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AN ADDRESS

DELIVERED BEFORE THE

RHODE-ISLAND HOMŒOPATHIC SOCIETY.

BY A. HOWARD OKIE, M. D.,
PRESIDENT OF THE SOCIETY.

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ADDRESS.

Gentlemen of the Rhode-Island Homœopathic Society :

It is now just ten years since the attention of the people of Rhode-Island was first directed to the practical consideration of Homœopathy. A medical practitioner of the city of New York, Dr. William Channing, a gentleman well known to all of you as the author of a classical production "On the Reformation of Medical Science demanded by the Inductive Philosophy," was the first, as far as I can learn, to treat patients in Rhode-Island, in accordance with the law of similars. His professional visits to this State were not frequent, but his fame as a physician led patients from here, to seek his professional aid at his own domicile, in the city of New York.—Homœopathy in Rhode-Island, could not have been blessed with a better or more sincere advocate in its germ state than Dr. Channing. Fully impressed with the force of the new therapeutic law of Hahnemann, for he had thoroughly studied and assimilated the writings of the sage of Coethen; well acquainted practically with the therapeutic weakness of the old school, having practised Allopathic medicine a score of years; by general consent a physician of learning and high attainments; a man of fine literary taste; a deep thinker; never superficial upon any subject, Channing always produced a profound impression upon those with whom he was brought in contact. The influence of such a mind upon patients under his care could not but be favorable to the infant science. Whatever might have been the preconceived individual views in regard to Homœopathy, no one could converse with Dr. Channing, without imbibing the full conviction, that he was communicating with a man of cultivation and profound thought.

At the present moment we can receive but a faint impression of the trials to the *morale*, to which the earliest Homœopathists were subjected even in this country of free thought, free speech, and free action. As a general rule the earlier Homœopathists were physicians of the old school, who after ample years of trial had fully convinced themselves that the dogmas they had been taught were fallacies; thoroughly dissatisfied with the results of the clinical application of their therapeia, and determined to penetrate the gloom which like Egypt's darkness enshrouded practical medicine, they essayed the path pointed out by Hahnemann, as the one which *promised* at least to lead to a more permanent light than the Jack-o'-the-lantern which they had been pursuing through their earlier medical career. In pursuit of this object they were obliged to step out of the disciplined phalanxes of the regular medical army, to content themselves with a subordinate position, until the truth tree which they fostered should grow large enough to cover them with its protecting branches.— Thus were the early advocates of our system subjected to the annoyances from their medical brethren, which the position they had placed themselves in called forth. Modern medical polemics have chosen to brand every thing which departs from their own turgid orthodoxy, by the title *Humbug*. Our friends could of course not hope to escape this denunciation, and accordingly they were called; “Believers in the German mysticisms of Hahnemann,” “Followers of the monster Humbug,” “Advocates of the modern Abracadabra,” and various other titles equally beautiful and appropriate. But despite all these hard names, “names are but sound and vapor,” our friends lived on, willing to bide their time, and have lived to find that the growing better sense and more cultivated tastes of those who oppose our system, have gradually led to the growing out of favor of such terms of reproach, and it requires no Prophet now to foretel that these expletives will soon be abandoned altogether.

I have dwelt upon the character of Dr. Channing in this connection, as his early association with Homœopathy in Rhode-Island should be recorded in its archives, and as it must always be looked upon as the first impulse towards develop-

ment that it received in this State ; and I have done so with the more pleasure as he was one pre-eminently qualified to give our science the right direction in its infantile stage.

Ten years since Homœopathy was unknown to the inhabitants of Rhode-Island save to the few who sought its genial aid in a distant city, and to-day we are practitioners enough to unite together to form a State Society for our own mutual improvement and the advancement of the science. This thought leads me to speak specifically of the objects of this Society, and what we expect to achieve by it.

Our Constitution specifies the objects of this Society to be two-fold : *First*, The mutual interchange of opinions and experiences among its members ; *Second*, Trials of remedies upon the healthy human organism.

For the purpose of this mutual interchange of opinions we are to have re-unions every three months, at which all subjects of scientific interest pertaining to medicine may be broached and discussed. In order to derive the greatest mutual advantage from these meetings, every member of this Society should consider it incumbent upon himself to furnish his quota to add to the common stock of experience. This object may be gained by the reading of papers devoted to the consideration of medical topics, and the recital of interesting clinical experiences.

Let us not fall into the too common error of medical men of reciting *only* cases successfully treated, for while such additions to our clinical experiences where graphically detailed and honestly reported, cannot be too highly prized, we should not overlook the benefit that may be derived from the recital of cases where we have failed to cure, or where a fatal result has occurred, despite all our therapeutic efforts to avert the untoward event.

I confess a strong predilection for the views of the honest and judicious Chirurgeon, the German Pauli, who in the Aphorisms appended to his " *Untersuchungen und Erfahrungen im Gebiete der Chirurgie*," says, " A Medical Journal is wanted which should communicate only cases that have terminated unfavorably. It would do more good than a number of others."

Cases of cure have always been staple articles for the medical journals both of the old and of the new school. So common are they, that one inexperienced in medical matters, might almost be led to believe that we Homœopathic doctors had discovered the long sought for Arcanum of the alchymic philosophers—the Elixir of Life. But alas, we all know *inter nos* that however great the advantages are which Homœopathy offers over all other therapeutic systems, that death's doings were by no means stopped or his labors ended by the birth of even the doctrine of Hahnemann.

The repute of infallibility pinned on to our system has its dark as well as its bright side, which reacts upon us, its practitioners, in a manner which is at best annoying.

How often has it occurred to each of us to be called upon to prescribe for some feminine septuagenarian, and after an examination minute and detailed enough to satisfy the shade of the good old Hahnemann himself, if "within sound of knockings," and finding a detail of chronic ailments and various organic changes, complicated with the symptoms induced by a long course of Allopathic drugging, together with all of the quack specifics and celebrated "Pain Killers" from the time of the nabob Swaim's Panacea down to old Dr. Townsend's Sarsaparilla, we hear the good old lady inquire, 'Well ! Doctor, do you think you can cure me ?' You reply, 'Madam, you certainly have no very immediate prospect of cure, and in the most favorable event all we can expect to do is to afford you some relief.' 'Oh, my patience,' says the good old woman, 'folks told me that if I only had one of you Homœopathigics I should git cured right straight off.' 'I'm sorry to say that even Homœopathy does not pretend to cure promptly cases so far advanced as yours, but still we may afford you considerable relief.' 'Well, if you can't cure me I guess I won't take none of your powders, but do tell me, Doctor, which Sassyfarilly do you think's the best, the young Dr.'s or old Dr. Jacob Townsend's ?'

Now this is no fancy sketch but a solid fact which from my own experience, were it relevant, I could support by "hard statistical figures." Whence comes it ? From the fact that the public constantly hear of wonderful cures.

What a happy era will it be for medicine when the "wonderful cure" day shall have passed away—when both physicians and patients will learn that nature's laws in regard to health and disease have but to be looked at with the eye of common sense, and the wonderful becomes simply—natural. In order to hasten this felicitous epoch, let us as physicians frankly inform those patients with whom we are brought in contact what we can reasonably hope to accomplish, and what is yet impossible to us. If well informed medical men perform this duty the knell of the wonderful cureists is already tolled.

As Homœopathists who presume to offer to humanity a method of cure more certain in its results and less hazardous in its application than the old heroic method, the public has a right to demand of us that we as far as practicable demonstrate, by well authenticated tables of vital statistics, the truth of our pretensions. Isolated cases of cure, even if "wonderful," under the Homœopathic treatment or any other, prove but little. This we should endeavor to make the Rhode-Island public conversant with. We should impress upon the minds of our patients the great truth of the curative law which we advocate, and inform them that its truth or fallacy may be demonstrated to any individual, whether lay or professional, who will devote the time to the investigation, by a series of easy and well conducted experiments. By these natural and frank procedures, we shall advance Homœopathy far more rapidly and permanently than by any adventitious or factitious bolstering, which while it assimilates readily with the false and the unnatural, refuses to blend with the true and the natural, and when attempted with Homœopathy serves only to drape in the tinsel covering of the courtesan, the chaste and beautiful proportions of the virgin, truth. As medical men, as members of this Society, we should endeavor to obtain accurate knowledge of the course of diseases, as well in unsuccessful cases as in those which have terminated favorably. When a patient dies, we want to know all of the details of the case from its initial stage to its termination, and when possible, the results of the Autopsy. I propose, therefore, gentlemen, that we enter into a mutual agreement to make it a part

of our duty at each meeting of this Society to detail all cases of death, or failures to cure, which may have occurred in the practice of each individual member since the last meeting. Depend upon it, by so doing with an honesty of purpose and settled determination to learn the one from the other, that a vast amount of important information may be diffused among us, and it is just the kind of information that we should covet. We all want to learn how to repel the ravages of the grim adversary, and it is by looking him directly in the face through the medium of unsuccessful and fatal cases, that we shall best learn how to combat him with success.

By mutual strivings and earnest and well directed efforts of this kind, we shall, from year to year, increase our knowledge of the natural history of diseases, and thus our pathological knowledge will keep pace with the developement of our therapeia. Let us carefully endeavor in all our observations to discover in each case how much is due to the effects of the remedies exhibited, and what to the natural efforts. I do not belong to that class of Homœopathists who seem desirous of undervaluing the unaided powers of nature to cure many forms of acute disease. I do not consider that it detracts at all from Homœopathy as a therapeutic science to admit that many patients recover while under treatment from the unaided powers of the *vis medicatrix*, and not from the effects of the remedies administered. This, so far from detracting from the practical value of the system, is, in the present state of medicine, according to my views, one of its great advantages. We can well conceive of the null effects of a Homœopathic medicament administered in any given case in an attenuated dose where not exactly applicable, although seemingly indicated, and where if the patient recovers the recovery is alone due to the sanative efforts of the natural powers. Yet we cannot admit this same negative advantage in the case of the Allopathist who pursues a course of heroic medication with large and oft repeated doses of drugs in their crude form; if *his* medication is not positive and direct against the disease, it strikes surely and too often fatally at some particular tissue or organ of the body, and the struggling *vis medicatrix* which might have overcome the disease alone tacitly acknowledges

its inability to overcome both the natural morbid state and the induced disease of medication. The result is, the patient dies, or the disease sinks into a chronic or lingering form. How much less frequently acute diseases terminate in chronic ailments under Homœopathic treatment than under Allopathic, those of you who have pursued both treatments can well determine. If I am asked, why administer remedies at all in cases where the powers of nature unaided are sufficient for the recovery of the patient, I reply, teach me the natural history of diseases so thoroughly and unerringly that I may in any case make this decision, and I will leave the patient to the unaided powers of the *vis medicatrix*. But here we are at fault: neither the Homœopathist nor the Allopathist is sufficiently acquainted with the natural history of diseases to be able *a priori* to determine with certainty which cases will terminate favorably and which fatally. One great leading principle discovered is generally the forerunner of many collateral facts. Thus the great Reformation in *Materia Medica* will doubtless lead us out of the quagmires of conjecture and supposition in regard to the natural history of diseases. For the doubt and uncertainty which Homœopathy has introduced into the Allopathic ranks, the adherents of which never having any safe therapeutic anchor to hold them fast are at the very first gale blown hither and thither upon the waves of conjecture, many of them forsaking the sinking ship are seeking the turbid sea of skepticism, while others still holding on to something of the faith, creep into the small boat of detraction. From the midst of this medical chaos, we see the great Therapeutic Reformation growing upwards, and collateral facts developed by its growth are crowding upon us. A voice has already reached our shores, transatlanticward, announcing the fact that from actual observation some violent forms of disease recover without any medication whatever. I shall have further occasion to speak of these observations. Let us hope that they will be pursued and thus some light thrown upon the natural history of diseases. Depend upon it, that to us as seekers after the certain in medicine, whatever may be shown by this system of no medication, that it cannot but add to our stock of medical knowledge, rendering us better able to

decide when and how to exhibit remedies where required, upon the natural law, *Similia similibus curantur*.

I now propose, gentlemen, to inquire how we as a State Society can best fulfill the second object which our Constitutional obligations to the Society impose upon us,—proving of remedies upon the healthy organism. There have been instituted throughout England and in various cities of continental Europe, Societies for the proving of drugs upon the healthy human organism. In London, Vienna, Leipsic, Munich, Paris, and in Philadelphia and New York in our country, able scientific medical men devoted to the cause have imposed upon themselves the burden of strict and rigid experimentation with drugs upon themselves. In a letter which I received a few days since from my friend, Dr. Constantine Hering, of Philadelphia, he proposes that when our Society shall be fully prepared, that we unite ourselves with the other societies of this country and thus form one general “Prover’s Union.” In submitting ourselves to these physiological trials we should have before us the noble example of Hahnemann and his earlier disciples, whose first step after the announcement of the great curative law was the induction of drug symptoms as material wherewith to oppose the manifestations of disease. If we pursue with zeal and in the spirit of true observers the example of the father of our system, who can doubt that it will lead to good results. Some fifteen physicians daily in the habit of observing morbid phenomena, and who as practitioners of Homœopathy have been led rigidly to examine into all of the signs and symptoms of patients placed under their care, and who in the course of years of experience, which most of us have passed through, have been hourly weighing and valuing each particular sign and symptom offered by morbid states of the organism, in order to apply the proper curative—fifteen such experimenters, with awakened zeal and renewed energy, cannot enter upon the trial of a remedy and complete the pathogenesis without eliciting striking and valuable results. In order to elicit as far as possible all of the phenomena which the drug produces upon the prover, it is of vital importance that he accurately and conscientiously notes, while under its influence all of the

changes, signs and symptoms which depart from his usual healthful sensations. The object of the trial is to develop the specific effects of the drug; *first*, by observing what organ or organs it impresses; *second*, by change in the sensations and functions of the organs, to detect *how* it is impressed.

Each organ, indeed each tissue of the aggregate of organs, is endowed with a latent specific sensibility, which sensibility becomes evidenced to our senses when a morbid process occurs in the part; by the peculiar departure from healthful sensation which is called *pain*. And further than this there is developed in each particular tissue, a special morbid sensation or pain which is peculiar to it. In the experimentation with remedies we shall find the observance of the special pains peculiar to each tissue of great importance. Thus pains that affect the fibrous tissue of the muscles are always bruised-like pains, while those affecting the fibro-serous membranes are more cutting or lancinating in their character. Pains in the mucous tissue are more raw or excoriating, &c. On what does this speciality of pain depend? Is it in the peculiar primary structure of the tissue itself, or is it upon the arrangement of the nervous *fibrillae* distributed upon it? These are problems which at present must remain unsolved, but although we cannot explain the *modus* by which different kinds of pain are produced, we can nevertheless do much in our provings in drawing practical deductions as to the seat of the pains, by observing these specialities and remembering that each tissue has its own *pain language*. If we believe that a particular pain is peculiar to a certain tissue, in our curative efforts we will strive to administer remedies which impress this tissue while in health. This leads to the *direct* action of the Homœopathic agent upon the morbidly affected part. It behooves us then to pay particular attention to the nature of the pains experienced during the drug provings, and to endeavor as far as we can by the evidence of our senses to ascertain not only what organ is the seat of pain, but which of the particular tissues composing the organ is the point of the changed sensation. The time of the day when the symptoms appear should also be noted with accuracy, and we should not overlook the practical point of whether the symptoms appear

periodically or whether they are desultory in their manifestations. Under what circumstances are the symptoms exacerbated, under what relieved? These questions should claim their full share of weight in our investigations. We should likewise endeavor to note all of the changes in the secretions and excretions of the body, and when a remedy produces a marked impression upon a certain organ, we should, where possible, subject the organ to all of the modes of investigation which modern diagnostics apply for the discovery of signs of disease. If the organ be excretory, its excretions should be minutely examined both pathologically and chemically; for example, while experimenting with a drug a marked change in sensation is experienced in the region of the kidneys and bladder, we should note the appearance, quantity and specific gravity of the urine, and even subject it and its deposits to the action of chemical agents. It is by such investigations alone, pursued with all the aids of the collateral sciences, that the Homœopathic observer of the present day can hope to learn the full and complete effects of medical agents upon the human organism. It is by no means a matter of indifference in cases of double organs, as the lungs, the kidneys, &c. to note whether the changes produced by the inhibition of a certain remedy, while experimenting with it, is on the *left* or *right* side of the body, as our clinical experience proves that certain remedies have a predilection to the one or the other sides of the body. Thus aconite impresses more the *left* lung and pleura, while squilla exerts its specific influence more upon the *right*. Kopp has published a curious and interesting monograph upon the right and the left side of the body, and Dr. Herring has directed attention to the importance of noticing this difference both in the pathogenesis of a remedy and in its clinical application.

These general ideas are not thrown out as guides to you in your experiments, for the duties of a Homœopathic experimenter are doubtless well known to each individual member of the Society.

You will however from these brief hints discover that in order to complete the pathogenesis of any remedy with the degree of exactness absolutely required to ascertain its sphere

of action and its applicability to certain morbid states of the organism, a very accurate and systematic record of its effects upon the prover is of vital importance. The developement of these very facts involves a degree of training which must be beneficial to us as physicians who are anxious to acquire knowledge from actual observation ; for this analysis of changed sensations and of signs of disease developed in the human body by physiological trials, cultivates both the perceptive and reflective faculties, and enables us more readily to comprehend phenomena which arise from morbid actions in the human body. It is by no means overrating the value of such provings of drugs, to assert, that the physician who has repeatedly proved drugs both in their crude and attenuated form upon his own body, is better able to appreciate the value and import of morbid states and sensations which he is called upon to cure. If Hahnemann had never discovered the homœopathic law, and had adduced no other motive for these trials than that it was necessary in order to know what effects drugs really do produce, first to test them upon the healthy body, humanity would have been more indebted to him than to any other physician who lived before him. Suppose it was the fashion for Allopathic Doctors to try their massive drug doses upon their own bodies until they had made a complete pathogenesis of any given substance. Fancy a coterie of learned Allopaths experimenting with calomel in order fully to comprehend its influences upon the biotic forces when taken into the system. Dr. A. takes one grain night and morning until he has taken twenty. He finds after the first few days that he begins to experience some nausea, loss of appetite, gripings in the bowels, but still he perseveres with all the fortitude of the searcher after truth. After a little longer period he experiences a metallic coppery taste, his mouth becomes hot, is inflamed, his gums are sore and recede from his teeth, his breath is offensive to himself, and his friends tell him that it is loathsome to them, he has rigors and intercurrent flushes of heat, but still he perseveres ! his tongue swells and has grown so thick that it is too large for his mouth, he has high febrile excitement, a quick, full, bounding pulse, in short, all the symptoms of a fully developed calomel stomatitis.—Let us suppose far-

ther, that Dr. A. finding evident symptoms of phlogosis in his own person resulting from this trial with calomel, and recollecting how often he had ordered calomel in the acute phlegmasiæ with the view of dissolving or diminishing the increased amount of fibrin in the blood which exists in this class of diseases, desirous of seeing how his own vital fluid is impressed by calomel, has himself bled and at once perceives that his blood exhibits the inflammatory crust. Struck with this, he calls a medical friend, a chemist, who after a rigid analysis, informs him that the amount of fibrin in his blood is notably increased over the healthy standard. How is that possible, cries our experimenter, I have always given calomel in phlogistic forms of disease, to lessen, to melt down the fibrin upon which I supposed the inflammatory state in part at least to depend—How can I exhibit calomel in such diseases in future, for I find that so far from diminishing my fibrin it actually produces a notable increase of it. This is just the conclusion which Monsieur Andral arrived at after experimenting with calomel upon four patients in his hospital, and after developing the mercurial stomatitis and subjecting the blood of his patients to rigid analysis, he says:—"Mercurial stomatitis therefore, notwithstanding its specific nature, does not differ from ordinary inflammation in its effects on the blood; and yet it has been asserted again and again that one of the effects of mercury introduced into the system is to bring about a state of dissolution of the blood which is incompatible with an increase of fibrin. It is possible that this may take place after a prolonged use of the medicine, but surely such is not the case soon after its first exhibition. Consequently when it is administered to combat certain acute phlegmasiæ, such as peritonitis, it is not right to assume that its antiphlogistic action consists in its producing in the blood a condition opposed to that which belongs to the inflammatory state. Nor do I find that this dissolving influence upon the blood which is claimed for mercury, has ever been demonstrated in any alleged case by a rigorous examination of that fluid. It appears to me that the opinion rests chiefly on a fancied analogy between the effects of mercury and those of scurvy upon the mouth."

We thus see that the thousands of suffering sick who have taken mercury in order to reduce their fibrin in the acute phlegmasiæ, have not had this result produced where it has followed by the power of mercury to produce a dissolution of the healthy fibrin, for when thus exhibited it develops the pathognomonic of the inflammatory state—the increase of fibrin,—“consequently when it is administered to combat certain of the acute phlegmasiæ, it is not right to assume that its antiphlogistic action consists in producing in the blood a condition opposed to that which belongs to the inflammatory state.”

You will thus perceive that the experiments of M. Andral made upon only four patients in his hospital are sufficient to show to his satisfaction the absurdity of the reasoning upon which calomel has hitherto been exhibited by allopathic physicians in the acute phlegmasiæ, and while these experiments upon only four individuals are sufficient to render ridiculous the chain of reasoning upon which its exhibition was based, does it not give us a glimpse of the great law of the Homœion and tend still more strongly to show us the strength of the course we are pursuing with experiments upon the healthy? What a flood of light might not the whole medical world be blessed with, if physicians instead of opposing the physiological mode of arriving at the effects of drugs were all engaged in one united effort tending to the same end—the development of the pathogenesis of drugs by trials upon themselves. In this event, in the case of how many other remedial agents whose present rank in the materia medica rests upon the same “fancied analogy” as the use of calomel in the acute phlegmasiæ, would it be shown that their sanative power does not consist in producing a state of parts unlike those to which they are opposed in diseased states? Iodine and its much abused combinations would assume their proper place in the curative world, and our innocent, smooth, and for the nonce *fashionable* friend, the *Oleum Jecoris Asselli* (Cod liver oil) might perchance not be made to slip down the gullet of every poor devil who is unfortunate enough to complain of a cough or some pain, no matter of what character, in his pulmonary regions.

Who can doubt that if the Allopathic physicians had really proved upon themselves the remedies they are daily, hourly administering to the sick, that they would not infallibly have stumbled upon the Homœopathic law? A practical physician who has seen calomel cure certain of the acute phlegmasiæ will not abandon its use simply because by a series of experiments, M. Andral demonstrates to him the fallacy of the theory which led him to exhibit it. The *fact* that it cures remains, but if we carry out the illustration I have cited above it strikes me very forcibly that the physician must argue thus, calomel increases the fibrin when in health, but I have known inflammations characterized by increase of fibrin to be rapidly cured by it, how does it cure? His mental vision is at once impressed with the law of the Homoion, the similia similibus of our school. As soon as his mind receives this impression the per sequitur diminution of the dose is a necessity, for he would argue thus—I am no longer striving to produce the opposite state by the massive force of the drug, I am exhibiting an agent whose effects are similar to those of the morbid state I am opposing. If I give an overdose I may increase this state and perhaps I may do harm. He would thus have been led along the same path that Hahnemann was, and gradually reduce his doses to the point where they cease to be poisonous and are simply *curative*.

Permit me, gentlemen, to direct your attention to the propriety of using all of the aids which modern diagnostics offer, in your endeavors to perfect the pathogeneses of substances with which you are experimenting. The aid of percussion and auscultation, applied to the lungs and heart, together with that which the microscope yields us, in the examination of the changed secretions and excretions, of morbid sputa, and other diseased products, should be rigorously made use of, while subjecting yourselves to the physiological trials.

The cry has been raised and kept alive, that Hahnemann, and the Homœopaths are not pathologists, but mere empirical symptomatologists. That we do not endeavor to strike at the root of disease, not attacking those manifestations of the morbid state which the physiological school has termed the *objective phenomena*, but contenting ourselves

with treating the mere external morbid manifestations, the *subjective phenomena*.

Dr. Bartlett, an American physician, who has recently written a book "On the certainty of medicine," after giving a labored, though incomplete, and extremely opaque description of the symptoms and signs of pneumonia, iterates the charge, that a certain set of physicians,—the Homœopathists, attach no value to these physical signs of disease.

Let me inquire of you, gentlemen, as Homœopathic physicians, if it is really true, that the Homœopathists of the present day reject any means by which they can become more familiar with all of the morbid indices, in any case in which they are called upon to relieve the suffering sick? Can it be that we, a class of physicians whose first step before making a therapeutic effort, is to ascertain the totality of the cognizable phenomena which any given case may offer, are really *rejecting* any means, by which a result of paramount importance to our success may be achieved? Are we striving to cure diseases in their *ensemble*, by remedies which we maintain, act directly upon the morbid organs and vitiated tissues, by shutting our eyes to the real morbid changes, the essential phenomena, and merely piddling around the less important, subjective, indices? God forbid!

The labors of the modern diagnosticians, and pathological anatomists should be to the Homœopathist a rich mine from which to gather aid in his therapeutic efforts, and although we may receive *cum grano salis*, the hypotheses which the mere pathologist is too apt to draw from these meritorious labors; still, in our therapeutic applications, the *facts* themselves become objects of paramount interest. Nor even in our physiological trials can we reject the truths which the scalpel and microscope bare to us at a great expenditure of time, talent, and both mental and physical labor. Which of us will venture to gainsay the importance to practical medicine of the pathological data developed by the prince of pathological anatomists, the indefatigable Rokitansky, the result of his labors upon thousands of cadavers? or who would raise a doubt as to the value of the labors in the same field of our own countryman, Dr. Jackson of Boston? So far from this,

signs and symptoms, symptoms and signs, accurately taken cognizance of, (the value of which we first comprehend *in extenso* by the labors of the pathological anatomists) and the knowledge of their correspondences with the signs and symptoms of drug manifestations, are the very touchstones of the ability of the Homœopathic practitioner, for the same individualization required in pathological investigations is by him brought to bear in the selection of the curative agent. It is here that the slur of being a mere symptomatologist may be thrown back with interest upon the Allopath who casts it, for while twitting us with a charge that is not applicable to our school at the present day, the therapeutic strabismus under which he labors, prevents him from seeing that he is really doing a more serious injury to his patients by grouping his agents with which to cure disease, than would the Homœopathist by treating "groups of symptoms." The Allopathist groups together his cathartics, emetics, stimulants, &c., and with nothing save the most superficial knowledge of the effects upon the human body of any of the agents belonging to the chaos he has bescienced them into, he mixes heterogeneously in one prescription the most incongruous substances taken from the various kingdoms of nature, with which are tormented the stomach, the bowels, or the nervous system of the poor sufferer, who has sunk so low in the scale of human misfortune as to have fallen into the hands of the medicine giver.

Is the Homœopathist who believes it requisite first to prove his agents upon the human body while in health before exhibiting them in abnormal conditions of the organism, to be excluded from the aids which diagnostics offer him in the elucidation and comprehension of morbid indices? Gentlemen Allopathists, who would thus strive to undervalue the practitioners of a science whose foundation is as deep as nature's fiat, you should mend your speech a little, for while you envelope yourselves in the mantle of professional dignity and place the cap of antiquity upon your brows, and thus playing a part which to the looker on seems marvellously like that of yore, distinguished by the "cap and bells," we Homœopaths are determined from this cause not to be deprived of our ears, our eyes, or the tactile sense, in our investigations of morbid

phenomena ; and if we derive benefit from the labors past and present of eminent men who would have adorned any school, yet we cannot but pity you, or rather those who trust in you, your patients, that laboring under a mental presbyopia, you will not so far free your eyes from the cob-webs of prejudice as to see clearly what we are doing for *Materia Medica* and *Therapeutics*.

For my own part, I believe it essential for us in order to comprehend the true development of all of the changed phenomena of life as manifested by disease, that we, both in our physiological experiments, and in our exhibitions of drugs to pathological states of the system, use all the aids which pathology, pathological anatomy, and pathological chemistry offer us. How shall we know how to treat Bright's disease homœopathically, unless we test the urine of the experimenter with heat, nitric acid, or other proper tests for *albumen*, during the trial with drugs? The *Homoion* in many diseases will be found wanting unless we use all of the aids of diagnostics to elucidate organic and functional changes, as well as the subjective phenomena, which, however, in most cases sink into insignificance when compared with the manifestations offered by the physical signs and objective symptoms. I confess I do not know how we shall learn to treat sugary diabetes homœopathically, unless in addition to the subjective phenomena, the increase of urine and its limpid, greenish hue, we shall learn from tests applied to the urine of the experimenter while subjecting himself to the physiological trial, that certain remedies produce the tendency to saccharine formation. By attacking the objective symptoms alone, I cannot conceive how I can successfully treat many cases of hydrops scarlatinæ, which depend upon structural change in the kidneys, doubtless resulting from a deposite of the *scarlatinous virus* in these organs, while the dropsical deposite may be in the pleural sac, the peritoneal cavity, or the pericardium. It is now a well known pathological fact that dropsy of any of these organs or anasaruous effusion, may succeed scarlatina without any perceptible *local irritation* in the organs where the deposite occurs, but where autopsical examinations have shown grave diseases, (often the

Morbus Brightii) to exist in the kidneys, which we may generally detect by a careful examination of, and the application of proper tests to, the urine of the patient. How important is it to us as physicians, anxious to address remedies directly to the organ and tissue affected, to have these facts deeply impressed upon our minds while experimenting with medical agents upon the healthy organism. We should not expect to cure a *hydrothorax*, or *hydrops pericardii*, dependent upon structural change in the kidney, by addressing our therapeutic efforts to the effusion alone, which is to be looked upon as the mere concomitant of the essential morbid state; to fulfil the real indication required by the *Similia*, we should discover the precise nature of the morbid change in the kidney itself, and by addressing our remedy to the morbid manifestations in that organ, we overcome the disease in its totality.

I have pressed this subject upon your attention at this time, as the charge of being mere symptomatologists has of late been so pertinaciously cast upon our school, that many well informed physicians with whom I have conversed, have imbibed the idea that the Homœopathic physicians as a body did not consider a knowledge of pathology, or of the laws and course of diseases, as matters of any moment in their treatment. The present state of medicine requires that the Homœopathists of the present day should entertain no such crude ideas.

When Hahnemann wrote his *Organon*, medicine presented quite a different aspect from the present. The physiological school which professes not to attempt to advance a step forward without facts to support it, had not then had the life breath breathed into its nostrils. Nor did the collateral aids of auscultation, percussion, palpation, mensuration, and the use of the microscope, which modern diagnostics have made us all familiar with, claim that prominent attention which they now justly receive. Physicians in his day were more engaged in futile researches after the subtle essences, and hidden proximate causes of diseases, and were not content to treat morbid manifestations which are really cognizable, and, by overcoming these in their totality, restore the lost

balance, and as the result, witness a return of the organic functions to the healthy basis. Under such a state of things, it is not strange that Hahnemann, seeing the gross errors into which his compeers had fallen by their fine spun speculations in regard to the first causes of disease, should have inculcated in his *Organon* the doctrine of taking as a guide in the treatment of diseases, only the evident changes which disease had wrought in the organism. The collateral aids I have referred to, not having been fully developed at that time, he naturally depended upon the totality of the symptoms, offered by a rigid and systematic examination of the patient, as the only safe indices for the exhibition of medical agents. But let us hear what Hahnemann says on the 80th page of his *Organon*. I quote from the second American edition.

“When a cure is to be performed, the physician must avail himself of all the particulars he can learn, both respecting the probable *origin* of the acute malady and the most significant points in the history of the chronic disease to aid him in the discovery of their *fundamental cause*, which is commonly due to some chronic misam. In all researches of this nature, he must take into consideration the apparent state of the physical constitution of the patient (particularly where the affection is chronic,) the disposition, occupation, mode of life, habits, social relations, age, sexual functions, &c. &c. The unprejudiced observer, (however great may be his powers of penetration) aware of the futility of all elaborate speculations that are not confirmed by experience, perceives in each individual affection nothing but changes of the state of the body and mind (*traces of disease, casualties, symptoms,*) that are discoverable by the senses alone—that is to say, deviations from the former sound state of health which are felt by the patient himself, remarked by the individuals around him, and observed by the physician. The *ensemble* of the available signs represents in its full extent the disease itself—that is, they constitute the true and only form of it which the mind is capable of receiving.”

“I cannot therefore comprehend how it was possible for physicians without heeding the symptoms, or taking them as a guide in the treatment, to imagine that they ought to

search the interior of the human economy, (which is inaccessible and concealed from our view) and that they could there alone discover that which was to be cured in disease. I cannot conceive how they could entertain so ridiculous a pretension as that of being able to discover the internal, invisible change that had taken place, and restore the same to the order of its normal condition by the aid of medicines, without ever troubling themselves much about the symptoms, and that they should have regarded such a method as the only means for performing a radical and rapid cure. Is not that which manifests itself in disease by symptoms, identified with the change itself which has taken place in the human economy, and which it is impossible to discover without their aid? Do not the symptoms of disease which are sensibly cognizable, represent to the physician the disease itself? When he can neither see the spiritual essence, the vital power which produces the disease, nor yet the disease itself, but can simply see and learn its morbid effects, that he may be able to treat it accordingly, what would the old school search out further from the hidden interior for a *prima causa morbi*, whilst they reject and superciliously despise the palpable and intelligible representation of the disease, the symptoms which clearly announce themselves to us as the objects of cure? What is there besides these in disease which they have to cure? * * * * * The totality of the symptoms, *this image of the immediate essence of the malady reflected externally*, ought to be the principal or sole object, by which the latter could make known the medicines it stands in need of—the only agent to determine the choice of a remedy that would be appropriate. In short the *ensemble* of the symptoms is the principal and sole object that a physician ought to have in view in every case of disease—the power of his art is to be directed against that alone in order to cure and transform it into health.”

Such were the views of the immortal Hahnemann; and now I would inquire of any candid physician, if there is anything in the above quotation which renders it imperative upon the Homœopathic school to reject the facts developed by pathology, and pathological anatomy? or anything which

denies the propriety of making more manifest to our senses "the image of the immediate essence of the malady reflected externally." Is there a tittle of evidence to gainsay the propriety of auscultating and percussing the lungs or hearts of pulmonary or cardiac invalids? anything which says that I, as a Homœopathist fully believing the law *similia similibus curantur* to have a natural basis, and convinced of the necessity of physiological trials with medicines, and of the importance, in order to obtain a true experience, of not exhibiting compound prescriptions, does Hahnemann say anything which denies to me the right, the duty, of obtaining by all aids a true and accurate portraiture of the disease I am about to treat? Is there anything in these views which says I shall not employ the various specula to detect morbid changes in some of the organs which must be measurably occult to me without their aid? or anything which decides that I shall not make manifest to the optical sense by microscopic means, changes, departures from the normal state in the secretions and excretions of the body, or in the examination of morbid products which without such aid would be beyond my ken? If there is not, then should the Allopathists forever after hold their peace. For in what does the Homœopathist differ from the Allopathist in his investigations of morbid manifestations, admitting that both are using all endeavors to detect changes, organic and functional? Our science is eminently progressive, and all of the discoveries which applied Chemistry offers the physician, which will aid us in our investigations of the manifestations elicited by the drug trials, or in our pathological investigations, should be seized upon with avidity by the adherents of our school. We should look upon those noble spirits who amidst the filth and stench of the dead-house are zealously devoting their lives to lay bare by the aid of the scalpel and the microscope, the changes which disease has wrought in the human body, with the same admiration that we do upon Hahnemann and his disciples, who sought by the appreciation of changed sensations produced by drugs upon themselves, to discover accurately the parts impressed, and how impressed, that they might apply the knowledge thus obtained for the benefit of suffering humanity. It is only by hold-

ing fast to the curative law which we advocate, and by constantly increasing our knowledge of the effects of drugs that we can hope to fulfil the mission of the physician, "whose first and sole duty is to restore health to the sick."

An additional incentive for not flagging with our physiological experiments may be found by a glance at the present state of practical medicine. We find in this field that the influence of Homœopathy is everywhere sensibly manifested even if not admitted. There has sprung up a sect of physicians of whom Skroda, the celebrated diagnostician of the Vienna school, may be considered the chief, who profess an almost complete skepticism in regard to the curative effects of drugs, and who have virtually abandoned the use of medicines in some even acute forms of disease. Thus the eminent auscultator of the Viennoise school of medicine treats all patients laboring under *acute Pneumonia* with nothing save and except the *Extract of Grass*, and this merely as a placebo. I think you will agree with me, that, at the first glance, this grass-giving to pneumonic invalids looks rather *green*, but when you learn that Skoda loses fewer pneumonic patients in the General Hospital at Vienna while feeding his patients with this grass extract, than he did formerly when pursuing the full tide of *heroic medication*, you will conclude that the astute and learned professor proves himself a medical philosopher and philanthropist, if a skeptical doser. This state of things, this skepticism and doubt in regard to the power of drugs to cure certain acute maladies, has been caused by the brilliant results of the Homœopathic treatment in the hospital at Vienna. Is it therefore not perfectly legitimate for us Homœopaths, when with pungent wit, an Allopath twits us about our do-nothing practice in acute diseases to point Vienna-ward, and bid our adversary "*go to grass?*"

It had not been my intention, gentlemen, in this sketchy address to have even referred to our Allopathic friends in Rhode-Island. My intention was to have carried out in their case the unfailing law of the Homoion, to have treated the dignified silence in regard to Homœopathy, which they have sedulously maintained for the past ten years, by silence more profound. But a change seems to have come o'er the spirit of

their dreams. In the columns of the Providence Journal of to-day, you may read the advertisement of the "Trustees of the Fiske Medical Prize Fund," offering a premium of fifty dollars for the best essay upon "Homœopathy, (so called) its history and its refutation;" and further setting forth and making known the fact to all essayists who may be candidates for the prize, that it is expected the essay shall be written in a "popular style," as it is intended "for general distribution." What is it that has suddenly aroused the Rhode-Island Medical Society from the deep anesthesia in regard to Homœopathy (so called,) in which, with a narcotism so profound that it might rival the world famed stupor of old Rip Van Winkle, they have indulged for the last ten years? It cannot be any sudden change in the system itself that has thus suddenly aroused the dormant attention of the Rhode-Island Medical Society? for the Homœopathy of to-day proclaims the same principles, avows the same facts, and offers the self same data in support of its truths, that it did ten years ago. Can it be that *public opinion*, (that powerful galvanic series, whose shocks make thrones tremble,) is acting upon the excito-motor apparatus of the Allopathic body? A powerful agent is the subtle electric fluid in arousing sensation in almost all cases of narcotism, but so profound has been the dignified coma in which the body has been wrapped, that even from the effects of this agent in the present case we can at first expect nothing save what we are already witnessing,—spasmodic twitches, joyful evidences to us however, that vitality has not entirely departed, and giving us good reason to believe that if the uninterrupted current is kept up, the body will in time exhibit the proofs of a perfect organization, and the possession of full biotic power. And to keep up this current, be it our duty to play the part of the atmosphere in this novel galvanic pile, and by charging ourselves to the full with knowledge, we shall be able to supply the battery (the public) with the full meed of the magic fluid and thus be the witnesses of its quaint phenomena. But to return to the Essayist who for the prize of fifty dollars is to refute Homœopathy. How will he do it? I hope not as it has been done heretofore, by learned Professors and vain-glorious *dille-*

tanti. I hope not by a mere *war of words*, not by the *argumentum ad hominem*, which has already been worn threadbare by our opponents. I trust not by imitating the eminent Professor of Surgery in the University of New York, who in his valedictory address to the members of the New York Academy of Medicine, saw fit to evidence the diseased condition of some of the vital organs of Allopathy, by the expectation of the following morbid product. In speaking of us, the Homœopathists, he says, that we ‘live upon the credulity of the public, and delude it with our lying pretences; that we profess to believe in a doctrine that has no superior in absurdity, and could not be sanctioned by any sensible or honest man.’ Now all this is very well, and *may be true*,—if so the public ought to know it, and if the Rhode-Island Essayist will but *prove* the absurdity of our doctrine, demonstrate it by a series of well digested and rigid experiments, why, we Homœopaths may as well hang up our fiddles—for although we may not look as *black* as Shakespeare’s hero when our “occupation’s gone,” still we will doubtless feel sour enough to resort to Allopathic treatment—to *antacids* to ease our digestions. As to those unfortunates, our patients and patrons, who lacking both common sense and common honesty, in this breaking up of Homœopathy, their position will be peculiarly infelicitous, and I can suggest no better plan for their relief than that just prior to our dissolution as a medical body, we recommend them to the gentle mercies of the Allopathists, and I doubt not that thus they would soon be rendered wholly insensible to the anomalism of their condition. Let the Rhode-Island Essayist demonstrate but a few facts of this ilk; let him show that *tartar emetic*, the far famed remedy of the Allopaths in inflammation of the lungs, does *not* produce inflammation of the pulmonary tissue when taken by the healthy; let him make plain to our dull senses that the famous *arsenic*, the great rival of *peruvian bark* and of *quinine* in the treatment of intermittent fevers, does *not* possess the faculty of so impressing the healthy human body, as to induce in it symptoms *like* an intermittent fever; let him make it so clear that he who runs may read, that mercury, the famous melter down of fibrin, the great absorber of effused

lymph, does *not* produce in the healthy a state of the blood which induces exudations of lymph; let him show that *secale cornutum*, a renowned remedy in uterine hemorrhages, does *not* in the healthy female ever produce a *metrorrhagia*; and finally, let him prove that *cantharides* is *not* capable of producing a species of painful dysury in health, similar to that which it cures, in irritations at the neck of the bladder. Here are less than half a dozen facts of a kind which the Homœopathic Materia Medica contains thousands, and yet, if the essayist will but disprove these, I for one, will be ready to cry "hold, enough." But for the sake of good manners, if not for science, let him conduct his controversial argument as becometh a gentleman, let him not fight us as the poor Chinese did (much to their cost) the brave tars of old England, by calling hard names and making grotesque faces; for we Homœopaths are so accustomed to this kind of skinning, that like the shrewd fish-woman's eels, we "rather like it."

In conclusion, gentlemen, I cannot but hope that the influence of this little Society in Rhode-Island may be such as to induce some of the Allopathic physicians here to imitate the example of the optimates of their faith, of Skoda and his compeers, and lead them to look less and less kindly upon the barbarous and unnatural system of heroic medication, which here, as elsewhere in our country, has still full sway. I cannot but indulge the hope that we should look upon the present merely as the dusky gloom, the certain harbinger of the dawn which ushers in the light of day. But should the Rhode-Island Allopathists not be thus impressed, we still have the highest incentives to renewed and continued action in our physiological experiments, studying and comparing the effects of medicines that we may apply them, each according to its specific indications, in morbid states of the system, where as physicians, we are called upon to relieve the struggling *vis medicatrix* by the resources of art. * * * * *

Who as a Homœopathist does not perceive the dawn of better things in the indifference and skepticism, which are gradually creeping into the ranks of our opponents, and which are slowly but certainly generating the chill of paralysis upon

the barbarous system of *over dosing*, and which will not be stayed until the whole medical body in its therapeutic part has come under their benumbing influence. When the vitality has departed from this system of heroic therapeutics, when its last sigh is heaved, who will mourn it? not the friend of humanity, for he will feel, with the glow of philanthropy upon his brow, that it died but that a brighter and better for humanity might live.

Dr Evans,

With Compliments
of S. H. Okie

AN ADDRESS

DELIVERED BEFORE THE

RHODE-ISLAND HOMŒOPATHIC SOCIETY.

BY A. HOWARD OKIE, M. D.,
PRESIDENT OF THE SOCIETY.





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