

LECTURE IV.

IN' my last lecture we have considered the subject of *proving* drugs. The present lecture shall be devoted to a few necessary suggestions concerning the action of drugs generally, and that of homoeopathic medicines in particular.

Various theories have been spun by alloepathic observers explanatory of the action of drugs. Most of these theories are speculative and impractical, the result of mere guess-work.

It is well known to most of you, that formerly the virtues of medicines were inferred from resemblances (fancied or real) in form, color, etc., between these substances and parts of the organism. These marks or indications have been called *signatures*, and were supposed to arise from astral influences. The jaws of a boar, for instance, were employed in pleurisy, because the stitching pain caused by the sharp teeth of this animal, was supposed to resemble the stitching pain in pleurisy. The ashes of a hare, the most timid of all animals, were recommended for the consequences of fright. The pulverized liver of a rabid wolf was used for hydrophobia. Euphrasia was supposed to be endowed with curative virtues in diseases of the eyes, on account of a fancied resemblance of its flower to the human eye. A gourd cured jaundice on account of its yellow color; the blood-red juice of John's-wort arrested hemorrhages; poppy-heads acted principally upon the head, and the pith of the elder was used in diseases of the spinal marrow.

Some physiologists have undertaken to determine the action of drugs by their sensible properties, such as *color*, *taste* and *odor*. This seems to be a most superficial method of solving the problem.

By some writers the *natural-historical* properties of drugs have been depended upon as a standard for the determination of their therapeutic virtues. Even homoeopathic physicians have been led to regard these properties as suggestive of the dynamic character of drugs. Dr. Gray, of New York, in a note to the provings of Arsenic in Jahr's large manual, entitled "Symptomen-Codex," writes: "It is important that practitioners should point their attention to the question, whether drugs which are *isomorphous*, are not, on that account, allies in the treatment of disease; thus Arsenic, Phosphorus and Antimony, being eminent instances of the isomorphous relation, and being strikingly analogous in their pathogenecy, it is not very probable that these two similitudes depend on the same element in each, namely, an identical original force or power. We find these drugs chemically uniting with other substances in precisely the same atomic proportions, and producing crystals in each case of the same form."

But, as Pereira very justly remarks: "No conclusion respecting the medicinal properties of minerals, can be deduced from crystalline form and structure. The triphosphate of soda, for instance, is isomorphous with the triarsenate of the same base; but no one will pretend to assert that their action in the system is alike. Arsenious acid is isomorphous with the sesquioxide of Antimony; yet their effects on the system are very dissimilar." How a homoeopathic practitioner can discover any similarity between the effects of Arsenic, Antimony and Phosphorous upon the healthy organism, is a mystery to me. Their therapeutic range differs respectively as widely as that of Aconite from Arsenic, or that of the Nitrate of silver from Phosphorus.

The natural-historical properties of vegetables are equally unreliable as indications of the medicinal virtues of drugs. I refer those who wish to be thoroughly convinced of this fact, to Hahnemann's essay, entitled: "Suggestions for Ascertaining the Curative Powers of Drugs," and published in the American edition of his lesser writings. The root and leaves of the carrot are wholesome and nutritive; but the analogous parts of the spotted hemlock are highly poisonous. Both Hahnemann and Pereira adduce a number of instances showing that botanical affinities cannot be relied on for determining the effects of remedial agents. Capsicum annuum and Atropa Belladonna both belong to the family *Solaneae*, and yet how different is their physiological action upon the brain. Both the melon and the colocynth belong to the family Cucurbitaceae, yet the one is a delicious fruit, and the other a poisonous drug.

Chemical properties are likewise unreliable as means of determining the therapeutic virtues of drugs. Sulphuric, nitric and hydrochloric acids possess similar chemical properties; yet how widely do their medicinal effects differ from each other!

There is then but one true, philosophical method of ascertaining the pure effects of drugs; it is to institute provings upon the healthy. It is likewise in this respect that Homoeopathy has set an example which the Old School is beginning to follow. Some of our most valuable contributions to a knowledge of the pure effects of drugs have been recently furnished by the Imperial Provers' Societies of Vienna and Prague, founded under the auspices of the most enlightened alloepathic practitioners of these two cities.

In attempting to explain the action of homoeopathic remedial agents, we shall be led to a train of reasoning utterly at variance with any of the established theories of the Old School. By the terms of our law we prescribe remedies that act similarly to the existing disturbance of the functions. This fundamental difference in the first principles of our respective schools would of itself seem to imply a radical difference in the mode in which our remedial agents perform their work. It is true, a knowledge of this mode does not seem absolutely necessary to the performance of a satisfactory cure; yet what thinking

practitioner can refrain from inquiring into the apparently marvelous mystery of a cure by means of a few infinitesimal globules?

It is astonishing how even in this direction intelligent physicians of the old school have stumbled upon observations which, with a little more logical consistency and a little less adherence to scholastic dogmatism, might have led them to mistrust the universal applicability of the old-fashioned Hippocratic-Galenian law of "*Contraria Contrariis*." Paracelsus had already denounced it as contrary to nature. So did the celebrated Van Helmont. The learned Tycho de Brahe likewise repudiated to some extent the authority of Galen. Pereira's elaborate work is filled with isolated propositions embodying principles that might have infused a new life into the *Materia Medica* and the whole system of therapeutics. He frequently alludes to the primary and secondary action of drugs, ascribing the primary action to the drug and the secondary or reaction to the organism. Speaking of cold, he says: "The effects of cold on animals are twofold, viz.: 1. direct, primary or immediate; 2. indirect, secondary or mediate. The direct or primary influence of cold is diminished vital activity; the indirect or secondary influence of moderate cold, applied temporarily, is increased activity of the vital powers, or reaction." Further on we read this passage: "The primary effects of a cold bath constitute the shock; its secondary effects the reaction or glow." Unfortunately Pereira lacked the intuitive genius which might have taught him to vitalize these isolated propositions into general therapeutic principles. It was reserved for Hahnemann to show that, if the reaction is the opposite of the primary action, we should not be guided in our exhibition of remedial agents by their primary action, but by the character of the reaction which they excite in the organism. Diarrhea, for instance, being a symptom of organic reaction, should not be treated with astringents, but with medicines which will excite an organic reaction opposite to that excited by the disease. Hence we do not treat diarrhea with opiates, because such agents, whose primary action is to bind the bowels, would develop an organic reaction of the same character as the natural disturbance of the functions which we wish to remove. On the contrary, we prescribe medicines whose primary action upon the alimentary canal is similar to the existing disorder; for we know that, as soon as the primary action is exhausted, the opposite secondary or organic reaction will develop itself in opposition to the existing symptoms. Such medicines are Aconite, Arsenic, Mercury, etc.

Page 274 of Pereira's great work we read: "The sudden and temporary application of cold, as in the effusion of cold water, sometimes proves sudorific by the reaction which it occasions." If this be true, would cold water effusions arrest or increase perspiration? Make the experiment on a warm summer's day; sponge the perspiring skin with cold water, and see whether the cooling effect of the water, its primary action, will not very speedily be followed by an increase of perspiration. On the other hand the use of slightly tepid water will, in the end, prove much more, and more permanently cooling.

Even Professor Mitchell, who fills the chair of Materia Medica and Therapeutics in Jefferson College, and who seems as unprincipled an opponent of Homoeopathy as any medical writer of the age, teaches Homoeopathy without knowing it. On the 28th page of his System of Therapeutics he writes: "Very many articles operate as indirect sedatives; in other words, the first impression of an active stimulant having subsided, a state of indirect debility follows, and this is called a sedative effect. In this way Opium and Alcohol may be indirect sedatives, although they are, in the first instance direct stimulants."

Professor Mitchell seems unconscious that the law of action and reaction is an universal principle in nature, equally operative in therapeutics as in physics. If the primary effect of opium is to stimulate the brain, the secondary effect will undoubtedly be to depress its action. The same rule applies to alcoholic stimulants. We may avail ourselves of this law as a regulating principle in disordered physiological conditions. A state of excessive nervous irritability may be quieted by a small dose of coffee. Excessive wakefulness, excessive mobility of the nervous system may yield to a small spoonful of strong black coffee. Why? Because the general primary action of coffee consists in dissipating sleep by exciting the brain and stimulating the nervous energy. As soon as this primary effect is past, an opposite condition of the system sets in, which, if it were the same as the natural disease, would increase its intensity instead of affording relief. Hence, in order to effect a cure, it is the organic reaction or secondary action as it is termed, and not the primary action of the drug, that has to be opposed to the disease.

It is astonishing that some of the highest authorities in the allopathic ranks should be habitually stating facts of the utmost importance in medical practice without perceiving their bearing upon general principles. We might collect from Pereira's large work a few hundred pages of statements illustrative of the compound action of drugs, and showing the absolute necessity of being guided by this law in practice. In proof of this we will quote the following paragraph, page 250. "Sometimes the same principle produces, under different circumstances, apparently different effects. Thus brandy, in moderate quantities, acts as a stimulant; but taken in excess it overpowers the brain, exhausts the nervous power, and impedes its generation, disengagement and communication; thus acting both as a stimulant and narcotic."

Here is a curious confusion of ideas. The same drug acting both as a stimulant and a narcotic, without accounting for this apparently contradictory effect in a profitable manner. A small dose of brandy will stimulate the brain not because its action is essentially different from that of a large dose; but because the primary narcotic effect is so evanescent that it is readily overcome by the vital reaction. A large dose will narcotize the brain because the vital reaction is insufficient to subdue the primary narcotic effect of the drug. We shall soon see to what important practical results this apparent opposition between the action of small and large doses of the same drug will lead us.

Trousseau and Pidoux assign a twofold order of effects to drugs: common and special. A common effect of the narcotic poisons, for instance, is to narcotize the brain, and of the corrosive acids to develop an inflammatory irritation of the intestinal mucous lining. On the other hand, every narcotic and every acrid poison has special effects of its own. The common effects are developed by large, and the special effects by small doses. In old-school practice drugs are arranged for therapeutic purposes according to their common effects. If an old school physician wishes to evacuate the bowels, he uses a cathartic or drastic. Every physician generally has his favorite remedy for such purposes. One prefers castor-oil, another magnesia, another rhubarb; others again at once charge with their heavy artillery, a few blue pills, jalap or colocynth, and very often charge BO effectually that the tissues become gangrened and are perforated as surely as the walls of a citadel fall before the enemy's shells. Special morbid phenomena not being considered, the special effects of drugs are of no consequence whatsoever. One drug will do just as well as another; anything that happens to be handy or sanctioned by the routine-habit of the medical attendant. The same gross method of generalizing is resorted to in acting upon the skin, the bladder, the sexual system, brain, or upon any other organ. Here is a case of dropsy. The doctor concludes that he must remove the fluid by acting upon the salivary glands or bladder. Any thing will do for this purpose, provided he succeeds in making the poor patient spit or urinate. If squills will not do, he resorts to the iodide of potassium or to some other drug, until the whole catalogue of his diuretics is exhausted.

With this gross mode of investigating and applying the general effects of drugs, we have nothing to do whatsoever. If we promote the urinary secretions or excite cutaneous perspiration, the effect is owing to altogether different influences. If, in a case of inflammatory fever, a dose of Aconite takes down the pulse and restores the secretory action of the skin, this perspiration is not the direct effect of the remedial agent; it is the natural and spontaneous result of the restored vital action of the organism. The capillary system being freed from its torpor, the secretions are again carried on with their customary regularity, and the pores of the skin pour forth the incarcerated moisture until the equilibrium in the absorbent system is fully restored.

If, in a case of strangury, a dose of Cantharides should induce a copious secretion of urine, this extraordinary action of the bladder would not be a drug-effect, but the natural result of the re-awakened vital energies of the urinary organs.

So in a case of torpor of the bowels; if a dose of Nux Vomica or Sulphur should induce diarrhea, the diarrhea would not be owing to the medicinal impression set up by the drug, but to the vital reaction, in proof whereof, we shall find that the diarrhea will gradually disappear, and be followed by regular motions, whereas, if the diarrhea were a medicinal symptom, the constipation would be increased after the cessation of the medicinal impression.

In homoeopathic practice, therefore, the classification of drugs in accordance with general properties is of very little, if any, use. We may use the general appellations of tonics, stimulants, sudorifics, and so forth, but we must be careful to associate with them ideas in harmony with our general therapeutic principle. If we choose to call Aconite a sudorific, we must understand by this expression that if, in certain conditions of the system, the cutaneous secretions are checked, Aconite will restore them, provided it is specifically adapted to this work. There is no harm in calling Nux Vomica a cathartic, provided we attach the right understanding to the term. Nux does not produce catharsis, but it may remove torpor of the bowels, if homoeopathic to this condition.

Sometimes we should be sorely puzzled to determine in what general category the drugs belong. Aconite will excite perspiration, hence we may range it among the sudorifics. It will restore the urinary secretions; hence it may be termed a diuretic. It will depress the pulse, diminish fever-heat, and remove inflammation; Hence it is an anti-phlogistic. It will hush the fiercest attack of neuralgia; hence we consider it as one of our most important nervines. It will quiet spasms and convulsions; hence it is an antispasmodic. It will arrest diarrhea, and quiet the irritation and uneasiness in the bowels; hence it acts as a sedative. It will restore the menstrual secretions, if arrested by a fright or exposure to cold, dampness or a draught of air; hence it may be ranged among the emmenagogues. It will restore the nervous energy in cases of depression brought on by fright or excessive blood-lettings; hence we may very appropriately consider it as a tonic.

From this long list of diversified effects you may readily infer that it would be highly unphilosophical to assign such an agent as Aconite to a single category; our standard of classification must necessarily be totally different from that of alloepathic physiologists. What would we call a tonic? Why, any remedial agent that restores the strength of the patient. Any agent which removes a group of morbid symptoms, among which debility is a characteristic element, may be said to act as a tonic. Mercury may be a tonic; Arsenic may be one; Veratrum may be another. We may designate the carbonate of Ammonia as an anti-scorbutic, and yet the continued use of this salt produces a deterioration of the animal fluids which resembles in all respects the worst form of scurvy. Our true standard of classification would perhaps be the curative effects of drugs. Or we might be guided in this business by the special or specific effects of our drugs, and group them in accordance with what we know by positive experimentation to be their therapeutic properties. We shall find it very difficult to assign definite names to our drugs. Our provings show us that some of them act upon the organism generally, others more particularly upon definite organs or tissues, others again both generally and locally. But the one thing needful in the practical business of applying drugs to diseases, is that we should have an accurate knowledge of the precise character of the disturbance which a drug is capable of occasioning in the healthy organism. This knowledge alone can teach us with what pathological conditions the drug is in curative rapport, and, if we are anxious to create a name

for the drug, it should be one that expresses this specific relation; the crude terms of "anti-bilious, anti-phlogistic, anti-septic, anti-spasmodic, etc.," or of "cathartic, sudorific, diuretic, tonic, stimulant, etc.," express nothing definite, and are only adapted to the gross and delusive methods of allopathic practitioners.

We have said that Trousseau and Pidoux speak of special and common properties of drugs. "All the purgatives for instance," they teach, "are endowed with the common virtue of provoking intestinal secretions and contractions. These are their general properties. Exhibit them in large, purgative doses, and you will obtain no other effect, or at any rate this effect will prevail to such an extent that it will absorb all other effects of the drug. In large doses Aloes and Rhubarb irritate the bowels and excite colic; in small doses, they relax the muscular fibres of the intestines and quiet their spasmodic irritation, and the Aloes in particular, induces still more certainly haemorrhoidal congestions. In large doses, both these drugs irritate the stomach; in small doses, they quiet and strengthen it. In large doses, they manifest their common, in small doses their special properties."

In the hands of homoeopathic practitioners, the doctrine of special and common properties of drugs becomes fruitful of the most beneficent results. In the hands of physiological physicians, this doctrine seems to constitute, comparatively speaking, a barren investment of thought.

In the course of my lectures I shall have frequent occasions to show you that drugs seem to affect the organism in two opposite ways, and may therefore be homoeopathic to two pathological conditions, holding towards each other relations of antagonism. We may illustrate this law by the well known condition of fever. The first stage of an inflammatory fever is not a full and bounding pulse, a hot and dry skin, flushed face, and so forth; an opposite group of symptoms occurs. The patient experiences a chill or cold creepings along the back; he looks pale, hollow-eyed, the hands and feet are cold, the pulse is thin, feeble, rather slower than naturally, or at any rate, not much accelerated. This condition is soon superseded by the opposite group of phenomena generally designated as fever. The chill is the primary effect of the disease; the fever constitutes a secondary effect, or the reaction of the organism. In selecting a remedial agent for this derangement, it should be homoeopathic not only to the primary chill, but also to the secondary group, fever. Aconite is such a remedy. Aconite is homoeopathic to the chill, which marks the first invasion of the disease, and to the fever which marks the beginning of the organic reaction. We are seldom called to a patient during the primary invasion of the disease; the organic reaction is generally fully established when we first see the patient. Nevertheless we prescribe Aconite, knowing full well that the inflammatory stage must have been preceded by a chill.

We say that Aconite is homoeopathic to the chill, and we prove this experimentally by taking a large dose of this drug, of course within conservative limits, which will uniformly cause a more or less perceptible chill, coldness of the

skin, depression of the pulse, all of which symptoms disappear after a certain interval of time, and are followed by the opposite condition, fever. A small dose of Aconite will not produce the primary chill, but will at once excite the organic reaction characterized by the usual phenomena of heat, flushed face, dryness of the mouth, etc. ¹ This shows the importance of proving drugs in massive doses. It is massive doses that develop the primary drug-symptoms; small doses do not develop these primary symptoms, because the organic reaction very speedily supersedes them.

In the Manual of Homoeopathic Theory and Practice, which has lately been published by Drs. Beakley and Hempel, I have offered the following remarks concerning the two-fold action of drugs, viz.: the primary drug-action and the secondary action or rather reaction of the organism.

“The primary action of Aconite upon the capillary nervous network of the intestinal mucous membrane is to induce torpor, such as might be considered analogous to the torpor induced by cold. The first consequence of this torpid condition of the nerves, is to cause a relaxation of the mucous membrane and an excess of the mucous secretion. This excess of the secretions would affect the character and regularity of the alvine evacuations; the stools would be thin, slimy or watery, and the desire to evacuate the bowels would be felt more urgently and more frequently.

“But under ordinary circumstances the relaxed condition of the mucous membrane would hardly continue long enough to affect the evacuations in a permanent manner. Organic reaction will soon take place, and an opposite condition is set up; instead of excessive, we shall have a deficient secretion of intestinal mucus which may induce a corresponding costiveness.

“Hence we perceive that a medicine may be homoeopathic to two opposite conditions, to diarrhea as well as to constipation; to both a state of hyperaemia or excess of blood, and a state of anemia or deficiency of blood; to both atony and excessive irritability of the stomach; to a condition characterized by paralysis as well as to a condition characterized by spasm. Aconite and Nux may be used as true homoeopathic remedies in paralysis as well as in tetanus; Ipecacuanha may remove perfect atony as well as spasmodic irritability of the stomach; Opium cures diarrhea as well as constipation, excessive wakefulness as well as drowsiness and stupor; Mercurius will check as well as promote the secretory action of the pancreas; Secale answers in uterine hemorrhage from atony of this organ as well as in spasmodic uterine contractions, it will arrest the former and quiet the latter simply by virtue of the beautiful and life-saving law: that every drug is exactly homoeopathic, and therefore adaptable as a specific curative agent to two morbid conditions which are in direct or polaric opposition to each other.”

In practice it is of the utmost importance that we should discriminate between the primary and secondary action. If we are called upon to prescribe for a group of symptoms corresponding with the primary action of a drug, we give a larger

dose than we should do, if we had to prescribe for a group of symptoms corresponding with the secondary action, or organic reaction. In prescribing Aconite for diarrhea (primary symptom), we may sometimes have to give one or two drops of the tincture of the root; costiveness, if treated with Aconite, may require two or three drops of the first or second attenuation. I may here mention incidentally that, in order to determine whether Aconite should be used in a case of costiveness, your first care should be to ascertain the nature of the primary symptoms that may have preceded this condition. If these primary symptoms,—more particularly the diarrhea, uneasiness and pain in the bowels, and the sickness at the stomach which are characteristic of Aconite,—corresponded with the primary action of Aconite, we may depend upon this drug as one of the specific agents in a case of constipation.

There are a few violent diseases, where a physician may happen to see the patient during the primary invasion. This will frequently happen in Asiatic Cholera, or even in a much less dangerous, but much more chronic disease, such as fever and ague. In all such cases I consider it philosophic homoeopathic treatment, to endeavor to excite the organic reaction by resorting to larger doses of the appropriate remedial agents than we should use, if the organic reaction had already set in. We might endeavor to abbreviate the chilly stage of a miasmatic intermittent by giving one or two drops of the strong tincture of Aconite in a gill of water, administering a small tablespoonful every ten or fifteen minutes.

You have heard me distinguish between large and small doses. This seems strange, and yet you will hear this distinction frequently made by practitioners. There is a considerable difference between a dose of the first or second trituration, and of the two hundredth potency. The subject of potencies is one of considerable importance in homoeopathic practice, which should be fully understood by every student of our great Science. Let us examine it a little more closely.

It is one of Hahnemann's great doctrines that every drug contains an essential principle which constitutes the active force of the drug and upon the presence of which its peculiar characteristic properties depend. What is it that distinguishes Stramonium from Belladonna, or rather that makes Stramonium and Belladonna to be what they are respectively? It is this inmost essential principle which no chemist has yet discovered in his crucible. Analyze Stramonium into its constituent elements, its carbon, nitrogen, hydrogen, and what not; can you recombine them into the original plant? Ah, the Stramonium principle, the agent or force which had combined these elements into a definite form, and which, by means of this form, had become a tangible and visible substance, has fled into the sphere of forces whence it descends upon the sunbeam into the lower atmospheres, and again embodies itself by means of the material, molecules of our globe, in its own peculiar and characteristic form which constitutes the type or typical substratum of the in-dwelling principle.

Fixing your mind's eye upon this subject, you perceive two distinct elements that intervene in the formation of a drug, an active principle or force, acting as a creative or inseminating agent, and a passive principle composed of material molecules which have been so fashioned by the Supreme Creator as to serve as a recipient vessel or form to the former. Further than this it seems impossible to go in the present state of our scientific investigations. We have not yet solved the mystery of Creation, and all that we have learned to know by reasoning, observation and analysis, is, that there are, 1, *active forces* or *principles* which constitute the essence of things, and 2, *forms* or passive recipients of the former. How far the active forces of Nature have been originally instrumental in working their appropriate characteristic forms out of the elementary molecules of matter; how the union between these two principles is maintained; how the great process of organizing life into distinct individualities and maintaining and developing them, each according to its inherent law and destiny, is carried on: these, gentlemen, are subjects worthy of the most religious contemplation, but not immediately connected with our present course of studies.

Taking the Stramonium-plant as an illustration, we say that it represents an active principle or force which is *embodied*, as I term it, in this plant, and more particularly in the seeds thereof. The plant, with all its perceptible characteristic properties of shape, color, odor, leaves, blossoms, etc., is a representative *type* of the active force dwelling in its inmost bosom as it were. Now, gentlemen, what do I mean when, in the case of man, I allude to morbid tendencies or morbid predispositions in the human organism? I mean that the germinal principles out of which drugs are developed in Nature, are represented in man by corresponding morbid tendencies or predispositions. The germinal principle of Stramonium, or that recipient faculty impressed upon the elementary molecules of Nature to be influenced by, and excited or individualized into a concrete, perceptible form by some specific force, which, while separated from the material molecules, constitutes an essence, and which, when uniting itself to, or pervading and penetrating material molecules, gives rise to, and develops the Stramonium-plant; this recipient faculty in the elementary molecules of matter, likewise exists in the human organism; the human organism likewise is tainted with a faculty of being impressed by the active force, which, when embodying itself in the material molecules of Nature, results in the formation of the Stramonium-plant. It stands to reason that this force, when acting upon the human organism, does not develop the Stramonium-plant in man. What then does it develop? Why, it develops the Stramonium disease, a pathological lesion characterised by definite signs, symptoms or phenomena. Let the Stramonium-force or principle act upon the organism *mediately*, through the Stramonium-plant, and you will develop a Stramonium disease exactly resembling the former in all essential characteristics. Is not this essential similarity an evidence of the identity of their origin? Does not this essential similarity show that the Stramonium-disease as *mediately* developed by the plant, and the Stramonium-

disease as developed by the immediate invasion of the organism by the Stramonium-principle or force, are products of the same essential cause?

The ancient doctrine that man is a microcosm, a doctrine which has been accepted, with various modifications, by the philosophical minds of all nations and ages, leads to the idea of Homoeopathy as certainly and positively as any general law, if essentially true and correctly apprehended, will inevitably lead to its particular applications. All the germinal principles of Nature are represented by recipient faculties in man. Man constitutes an universe of germinal forces. Every germinal drug-principle in outward Nature is represented in human Nature by a kindred recipient faculty, a morbid tendency or predisposition. The germinal principle of Stramonium pervades all Nature, but it does not develop itself all over into an actual form. In order that it may develop itself into an actual plant, the circumstances of soil and locality have to correspond with its essential nature. It is only in waste places, on heaps of rubbish that the Stramonium-plant can grow; it will not show itself in an ornamental garden. So does a recipient faculty of being impressed by the creative Stramonium-force pervade every human organism; but it does not develop in every organism an actual Stramonium disease. In order that an actual pathological lesion may be developed in man, the circumambient conditions, abnormal influences of climate and diet, exposure, the excessive action of the sun's rays, starvation, fatigue, a draught of air, retrocession of the perspiration, mental or moral depression, have to favor this development. Otherwise the morbid faculty will remain dormant, in a state of passive potency, and the vital force will not be disturbed in the harmonious exercise of its functions.

We have reached the conclusion of our argument. If a Stramonium-lesion has actually been excited in the organism, how do we proceed in order to hush it up, and to reduce it back again to a state of passive potency, a mere faculty, tendency or predisposition? You know my answer. We act upon it by means of the Stramonium principle as embodied in the plant, after having previously fitted it for this work by suitable manipulations. We present this principle to the disease in the shape of attractive molecules, and the consequence of this contact of the Stramonium-disease with the Stramonium-plant in a state of suitable adaptation, is the restoration of the organism to a state of normal activity.

Here is the great mystery which puzzles our opponents and even our friends, How does the homoeopathic medicine act? Why, it acts by carrying the war into Africa; it acts like the lightning-rod inviting the thunders of heaven. Here is the Stramonium-disease, the creative Stramonium-force having invaded the organism where it meets a kindred, recipient faculty, a predisposition which it excites into a violent, palpable disorder. I say, we conquer this disorder by carrying the war into Africa. We act upon it by means of material molecules for which the Stramonium-force or essence has a stronger attractive affinity than for the organic tissues. These material molecules are the Stramonium-drug in a suitable state of preparation. If the drug-molecules are not endowed with

sufficient force to draw the disease to themselves, to incorporate the disease with themselves, in other words to materialize it, to convert it from the dynamic or immaterial form in which it pervades the organism, into molecular drug-atoms of limited dimensions and harmless as disease-producing agents, the cure fails. Either the disease was not a Stramonium-disease, or else the inimical force had so thoroughly assimilated the organic tissues that their dissolution had become inevitable. It is in this exact adaptation of our remedial agents to diseases, that consists their potency, their power to act. Potency has not reference to quantity or number, but to the curative adaptation of drugs to diseases. In this sense a globule of the twelfth attenuation of Arsenic may be a far more efficient potency than ten drops of Fowler's solution; whereas, on the other hand, a few grains of Quinine in fever and ague may exercise a more positive curative influence, and therefore constitute a more efficient potency, than a few globules of the thirtieth attenuation.

Hahnemann taught the doctrine, – and you must have seen from my statements, that this doctrine is founded in Nature and Reason – that it is the drug-force which effects cures. By drug-force we mean the morbid essence which materializes itself in the plant, and develops pathological lesions in the organism. This drug-force can never be wholly separated from the material molecules of the drug; but by resorting to various peculiar processes of shaking and triturating, this drug-force may be set free, disengaged and may be united with a temporary vehicle, such as alcohol or sugar of milk. I shall describe this triturating and shaking process more fully in our next lecture, and I shall then give a number of illustrations furnished by Chemistry and Natural Philosophy, showing that very small bodies

may possess the power of producing great effects. For the present let it suffice to know that it is the in-dwelling dynamic force of drugs which effects our cures by absorbing or attracting as it were, the morbid essence to itself, and amalgamating or incorporating it with the molecular atoms of the drug. I shall hereafter quote the great authority of Professor Doppler, the inventor of the platina-hydrogen lamp, in order to substantiate this theory.

The process of developing the dynamic virtues of drugs by succussion and trituration has been carried to an almost incredible extent. Take one drop of the tincture, and shake it together with ninety-nine drops of alcohol, and you obtain the first attenuation, potency or dynamization. It is designated as an attenuation by those who look upon this proceeding simply as a mechanical division or separation of the drug-molecules; the term potency or dynamization is applied by physicians who regard the process of shaking and triturating as a development of the in-dwelling drug-force. Shake a drop of the first potency with ninety-nine drops of strong alcohol, and you obtain the second potency or attenuation. This process has been continued up to the one, four, eight, ten, yea forty thousandth potency.

Gentlemen, this is going too far; there must be a limit to this thing. Our materials are too crude to enable us to potentize drugs to this incredible height. We may keep potentizing until we potentize the drug-force back again into the ethereal regions of the infinite.

The use of infinitesimal doses as they are termed, is one of the characteristic peculiarities of our practice. Is the doctrine of infinitesimal doses essentially absurd? Is there any thing essentially absurd in the developments which I have laid before you? Is there any thing absurd in our doctrines concerning disease, with which our doctrine of potencies and of infinitesimal doses is most intimately connected. "If I have spoken falsely, prove it; if I have spoken truly, why dost thou smite me?"

It is not thus that our opponents treat us. They do not wish to investigate our doctrines. They seize upon a few prominent peculiarities which, if separated from the organic structure of the whole, may easily be made to look unphilosophical, unscientific and absurd.

"The practice of this deluded man," writes my colleague of Jefferson College, Professor Mitchell, "has been called infinitesimal, because it is fairly inferable, from all he has said, that doses, divided and diminished, ad infinitum, are thereby augmented in efficacy." And again he says: "Were the position true, that the strength of a fluid mixture was augmented by dilution, then beyond all doubt, an ounce of laudanum poured into the head of the Alleghany should narcotize every individual who drank of the water of the Ohio, down to where it empties into the Mississippi; and the fish, too, of that noble stream could not fail to be destroyed by the poison."

It seems as though Professor Mitchell might have been drinking of some such waters, or, may be, the doctrines of Hahnemann have so woefully narcotized his brain that he has become incapacitated from understanding them. I will do him the justice to believe that he is constitutionally unfit for such a task. Let him slide.

Professor Simpson, of Edinburgh, expresses his amazement at the efficacy of our small doses in these terms: "To be called on to believe that the decillionth of a grain of charcoal or oyster-shell, is capable of producing hundreds of the most formidable symptoms, and of curing, as by magic, the most inveterate diseases, while we can take ounces, nay pounds, of the very same substance into our stomachs, with no other inconvenience than its mechanical bulk, seems so gratuitous an outrage to human reason, that the mind instinctively recoils from the proposition."

This seems more plausible, but it is not the globule of charcoal and oyster-shell that the professor demurs at, but the infinitesimal doses generally. And yet, why should not a globule of the thirtieth potency of Aconite have the power of curing a fever, if we consider than an infinitesimal germinal vesicle, which can only be seen through a powerful microscope, may develop itself into a Simpsonian brain which has power to elaborate two mighty volumes on obstetrics alternately filled

with wisdom and with folly; and which enables a man to commit a crime against humanity by misrepresenting and deriding our divine doctrine of the Healing Art and its great, glorious and immortal discoverer.