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DaKe (G.P.)

THE SCIENCE OF

THERAPEUTICS

IN OUTLINE.

A SYSTEMATIC ARRANGEMENT OF PRINCIPLES CONCERNED IN
THE CARE OF HUMAN HEALTH, SHOWING THEIR
SEVERAL DEPARTMENTS.

BY

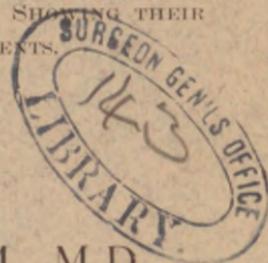
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P R E F A C E.

FOR the system, the outlines of which I am about to present, I use the term *Therapeutics* in its original and broadest sense.

I take it as embracing all the means and measures, all the facts and principles, involved in the direct or indirect removal of the causes, workings and products of all the health disturbances and injuries incident to mankind. In short, it covers the entire hygienic and curative effort of the healing art.

I belong to the class which cannot rest upon the *supernatural*, and feels the daily need of something more reliable and forward-reaching than the simply *empirical*. I regard the *scientific* as the only rational and promising method of Therapeutics.

The scientific method I understand as that, which gathers facts by observation and experiment, exercising all care and skill to separate the real from the specious; and as that, which classifies the data thus obtained, till from them logically come the principles which point on before, leading the studious practitioner far in advance of his actual experience.

I have the utmost confidence in the coming unity of all educated and determined therapeutists, as of all educated chemists and astronomers, upon a basis of *natural laws*.

THE SCIENCE OF THERAPEUTICS IN OUTLINE.

IT is my purpose, here, to sketch the wider boundaries and some of the divisions and sub-divisions, of what may be regarded as the science of Therapeutics.

In doing so, I shall endeavor to represent exclusively the views of no particular author; but rather, the results of thirty years' study and practical trial of the teachings of many authors brought into a concise, yet comprehensive, system.

The fruits of research and discovery, accumulating from age to age, can be the peculiar property of no individual, but must forever remain free to all who may choose to systematize or apply them in practice.

The time has gone by for heaven-revealed principles and heaven-ordained masters in the medical line. In place of priests, at medical altars, and dicta or dogmas in medical books, we now look for phy-

sicians trained by diligent study, and for principles logically deduced from facts.

We recognize no canon law in medicine; we must have the laws of science.

In the progress of knowledge, concerning human ailments and their remedies, first came facts, isolated data, developed by human experience; and then came the groupings of data thus obtained, furnishing the elements of Pathology, or the science of disease, on the one hand, and of *Materia Medica*, or the knowledge of remedies, on the other.

The application of remedies for the relief of suffering and preservation of life, commencing with single experiences, became, through the same process of grouping or classification, the beginning of the science of Therapeutics. At first the observations regarding various diseases and injuries, were very meagre, embracing only the most obvious symptoms presented; and so, likewise, those relating to remedial means and measures were quite limited in their scope, giving only the commonest characteristics.

The therapeutics, as well as the pathology and the *materia medica*, was exceedingly brief and superficial, from the fact that therapeutic art sought only to apply, in each case, that remedy which had been most efficient in a similar case.

The comparison instituted called for no profound research as to the organs and tissues affected; nor

as to the causes of the different affections: nor yet, again, as to the positive powers or minute effects of the remedial means to be employed.

As the fruits of experience became more abundant, and their classifications more numerous and thorough, therapeutics grew apace, taking in more and more agents and influences from the different kingdoms of nature, and evolving one theory after another, and system after system, as shown in the history of medicine.

My present undertaking does not allow me to notice the various theories and systems which have prevailed, at different periods, in the medical world. Taking the best fruits of them all, so far as they have survived decay and come down to us, I desire to bring them into some systematic shape, in order that they may guide our way in the science as well as art of healing.

As the highest object of the medical profession is to employ the best means, in the most efficient manner, any arrangement of the principles deduced from medical, hygienic and surgical experiences, at once simple and sound, must be a desideratum of no small value. Much confusion has existed, and still exists, as to the proper places occupied by different remedial measures, and as to the principles governing them; some writers adhering to one general law as sufficient for the whole domain of thera-

peutics, and others recognizing a number of laws of independent, if not co-equal, importance.

Some speak of remedies indicated, and also of "adjuvants," always advancing the former to a higher rank and degree of importance than may be conceded to the latter. The "indicated" remedies they propose to use under the rigid requirements of "the law," while the "adjuvants" seem to come in, if at all, as the creatures and subjects of fancy, with no special laws for their guidance.

What I desire is to assign to every principle and every measure its own place and share of importance in therapeutics.

The tendency of the medical world, influenced by the asperity of controversy, has unfortunately been to extremes in favor of certain pet ideas and in opposition to all others.

Much error has thus been fostered, and many truths neglected.

Systems, once discarded, have dragged into long forgetfulness many good things, in one way or another, related to them.

It is the spirit of science, to-day, to espouse the cause of no theory to the entire exclusion of others, to engrave upon stone, as unalterable, no systems or creeds, but to examine the claims of all with an earnest desire to know the truth.

And the philosopher, as well as honest doer, now stands ready, not only to examine, but also to ac-

cept all that proves best, regardless of source. Assuming such an attitude, and in such a spirit, let us now look for the outlines of the Science of Therapeutics.

I.

Surveying the accumulated stores of medical experience, we are led, at the outset, to recognize a well-marked line running through the great field, having on the one side all those means and measures which are relied upon to relieve suffering and restore health without the institution of a pathological condition, and, on the other, such as are employed "to institute those new pathological conditions which are most conducive to health."

We might, very properly, designate one side of the field the Physiological, and the other the Pathogenetic or Pathological.

It is an obvious fact that, all the curative influences brought to bear upon the invalid, which are not disease-producing, must be governed, in great part at least, by the laws of physiology, the principles regulating the deficiency or excess of things requisite in health, and dictating measures for the direct removal of the factors and products of disease.

Physiology has to do with the tissue pabula and excitants, as well as the whole environment, of healthy life, for its support and protection.

On the other hand, Pathology, and more especially Pathogenesis, as concerned in the employment

of curative means, has to do with those influences which, in the language of *Dr. Martyn Payne*,¹ "substitute one pathological state for another in the cure of disease," or, as written by *Hahnemann*,² "such as possess the power of producing in the human body an artificial disease."

But, for practical purposes, I have preferred and already used, in my lectures before my class in Philadelphia, other and less technical names for the two grand divisions of the field of therapeutic practice, namely:

1—GENERAL THERAPEUTICS.

2—SPECIAL THERAPEUTICS.

In the first division are to be found all means and measures of which I have just spoken, as coming, chiefly, under the direction of the laws of physiology; while in the second division are those means alone, which are capable of inducing affections, "artificial diseases," which shall supplant those existing, and then, themselves, yield to the recuperative energies of the organism.

II.

GENERAL THERAPEUTICS.

In looking over the grand divisions of the therapeutic field more closely, we observe certain interior lines, marking sub-divisions of more or less importance.

1. Paine's Institutes, p. 665, edition 1847.

2. Hahnemann's Organon, p. 19, Third American edition.

In attending upon, or serving, the sick or the injured, as indicated by the term *θεραπείω*, especially in the use of means not pathogenetic, we must recognize different kinds or classes of forces, each impressing and actuating the organism, or altering its circumstances, in ways peculiar to itself.

One class, having a wide scope, we may term—

1. HYGIENIC.

This embraces agents or influences concerned in the support and protection of normal life, such as—

- a.* Air breathed—its quality and quantity;
- b.* Food eaten—its quality and quantity;
- c.* Fluids drank—their quality and quantity;
- d.* Clothing worn—its kind and quality;
- e.* Dwelling occupied—its character and situation;
- f.* Business followed—its character and influence;
- g.* Habits formed—their character and tendency;
- h.* District inhabited—its disease tendencies;

And each of these sub-divisions we find again divisible, as I will briefly indicate.

The air breathed. The researches in physiology have discovered, with considerable exactitude, the properties of atmosphere requisite to health. The preponderance of one or another of its constituents has been found to result in disease and death; and so likewise the presence in it of certain vapors and impalpable contagia and miasmata. Again, the temperature and weight, as well as the humidity and

electrical states of the atmosphere, have been found to vary the conditions of human health, and so likewise its stillness and motion. The therapist must recognize all these facts and prescribe accordingly, or, as directed by the most approved hygienic principles relating thereto.

The food eaten. Although the adaptability of the human apparatus for food digestion and assimilation is very great, and although in different circumstances men may live on vegetables alone, or meats and animal oils alone, there are, yet, certain kinds and qualities of food demanded, for the best development and support of the human organism, which may not be ignored. Errors, in the selection and use of food, as to quality and quantity, and manner and times of eating, have, probably, occasioned more sickness than any other class of errors recognized in the wide domain of ætiology. The therapist who does not take notice of these, and give heed to the principles regulating them, is unworthy of his calling, however much he may know of medicines and their uses.

The fluids drunk. Much of human misery, as well as human health, depends upon the fluids imbibed. Late investigations have shown quite clearly the tendency of the leading articles of drink in use among men—the good of some, the evil of many—so that beverage principles are not wanting. Immense good, in the restoration as well as the pre-

servation of health, may be effected by the physician who recognizes and enforces these principles, in reference to water, tea, coffee and alcoholic stimulants among his clients.

The clothing worn. It is well known, among those who observe the progress of physiological discovery, that the bodily condition of man is variously influenced by the color, texture and cut, as well as the kind and weight of clothing worn.

The protection of the extremities, the allowance of room for chest expansion, the right action of the abdominal viscera, and the ready transmission of the fluids of the body, through their channels, as well as the preservation of a normal temperature, must be provided for by the regulation of the clothing worn, according to principles now quite well defined.

The dwelling occupied. The search for the causes of sickness has led to the consideration of the materials composing the walls and floors of dwellings, and their provisions for light, heat, air and drainage, as well as their sites and surroundings.

The medical adviser must be prepared to consider the house of his patient, as to its probable influence upon health, and to prescribe necessary changes.

Business followed. Long observation and the gathering of statistics have done much to determine the comparative healthfulness and special tenden-

cies of the various occupations followed by mankind. It is the business of the therapist to understand these, and to prescribe accordingly for persons under medical care.

A change, from one occupation to another, may be all that is required to restore an invalid to health.

Habits contracted. Under the influence of various and, often, morbid desires, habits are contracted and practices followed by individuals, much to the injury of health. Things hurtful have thus come into daily use, and things proper have been greatly abused or sadly neglected. Irregularities have crept in till life has become demoralized and destroyed. Cheerfulness has given way to gloom, and often the laugh of innocence to the moody silence of remorse or the shrieks of despair.

The medical friend and adviser must observe these, and devise measures for their correction.

Mental diversion for the worn-down student, cheerful company for the grief-ridden, and a pure life for the dissolute, may be of more importance than all the drugs in the *materia medica*.

District inhabited. Local causes of sickness are now quite successfully studied, furnishing the geography of diseases, the haunts and routes of travel peculiar to certain epidemics, and the measures necessary for the protection of health in different localities.

Every year more of these things are discussed in

medical books and journals, as well as by the public press.

Boards of health and other organizations, as well as numerous individuals, professional and lay, are investigating and publishing facts and principles relating to public as well as individual hygiene.

Another class of forces, bearing upon the human organism, and called into use by its necessities, we may term the—

2. CHEMICAL.

This embraces all the agents employed under the special direction of chemical laws, such as—

Elements requisite { *a* When deficient.
 b. When in excess.

Agents hurtful { *a*. Internal, requiring antidotes.
 b. External, requiring disinfectants.

It is hardly necessary for me to enlarge upon the divisions and sub-divisions of these chemical measures and means, now generally recognized in the domain of domestic as well as professional therapeutics.

The practitioner cannot afford to be ignorant of them, and especially of their proper uses, in the support and protection of human life.

It is not safe for him to proceed in the treatment of cases to which he may be called, till his diagnosis

has informed him, if the *causa morbi* be a poison within, calling for an emetic or an antidote, or a poison without, calling for disinfectants, which chemistry alone may be able to point out. To prescribe "mint tea," an "epigastric sinapism," or "arsenicum album," in a case of poisoning by *arsenious acid*; or to prescribe "paregoric," "blackberry tea," or "croton tig," where *croton oil* has been taken in excess, would enhance the reputation of the prescriber about as much as would his administration of "ammonia" or "lachesis," to one asphyxiated in the bottom of a foul well, or of "dialysed iron" or "china pills," to the pauper dying of the anæmia of hunger and thirst.

It is true chemists have dabbled much in things medicinal, putting forth remedies theoretically unsound and practically worthless. They have often overlooked the might and cunning of the vital force, while dealing with the human body and its organs, as so many combinations of elements, subject only to the laws which govern in the retorts and receivers of the laboratory.

This is not the place to review such errors, but I cannot pass without admitting their existence and saying that, while advocating due allegiance to chemical laws, we must insist upon their practical confinement within the domain of chemistry.

Toxicology, with its wide gleanings and its generalizations, a great science of itself, brings to view a

multitude of agents, antidotal as well as toxic, with which the therapist should be well acquainted.

We pass on to mention another class of forces acting upon the human body and upon its surroundings for the protection and restoration of health, which we must recognize as—

3. MECHANICAL.

This class embraces all such agents as bear upon the organism under the laws of mechanics, such as—

- a.* Force capable of changing the position of the body, or of some of its parts ;
- b.* Force capable of changing the locality or the relations of the body ;
- c.* Force that may overcome obstructions to the normal action of organs and motion of fluids in the body; or that may be required to increase such action or quicken such motion ;
- d.* Force applied to reduce dislocations and fractures, to restore parts lacerated, and to correct deformities ;
- e.* Force employed to remove foreign bodies from organs and tissues suffering on account of their presence ; and again, to remove morbid growths and products, or parts of the body no longer fit or safe to remain.

In the divisions and sub-divisions of this class, we

recognize the measures and means prescribed by the advocates of physical exercise—the walking, the riding, the climbing, the gymnastics, the massage the health-lift, etc.—and also the means and methods of operative and reparative surgery, in all its extended and useful ministry.

This department of general therapeutics is wide and important, and its measures are exceedingly varied; yet they are all subject to the well-known laws of mechanics, and must be studied and directed from the mechanical, as well as physiological standpoint.

One more class I must present before leaving the field of general therapeutics, the—

4. ANTIPARASITIC.

This class embraces all agents employed for the destruction or removal of the parasites which live upon the human body, such as—

a. ANIMAL PARASITES.

b. VEGETABLE PARASITES.

The animal parasites are distinguished as

Epizoa, existing upon the exterior; and

Entozoa, in the interior of the body.

The vegetable parasites are variously distinguished and classified, according to their microscopical as well as more common characteristics.

There are *cryptogams* and *fungi*, *spores* and *dust* or *germ-fungi*, *bacteria* and *micro-bacteria*, etc.

The agents employed to remove these different pests of humanity are many and various, brought largely from the classes of which I have just been speaking; some being—

Mechanical, as the brush, the sponge, the scalpel, etc.

Chemical, as caustics, washes, ferments, etc.

Toxical, as santonin, andira, koosso, etc.

The medicinal treatment of parasites must be toxic, such as may sicken or kill them without seriously disturbing the body whence they are removed. The medication is not, then, primarily of the person or principal, but of the parasites, and must be governed by rules arrived at by observation and experiment in the parasitic field, limited or modified, of course, to suit the liabilities and requirements of the human organism.

The treatment of the conditions inviting and favoring the presence of parasites, calls for hygienic and sometimes medicinal means, under laws elsewhere considered.

Much discussion has taken place in regard to the order of cause and effect in the field of parasitic display, some writers claiming a systemic or constitutional disorder, resulting in local decay and parasitic occupation, while others have placed the

parasites as *cause*, and the local or systemic disorders as *their effects*. I do not propose to enter upon such questions here, but it is proper for me to say that, the drift of modern discoveries, in such cases, is decidedly against the doctrine of *abiogenesis*, the generation of living organisms, *de novo*, out of lifeless matter. The means and methods of disinfection, of stamping out the germs of disease, are daily coming more and more under the sway of recognized principles.

I have now spoken of four classes of forces, or means, the *Hygienic*, the *Chemical*, the *Mechanical*, and the *Antiparasitic*, as constituting the armamentarium of General Therapeutics; but I would not be understood as saying that they are so distinct and independent that they may not act conjointly or modify each other's influence, while favoring the *vis medicatrix naturæ*, or even the *vis medicinæ*, of which I shall speak hereafter.

In conclusion of this part of my subject, I would say, that a review of the means employed in General Therapeutics, which I have presented in outline, will reveal two noteworthy facts—first, *that they are of very great importance in the art of healing*; and second, *that they are all governed by certain laws*.

To the therapist they are not simply "adjuncts," nor creatures and tools of fancy, but legitimate and reliable and necessary means for the defense and restoration of human health.

Some practitioners, impressed with these facts, have limited their efforts to the use of one class of means, generally the hygienic, in the treatment of the sick, claiming to act upon the (absurd) principle "that nothing should be used in sickness not required in health."

It will be observed that, I make no mention of the therapeutic power claimed by persons said to be "healers" or "healing mediums."

As I have undertaken to present forces or agents, such as we may grasp and direct, under the guidance of some known laws of nature—means discovered and understood by careful study, and not received as "spiritual gifts," nor as the discoveries of "clairvoyance"—I leave that mysterious power for those to discuss, who are better acquainted with its character, laws and uses.

I can only say that, it would please me greatly to lay aside the remedies now in use, especially the pathogenetic, if convinced that, the healing forces, now coming through various forms of matter, could come as well, or better, at our call, from the great source of all power, through the human touch, or voice, or look.

III.

SPECIAL THERAPEUTICS.

I come, now, to speak of the second grand division of the therapeutic field, where an appeal is made to the vital energies by means of pathogenetic forces.

I might, by numerous quotations like those already made from the writings of Hahnemann and Paine, show that the advocates of all active treatment, which is not specially governed by chemical, mechanical, antiparasitic or hygienic principles, agree as to the necessary institution of an artificial pathological condition, which shall lead to the extinction of that already existing.

The pathogenetic action has been variously stated and explained by different writers, some calling it dynamic, or spiritual, and others vital, physiological, etc. Some writers¹ have maintained that there is no such thing as medicinal force and medicinal action; that drugs have medicinal *properties* only; that while they may be the cause of certain symptomatic displays, they are yet devoid of inherent power.

1. William R. Dunham, M. D., Theory of Medical Science, 1876.

They forget that all forces which we may employ, are but attributes or properties of matter, so far as our discernment goes, and that we can obtain no knowledge of them, whatever, while they are disembodied, or when simply *potential*. When they become *actual* by the presence of something to act upon, and when their immediate environment is favorable, we come to a knowledge of their presence and are able to study them qualitatively and quantitatively in the phenomena of their action.

Whatever the theory or philosophy entertained, all alike recognize a disease-producing property in the remedy and look to the signs or symptoms it may develop, in one way or another, for a knowledge of its special character and tendency.

The first step, in special therapeutics, the institution of an artificial disease, brings up a question of the greatest importance, namely:

What relation must the new disease bear to the old, in order that a cure may result?

A relationship, of some kind, there must be. Taking the disease, as presented in its symptoms and history, as the basis or standard, if we know the relation that the artificial affection must bear to it, in order that a cure may result, a faithful comparison between it and the affections produced by various medicines, should bring us to the right remedy. If that relationship is to be the same in all cases, calling for medicines, in determining *its* character

we arrive at a *general principle* in therapeutics paramount to all others.

In trigonometry, the mathematician has the same need of the relationship between the two sides of his triangle, when he wishes to learn the third side. The two sides given and the angle between them, he has no trouble in finding the third side.

In looking over the means employed in medical practice, and the different theories entertained regarding their action, we find but *four possible relationships* between the affections they induce and the morbid conditions they are expected to remove, namely:

1. THE ANTIPATHIC—*Αντι-παθος*—where the same tissues or organs are affected, but in an opposite manner; the relation being one of *direct opposition*.
2. THE ALLOPATHIC—*Αλλοζ-παθος*—where the same tissues or organs are affected in a different manner, or where other tissues or organs are affected in some manner; the relation being one of *general difference or indefinite diversity*.
3. THE ISOPATHIC—*Ισοζ-παθος*—where the same tissues or organs are affected in the same manner; the relation being that of *identicals*.
4. THE HOMŒOPATHIC—*Ὁμοιοζ-παθος*—where the same tissues or organs are affected in a like manner; the relation being that of *similars*.

Inasmuch as the allopathic relationship includes the antipathic—an opposite affection being also a different one from the original—it is hardly necessary to preserve a distinction between them.

1. ANTIPATHIC.

But it may be proper to say that, while an opposite affection may, in some cases, be induced, as a diarrhœa for constipation, somnolence for insomnia, warmth for coldness, etc., such things as opposites to scarlatina, to yellow fever, to whooping-cough, to pneumonia, and a host of other familiar, yet dreaded affections, are not thinkable; unless, indeed, entire good health be the universal opposite, which it cannot be, since good health is the *absence* and not the opposite of any one of them.

And the constipation, to-day removed by catharsis, becomes all the more obstinate to-morrow; the sleeplessness relieved by the narcotic to-night is the more troublesome the night following; and the cold feet, made warm by the hot bath, are surely colder thereafter. This return of the original trouble is due to the reactive energies of the organism, making sure resistance to all abnormal forces from without, a fact generally overlooked by the people and the masses of medical men.

The antipathic principle, *contraria contrariis curantur*, is thus a law of *palliation* merely, and, as such, available to a limited extent only in special therapeutics.

It cannot be claimed that all cures, effected by pathogenetic means are the result of opposite affections instituted; and hence the principle *contraria is not general*. Nor can it be maintained that any cures, complete and permanent, follow efforts to forcibly institute opposite affections of the organs or tissues diseased; and hence the principle *contraria is not even a limited law of cure*.

2. ALLOPATHIC.

The possibility of instituting an artificial affection, different from one existing in a given case, is not to be doubted; but a moment's reflection must convince us that the relationship is nothing definite, or useful, as a principle.

Suppose a person were to specify the destination of a friend by simply saying, "he did not go to New York," what would the information be worth?

The practitioner told to employ an agent, in a given case, known to induce a condition of suffering *unlike* that existing, would be in a singular quandary. He might render strict obedience by the exhibition of any one of a thousand different drugs, none of which had been known to induce a *like* condition. Hence, the allopathic relationship fails to be a principle, either general or limited, in therapeutics; nor can it supply a rule in medical art.

The practice usually denominated allopathic is based upon a multitude of limited and ever-changing

theories, and upon the individual hints of empiricism.

Before passing on, I should mention that some writers have endeavored to show that, after all, the *similar* and the *dissimilar* are one and the same. Quite lately it was said—

“There are varying shades of difference, some of which are so slight as to amount to similarity, and some so great as to reach antagonism, which is only the greatest degree of difference; while similarity is merely the least or a less degree of difference.”

This speculative view of the subject presents a fallacy very apparent in practice.

Two things may be similar in some respects, and very dissimilar in others; but what is contemplated when speaking of similar affections and dissimilar, is that, the totality of the symptoms or the characteristic features of the one case are like, or unlike, those of another case. There is no practical difficulty in deciding when there is such a similarity or dissimilarity.

Two men can not be said to be alike because they are of the same height, or same weight, or same color merely; nor unlike because they differ in those particulars only.

The relationship similar is quite definite and practical, while that of dissimilar is exceedingly indefinite and unsatisfactory.

3. ISOPATHIC.

The possibility of instituting an artificial affection, identical with one already existing, we must admit; but only in cases where the *causa morbi* is distinctly known to us, and where it is such that we can grasp and apply it in practice.

A brief survey of human ailments will convince us that their causes, almost universally, are either too obscure or too intangible for our reach and employment as remedies. In cases of poisoning, where the noxious material is distinctly recognized, we might be able to obtain and employ it—not to cure, not to antidote its own effects, but to increase them.

There can be no such general principle as that, all diseases may be cured by the institution of the same diseases, because its general application would be simply impossible. It might seem, however, that it could be a principle of limited tenure and application, as some affections appear to be relieved by the agencies causing them. For example, coldness of feet, from standing in the snow, may be removed by the direct and brief application of snow; and the lameness of muscles, over-exercised, may be relieved by their gentle use. But a proper comparison of the snow long enveloping the feet, clad in shoes, with the same article, directly and briefly applied to

the naked feet, will reveal to us so much difference in the forces operating and circumstances attending, as to convince us that the relation between their effects must be more that of similarity than identity.

And so the gentle use of muscles must be considered more similar to, than identical with, the severe or long-continued exercise which has occasioned the lameness.

There is a kind of isopathic practice, favored by some who believe that, a higher attenuation, or the finer particles, will antidote a lower attenuation, or the coarser particles, of the same drug.

Such persons seem to forget, if they have ever known, the fact that no attenuation of a drug is made up of uniform particles—that in a one-grain powder of the sixth trituration, for example, there are particles, varying in size from the smallest of that attenuation up to the medium, if not maximum, of the fifth and the medium of the fourth and minimum of the third. If, then, it be true that one attenuation antidotes another—that a medicine may thus directly contradict itself—in the same organism, the posology, as well as pharmacology, upon which the practitioner must depend, would present insuperable obstacles to his success.

The futility of such isopathy must be apparent to all, except the votaries of that mystic dynamism before which the methods and meters of science are only rank abomination.

And there is a yet worse form of isopathic theory and practice, favored by some who believe that, a disease may be removed by the use of its own products.

The absurdity of such a belief is equalled only by the worthlessness and obnoxiousness of the remedies to which it leads.

4. HOMŒOPATHIC.

It is admitted by all writers on the principles or theories of medicine, that many cures are effected by agents known to induce affections similar to those for which they are administered.

This recognition of the principle expressed in the terms *similia similibus curantur*, has often appeared in books, essays and editorials; but oftener still in the prescriptions made by all classes of physicians, in all parts and all ages of the world.

From the time Hippocrates wrote—"Vomiting is cured by vomiting"—down through all the centuries of medical history, writers have noted the removal of diseases by remedies known to induce similar diseases.

That the relation expressed by the term *similar*, between two affections of the human body, is conceivable, and that it may serve as a guide in the selection of a remedy, when the affections producible by various remedies are known, no person, of even ordinary medical learning, will venture to question.

One affection is similar to another when the distinctive and most constant symptoms of the one are like those of the other. The similarity is not such as to establish an identity of conditions, nor a perfect equality, in any sense. The practical comparison, instituted, is between the exponents or symptoms of the disease, in the case presented for treatment, and those of the affections induced by the several agents from which a remedy is to be chosen. And the symptoms, to be thus compared, are not the *subjective* alone, nor the *objective* alone, but all of both, in any way and by any means discoverable.

Upon a thorough examination it is found that, the relationship, *similia*, not only points out right remedies in a large number of cases, as universally admitted, but that it does so in *all cases* susceptible of cure by pathogenetic means, or the institution of artificial affections. Aside from the use of palliative means, sometimes requisite, especially where no cure is expected,—

SIMILIA IS THE GENERAL LAW IN SPECIAL THERAPEUTICS.

It is not my purpose, in this sketch of outlines, to enter at any length upon explanations and proofs; but I may remark that the Homœopathic law, at first regarded as a principle of limited applicability—as true and useful in certain cases—was discovered by *Samuel Hahnemann* to be of universal

tenure and applicability in that department of therapeutics which I have designated as *Special*.

Looking back over accumulated medical records, he found that medicines, distinguished in the removal of certain well-marked diseases, had been known to induce similar affections when taken by persons in health.

Analyzing cases with a remarkable keenness of perception and strictness of logic, he studied medicinal forces singly and in the various mixtures of polypharmacy, as to their influence upon persons sick and persons well, finding few apparent and no real exceptions to his law of cure.

And now, for seventy years, other practitioners, accepting that law as their guide, have been successful according to their faithful obedience to its demands in the treatment of the sick.

Every visitation of such well-marked and dreaded diseases as Asiatic cholera, Yellow fever, Scarlet fever, Epidemic dysentery, and Diphtheria, in fields occupied by the followers of Hahnemann, has had the effect to increase their reputation and to magnify the law *Similia*.

One who compares the history of the law of gravitation with the history of this therapeutic law, will be struck with the many points of resemblance. The first suggestion, the patient research in the records of the past, the positive tests, the practical applications, the unfavorable first impression upon

the learned, the apparent exceptions, the absurd opposition, and the steady progress and triumphs, have been quite parallel in the two cases.

Newton said of his law—

“What the efficient cause of these attractions is I do not here inquire. What I call attraction may possibly be caused by some impulse, or in some other way unknown to us.

“I have explained the phenomena of the heavens and the sea by the force of gravity; but the cause of gravity I have not yet assigned.”

Hahnemann said of his law—

“As this therapeutic law of nature clearly manifests itself in every accurate experiment and research, it consequently becomes an established fact, however unsatisfactory may be the scientific *theory* of the manner in which it takes place. I attach no value whatever to any explanation that could be given on this head.”

But in one respect there is a marked difference in the cases. The law of gravity had its explanations and proofs in figures, by mathematical and astronomical demonstrations, and so escaped such fanciful and absurd explanations and proofs as, sometimes, have been thrust upon the world, by ignorant enthusiasts, in favor of the law *Similia*.

But I must hasten to the close of my sketch.

Taking the Homœopathic principle or relationship, as the paramount law in Special Therapeutics it is proper to ask—*What are its requirements?*

In the solution of this question we must be led to all the subordinate principles of special therapeutic science.

I must here make a statement, rendered necessary by the misrepresentations of many writers, who say, *that the proper understanding and application of the Homœopathic law does not require a thorough knowledge of Anatomy, Physiology, Pathology and Diagnostics.* How preposterous to suppose that a practitioner can make a proper examination of a case, presented for treatment, when ignorant of the field and phenomena of healthy life and the changes wrought by various morbid causes?

His comparison of symptoms—morbid on the one hand and pathogenetic on the other—taking in the superficial, the coincident, and the consequent, without distinction, would be as likely to lead him astray as to a choice of the remedy required; or, in other words, his *similimum* might be of a most inferior quality without his being aware of the fact.

The Homœopathic system of therapeutics requires, in its practitioners, the best medical as well as general culture possible to men who practice the healing art.

MATERIA MEDICA PURA.

The first requirement of the law *Similia* in practical therapeutics is a Materia Medica, consisting of drug effects, or data, furnished by true and rigid ex-

perimentation with the different agents to be employed as remedies; such experimentation to be upon persons in health, and upon the lower animals, under circumstances and in ways best calculated to exhibit the pathogenetic character of the several agents fully and truly. The data, so furnished, constitute

A POSITIVE SYMPTOMATOLOGY.

And this positive symptomatology embraces—

1. *Subjective Symptoms*; or, the abnormal sensations, emotions and thoughts of provers, male and female, in good health, free from counteracting or disturbing influences, instructed in proper modes of observing, locating and describing their symptoms, all gathered in one place, favorable for the purpose, under the direction and close questionings of competent instructors; the number and character of the provers being such as to render them fairly representative of the average of the human family under similar influences.

2. *Objective Symptoms*; or, the abnormal appearances and products of the provers under pathogenetic influence, closely inspected by skilled observers, aided by all the means found useful in the study of similar affections in the sick, so as to determine their qualities and quantities, localities, times and peculiarities.

The drug-effects being thus obtained, the next important step is to have them so collated and published as to be at once accessible and clear.

One publication should present—

The Journals of the provers, their records of symptoms, as daily submitted to, and revised by, the skilled observers; together with a statement of the age, temperament, etc., of each prover. And before the record of the drug symptoms, should be given a record of symptoms noted in the case of each prover for five days before the commencement of the drug-proving, and while under the influence of certain doses of a non-medicinal substance.

Another publication should present—

A Digest of all the symptoms in the daily records, except such as occurred during the non-medicinal proving, or, again (the same) during the medicinal proving in the same person, and all such as occurred in the records of but one prover.

The symptoms appearing should be arranged according to the topographical chart in use by all the provers, and in the order of their occurrence, each one having a numeral attached, like the powers in algebra, to denote in the records of how many provers it had appeared.

And still another publication is required as an index to symptoms:

A Repertory, presenting together, under regional

and qualitative headings, the several agents yielding pertinent symptoms.

And yet a fourth form of publication is required:

A Nosological Index, presenting together, under nosological headings, indicative of various affections, the several agents found to produce their characteristic symptoms.

These publications furnish an intelligible view of a reliable materia medica, such as required under the Homœopathic law in the practice of special therapeutics.

PATHOGENETIC POSOLOGY.

Before leaving the subject of materia medica, I must mention the leading principles relating to the size of dose in drug-proving.

1. In experimenting upon the healthy human body, so much of the medicinal matter must be employed as may be capable of influencing and changing the action of some tissue.
2. No change of tissue action occurs without a previous change of tissue condition.
3. The kind or quality of change in tissue condition and action is governed by the quality of pathogenetic force employed.
4. The degree or extent of change in tissue condition and action is proportioned to the amount of medicinal force employed.

5. The *potential* medicinal force of a given drug-mass is in proportion to the number of medicinal atoms it contains.
6. The *actual* medicinal force of the same is in proportion to the number of medicinal atoms made superficial, or free, for contact or absorption.

And, looking a little further, we recognize some other principles of importance.

1. In experimenting upon the healthy human organism, so little of the medicinal matter must be used as will act *medicinally*, and not mechanically, chemically or toxically.
2. All drug matters changing the condition of living animal tissues by virtue of their bulk, weight or form, do so under the laws of Mechanics.
3. All drug matters affecting those tissues by virtue of certain decomposing or combining molecular forces, do so under the laws of Chemistry.
4. All drug matters affecting tissues in the lower animals, nearly related anatomically to man, so as to induce death or functional incapacity, do so under the laws of Toxicology; and information thus elicited, though comparative, is often of value in the extension and confirmation of drug pathogenesis in man.

It is well known that, often, the same substance, under different tests or circumstances, displays different forces or properties.

Iron, for example, is at once a mechanical, a chemical, a toxical and a medicinal agent. It is the province of experimental inquiry to determine when, and how, the one kind of force may be developed and employed to the exclusion of the others.

To tell where pathogenetic or medicinal action ends, and toxical, or chemical, or mechanical begins, in the case of a single substance, requires much experimental research and care.

Every philosopher, as well as every earnest doer in life, dealing with forces, whatever his views of their theoretical origin, or unity, or correlation, must practically recognize each in *its own field*, study it in *its own phenomena*, and employ it in obedience to *its own laws*.

THERAPEUTIC POSOLOGY.

Advancing a step, we find some principles relating to the size of dose in therapeutics.

1. In the employment of medicinal matter, under the Homœopathic law, much smaller doses must be used than in experimentation on the healthy.
2. A medicinal force, similar in nature to the morbid, in a given case, acting upon tissues of impaired powers of resistance, may be operative, when incapable of influencing them, at all, in a state of health.

3. A severe, even fatal, aggravation of disease may occur, when the medicinal agent employed is such, and used in such quantity, as to induce a similar affection in the healthy organism.
4. Idiosyncracies may exist, in the sick, increasing the sensitiveness of tissues to medicinal influence tenfold.

Considering the increased susceptibility to the homœopathic remedy, and the possibility of an unknown idiosyncrasy in the patient, it becomes the therapist to see that, the medicinal forces he employs are well developed, and brought under ready control, so that they may be *efficient in the generality of cases, and safe in all.*

There are yet many principles in the domain of Special Therapeutics, of scientific and practical importance, which the space allotted to the present writing will not permit me to notice. Many of them are shadowed forth in what I have already presented.

It is my purpose, at a day not far distant, to expand and fill up these outlines, so as to explain and enforce the system here presented.

CONCLUSION.

It is natural for the question to arise in the mind of one reading the outlines of the broad therapeutic system, which I have sketched—*What is the practical teaching or end of it all?*

I will answer:—The therapist is taught that, in the care of human health, he is to consider all the possible causes, as well as all the actual phenomena or symptoms of the affection, in each case presented; and then all the methods and means, suggested by the probable causes and discernable symptoms of the affection, to be removed.

The consideration of such causes and symptoms will lead him to determine:—

I. If the affection be within the domain of General Therapeutics, or of Special?

II. If in the domain of General Therapeutics, in which of its departments?

1. If in the *Hygienic* department, in which of its divisions—that relating to the air breathed; the food eaten; the fluids drunk; the clothing worn; the dwelling occupied; the business followed; the habits formed; or the district inhabited?

2. If in the *Chemical* department, in which division—that relating to elements requisite, or to agents hurtful; elements wanting, or elements in excess; agents calling for antidotes, or agents requiring disinfectants?
3. If in the *Mechanical* department, in which division—that relating to locomotion; to massage; to gymnastics; or to surgery?
4. If in the *Antiparasitic* department, in which division—that relating to animal or to vegetable parasites; to the epizoa, or the entozoa; to the fungi, external, or internal?

If the affection is found to belong properly to one of these departments or divisions, the curative means employed must be governed by the principles of such department or division.

Pathogenetic or medicinal forces, addressed to the organism of the patient, to induce a new pathological condition that shall prove curative, are not to be employed. They are not called for, and the therapist discharges his whole duty without them,

III Again, if the causes and symptoms of the affection presented lead to the conclusion that it does not come entirely within the domain of General Therapeutics, that something more is required than its measures may accomplish, the therapist must determine—

1. If the case be one in which there is a sufficient reactive and recuperative power to which pathogenetic forces may be addressed.

If it be such, curative means must be sought in the department of Special Therapeutics, under the *Homœopathic law* and its subordinates.

2. If the case is one in which there is no such reactive power remaining, or in which that power is permanently impaired by disorganization of tissues, or temporarily held in check by causes which time alone can remove, then palliative means may be employed under the *Antipathic law* of Special Therapeutics, for temporary or partial relief.

In fine, the teaching and end of the system submitted is that, no therapist can be true to science, and therefore faithful to his clients, who employs the means of one division or department of Therapeutics, when the case in hand calls only for those of another; or, who makes use of pathogenetic agents, when the agencies of physiology alone would be sufficient.

A proper understanding of the great therapeutic field, as mapped by these outlines, will clearly indicate to the practitioner when he is within the pale of one principle, or another, or of none at all; and may serve to keep him from vexatious ques-

tions, upon which societies of medical men are "rent and torn," and from the performance of some hurtful and many useless acts, in behalf of the sick.

And it will, further, show the absurdity of the many insufficient and transient theories now generally followed by medical men, in Special Therapeutics, allowing the exhibition of remedies, from a *Materia Medica* most unreliable, in doses toxic or totally inert, each embracing several conflicting forces, or no force whatever.

