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A BRIEF HISTORY OF THE DEFINITION OF
DISEASE, WITH A CONSIDERATION OF
THE PATHOLOGICAL CONCEPTS
OF HAHNEMANN.

THE DEFINITION OF AN HOMOEOPATHIST.

BY WALTER Y. COWL, M. D.



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A paper read before the Homœopathic Medical Society of New York County, March 14, 1883, by Walter Y. Cowl, M. D., Professor of General Pathology and Morbid Anatomy at the New York Homœopathic Medical College.

Notwithstanding the many tomes that have been written upon the nature of disease, each differing from the other in the theories it upheld, the essential history of the definition of disease may in reality be put within brief compass.

The actual factors, which the theorists of the past, as well as the pathologists of the present, could draw upon to form systems of pathology, are not numerous.

The presence of changeable permeating fluids in the body, the different degrees of heat and of moisture evinced by the organism, the fact of chemical reactions going on within the blood and other tissues, the causation of disease by the introduction of specific morbid matter, such as the germs of parasites, gross and minute, the existence, supposed or real, of a vital force or spirit within the individual, together with the evident power of the organism to cause the cessation of many morbid processes, including those produced by specific cumulative parasitic infection, the varying action and power of nervous matter, the changes in the solids of the body in disease, variations in the normal phenomena of the body and the advent of abnormal phenomena, and finally the constant changes in nutrition and function, resulting in part from changes in the blood and in part from disturbances of the circulation, changes and disturbances, local and general.

It is, however, more in their various combination of theories than otherwise that writers on the factors of disease have differed.

I shall therefore confine myself simply to those leading and distinct ideas of the nature of disease, that became current at epochs severally marked by some great name, and which persisted thereafter through longer or shorter eras of time.

Not the least difficulty in doing this will be to separate what medical philosophers, with the exception of Sydenham and Hahnemann, have quite inextricably mixed with their pathology, namely, their equally various ideas of treatment.

This will necessitate, therefore, an occasional allusion to what is ever the companion piece of theories of disease.

The first positive knowledge we have of the pathology of the Ancients is derived from the Hippocratic writings. These date principally from the latter half of the fifth century before Christ. They were probably written but in small part, however, by Hippocrates himself. Members of his family and other pupils, as well as writers after his time, were wont to give his name to their works.

In these writings we find mention especially of two sects, whose views Hippocrates seems to have partly accepted and partly combated.

The Dogmatists, on the one hand, viewed the organism as governed by a vital principle, the perturbations of which produced the various diseases. They reasoned in each instance upon the nature of the disease and its cause, and adapted their remedies according to the principle of contraries. Their treatment was therefore 'rational.'

The Empirics, on the other hand, believed disease to be phenomenal, and sought no explanation for the symptoms, the totality of which, in their opinion, constituted the disease.

In pathology they were simple observers. Their treatment, like their knowledge of disease, was simply the result of experience; it was experimental or empiric. What remedies they observed to do good they gave, without reasoning upon their action. Their pathology existed until near the time of Galen. Their therapeutic method exists to-day. They did much for the study of the clinical history of disease, and for *materia medica*.

It was doubtless upon their method of carefully watching the phenomena of disease, that Hippocrates founded his plan of

assisting nature by endeavoring to simply aid the natural crises, evacuations, etc., by which the organism appeared to throw off disease; a plan of treatment which apparently lapsed until Sydenham, in 1679, founded the modern expectant school of medicine.

The Father of Medicine, truly eclectic as he was, is to be associated more particularly, however, with the humoral pathology. Of this theory of the nature of disease, and the treatment founded upon it, he is believed to have been the originator. The doctrine of the four humors of the body—blood, phlegm, black bile and yellow bile—in the excess, deficiency, or misproportion of which all disease was supposed to have origin, and the corresponding treatment by blood-letting, purging, vomiting, and expectoration, did not, however, become general until the time of Galen in the second century.

Galen it was by his almost interminable writings, in which he upheld the humoral doctrine and the treatment based thereon, as well as by his residence in Rome, and his influence there, who rendered the humoral pathology supreme in the medical world, a position in which it may be said to have benighted the minds of medical men for fifteen centuries, if not for even a longer period.

Galen did not, however, give up the old idea of the Dogmatists, that the organism was moved by a vital spirit—called by him *Pneuma*—the perturbations of which caused disease.

He also adopted another of their ideas, that diseases were hot, cold, moist, or dry, and were to be combated by agents opposite in respect of these qualities, as indicated by a more or less fanciful tabulation of diseases and remedies.

Paracelsus, who irrupted himself upon the medical world in the early part of the sixteenth century, may be said to have been the next original writer of permanent note and influence. He began by burning the works of Galen and other humoralists. He lectured in German instead of Latin, although he changed his German name, Von Hohenheim, for a Latin one. He was an undoubted quack, yet by his boldness and originality, acquired an influence which did not die out with him. As late as 1848, his pathology was dominant with certain German physicians, notably Rademacher.

The essential idea of disease, promulgated by Paracelsus, was that it is an immaterial entity, settling like a blight on the body, growing like a plant, and modified by the constitution of the organism upon which it lives, as is a vegetable by the soil in which it grows. His remedies were chemicals, principally antimonial, and were directed to killing off the disease or expelling it from the body.

Of all those authors, on the other hand, who have held that disease is due to the perturbations of a vital spirit, perhaps the one most intimately connected with the doctrine, was Von Helmont, who flourished at the end of the sixteenth century, and, like Paracelsus, repudiated the humoral pathology. The details of his theories, however, are quite too fanciful to be followed with profit. He also combated the notion of diseases as hot, cold, moist, or dry. His treatment was 'rational' and chemical.

Sylvius de la Boe, born in 1614, was, however, the great leader of the sect called "Chemikers." He was the first that we know of to teach clinical medicine, by walking the wards of a hospital with his students. He viewed all vital action as a "fermentation between acids and alkalies with the liberation of vital spirits," and in consonance with this, as well as with his system or therapeutics, he considered disease as due to misproportions of these supposedly fundamental substances in the organism.

During and following his time, amid the heated controversies between the Galenical physicians and the "Chemikers," we find no original views of note, before the time of Cullen, who in the latter half of the last century, may be said to have founded the solidistic school of pathology; a school that considered changes in the solids as the first event or prime factor in disease, upon which all phenomena and processes of a morbid nature were consequent.

The solidistic school, represented by the theories of Cullen, Brown, Rasori, and Broussais,* and apparently upheld by the researches of Bichat and Pinel, busied itself nevertheless more with the connection of symptoms and lesions by means of nervous action, and with the supposed incitation of disease by excess or deficiency of 'stimulation,' 'excitement,' 'irritation,' etc., than with the actual evidences of disease, symptom-

* Not so fundamentally unlike as their authors thought them.

atic or lesional. The solidists, therefore, were not inaptly called neuro-pathologists. Their explanation of all disease as due to irregular nervous action was finally upset by Virchow, who showed that the same morbid results followed the introduction of a seton into cartilage, which contains no nerves, as into other tissues, which possess this apparatus, as well as that individual cells detached from their site, would still perform their vital functions in response to stimuli, such as the ciliary motion of ciliated cells, which recommenced upon the addition of potash or soda to fluid containing them.

To Cullen nevertheless is due the formulation of the idea of *Vis Medicatrix Natura*, the importance of which is now increasing in our estimation, as we come to see more distinctly, the strife to be made by the organism against what in these days of disease-fungi we may call cumulative infection.

We have thus rapidly glanced over the prominent theories of disease that have held sway in the past of medicine, with the exception of those of Hahnemann.

We find now that the humoral pathology of the past is dead.

The idea of diseases as hot or cold, or moist or dry, we also recognize as fanciful.

A chemical or chemico-physical explanation of disease, if we ever reach it, is now much beyond our ken.

A parasitic origin, while assured of certain diseases, with many more knocking for admission into the category, does not lead us now to reiterate the old doctrine that disease is an entity. We may admit that the so-called *materies morbi* of more than one affection, is of extraneous origin, without necessarily extending the belief to all, even of a single class of diseases.

We continue to believe in *Vis Medicatrix Naturæ*; recovery from such progressively infectious diseases, as pyæmia and epidemic anthrax (as in animals) teaches us this. We do not, however, endeavor to explain this conservative power of nature; further than this, moreover, we do not now take up the consideration of vital force in pathology.

We no longer, as did the neuro-pathologists of former days, endeavor to explain all disease change by calling in the incitatory action of the nervous system. Neither can we now, if ever, hold that disease is essentially or primarily a change in the solids of the body; for while, on the one hand, there are many diseases

in which we can detect no changes in the solids, and while lesions, microscopic or macroscopic, do not as a rule appear for some time after changes in nutrition and function (symptoms) have made their appearance ; and, on the other hand, while we realize the fact that physiological processes must precede physiological formations, the presumption is that abnormal changes in normal processes *precede and cause* abnormal changes in structure however minute.

If, likewise, we maintain that the changes in structure, which we find *post mortem*, do not constitute the disease, we surely cannot maintain that the phenomena observed during life make up its essence, be they anatomical or physiological. The majority of symptoms we know to be but more or less indirect *expressions* of what is going on within the body.

The chemico-vital processes (if so we please to call them) upon which disease as well as health depends, are evidently to be neither felt nor seen.

We can perceive the results of disease, clinically in external morbid appearances, physical signs, and abnormal functional action, and autopsically in gross and minute internal changes, while the disease itself, meanwhile, and notwithstanding the continuance of these changes in structure, ceased at the moment of death.

If disease, therefore, be neither an entity which enters the organism, nor a mere change in the fluids or solids of the body, nor an excess or deficiency of moisture or heat, nor simply a mass of phenomena, UNLESS WE ASSUME the impossible task of explaining all affections upon the theory of perturbations of a vital force, we are reduced to consider it as simply a change in some one or more of the ultimate processes going on in the body, * call them vital, chemical, or functional, as we will.

* A view evidently beginning to obtain in the early part of this century, though not then entirely free from solidism, as we may observe in a note to the chapter on the "Nature of Disease," contained in Chomel's work on General Pathology.

"It is generally supposed and is, we believe, incontestable, that all diseases are owing to some change in the action of our organs ; this internal change precedes and produces all alterations of tissue, so that, properly speaking, all that we call disease is consecutive to this change. But as this peculiar modification escapes us, as we have stated in the preceding chapter, all our means of investigation, *reason* prompts us, this first truth being known, to direct our study and observation to the appreciable phenomena. It is thus that the progress of medicine has been real ; it has been retrograde whenever it has been attempted to seek the primary causes."

Substantially, then, a local or general change in metamorphosis (formative, functional, or both), which, in the present light of pathology, we may regard as brought about by some alteration in nutrition, local or general ; such alterations of nutrition being due to abnormal pabulum or its abnormal supply.

Thus, in brief, we may define disease to be essentially a perversion of organic processes, which results in apparent functional phenomena, denominated signs or symptoms, and generally also in structural changes called lesions or morbid appearances.

But in the light of this, let us turn and see what definition Hahnemann has given of disease, remembering while we search, that it is his system of therapy, rather than any notions of pathology, which binds our school together.

We may, moreover, take up the consideration of Hahnemann's ideas of the nature of disease, not only on account of the natural interest in the question, but more especially because of certain notions respecting these ideas, which have become more or less prevalent in the profession.

We may consider, first, the impression that Hahnemann, rejecting pathology, * defined disease as the "totality of the symptoms," that he looked upon disease simply as an aggregation of phenomena, which were not to be explained, thus resembling the Empirics of old. As a matter of fact, he does indeed reject the pathology of his time—a very poor pathology, as we now know—and he does not undertake to explain disease other than certain chronic affections, to which we will later refer. He lays stress upon the totality of the symptoms, however, from a therapeutic point of view only, as we may find by consulting the "Organon." Witness, for instance, section seventeen, where he says : † "As the cure, which is effected by the annihilation of all the symptoms of a disease, removes at the same time the internal change upon which the disease is founded, that is to say, destroys it in its totality ; it is accordingly clear that the physician has nothing more to do than destroy the totality of the symptoms, in order to effect a simultaneous removal of the internal change, that is, to annihilate the *disease itself*."

* In its special sense of pathological physiology.

† Fourth American Edition, p. 99.

What could be clearer, or more to the point, than this. As far as we have knowledge of his writings, moreover, Hahnemann nowhere says that disease is the totality of the symptoms. He speaks of symptoms, on the contrary, as the outward expression of disease.

But now, with reference to the idea that many chronic affections take origin in one or other of three forms of blood poisoning.

We may first quote Hahnemann's own statement, * viz. : "By placing in one class all protracted diseases arising from unwholesome habits of living, together with countless drug diseases, produced by the persistent and debilitating treatment often employed by old-school physicians in trifling disorders, we shall then find that all other chronic diseases, without exception, are derived from the development of three chronic miasms : internal syphilis, internal sycosis, but chiefly and in far greater proportion, internal psora. Each of these must have pervaded the entire organism, and penetrated all its parts before the primary representative local symptom, peculiar to each miasm, (itch eruption of psora, chancre and bubo of syphilis, and condyloid excrescences of sycosis,) makes its appearance for the prevention of the inner disease. When its local symptom is suppressed, the internal disease will be developed sooner or later, in obedience to the laws of nature."

We perceive from this, first of all, that Hahnemann does not make psora, syphilis, and 'sycosis' responsible for all chronic disease as is generally supposed. Moreover, he does not give a very extensive list of those diseases, which he does consider as due to these three blood conditions. † Now, if we started out by believing that even the large majority of cases of chronic disease were brought about by psora, syphilis and 'sycosis,' I am sure that in the same spirit in which Hahnemann placed them in

* Organon, fifth Am. Ed., S 204, p 155.

† It will be noted on consulting the "Organon," that Hahnemann speaks of syphilis as represented only by the venereal sore and bubo and 'sycosis' by condylomata simply. He did not apparently expand them so as to take in other affections, as he did the idea of psora. With reference to syphilis, therefore, it is quite needless to speak, and concerning the 'sycosis' of Hahnemann, it need only be said that it is now a recognized fact that condylomata are frequently dependent upon a morbid blood condition, such for instance as syphilis.

the category, we could take from our list any or as many diseases as we felt warranted in doing, as soon as by an increasing knowledge of the causes of disease we had found them simply due to "unwholesome habits of living." Thus we might, if we had *facts* to warrant, legitimately reduce a very mountain to quite a mole-hill. But now for the facts.

In the first place, is the doctrine of psora—the principal bug-bear—really exploded ?

In the absence of any explanation of this doctrine, according to the light of modern medicine, by those who adhere more strictly to the minor tenets of Hahnemann, let us see whether aught is to be found in our day that would uphold such a belief.

The versatile Dr. Piffard, in an admirable work on "Diseases of the Skin," speaking of the existence of a constitutional diathesis, recognized by the French, Italian and English schools as the basis of several chronic cutaneous affections, under the names of Dartrous, Herpetic or Arthritic, corresponding to the "salt-rheum" of this country, and for which he proposes the very apt name of the Rheumatic Diathesis, says : * "Looking to the past, we find that from early times in the history of medicine, there has been a more or less prevalent belief in the existence of a general condition intimately connected with certain cutaneous affections, and which was recognized by the Greeks under the name of *psora*. This term, though frequently used with great vagueness, still represented a prominent idea, and corresponded to the '*scabies*' of the Romans (Celsus), the affection to which the name *eczema* is to-day applied.

"Paulus Aegenita included psoriasis, as well as eczema, under the term psora.

"Rhayes describes two kinds of '*scabies*,' the moist and the dry. The '*scabies*' here mentioned was equivalent to the ancient psora or modern eczema.

"Leaving the distant past, and coming to the dawn of modern systematic dermatology, we find Plenck (1776) using the term '*scabies*' with very great looseness, making no less than eight varieties, of which but one, '*scabies verminosa*,' corresponds to the affection now called by this name. The '*scabies capitis*,' of Plenck, however, plainly includes eczema,

* pp. 124-126.

“Later we find that, instead of the Roman ‘*scabies*,’ or eczema being the principal feature of psora, the modern scabies, or itch proper, by a curious confounding of terms, became its chief synonym. The itch, then, became the representative of psora, and although by most regarded as a local affection, was still by many believed to be of constitutional origin. This view was especially elaborated by Hahnemann, and carried to such extravagant lengths, that reaction was the natural consequence. The idea of the constitutional nature of the itch was finally overthrown by Renucci’s demonstration that the *acarus scabiei* was unquestionably the cause of the affection; and from that time the idea of psora, as a constitutional disease, no longer existed in the minds of the majority.

“Modern scabies was the parasite which destroyed the diathetic claims of the ancient and more respectable psora; and hence the German notion of the local nature of all these affections.”

This bit of history, with its explanation of the present perverseness of the German school in refusing to recognize the constitutional basis of eczema and some other skin affections, is both interesting and enlightening. It seems to convey the idea, however, that Hahnemann included only the eruption of the itch * proper under the term psora, an idea which, unfortunately for this view, the “Organon” does not bear out. Psora is specifically defined only in the eightieth section of this work, as “a peculiar cutaneous eruption, sometimes consisting merely in a few pimples combined with intolerable tickling, voluptuous itching, and specific odor.” This evidently will not suffice to distinguish between modern scabies and a number of other eruptions; again, the following in the thirty-ninth section, could not well be true of the effects of purgation upon the eruption produced by the *acarus scabiei*, while it is to-day a recognized method of treatment for eczema, viz.: “It is true that frequently repeated purgatives will shortly cause the eruption of itch to disappear from the skin, but when the patient ceases to endure the intestinal disease forced upon him, and when he can no longer swallow those purgatives,

* It is to be remembered that in Hahnemann’s day the expression “the itch,” and its corresponding terms in French (*la gale*), and in German (*das jucken*) were as generic as they now are specific.

the cutaneous eruption either reappears in its former shape, or the internal psora is developed into some threatening symptom."

Thus there seems to be every reason for believing that Hahnemann used the term psora with all the 'looseness' of authors before, during and even after his time, including writers on dermatology. * We, therefore, perceive that Hahnemann HAD a basis for his theory, which has not as yet been overthrown, and that, to-day, in England, France, and America, there is a firm belief in a peculiar constitutional diathesis as the basis of several chronic affections of the skin. Moreover, in England especially, this diathesis is believed to be the same that predisposes to gout and rheumatism.

We thus have in a small degree an analogue of Hahnemann's extension of the psoric diathesis to other than skin affections, and although we believe now that this extension is largely without foundation, we must remember that pathology in his day was hardly in a fit state to positively oppose such a doctrine, having then, as now, so many facts to favor its more moderate maintenance. It is not infrequent, for instance, that distinctly scrofulous affections, such as lupus, chronic lymphadenitis, and certain chronic bony diseases, appear in members of families in which the herpetic or rheumatic diathesis, as evinced by other individual members, is hereditary.

This taken in connection with the fact that the children of phthisical parents are often scrofulous, as well as the similar fact respecting the progeny of syphilitics, † is significant with reference to the view that these several diatheses may be substantially one or interchangeable. Anatomically, moreover, the minute tuberculous formations of a lymphatic gland, a lupous nodule, a phthisical lung, and lastly a syphilitic gumma, ‡ are not to be distinguished from each other by the most recent methods of his-

* E. G. Plumbe, quoted by Piffard, who, as late as 1837, confounded 'psora' with parasitic scabies.

† Dr. Alfred Fournier, now of the Faculty of Medicine of Paris, and for whom, in 1880, a special chair on venereal disease was created, beginning a course of lectures at the St. Louis Hospital, in 1878, upon the Relations of Syphilis and Marriage, summed up the dangers of syphilitic parents to their children in the three only alternatives possible to such children, namely, first: death *in utero*, second, active syphilis at birth, and third, either a simple native debility of which the victims soon die, or a morbid predisposition to hydrocephalus, epilepsy (or other fatal forms of convulsion), or scrofula.

‡ The least infective and therefore least specific lesion of syphilis.

tological examination : the moral of which is to beware of how we insist upon the specific nature of a morbid condition.

So much then for the psoric taint, of which our elder born brethren in the profession have often accused us. We may after all, it seems, admit no maleficent hereditary influence in the birth of our portion of the medical family.

But after this digression we may ask, what did Hahnemann define disease to be.

In the nineteenth section of the "Organon,"* he says : "Diseases are definable only as *aberrations from the state of health*, which declare themselves by symptoms," and again in the eleventh section, he speaks of "the abnormal functional activity, which we call disease," certainly definitions wonderfully in consonance with what we would make to-day, and far beyond, in point of truth, what was evidently the prevailing notion of his time ; witness section thirteen, in which he says, "Hence disease, considered by allopathists as a material thing hidden within, but distinct from the living whole, is a non-entity, however subtile it is thought to be."

But did Hahnemann, after the custom of his time, seek further for what Chomel has called the primary causes of disease ?

This we need not feel ashamed to admit of him. If his search for, and theory of, ultimate causes, were of no practical good, we can say of them (as an exception to the general rule) that they were allowed to have no influence upon his therapy, which in its practical application, was preserved by him intact from all admixture with theoretical considerations.

In respect of his 'explanation' of disease, it may be said that in all but two places in the "Organon," he refers to disease as "produced (!) only by the morbidly disturbed vital force," † which he considered as a "spirit-like dynamis, animating our body, and residing unseen in its interior." ‡ In section seventeen, overcome as it were, by his belief in perturbations of the vital force, he speaks of "the morbidly altered vital force, the totality of the disease, in fact, the *disease itself*," and again, in the seventieth section, of diseases as "only dynamic disturbances of the vital force."

With reference to these attempts at the ultimate definition of disease, it may be well to recollect that it is but a comparatively

* Fifth Am. Ed., p. 70. † Section 12, Op. Cit. ‡ Section 15, Op. Cit.

short time since the medical world gave up trying to refer the diseases affecting the organism to peculiar perturbations of that vital force in which, as a matter of fact, perhaps the most of us even yet believe. Any one who will take up the work on the Institutes of Medicine, by the late Martyn Paine, long a teacher of that branch of medicine in this city, need go no further to find sufficient elaboration of the vital force, its manifestations and perturbations, to satisfy him that Hahnemann was not the last man who advocated what one may call metaphysical pathology. But to take more than one instance, we may refer to Copland's Dictionary of Practical Medicine, * which, in many respects, is yet a model medical work. In the preface, the author states that, "From the commencement of his lecturing on the Principles of Pathology and the Practice of Medicine, the author adopted a classification of Diseases based on the Vital Force, as manifested by the several systems and organs of the body. He viewed disease especially in its early stages, and states to be the result of causes affecting the conditions of this force in one or other of these systems or organs."

But the latest objection to Hahnemann's definitions of disease, or rather his supposed conception of disease, is directed neither to his assumption of perturbations of the vital force, nor to his psora theory.

Dr. E. P. Fowler, of this city, in a presidential address delivered in November last, before the New York Medico-Chirurgical Society, took as the title of the fifth portion of that address the question: "Homœopathy; does the term signify anything which really exists? Nature of Disease." And in this part of his effort says, "We will preface the proposition in hand with a brief analysis of Hahnemann's system, and to do this, we will first examine his definition of disease."

After quoting sections 11, 12, 16, 26, 27, 29, 30, 34, 148, 25, 34, 35, 45, 48, 22, 61, 52, 37 and 54 of the 'Organon,' most of which, however, contain nothing definitive of disease, he sums up by saying, "From the foregoing it seems most clearly palpable that the theory of homœopathic cure is based upon the assumption that disease is an abstract entity, (!) actually occupying a given locality, as one may occupy a room in a house," and in the

* London, 1858.

next paragraph, "It seems hardly possible that any one, previously unbiased, can make a thorough (!) analysis of Hahnemann's 'Organon,' in its entirety, without a conviction that he held disease as being entirely independent of, and different from, the ordinary processes characterizing vitalized matter. He apparently looked upon disease, not as a variation of a natural process (!) ; he treats of it rather as holding a relation to the human body much like that which genii were once supposed to sustain towards inanimate objects."

Now, with reference to this representation of Hahnemann as viewing disease as an entity, we may simply call attention to the fact that upon pages 19 and 29, respectively, of Dr. Fowler's address, he quotes sections 11, 12 and 14 of the "Organon," while it is at the beginning of section 13 (but a short one), that Hahnemann distinctly declares that disease is a non-entity, as we have before quoted.

It is in section 11, moreover, that disease is defined as "abnormal functional activity," whereupon it seems certainly remarkable that anyone, having quoted this very section, could say that Hahnemann "looked upon disease, not as a variation of a natural process." After a comparison of the fifth American edition of the 'Organon,' which in this as in Dr. Fowler's paper is the one quoted from in all these instances, with the other translation (fourth and preceding American editions), as well as with the original work, without the appearance of a single difference in the meanings expressed, it may, it seems, be justly said, that there is either some gross mistake in Dr. Fowler's remarks or else a wilful perversion, and in the light of these facts, we may abstain from further consideration of the various arguments advanced and inferences drawn by Dr. Fowler in his presidential address.

THE DEFINITION OF AN HOMŒOPATHIST.

A paper read at the annual meeting of the New York State Homœopathic Medical Society, held at Albany, Feb. 13, 1883, by Walter Y. Cowl, M. D., of New York City.

At a time when the Old School of Medicine is passing through a crisis with reference to the recognition of homœopathic physicians, when some within that sect seem anxious to consult with us, and willing to cease the exclusiveness, which compelled our formation as a separate school, and which in their opinion has simply been the cause of our luxuriant growth; and at a time, on the other hand, when some in our ranks are for giving up our name, and under the simple style of 'physician,' wish to merge themselves with these others who do not believe in the Homœopathic Law, the question may occur to many as it has in fact to several writers in prominent lay as well as medical journals, whether there be or not a sharp distinction between an homœopathist and an allopathist, whether there be a definition which unmistakably distinguishes the one from the other.

Throughout the profession, as well as among the laity, the idea of what essentially constitutes an homœopathist I believe to be vague. Many, I fancy, would give to this question the answer—a physician who practices Homœopathy, a member of the homœopathic body, or one who calls himself an homœopathist. But a member of the Old School fraternity may practise homœopathy, as, in fact, several noted members of it do to a greater or lesser extent, advancing even to the use of attenuated medicine,—that is, they use homœopathic preparations of various drugs peculiar to our school, in the usual potencies, and according to the indications of the homœopathic materia medica.

Shall we say that they are homœopathists? Shall we charge them with cowardice in not joining our body? Shall we accuse them of stealing? Or shall we praise them for remaining in their own ranks, and endeavoring to leaven the whole lump for us? The answers to the latter questions evidently depend upon

the first. Are such individuals homœopathists? This is an important question.

If they are homœopathists, and are not afraid to own it (for truth is the first condition of all conversion), we may not accuse them of cowardice in not joining us and severing all their old relations, for they may do more good by missionary work where they are. On the other hand, if they are not homœopathists, we may say nothing, unless, perchance, they use our knowledge and give us no credit, or claim the matters as their own discovery.

We may illustrate all this by an instance. A prominent dermatologist in New York city, uses, and is known to use, homœopathic preparations of purely homœopathic drugs, in minute doses, and according to indications first given in Hahnemann's writings. As a grateful exception to the general rule, he admits this publicly (with some exceptions) in Old-School and in other journals. Yet he remains a member of the allopathic body; he refuses to join the homœopathic fraternity, and says he can do more good to the cause where he is, but denies that there is a Homœopathic Law, denies in fact that the medicines which he uses and uses in our way, have a homœopathic action, and continues to use old school remedies. Is he or is he not an homœopathist?

Now, some would say, he is not an homœopathist if he continues to use old school remedies, and yet, he has often been accused of being an homœopathist, both by members of his school and of our own. Others would say, he is not an homœopathist until he acknowledges it, or joins our ranks.

I think, however, you will all agree with me, that we cannot call him an homœopathist until he comes forward and says he believes in the Homœopathic Law. When he does this, if he ever thus makes up his mind, there will be no doubt about it. Even if he does continue to use some or many of his old school remedies in his old time way, even if does remain with his old associates, or even, in fact, if he does not call himself an homœopathist, which he might have certain reasons for avoiding, we, nevertheless, cannot deny to him the name. He has something with us in common in which he differs from the body of his school.

This, as it were, will make him a marked man, and at the same time will show, I think, most clearly, that the only definition which

can be framed of an homœopathist, that will pick the true from the false, is—a Believer in the Homœopathic Law. This is a sharp dividing line. *It is the only test that we apply in admitting members to our society,* * and, if I mistake not, it is the only thing by which a line of demarcation can be drawn.

A layman, who believes in this law of nature and of cure, is certainly an homœopathist, although he never practise it.

A member of the homœopathic body who, with an imperfect knowledge of the materia medica, sometimes in his relief of suffering does not use it, while believing in its truth and practising by it according to his individual light, cannot be denied the distinguishing name.

The old school practitioner, who experiences a change of heart, (not simply he whose fingers itch,) methinks most righteously can be accused of homœopathy, e'en ere he joins the ranks of those who honor Hahnemann. Though he should continue to be a member of the Old School body, there is aught about him which separates him as by a wall from his fellows. He believes in a 'specific' method of healing. He no longer believes in a 'rational' mode of cure. He now endeavors to meet the particular group of symptoms in his patient by administering a remedy which will produce upon the healthy a group of symptoms most nearly the counterpart of those he wishes to relieve. His remedy, therefore, is SPECIFIC TO THE CASE. He does not now, first reason upon the nature of the particular disease in the patient before him, according, of course, to the prevailing pathological notions of the day, and then 'rationally' select a remedy, whose action, as at present believed, is opposite to that of the disease in the patient, nor does he follow a blind empiricism. His prescriptions now do not change as pathology and the physiological explanation of drug action from time to time alter. *He uses to-day the same remedies for the same conditions, and in the self-same way that Hahnemann and all his followers since have used!* UN-LIKE HIS ALLOPATHIC BROTHER, HE HAS NO NEED TO CHANGE !!

Let me, however, adduce not only my own testimony to this point.

Just twenty years ago, at the first regular meeting of this society, the learned and beloved Carroll Dunham, addressing the members in place of their president, discoursed upon the Anta-

* i. e. beyond the legal requirements.

gonism between Homœopathy and Allopathy. He discussed this antagonism, first from an historic, and then from a philosophical point of view.

After calling attention to Hahnemann's laborious course of personal experiment and research, in which he persisted for fifteen years, before publishing the great truth of Homœopathy, and referring to the high position to which he had attained in his profession before this discovery, as testified to by leading Old School writers, he goes on to recite the persecutions which Hahnemann had to endure and which have since been continued, with more or less severity, to his followers.

But leaving all this, leaving this practical antagonism, which just now, in fact, we are beginning to see fall away, he devoted himself to considering whether there be an antagonism from a philosophical point of view, and in the manner which I have already indicated to you, he most clearly and indubitably shows the irreconcilable diversity between the 'specific' method of prescribing of the homœopathist, and the 'rational' method of the allopathist. The one a simple comparison of systems, the other a complex and ever changing process of theoretical reasoning. A difference of method as marked as well could be. A difference which, as all of us are aware, is as characteristic to-day as when Dunham delivered this memorable address.

But what then shall we say of those in our ranks who now would cease to call themselves homœopathists, who, at this premature day, would in the words of one, "put the term away in the garret, as worn out medical furniture," or who, in the language of a recent editorial writing by a member, I am sorry to say, of this society, would declare that we "must cease swinging the red flag in the shape of a sectarian cognomen," and assert that, "No longer now, as formerly, is a single thought made the nucleus of a system of theology or therapeutics." We can but think that they no longer believe the Law of Similars. This at least we seem to read between their lines; while their late resignation from our midst tends to confirm us in this view.

But what excuse have they who would give up, what is, in more senses than one, their birthright? There must be some excuse. It seems to be this. The Old School have been perpetually dinning in our ears the assertion, that banding ourselves together under the name of homœopathists, we have tied ourselves

down to a therapeutic dogma, which is exclusive, and which therefore renders us incapable of honestly taking advantage of whatever scientific discoveries are made, for the benefit of man, relating to therapeutics, that do not apparently come under our dogma.

This has been so repeated and so insisted upon, that to my certain knowledge, many practitioners in our school, who do not claim to be 'Hahnemannians,' have come to accept this view, and to believe that every one of us, who, under any circumstances, and however seldom, goes outside of the use of a homœopathic remedy, for the relief of suffering or the cure of disease, at that moment loses his right to the title of homœopathist.

Now, with all due deference to the medical philosophers of the Old School, who so kindly lay down the rule for our guidance, THIS IS ABSURD. The first and always-to-be-followed rule for a medical man is, and always will be, to relieve or cure his patient in the surest, quickest, and safest way POSSIBLE TO HIM INDIVIDUALLY. This is the essence, moreover, of our code of ethics, and is contradicted by no regulation, written or unwritten.

To illustrate the practical reason for this rule, we may adduce the evident fact that the therapeutic knowledge of no two men is equal; what, in numerous instances, would be easily possible, in the way of a quick, safe and sure homœopathic prescription to a Dunham, might not be vouchsafed to one possessing a less perfect knowledge of the materia medica, as to some graduate of the Old School who had turned homœopath, or to some practitioner bred in our own colleges, who, knowing, used some resource, non-homœopathic, yet to his mind sure, safe and quick of relief in the case before him.

Such a one, with the modesty which becomes all true physicians in the presence of the complex problems of diseased nature, would, in every case, I am sure, ascribe his failure to select, or to relieve by means of an homœopathic remedy, to his own fallibility, to his own lack of knowledge or of judgment, rather than egotistically declare in the face of the present limited knowledge of therapeutics possessed by the profession altogether, that the law could not be universal.

Again, we cannot maintain and I am sure we do not maintain, that the sum total of useful therapeutic knowledge is bound up

in the homœopathic materia medica. In reason this can hardly be, while practically, I think, we all admit that it is not.

The Old School have not labored at therapeutics for over two thousand years for entirely nothing. We must concede that they have learned something; and as yet, I think, it hardly befits us, after spending less than a century, less than one twentieth of the time they have taken upon this most concrete and difficult subject, to say that our accumulations contain all the wisdom, and theirs all the nonsense of therapeutics. No. Until we have entirely perfected our system of prescribing; until we have blown the chaff from the wheat of our materia medica; until we have made its study so plain, simple, and easy, that one of ordinary abilities can fully master it, we cannot interdict nor hinder any man, in any case, from employing any agent, whose use, even if it be allopathic and routine, is to him individually less difficult of prescription, and to his mind more sure, safe, and quick, than any homœopathic prescription he then and there could make.

But now, shall we deny to this man the name of homœopathist? If he believe in the Homœopathic Law, I do not believe we can. However often he lapse from making an homœopathic prescription, so he believe the Law, and, like every one BELIEVING, make his honest endeavor, comparatively feeble though it may be; to carry it out in his practice, I think you will say with me, he is an homœopathist, and this name he may bear until the vast bulk of his profession have come to his belief.

