

THEORY.

Logical Operations of the Mind: Syllogisms, Induction, Analogy. (J. I. Hoppe, J. Pr., 1873, p. 305.)

Matter, Life and Living Matter. "The properties of a compound," says Herbert Spencer, are *resultants* of the properties of its components.

Taking into account the properties of the constituents of protoplasm (C. H. O. N.), their mobility, activity or inertia; their allotropism, isomerism, and the catalytic action to which they are individually liable in a nascent state, we see what wonderful molecular mobility must result in a mass of colloids, and with what facility a re-distribution of matter and motion may occur. * * *

The transition from non-living to living matter is not abrupt, but is the result of progressive changes wrought upon one original substance.

That this substance is originally and essentially the same, is shown from the fact, that interchange in either direction takes place, and if there be any limit to this interchange it is not known.

The transition from non-living to living matter is constantly occurring, and it is only by virtue of this transition that organic structures are maintained.

When colloidal matter is concerned in the functional activity of an organism, it reaches the ultimatum of a re-distribution of motion of a higher order, and a retrograde metamorphosis at once begins. The elementary constituents of the colloids are then in a nascent state, their potential energy has given rise to functional activity, and binary compounds of a lower order are formed, viz.: Carbonic acid, water and ammonia.

These binary compounds will not answer the nutritive requirements of the organism of animals, although sufficient for the nourishment of plants, and they are therefore expelled from the body. This continual death or disorganization of living matter occurring wherever functional activity occurs, exhausts the organism, and necessitates the supply of new material, which will answer the requirements of the body, and which is capable of undergoing metamorphosis of an ascending grade, and this matter may be derived from either plants or animals.

In animals, when life has become suddenly extinct, and decomposition has been arrested, the potential energy of the colloids being still intact, not having been converted into functional energy, there is a store of material which may be transferred to other organisms.

Whatever transformation may occur in the matter of life within the organism, animal bodies do not manufacture protoplasm.

The "construction chemistry" of animals begins where that of plants leaves off. The limit of power being, as Prof. Huxley says, the conversion of dead protoplasm into living protoplasm (through re-arrangement of molecules, and re-distribution of molecular motion).

Living matter thus arises. First. Binary compounds furnish food for plants. Second. Plants manufacture protoplasm. Third. Animals convert this protoplasm into living matter, and from this living matter binary compounds again arise. (J. D. Buck, M. A., p. 229.)

Epidemic Remedies. The schools of Rademacher and Hahnemann complement each other. Neither treat pathologico-anatomical forms or disease products.

Both are opposed to the more recent pathologico-anatomical tendency, and to the physiologico-anatomico-homoeopathic excrescences of a still later date.

Both authors uphold the doctrine that the last final cause and essence proper of disease (the first link of disease produced by the reciprocal action between morbid cause and organism) are not perceptible, that only the later links of the pathological motions within the body, when such come to our observation as disease phenomena, can become the object of treatment. Thus Rademacher and Hahnemann consider diseases already located and physically demonstrable as consecutive conditions, *i. e.*, as preceding pathological products. Neither allow therapeutics to be annihilated by

pathological anatomy. Both are free from the shackles of special pathology and therapy, considering the disease process in its individuality, in its genesis, in its subjective and objective phenomenal totality. Rademacher seeks pathological blood troubles, grouping his remedies accordingly, but paying due regard to single special disease phenomena. There is but a small step from Rademacher to homœopathy, and it is certain that the younger thinking physician, who has turned to Rademacher, will ere long find himself in the camp of homœopathy.

Rademacher, according to his experiences, accepts *stationary* and *intercurrent* diseases. A *stationary* disease exists not only amid the so-called epidemic diseases affecting many persons at the same time, but even when but few are laid up by sickness, or the number of cases does not exceed that usual.

Intercurrent diseases are such as appear separately during the reign and duration of a stationary disease, and spread over a portion of the country. They exhibit not only a form different from the stationary disease, but also affect another organ, and present either a mixture between organ disease and blood disease, or are merely blood diseases. As forms, dysentery, rheumatism, inflammation of the sub-maxillary and sub-lingual gland, parotitis, angina, scarlatina, measles, variola and its modifications, febris intermittens, whooping cough and cholera have been observed.

Intercurrent diseases do not spread so far as stationary, and but rarely combine with them.

Rademacher gained the result that, at certain times, disease forms the most various are cured in a disproportionally short time by one and the same remedy, and without any crisis whatsoever.

If we cannot deny to Rademacher and his disciples the merit of having directed attention to the more extensive use of epidemic remedies the honor of having furnished, by the elaboration of a physiological *materia medica*, ways and means for the discovery of remedies, temporarily epidemic, nevertheless belongs to Hahnemann and his followers.

It is easy for homœopaths to find the right remedy, temporarily epidemic; we must adhere to drug provings and our law: "S. S. C." First find the epidemic collective picture. Only a large number of persons affected at the same time can furnish material for the epidemic collective picture.

The utilization of the three fundamental characters of general tissue and blood qualities, as taught by Grauvogl, very much

facilitates the discovery of the epidemic remedy. We soon become convinced, on studying the epidemic, that each stationary disease-character attacks certain individuals of a certain disease-character.

In one epidemic those persons are affected especially whose blood distinguishes itself by an over-amount of water, individuals of the so-called *hydrogenoid* constitution. With this constitution the remedies are given at the same time. The most prominent of them are: *Natr. nitr.*, *Natr. sulph.*, *Calcar.*, *Magnes.*, *Iodium*, *Bromium*, *Chlorium*, *Natr. mur.*, *Arsen.* and *animal food*.

On the other hand, if the stationary disease-character appears among individuals who possess an over-amount of *carbon* and *nitrogen*, we must turn to the remedies of the *carbo-nitrogenous* disease-character; hence to those drugs which expel carbon and nitrogen, excite the oxygen, or have a chemical affinity to it. Here belong above all, *Ozone*, *Cuprum*, *Sulphur*, *Phosphor.*, *Mercur.*, *Argent.*, *Platin.*, *Camphor.*, *Ol. ter.*, etc.

The third group of disease-characters which may present itself in the study of the stationary disease-constitutions, is the one we find in persons who show an increased capacity of oxidation of the organic constituents, persons of the so-called *oxygenoid* disease-constitution. Here belong especially the remedies from the *carbon series*, and those substances which prevent or regulate the influence of the oxygen. Aside from *iron*, and the principal remedy, *Kali hydr.*, which, as is well known, very readily absorbs ozone are *China* and *Chinin.*, *Nitr. ac.* We must also consider the *ozone*. There are two kinds of rainy weather, one of which is connected with the presence of a large amount of ozone. After such a rain the tops of the mountains and forests never smoke. The practicing physician, who knows how to read nature, sees in this the indication for the *iron group*. If you observe rain with mist on the mountain tops, it is a sure sign that not *iron* but *copper* and its *analogues* are indicated. The electricity of the fog, without exception, is *positive-electric*, while ozone is *negative-electric*.

By Epidemic Remedies. First. Acute diseases are cured quickly, within a few days, without any crisis whatsoever. Only he who has seen this frequently will comprehend why in the whole work of Rademacher the term *typhus* is not mentioned. At the time of a prevailing typhus-epidemic, so-called, those recently affected are cured within a few days by the influence of the epidemic remedy, since the disease does not progress to the group of nervous phenomena, to pathologico-anatomical products.

Second. The epidemic remedy may be used as a prophylactic by the single individual as well as by a whole population; and here the application of the remedy in epizootics should not be forgotten. I cannot leave this point without directing the attention of my colleagues to an experience I made in May, 1853. The governmental veterinary surgeon of my district complained to me, at an official meeting, of the frequent and fatal paralysis of fillies. I recommended the remedies, epidemic then, *Cuprum* and *Chelid.*, and after its application he did not lose a single animal. This veterinary surgeon, educated to the idea of the specific remedy in the sense of the old school, was not a little surprised on no longer seeing any curative effect of this remedy at the time of another epidemic paralysis among young colts which made its appearance two years later.

Third. The formation of pathological products, and thus many chronic diseases are prevented.

Fourth. By attentively operating with the epidemic remedy we are brought to a more thorough study of the physiological materia medica, and to a more precise grouping of our remedies according to their local-specific directions.

Fifth. By the therapeutic utilization of the epidemic disease-character we would obtain in the future a therapeutic epidemiology which, in case of new epidemics, or a recurrence of the old, certainly shall be of greater significance to our descendants than the mere enumeration of pathologico-anatomical forms. (Prof. Rapp, translated by E. Tietze, H. M., Jan., 1873, p. 276.)

Genius Epidemicus Morbi. Sydenham assumes a "*morbus stationarius* and *morbi intercurrentes.*" Rademacher assumes the same and styles certain epidemics with prevailing liver symptoms, *Chelid.*, *Nux* or *Cuprum* epidemics respectively, during which he professes to have treated each case successfully with the medicine named. In the recent catarrhal epidemic (resembling the epizootic), while the cause often seems obscure, the symptoms indicated *Acon.*, *Pulsat.*, and later, *Arsen.* For a peculiar obstinate supervening hemicrania, soreness of eyelids and scalp, ozæna, and especially for a titillating suffocative cough, attended with enuresis in the latter stage, *Sepia* was found to be an efficient remedy. This facilitated after a few weeks of experience by efforts in the treatment of cases. A few of my colleagues made similar observations. Query. Was here a *genius epidemicus morbi*? (E. B. de Gersdorff, N. E. M. G., March, 1873, p. 99.)

The ultimate cause, the real essence of the disease cannot be recognized, only later members of the morbid motions in the body, after they make themselves known as symptoms, can be objects of treatment. Rademacher teaches stationary and intercurrent diseases. A stationary disease exists not only during the so-called epidemic diseases, attacking a great many persons at the same time, but also when the number of sick persons does not exceed the usual quantity. Intercurrent diseases are those which set in during the continuance of stationary diseases, and in greater or lesser quantity spread through a certain part of the country. They not only take on another form than the stationary diseases, but they also attack another organ, and are either mixed of organ and blood diseases, or more frequently are only blood diseases. Such intermittent diseases are exactly those of which late writers assert, that they are caused by the formation of endophytes and the fermentation and decomposition of blood caused by it.

Rapp continues: Our first duty is to form a collective picture of the epidemic, which can only be gained by the comparison of the symptoms of many patients suffering from the same disease, and after having studied the pathologico-anatomical form of the morbid process, *i. e.*, diagnosed the epidemic disease, we then study the diagnosis of the remedy according to the principle of similia. Here Grauvogl has done a great work for us all. He has taught us that every stationary morbid character chooses certain individuals of a certain morbid character. (N. A. J. H., v. 21, p. 313.)

On the True Causes of Disease. There is no disease which does not consist of symptoms, the manifestation of which is the effect of a positive noxa, and no cure except by the removal of this noxa.

Fungi and algae are *not causes* of diseases, for they did not exist in the body *before* the disease which has been attributed to them, nor are they always found in the organisms *during* such a disease; they have neither the quality nor the power to cause it; their similarity stands in contradiction with the diversity of diseases attributed to them; they require for their explanation a still deeper so-called remote cause; they appear frequently quite sudden and in intermissions; and lastly, they are removed by the spontaneous action of the organisms.

There exist only *two* kinds of *causes* of disease, either a *mechanical* or a *chemical*; and consequently there are only *two kinds* of *diseases*, such as arise either from a *mechanical* or from a *chemical*

cause. Experience and theory teach, that a disease can be cured only by the removal of its cause, and the only sure way by nature in diseases from a chemical cause is a direct increase of the irritability of the nerves, which preside after those actions of the organism by which the virulent cause can be thrown off. This necessary increase of nervous irritation can be accomplished according to Pflüger's law, only by a weak irritation of the corresponding nerves, and this weak irritation of the corresponding nerves, in their whole extent can be effected only by small doses of an inadequate chemical agent, which for its own expulsion must excite the same excretious activities, as the virulent cause of the disease, because there is no other means to get at those nerves which alone can be the medium for the expulsion of the morbid cause. Thus, it is plain, that in all diseases, the causes of which are poisons in the blood, only similar poisons can serve as remedial agents, that, therefore, in such diseases *similia similibus* is the true therapeutic law which alone corresponds to the *indicatio causa*. (H. G. Schneider, J. Pr., 1873, p. 1, etc.)

Grauvogl says: There are three principal characters of chronic diseases, or better, bodily constitutions. All chronic diseases are based on a plus or minus of such elements as form the organism. In the psoric diseases prevented indigestion of ozone, a want of it prevails, thus preponderating formations of carbonitrogenous substances, the *carbonitrogenoid constitution*. In the second prevails increased power of oxygenation, far too great influx of oxygen, the *oxygenoid constitution*. In the third the generation of water is too large, especially in the blood, *hydrogenoid constitution*. (N. A. J. H., v. 21, p. 300.)

On the Constitution of the Patient as a Guide in Special Therapeutics. (A. W. Woodward, U. S. M. and S. J., v. 8, p. 416.)

Ether Spray as a Means of Diagnosis. Ether in the form of spray has recently been employed to determine the degree of sensibility in a case of obscure paralysis, and with the following result:

The affected parts when subjected to the jet of atomized ether were found to be frozen at the end of two or three seconds, whereas, the other portions of the body, as well as the corresponding parts of another healthy individual, could not be frozen in this manner in less than eight or nine seconds. (Lyon Medical; U. S. M. and S. J., v. 8, p. 436.)

The Action of Drugs. The subject is divided into the following: First. In what way is the action of drugs to be discovered? Second. What is the action of drugs? Third. How is the action of each drug to be distinguished from that of all others?

The first is subdivided into: First. Drugs have been regarded superstitiously. Second. They have been regarded astrologically. Third. They have been studied with reference to their sensible properties, such as form and color, taste and odor. Fourth. Drugs have been studied chemically. Fifth. Mechanically. Sixth. Botanically. Seventh. Pathologically. Eighth. Empirically. Ninth. Drugs have been studied mainly for their indirect action. Tenth. Experiments on animals. Eleventh. Experiments on the sick. Twelfth. Experiments on the healthy. The author writes at length of each of these headings, proving conclusively that by experiments on the healthy only are we able to discourse the action of drugs. The *manner in which drugs act* we cannot know.

By experiments on the healthy we learn the power which drugs possess to disturb the health of the different organs of the body; and also how each drug may be characterized and distinguished from all the rest. By giving them to the sick under the guidance of the results thus obtained in health, we learn their healing powers. (Wm. Sharp, M. H. R., v. 17, p. 12.)

The Kind of Action of Drugs. *The Action of Small Doses.—The Law for the Dose.*

Drugs have many kinds of action. *Acon.*, e. g., has four kinds upon the heart. First action. One or two drops of the 1st cent. dilution first quickens the heart's action for a short time, then retards it. Second action. One or two drops tincture, quickens the heart's action and no retardation follows. Third action. Larger doses first depress the heart's action for a time, then quicken it very much. Fourth action. Still larger doses destroy life during the first depressing action. The only true curative influence is the second action, hence the only legitimate use of *Acon.*

The different kinds of action of *Digit.*, *Phosphor.*, *Spigel.*, *Opium*, *Veratr.*, *Mercur.* and *Tart. em.*, are also given with experiments.

From the experiments the following deductions are made: First. The kind of action of drugs varies with the dose. Second. This variation in a certain range of large doses amounts to opposition to the kind of action of another range of small doses. Third. The direction of this range of large doses is the same as that of the diseases for which they are remedies. Fourth. The di-

rection of the range of small doses is in opposition to that of the diseases which they cure. Fifth. This opposite tendency is shown in health. Its cause therefore is not a difference in the state of the organ arising from disease, but in the quantity of the drug. Sixth. The varying conditions of disease have their influence on the action of drugs, but the effects of this influence are not at present under consideration.

Hahnemann's homœopathy is a half-truth. The other half-truth is—the action of small doses of drugs is in the opposite direction to the action of large doses. Therefore the law of Hahnemann, *similia similibus curantur*, remains true when limited to large doses; and the law of Galen, *contraria contrariis curantur*, is true when limited to the action of small doses; not true in Galen's sense, nor in any former sense put upon the phrase, but in a new sense, a sense which expresses a fact and not a speculation.

Law for a dose, when a drug is prescribed as a remedy for a diseased organ, upon which it acts when taken in health, and for the kind of diseased action which, in certain large doses, it can produce in health; the dose must be small enough to be within the range of an action in the opposite direction. For example, dose of *Acon.* above a certain quantity causes a feverish pulse; doses below this certain quantity retard the pulse. The larger doses are injurious, the smaller are curative.

The symptoms of diseases and the symptoms of drugs form two links at the end of a chain. The intervening links are: First. The seat of the disease and the seat of the action of the drug are the same. Second. The kind of action of both are the same. Third. The action of the small dose is in opposition to that of the large dose.

For a drug to be a medicine it must have two actions in different doses; the action of the small dose must be contrary to the action of the large dose. (Wm. Sharp, *M. H. R.*, v. 17, p. 585.)

The Theory of Dynamization. This subject has not lately been discussed in homœopathic literature, but the theoretical views of homœopathy must be reconsidered from time to time, until they fit all the facts and harmonize with the rest of our scientific knowledge. It is not in the nature of the mind to witness the marvellous efficacy of the small dose without casting about for some method of explaining it. At present these opinions seem to prevail: First, that our medicines acquire additional energy from their mode of preparation. This is the oldest notion and was

Hahnemann's. Second, that the susceptibilities of the organism are greatly increased in disease. This is of later birth. And, third, that which perhaps finds the widest acceptance, viz.: That the results are due simply to the exact or scientific adaptation for ordinary medicinal powers to the processes of disease. It is not unimportant which view we adopt. It is upon the first of the above hypothesis that the following remarks are made: a matter of great consequence when we consider that its adoption is the cause of a number of our school grouping themselves together, a step, and a large step, beyond the natural divergences which a science like medicine is apt to create in minds of different constitution.

It is not here intended to discuss the clinical experiments with even the highest dilutions, as they are subject to but one test, viz.: Repeated demonstration with all the safeguards against error. We shall deal with the theory only, and but one aspect of that, as believing that it draws strong support from the analogies of physical science. The very definite expression of this idea by Dr. Dixon in the *Homœopathic Review*, September, 1872, is quite to the point.

“My notion is that every drug is a force naturally involved in matter, and that this force can be imparted by methods to some other matter, as the force of a magnetic stone can be imparted by a method to a steel bar; that the special force of a drug is in a 200th potency, but in a different degree from that in the drug, and that in certain cases the former may be as efficient as, nay, more so, than the latter, and *vice versa*.”

There is evidently no intention here of instituting a close parallel between magnetism and dynamization, for in the illustration the communication of force is from one mass of the same metal to another, a very different thing from *Bellad.* communicating medicinal qualities to alcohol or sugar of milk, a flaw which breaks the analogy at the outset. Nor is it intended to imply that dynamization, like magnetism, can be effected at a distance. The idea vaguely is that as heat, light, magnetism, etc., are capable of exciting similar states in other bodies by contact, radiation and the like, there is no improbability that medicines may do the same. Modern revelations regarding the transference of force give strength to the supposition, and it becomes necessary to show where the argument fails.

The forces here referred to are the protean aspects of some unity of power which is not essential to the elementary constitution of