value of the symptoms present.

2. Up to 1806 Hahnemann had affirmed nothing more about the minute doses he had been led to employ, than that they hardly lost any of the efficacy of the medicines, while they robbed them of power to injure. But as he went on attenuating the more potent drugs employed, and as he applied the same process to substances comparatively or absolutely inert, he seemed to find a real development of power to be brought about. While all physical and chemical qualities disappeared, such as odour and colour, alkalescence or acidity; while all actively poisonous properties were lost,—the medicines gained a penetrating energy as curative agents hitherto unknown to him, and a ten-fold wider range of action. Some of them retained this even up to the 30th or decillionth dilution; others seemed to act best in other potencies of the scale, as from the 2nd to the 24th; very few were the better for no attenuation at all. Hahnemann’s second point, as made at this period, was the positive efficacy of infinitesimal doses, as prepared according to his manner; and their general superiority for the homœopathic treatment of disease.

3. Hahnemann had already warned against the needless repetition of doses. In the *Medicine of Experience* he had advised the duration of each drug’s action to be ascertained, and the dose to be repeated accordingly. In the first edition of the *Organon* (1810) he substitutes for this rule, as based on an uncertain quantity, another which directed that the effects of a first dose should be allowed to subside ere another (if necessary) was given. But, whether by one plan or the other, treatment by single doses became increasingly Hahnemann’s ideal throughout this period. It shows itself in every piece of practice he mentions, and in every case he records.

4. It may be thought strange that I should name, as a fourth step of advance on Hahnemann’s part, his doctrine of chronic diseases. It would be so, did I mean by so

doing to endorse the psora-theory, in its definite dependence on the entity itch. Hahnemann was indubitably in error about the pathological significance of this disease, as was Autenrieth and many another before him and after him. But, stripping his doctrine of all reference to this particular disease, it remains, in its essential substance, a most valuable induction from observation and guide to practice. It is the affirmation that when disease becomes chronic it is because of some morbid diathesis, some constitutional taint; that the manifestations of this condition must not be treated as if they were mere local affections; that even the ordinary internal specifics of homœopathy are mostly insufficient for their cure, and must be supplemented by new medicines, of a profound reach and long duration of action. It was this thought which led Hahnemann to introduce the so-called "anti-psorics" into medicine—which enriched the *Materia Medica* with *alumina*, *baryta*, *calcareo*, *graphites*, *kali carbonicum*, *lycopodium*, *natrum muriaticum*, *platina*, *sepia*, *silica*, and *zincum*.

What I have said about the distinction between the speculative theory and the practical doctrine of chronic diseases applies to much else in Hahnemann's work at this time. His discovery of the efficacy and sufficiency of infinitesimals, for example, was mixed up with hypotheses of all disease being a derangement of the "vital force," and of a "dynamisation" effected in medicines by the processes of trituration and succussion to which he subjected them. All this may be rejected, as it generally has been rejected; but the discovery remains. It is thus with the various explanations he suggested of likes being cured by likes. Few receive these, but that *similia similibus curantur* is acknowledged by all his disciples.

Dismissing, therefore, the theories of the master as of doubtful value and only speculative interest, let us fix our attention upon him in the sphere of his true greatness, and consider his practical rules. I can but very briefly indicate the facts and arguments by which they have been substantiated. In so doing, I shall draw chiefly on the writings of our deeply-lamented colleague, Dr. Carroll Dunham. I feel that I am indebted to him for the conviction of the reasonableness of Hahnemann's fuller doctrine, as I was to Dr. Madden many years ago in respect of homœopathy generally.

1. And first, as regards individualisation. It is pointed out that while a few leading symptoms are sufficient to enable us to diagnose the nature of a case, and for this purpose we may ignore the rest, it cannot be so when we are to treat it by the method of similarity. Every appearance the patient presents, every sensation he experiences, every circumstance of amelioration or aggravation of his sufferings, must have some pathological basis, and must be taken into account in the choice of a remedy. Just in proportion as a drug has been found capable of causing all these concomitants and characteristics, will it be the rapid and certain cure for the case in which they occur. If it is otherwise, then, although the drug may have produced the actual disease, nosologically speaking, by which our patient is attacked, yet it may not be essentially homœopathic to the form of the disease now before us. It may be fever we are treating, and our medicine may be truly pyreto-genetic. But suppose that the pyrexia it causes is accompanied with great restlessness and anxiety, while the febrile sufferer under our care lies dull and listless, there is a lack of true homœopathicity between disease and drug. Adherence to the "totality of symptoms" would set us right, though we could not define or explain the difference between the two cases. Again, our patient may have rheumatic joints; but their painfulness may be either increased by continued motion or the reverse. It is obvious that this distinction must depend on the presence or absence of an inflammatory condition of the parts, and must modify accordingly our whole management of the case. But, even though we knew not its significance, it would symptomatically guide us to the choice between *bryonia* and *rhus* as the medicinal remedy.

The individualisation of each case, therefore, by the totality of its symptoms, is the only certain method of arriving at the true *simillimum* for it among medicines. The more we generalise, and refer it to a class, the less happy we shall be in our drug-selection for it. And, should there be no drugs which correspond to it as whole to whole, we should select that one which has caused any peculiar features it may have, if we have good reason to believe such remedy suited to the essential malady present. Correspondence at such special points indicates a very close relationship between disease and drug—far more so than if common characters only were in question. Subjective

symptoms outweigh objective ones in such differentiation, for they present less of the common than of the peculiar features of a case. They are, moreover, of great value, as being the earliest signs of disorder, before organic change has begun. They constitute the main phenomena of a malady at a stage in which it is still curable. I should have liked, had time permitted, to have read an extract from the "Address on Medicine," delivered by Dr. Russell Reynolds before the British Medical Association in 1874, enforcing the importance of subjective and mental symptoms. "We are bound to remember," he concludes, "that there are many affections of which they furnish the earliest indication, and there are not a few of which they are throughout the only signs."\*

2. And now as to the infinitesimal doses of this period, by which I mean the dilutions from the 2nd to the 30th. Evidence as to their positive efficacy, and as to the comparative inertness of many medicines unless thus attenuated, is abundant. The best proof of the latter point is that in the practice of those who confine themselves to the lowest potencies such remedies find little estimation or use. But a good deal of consideration is also due, I think, to the position of those who affirm the relative superiority of infinitesimal over more substantial doses. Besides Hahnemann himself, this class includes Dunham, Hoppe, von Grauvogl, and Chargé; and—to some extent at least, as evidenced by their practice—Tessier and his foremost disciple Jousset. The first-named has shown, from the comparative statistics of Wurmb and Caspar's Hospital, that in pneumonia the action of the 30th decimal dilution was more certain and more rapid than that of the 15th and the 6th, while of the two last the 15th bore away the palm.† There is, moreover, in the general tone of those who employ highly attenuated medicines, a confidence in their remedies, an habitual sense of power and success, which cannot be disregarded.

3. Regarding the use of single doses, instead of a series of them, allowing the medicine thus given to act undisturbed for a reasonable length of time, I can say little at present. When we find so scientific a physician as Professor Hoppe maintaining the reasonableness of this practice,

\* See also Dr. Madden, "On Subjective Symptoms," in *British Journal of Homœopathy*, xxvii., 458; and Dr. C. Dunham, in *Transactions of N. Y. State Hom. Med. Society* for 1863, p. 68.

† See *Amer. Hom. Review*, vol. iv.

and a veteran like Jahr saying that his best cures have been achieved in this way, which—he truly says—was that of Hahnemann and all his disciples for the first twenty years of homœopathy, it merits our best consideration.

4. And, lastly, as to the doctrine of chronic diseases. I think there can be no doubt of the immense benefit which has resulted therefrom in the past, in the tendency it has given us to look to the possible constitutional origin of local and superficial affections, and to treat them accordingly. This view, and our possession of the “anti-psoric” medicines, has placed us on the same vantage-ground towards all such affections as, *e.g.*, the knowledge of the syphilitic origin of many examples of nervous disease has afforded in general medicine. There is a tendency in a certain school of homœopaths to think of all disease as local, and to neglect medicines which have not an absolute physiological action dependent on dose. Such, for instance, would be the result of my friend Dr. Sharp’s system, if it were allowed to embrace the whole sphere of therapeutics. We need, I think, to be recalled to Hahnemann’s sounder standpoint if we are not to lose many of the triumphs over chronic disease which have hitherto waited on the steps of those who have adopted his method.

The second of our “Two Homœopathies” is now before us. It is that which Hahnemann taught and practised between 1806 and 1828. With the further modifications which took place subsequent to the latter date I have nothing at present to do. The new points which a man makes after seventy-four have no *à priori* recommendation in their favour; and that the first of them here was the fixing the 30th attenuation as the uniform dose of all medicines, whether for provings or for curative purposes, does not invite us to welcome the rest. To make the Hahnemann of 1830-43 our guide is, I think, to commit ourselves to his senility. But the second homœopathy which I have been expounding to-day is the fruit of his ripest manhood, and I think it ought to be more cultivated than it is in England at this time. I doubt whether it is, at least in all hands, applicable to the exigencies of every-day practice and the treatment on a large scale of acute disease. But when there is more leisure, and especially when chronic disease comes before us, I think that our best hope of making certain and speedy cures, whose brilliancy shall

recall the earlier days of our system, lies in our adherence to that (shall I call it?) higher homœopathy which the genius and toil of its discoverer have elaborated for us.

And as I spoke of the other form of our practice as having an irenical value, in that there was so little in it to repel our colleagues of the old school, so I must think it a great advantage in the more distinctive homœopathy I have now characterised that it will preserve the method of Hahnemann from absorption. That we individually should lose all we now have of separateness in name and position, and should merge in the general body of the profession, is for me a prospect full of satisfaction. My only dread would be lest our method should suffer in the process of amalgamation—should be shorn of its integrity, and remain only in the specific remedies which it has up to this time discovered. Believing that its loss would be a disaster alike to medical science and to humanity, I plead for this fuller carrying out of its developments, in which its distinctive nature is and will remain unmistakeable. Let the full homœopathy of Hahnemann be criticised and tested to the utmost; but let it not perish!