

Tooker (R. N.)

Compliments of the Author.

HOMŒOPATHY,

and its RELATION TO THE

GERM THEORY.

ROBERT N. TOOKER, M.D.











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# HOMŒOPATHY

AND ITS

## Relation to the Germ Theory.

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# HOMŒOPATHY

AND ITS

## RELATION TO THE GERM THEORY.

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### FELLOW MEMBERS OF THE SOCIETY:

The steady march of time has brought us together again for our annual meeting, and I am happy to say that we assemble with increasing numbers, and with unabated zeal for our honorable and noble profession.

I bid you a cordial welcome, and I doubt not that our present session will be as pleasant and as profitable as any that have preceded it, and of which we preserve such agreeable recollections.

While death has terminated the labors of many of our prominent brethren in other states, we have been singularly favored so far as our own members are concerned.

One, however, whom we all admired and respected, and one of our most brilliant members, has passed away since our last meeting.

We shall miss the bright and genial presence of Dr. N. F. Cooke, who for so many years was a conspicuous figure in our counsels and deliberations.

It was thirty years ago in this city that the first organization of our Society was effected, and our meeting here to-day has, therefore, something of historical interest. Although nearly a full generation has been born, grown to manhood and passed away since that first meeting, a goodly number of its founders are still living, practicing their profession, and are, I am happy to say, as firmly adherent to the doctrine of "Similia" as they were thirty years ago.

Several of these pioneers are or will be with us during our present session, and it surely must be a source of pride to them that the organization which they helped to found so many years ago is still in such a healthful and vigorous condition.

The mere handful of earnest disciples of Hahnemann who first assembled here, has grown into a society numbering nearly two hundred and fifty members. It is the largest Homœopathic State organization in existence.

Our State boasts not only the largest medical society, but it exceeds all other States in the number of its hospitals, its colleges, and its medical journals. It is, I believe, universally conceded that Illinois is the banner State of the Homœopathic school of medicine; and while this is so, the responsibility rests upon us by reason of this conspicuous position, of having our deliberations, our papers and our discussions commensurate with our numbers and our consequent influence.

Our annual sessions have much more than a social significance.

We meet to exchange the knowledge which study, observation, and experience have given us, and by this mutual exchange and interchange all are benefited. From the engrossing cares and duties of a busy life it has been found profitable to call a yearly halt and compare notes as to what each has found and done in his special field of labor. The advantages to be derived in many ways from such associations as ours are so great and so obvious that it is a matter of regret that our numbers are not larger. Our membership, according to the secretary's report, is only about fifty per cent. of the physicians registered as Homœopathsists by our State Board of Health. Our roster ought to be twice as large as it is; yet, I would not increase it by a single name without scanning with the closest scrutiny the character and professional standing of the applicant for admission. By reason of our State laws, the standing of Illinois physicians has been of late greatly elevated, and this fact ought to be a source of pride to us and call out our best endeavors for its maintenance.

I would call the attention of our Board of Censors to this matter because it is possible by care in the admission of applicants for membership to make us what we ought to be, not only the largest but the best Homœopathic State Medical Society in the world.



Last year, when you elected me president, I was fully conscious of the honor you conferred upon me; but I had no conception of the embarrassment I should feel in attempting to fulfill that one of my duties, the preparation of the president's annual address.

The embarrassment is occasioned partly by the fact that, in spite of our growth in numbers and influence, our school is at the present time undergoing a more crucial test than, perhaps, at any other time in its history, and is beset with dangers both within and without. The dangers to which I refer are the greater because they are insidious and of a patronizing nature, rather than outspoken and loudly inimical.

Active opposition to our system has given place to a quasi-imitation of our methods without any adequate conception of our underlying principles.

The effect of this state of affairs is apparent in both schools of medicine. Many of the old school endeavor to make it appear that they are giving as little or less medicine than we, and therefore in the matter of dosage there is little difference between us. On the other hand, some few of our own school, seduced by these spurious claims, openly call in question the propriety of longer adhering to our distinctive name, and advocate the dropping of our sectarian title as being no longer necessary.

The fact that a few old-school writers and practitioners give less medicine than formerly, and give it in more palatable form, is a matter for public congratulation; that many old-school authors advocate measures and remedies in a way that would have been considered rank heresy fifty years ago is undoubtedly true. But one swallow does not make a summer, nor does a single burst of sunshine indicate that spring is approaching. These same writers and practitioners repudiate utterly the source of their better practice and greater wisdom as strenuously and as impudently as ever. They have neither the frankness nor the honesty of that Chicago clergyman who, a few years ago, quite unintentionally, but quite conspicuously, palmed off on his congregation another's sermon for his own, and afterward explained his palpable plagiarism on the plea of unconscious cerebration.

All minds are more or less porous, and truth will percolate. Whether it be explained as percolation or unconscious cerebration

tion, the fact stands that allopathic text-books while pooh-pooing homœopathy in their prefaces incorporate a good deal of it in the body of their works, without taking the trouble to say, "Thank you," or "By your leave, sir."

The reformation in medicine which Hahnemann inaugurated three quarters of a century ago is progressing, but it is not ended; it is growing and spreading, but it is by no means complete. We need not deceive ourselves into regarding the two schools as anywhere near to a real union of sentiments and ideas either theoretically or practically. I wish most heartily they were so; but facts are all opposed to any such Utopian idea.

The line of demarcation is not in all directions as clearly drawn as it once was, but the line is still there, and one has but to read the current literature of the two schools to discover it.

An element of confusion has recently arisen in the alleged discoveries regarding the causation of certain diseases, mostly of a contagious character, whereby these diseases are believed to have their origin in certain living parasites, which, having gained entrance into the human organism, multiply therein until they destroy it.

This new doctrine, which is known as the Germ Theory, has taken a deep hold upon the profession at large, and while but few have adopted it unqualifiedly, it has affected to a greater or less extent the therapeutics of all schools, and promises in the near future to effect a still greater modification in present medical practice.

This theory of a germinal or parasitic origin of contagion is apparently a verification of the ancient doctrine of a *materies morbi* which has been the main dogma of the old school since the days of Hippocrates, the only difference being that the *materies morbi* was formerly supposed to be dead matter, while the new doctrine endows it with life and declares it to be living protoplasm belonging either to the vegetable or animal kingdom.

This doctrine is so diametrically opposed to the dynamic theory of Hahnemann that the two may be placed side by side and a comparison instituted between them.

The plausibility of the germ theory has made many members of the old school more arrogant and defiant than they ever were before, and has raised in their minds high hopes that at



last allopathy has a firm pathological basis upon which to build a new and improved therapy.

In a recent paper on the parasitic origin of epidemic cholera read before the New York County Medical Association, Dr. Austin Flint says: "We are entering upon a revolutionary period in the progress of medicine. Hereafter this present period will be cited as the commencement of an important era in medical history.

"The progressive advancement of our knowledge of the causes of infectious diseases will revolutionize not only *Ætiology* and *Pathology*, but *Therapeutics*."

The fact that Prof. Flint belongs to the conservative wing of the old school which has advocated the giving of but little medicine and treating disease mainly with anodynes according to the expectant method, gives greater significance to the words I have quoted.

That the revolution has veritably begun and is going on apace will be apparent before I am done. In view of these facts it seems to me that the time is one for introspection—for critical comparative examination of these opposing theories rather than for self-laudation and boastful encomiums.

It seems to me that we cannot better employ a brief time than in considering the present status of the germ theory, and investigating the claims upon which it proposes to revolutionize medical practice.

I surely need not consume your time in elucidating or defending the tenets of our own school. You are as familiar as I with the teachings of Hahnemann that, with a few exceptions which do not touch upon this present discussion, all diseases are due to a disturbance of the dynamic or nerve forces of the system, and that when drugs are given to the sick, their curative action is by reason of the dynamic power inherent in those drugs, by which they are able to restore those perturbed nerve forces both in equilibrium and direction. We recognize no disease as being produced by an enemy from without which can be combatted successfully with evacuants, derivatives or poisons having germicidal powers.

The elaboration of this idea which originated with Hahnemann, or, I should rather say, which he made practical in the



application of drugs to disease, constitutes the science of Homœopathy and is the corner-stone of our system of practice.

Looking at the germ theory superficially and from a purely theoretical stand-point, it must in candor be admitted that it is the most plausible theory that has ever been promulgated to explain the complicated phenomena of the contagious diseases.

The vague hints of a *contagium vivum* to be found in ancient medical literature seemed to be quite prophetic when Leuwenhœck in 1677 discovered spermatozoa in the seminal fluid, and more especially when, six years later, he reported to the Royal Society that he had discovered, by the aid of his crude microscope, in the debris of food taken from between his teeth living organisms, which he described as moving with great activity. But the discoveries of Leuwenhœck made no impression on the ætiology of disease worth mentioning, until the study of fermentation by Pasteur some thirty years ago gave rise to the theory of zymosis, of which the germ theory is an elaboration and a modification.

In 1858 Pasteur, and about the same time Schwann, discovered, or, at least, thought they did, the fact that fermentation is the result of the growth and multiplication of the yeast plant, a microscopic fungus called, technically, *Pencilium Glaucum*, and apparently demonstrated that without the presence of this minute organism in a given fluid fermentation would not take place.

The sudden rise of temperature, the disturbance of the circulation, and especially the efflorescence observed in certain epidemic, endemic, contagious and infectious diseases suggested a process similar to that of fermentation as going on within the sick but living body, and hence these diseases were called "zymotic," from a Greek word signifying fermentation. The improved magnifying powers of the microscope revealed the further fact that in all of the diseases of a contagious nature minute organisms were distinctly visible, and immediately the discovery made by Leuwenhœck two centuries before began to be revived with added interest. Indeed, the search for specific germs of disease has ever since occupied the attention of scientists as no other discovery ever did before in the world's history. It was logically inferred that if living germs caused specific diseases, each specific disease must have its specific germ. Hence, each investigator has endeavored to find some

peculiar organism which could be differentiated from the myriads of similar organisms which further researches proved to be present in all diseases and in the various tissues in a state of health. The labor expended in arranging, classifying and naming the innumerable specimens of microscopic life was a thousand times more difficult than that encountered by Adam when he named the beasts of the field and the fowls of the air. The difficulties encountered in isolating a particular germ in any given disease were found to be only paralleled by searching for a peculiar and imaginary-shaped kernel of wheat in a Chicago elevator. It was found that micro-organisms were everywhere; they are in the air we breathe, the food we eat, the water we drink. As fast as any ambitious observer discovered in the case of any disease a germ which from its peculiar form or unusual behavior seemed to be different from the common run of germs, he lost no time in heralding abroad the fact of his new discovery.

The notoriety achieved by these reputed discoveries has in most cases been nearly as short-lived as that of the germs themselves. A notable example of the truth of this statement is found in the alleged discovery of the germ of malarial fever.

In 1870 or thereabouts Dr. Saulisbury of Cleveland claimed that after several years of laborious research he had succeeded in finding the indisputable cause of this disease.

He isolated and afterwards cultivated a peculiarly-shaped unilocular vegetable cell which he uniformly found on the soil of malarious districts, and could not find anywhere else. He found it in the expectorations of persons sick with malarial disease, and to make the demonstration complete, he carried soil impregnated with these germs into a locality where malarial fever had never been known before, and here he succeeded in innoculating with these germs two young men previously healthy.

What could be more complete and positive in the way of a demonstration? Shortly after this Prof. Crudeli of Rome, and Klebs of Prague, confirmed Saulisbury's statements by investigations of their own, and the *bacillus malarie* was duly labelled and classified as the true and undoubted cause of ague, Roman fever, and malaria in general. Further investigation, however, demonstrated the fact that the *bacillus malarie* was not exclusively found in marshes and malarious districts, or in persons affected by malarious disease.



It was found in swarming myriads in the mouths of persons who had never had ague, and who, in spite of the parasites they harbored, refused utterly to have either a chill or a fever. Moreover, other and equally reliable observers recognized in the bacillus malarie a harmless, innocent old acquaintance which had never been guilty of the slightest misdemeanor.

Notwithstanding the fact that the bacillus malarie has been since rediscovered periodically by different observers, we remain to-day as ignorant of the real cause of malaria as we ever were, and the retail price of quinine has remained about the same.

In 1878 the yellow fever which prevailed so extensively in our Southern states afforded, one would think, abundant opportunity for studying its natural history and solving the problem of its aetiology. The National Board of Health, with ample means at its disposal, availed itself of the most expert talent in this country, and French, English and German scientists came from abroad to help in the investigations. These observers labored assiduously to demonstrate the presence of a distinct and constant parasite, or spore of a parasite, in those sick or dead of the disease, but in vain. The epidemic came, flourished, declined and passed away leaving the questions of its origin and nature in as much of doubt as they had ever been before any one as much as dreamed of a germ theory. No parasitic organism was found which when cultivated would convey the disease to a healthy individual or which could not be found in persons in perfect health.

In short, the germ theory was so barren of results that little was heard of it again until five years later when, in 1883, Koch claimed that he had accidentally but actually discovered the cause of tuberculosis in a hitherto unrecognized germ which he called the bacillus tuberculosis.

Something may possibly be expected to come from this tubercle microbe since no one has yet succeeded in finding it in non-tuberculous subjects. But clinical facts are so opposed to the whole theory of the contagiousness of consumption, and so many failures have resulted in other directions, that only the most enthusiastic believers in corporeal immortality have accepted the statement absolutely.

The New York *Medical Record* of February 14, 1885, contains a discussion of this question by the Medico-Chirurgical Society



of London, at which meeting Dr. Wilson Fox, evidently voicing the sentiments of the majority of its members, said: "Although the evidence in favor of Koch's views is so strong, yet looking at the constant change in our views in phthisis, and seeing how the pathology of tuberculosis has biennially, triennially or quinquennially been swayed by histological dogmata, it would be well if we waited before definitely accepting all that the new views imply." The Paris correspondent of this same medical journal, under date of March 6, 1885, speaking of the transmissibility or non-transmissibility of tuberculosis by vaccine lymph taken from a phthisical cow, says Drs. Lothar Meyer, Chauveau, Vaillord and Strauss reported twenty-six negative cases to offset the single case of M. Toussaint, who claimed that phthisis was thus capable of being transmitted.

Indeed, while the questions of transmissibility of consumption by means of micro-organisms, and whether germs are or are not an actual cause in the development of the disease, are being discussed with ardor and zeal in academies of Germany, France and England, there are as many facts and clinical observations offered in opposition to as in favor of Koch's theory.

It is very difficult to prove a negative. It would be presumptuous to assert positively that tubercular consumption is not dependent on microscopic organisms, but it may be said in all truth that the weight of evidence and the weight of authority are greatly in favor of such a conclusion.

As to Koch's alleged discovery of the comma-bacillus of cholera, it is idle to waste time in discussing the conflicting testimony of the different experts who have undertaken to confirm or refute his conclusions.

You are aware of the fact that shortly after the outbreak of cholera in Europe, several of the governments sent out commissions of experts to investigate and report upon the cause of the epidemic. And you are equally well aware of the fact that the German and French commissions sent in reports to their respective governments which were diametrically opposed to each other. The German commission, with Koch at its head, found cholera microbes—the comma-bacillus—everywhere in infected districts, while the French commission, composed of MM. Strauss, Roux, Nocard, and Thauellier, failing to find the comma-bacillus uniformly, although traversing the same ground, visiting the same

localities and pursuing the same methods of investigation, reported that it did not feel authorized in attributing any specific action to Koch's cholera microbe. Since then numerous observers have found a parasitic organism identical in form and reaction under chemical reagents, with the comma bacillus of Koch, in other affections than cholera, while others still, among whom I may mention the name of one of our own school, Dr. Rollin R. Gregg, have recognized in the cholera microbe a well-known form of ordinary fibrin undergoing metabolic change while in a process of decomposition.

In the London *Lancet* of September 26th last, Surgeon Major Lewis, M.B., Assistant Professor of Pathology in the Army Medical School, Netly, Eng., states that comma-shaped bacilli, identical in size, form and reaction to aniline dyes with those found in cholera dejecta, are often present in the mouths of perfectly healthy persons.

I could multiply examples of such conflicting testimony, but I have presented enough, I trust, to show that, so far as cholera is concerned, the Germ Theory has thus far failed to satisfy the demands of scientific inquiry.

I cannot perhaps better express my own convictions, after a most thorough investigation of both sides of the question, than by quoting the words of Frederick Roberts, in the last edition of his *Theory and Practice of Medicine*. He says "The *exciting cause*" (of cholera) "is undoubtedly a *specific poison*, the nature of which is quite unknown, though it has been presumed to consist of certain microscopic organisms and their germs, which have been described by different observers as being present in the excreta and blood. The careful researches of Drs. Lewis and Cunningham have, however, led us to conclude that cholera is not dependent upon any microscopically demonstrable poison."\*

And what is true of cholera is true of every other disease. The specific germs of diphtheria, of typhoid fever, scarlatina and measles have been discovered and rediscovered time and again.

As often as a micro-organism has been found in any of these diseases which has seemed to be specific, just so often counter-proof has been brought forward that the said organism does not and cannot act in a causative manner in the disease in question.

\* Roberts, 5th Am. Ed., page 205.



Failure, however, does not seem to dampen the ardor of scientific investigation. As often as one statement is disproved, another is brought forward to take its place. There seems to be an infatuation about this whole question which is more pronounced than in perhaps any other field of research. There seems to be a determination to regard germs as the prime ætiological factor in epidemic diseases especially, in spite of proof and in spite of fact. An epidemic is prevailing everywhere which may be fitly described as "bacteria-mania."

The whole medical world is crazy on the subject of germs. The highest ambition of the medical neophyte seems to be to discover some new form of microscopic life, which in imagination is associated with disease.

The wildest claims are made by enthusiastic devotees to this new doctrine. It has been proposed to explain all diseases by a sweeping application of the germ theory.

One cannot have an old-fashioned cold or give utterance to an orthodox sneeze without a suspicion of harboring microbes, in an active state of multiplication.

A certain Dr. Crothers asserts that *delirium tremens* is of microphytic origin, and alcoholism is a zymotic disease dependent on germs. A recent writer in one of our Western medical journals, not to be outdone by any German or French enthusiast, asserts that the germ theory is of universal application in explaining morbid phenomena, and has been since the foundation of the world. He asserts with all the appearance of candor that Aaron's rod was a typical bacillus, and that the serpent which Moses erected in the wilderness, was a veritable spirillum. He says Moses was a long-headed, scientific doctor who caused those who were made sick by the plague to run to a point where they could see this serpent which he erected, with a view to warming them up and getting them into a sweat.

But what of the practical application of the germ theory to the cure of the sick? Surely a theory so plausible and of such vital import to suffering humanity ought, in twenty-five years or more, to show some practical results. Let us see.

In 1867 Lister, who was then practicing surgery in Glasgow, Scotland, conceived the idea, that if, as Pasteur and others asserted, putrefaction is impossible without germs, wound diseases



such as wound fever, blood poisoning, (sepsis) the formation of pus (sloughing), processes which have so much in common with decomposition outside of the body, may be due to the same causes. If therefore, he reasoned, the accession of germs to wounds can be prevented; or if the germs reaching these wounds can be rendered harmless, i. e., sterilized, it may be possible to prevent those infections in surgery which in all times past have caused such tremendous mortality. To this end Lister introduced the most elaborate dressings and made use of the most painstaking series of precautions to exclude the possibility of germs entering into surgical wounds.

Out of this grew what has come to be called anti-septic or anti-germ surgery, or more commonly Listerism, which has unquestionably diminished surgical mortality and been a great boon to suffering humanity.

But after a time other surgeons, English, French, German and American, tired of the tedious processes of Lister, found by actual trial that the success of Listerism did not depend on the killing or exclusion of germs, but only meant cleanliness; that the chief concern of the surgeon is to obviate by his methods the conditions which have been recognized, always, as productive of filth, vermin and disease.

Last fall Dr. Lawson Tait, one of the most, if not the most eminent living ovariologist, while on a visit to this country was induced to perform numerous operations in the hospitals which he visited, and met with universal success, although these operations were performed, as he states in his *American Notes*, "without the slightest anti-septic precaution."

He says in this connection that for over three years he has "ceased either to accept Lister's doctrines or to follow his practice, and has obtained increasing success thereby."\*

Indeed it may be said that at the present day nowhere is Listerism practiced in the way and for the reason that Lister did when he originated his method.

Dr. John H. Logan, a distinguished physician connected with a prominent Old School medical college in the South (Atlanta, Ga.), says, speaking of Lister and Listerism: "This whole micrococci mania reminds one of a Confederate soldier sitting quietly

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\*N. Y. Med. Abstract, January, 1885.

down to catch, count, assort and bottle his camp lice, instead of using the few well-known remedies to destroy them, the simplest and best of which are soap and water."

That all surgeons have not learned the inutility and the dangers which attach to the use of powerful antiseptics, that many are still affected with the bacteria craze, is evidenced by many recent reports in our medical journals. At a recent meeting of the St. Louis Medical Society, Dr. Hurlburt stated that he had in his own practice salivated five patients with a solution of the bichloridé of mercury (1 to 3,000) given as a vaginal douche twice a day.

In the *Medical Record* of March 14th, 1885, Dr. George L. Peabody, visiting physician and pathologist to the New York Hospital, calls attention, in a lengthy article, to the toxic effects of corrosive sublimate when used as a surgical dressing. He mentions fifteen fatal cases in the recent practice of Dr. Frankel of Hamburg, and gives a detailed account of eleven cases of poisoning in his own hospital, in seven of which cases the use of this dressing was "followed by frequent bloody discharges, griping, tenesmus, prostration and death." He concludes his paper as follows: "It is not unlikely that many other deaths have resulted from its use, that have been ascribed to other causes, for the reason that we have only recently become aware of the possible dangers that attend it."

If the germ theory has been found wanting in its application to operative surgery, it has proved absolutely impotent for good but pregnant with evil in its therapeutic contributions to diseases in general. For years the store-house of nature has been ransacked for disinfectants which failed to disinfect, and for germicides which could only kill germs by killing the patient at the same time. To-day the most vaunted weapon against germs is the bichloride of mercury; as if mercury in all its preparations and combinations had not been sufficiently tried before the germ theory was thought of.

A few thoughtful observers are waking up to the dangers of the so-called antiseptic medication and are sounding notes of warning, but more by far, carried away by the plausibility of the new doctrine, are going ahead blindly and are administering unheard of doses, not only of mercury, but of other drugs of equally poisonous properties.



In a recent number of a prominent Old School medical journal, one Dr. Henderson, of Woodville, Miss., speaking of his own method of treating cholera, advocates the employment of "calomel, given," as he says, "with an unfaltering aim, in large and frequently-repeated doses." In illustration of its efficacy, he asserts that during the prevalence of cholera from 1848-55, and since, he has used calomel as his principal remedy. He cites the case of a negro, to whom he gave as an initiatory dose fifty grains of calomel, and repeated it in equal or larger doses after every second or third evacuation.

After giving an ounce, or very nearly an ounce of the remedy, he says: "The patient eventually recovered, but of course very weak."

In this same medical journal, for several months past, there has been going on a heated discussion as to who is entitled to the honor of having introduced into practice the giving of large doses of iodide of potash. At present the palm of victory seems to have been carried off by a former physician-in-chief to one of the New York hospitals, who, according to the record, gave *sixty grains, three times daily*, for a series of weeks.

In view of these facts, one would suppose that no "revolution" was necessary in Old School therapeutics, when the manifest and inevitable direction of such revolution is toward a more heroic dosage.

That heroic medication is no more successful in curing the so-called zymotic or infectious diseases, since the ascendancy of the germ theory, than it was before, and that it is incomparably less successful than our own system, is conclusively shown by well-authenticated statistics in those two diseases most available for the germ theory to assert itself, viz: Yellow fever and cholera.

I crave your indulgence while I make a brief comparison of the results of the two systems of treatment in these two epidemic maladies.

So far as yellow fever is concerned, let me quote from Prof. Logan's address, delivered at the opening of the Atlanta Medical College, Georgia, at its last opening, October 9th, 1881.

Speaking of the last epidemic of yellow fever in the South, he says:

"Permit me to present a sample of the long conflict with



this fell disease in the various stages of its march. In the first place no two physicians agreed as to the real pathology of the disease. \* \* \* \* One, regarding it a malarious disease purely, pours in the mercury even to ptyalism. Another, perceiving, as he thinks, periodicity in its exacerbations, cries out for quinine, and shoves in the alkaloid by the drachm. Still another, observing its blood changes, its spanæmia, its hemorrhagic character, cries out as lustily for iron—iron is the great hæmostatic remedy. A fourth wiseacre sees no indications, according to his theory, for any of the above-named drugs, but for turpentine; and forthwith turpentine is administered to the bitter end, both inside and out. A fifth puts his whole reliance on acids, the free use of lemon and lime juice. And lastly a sixth professional Solomon proclaims the stomach to be already too full of acidity, and dumps in the alkalis, *usque ad nauseam*. The result of this confessed ignorance is the prompt death of every patient whose strength of constitution is unequal to the conflict with the drugs and the disease."

In contrast with this melancholy picture of Old School therapeutics in the treatment of yellow fever, let me give you briefly some statistics of a more encouraging and satisfactory nature, taken from the Report of the Hom. Relief Association of New Orleans.

The total number of yellow fever cases treated homœopathically, under the auspices of the Association, as reported, was 5,640, of which number 3,184 were within the city limits, while 2,456 were in the towns, villages and hamlets in adjacent fever districts. Of the 3,184 treated in the city, 164 died; a mortality of 5.2-10 per cent. Of the 2,456 in outlying points, 174 died; a mortality of 6 per cent.

During the same period covered by the report, the general mortality was a little over 16 per cent. Of the number above recorded, 231 cases of black-vomit are included, of which number 173 recovered, or very nearly 75 per cent.

Under allopathic treatment, nearly every case of black-vomit died.

With these statistics before us, we cannot wonder that Old School medicine is ready to turn its attention in almost any direction whence a better record of success may possibly come.

In the comparative results of cholera under the two systems of treatment, the statistics are still more interesting.

The confusion which exists in the treatment of yellow fever, as portrayed by Prof. Logan, is worse confounded when it comes to cholera.

Some years ago a merchant by the name of Breant left the sum of £4,000 to be given as a prize to the person who should discover an infallible remedy for cholera. On July 29th last, Prof. Vulpian brought before the notice of the French Academy of Medicine no fewer than 250 modes of treating cholera, submitted by aspiring therapeutists. Hot water, castor oil and petroleum were some of the "specifics" recommended, but the prize is still awaiting a successful claimant. The *Medical Record* of March 7th, 1885,—the journal from which I have quoted so frequently before,—contains an extract from a paper by one Dr. D. B. Simmonds, who claims to have had a large experience in the treatment of cholera in Eastern Asia from Japan to India. He says: "The statistics of the late epidemic in Europe furnish a mortality of 50 per cent. My own statistics of the mortality in Asia give the same average rate of 50 per cent.

"In the former case the majority of the patients received treatment directed by men well informed concerning all the remedial agents known to modern scientific medicine. In the latter class, however, not one patient in a thousand was seen by a physician of the Western school. In fact great numbers of them were not visited by the doctors of any school, preferring to put their trust in charms and prayers to their various divinities, having from long experience had quite as much reason for belief in the curative powers of the one as of the other."

At the April meeting of the London Med. and Chirur. Society, twelve speakers took part in "an adjourned discussion of the treatment of cholera." The president of the Society advocated most strenuously the evacuant treatment, while most of the other speakers condemned the evacuant treatment. "Opiates, astringents, stimulants, intravenous injections of hot saline solutions, and the administration of nutrients were all more or less favorably spoken of by the different speakers."\* But there was no uniformity in the treatment. Nothing but individual empiricism.

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\* Record, April 7th, 1885.



The homœopathic treatment of cholera consists and has consisted since the days of Hahnemann in the selection of one or two remedies from a list which does not in typical cases number over a dozen well-known drugs. I should, I think, be within the limit if I stated the number at half a dozen. And what, with this limited armamentarium, has been our success?

In London, Liverpool, Edinburgh and Vienna, comparative statistics of the mortality under the two systems of treatment have been preserved. In London, 1853, the mortality was, under Old School treatment, 50 per cent; under homœopathic treatment, 16 per cent.

In Liverpool, in 1849, the mortality under Old School treatment was 46 per cent; under homœopathic, 25 per cent. In 1866, the mortality in Liverpool under different modes of Old School treatment ranged from 30 to 71 per cent, while the homœopathic mortality was 15 per cent.

In Edinburgh the relative mortality was 68 and 25 per cent. In Vienna the mortality was, under Old School treatment, 66 per cent; under homœopathic treatment, 33 per cent.

I could, if time permitted, multiply these statistics, and show you from unquestioned authorities the superiority of our system of therapeutics not only in cholera and yellow-fever, but also in all of the other, so-called, zymotic diseases. But I will not weary you. If you are interested in the question let me refer you to the paper on Cholera by Dr. Carroll Dunham in his posthumous work, "Homœopathy the Science of Therapeutics," page 504, and also to the admirable exposition of our tenets as presented to the Boylston Medical Society of Harvard College by my distinguished friend Prof. Conrad Wesselhoeft of Boston.\* In both of these papers you will find food for thought, and can scarcely escape the conclusion that if Homœopathy has been so successful in curing contagious diseases before the germ theory was advanced, it ought not to be less so now, whether that theory—regarded as a theory—be true or false.

It is because of the unsatisfactory state of its therapeutics that it—the Old School—looks forward to the germ theory with such ardent hope, as to something which will, in the language of Prof. Flint, already quoted, "*revolutionize not only our ætiology and pathology, but also our therapeutics.*"

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But why should the Old School seek for or require a revolution in its therapeutics? Because it realizes the uncertainty and the unreliability of its present and past methods. It has not now and never has had a law for its guidance in the selection of its medicaments. Its successful practitioners have ever been empiricists, using remedies which were traditional or experimental. Experiment has succeeded experiment until repeated and continuous failure suggested the expectant or do-nothing method, by which the patient is lulled to sleep or quieted of pain while nature cures the disease if able to do so. How infinitely superior are the methods of Homœopathy!

Given the symptoms of a disease we look to the pathogenesis of a drug with corresponding symptoms and prescribe that drug with confidence in its certain action. A thorough knowledge of the *Materia Medica*; an ability to interpret the language of disease as expressed in its morbid symptoms, and the homœopathist has little else to desire to make him a successful practitioner.

It matters but little to him whether the disease before him is caused by living germs, or whether those living germs are rod-shaped, twisted or curved. In the drug selected according to the Homœopathic law of similarity he has an all-powerful remedy against the manifestations and the progress of the malady regardless of the cause.

Is, then, the germ theory a total failure—a thing to be cast aside as of no account?

Have the labors of such men as Pasteur and Tyndall and Bastian and Koch and Lister, and their co-laborers—men who have devoted the best part of their lives to an investigation of the causes of human suffering and premature death, been in vain, and are we no better off for their sacrifices?

I have not said so. I do not think so.

Looking at the question from a therapeutic standpoint; looking at it as a basis upon which to found a new system of medical treatment, I believe the germ theory to be an *ignis fatuus*, a will o' the wisp, a delusion and a snare. But looking at it from another standpoint: as one of the great sanitary problems—a question relating to preventive medicine, I hope and believe that the germ theory will prove of incalculable value to the human race. Here in the field of prophylaxis if anywhere

is the germ theory to prove a boon to mankind, and in this direction should future investigation and studies tend.

For us, who have witnessed again and again the triumphs of our system in the most trying and desperate cases of illness—in the fiercest epidemics as well as in sporadic cases, it would be the sheerest folly in the world to falter in our course, and consider for a moment the proposition to barter our birthright for the flesh-pots of Egypt.

And this brings me, in conclusion, to the enunciation of my text, which, contrary to all orthodox customs, I have left till the close of my discourse: “What is the Relation of Homœopathy to the Germ Theory?”

My answer may be made as brief as the text: the relation which it as a scientific system of medicine bears to any and all correlated scientific questions.

It recognizes its appositeness; the necessity of investigating it; it hopes for a solution of the question; it applauds the heroic and tireless labors of the noble, self-sacrificing men who have engaged in its study; but with a skepticism which is born of intelligence it declines to accept its conclusions until those conclusions are endorsed by practical results. It prefers the facts derived from clinical observation to uncertain and indefinite theories arising from speculative hypotheses.







