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"THE OTHER SIDE."

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In the British Journal, vol. xxiii, pp. 680 and 681, the following passages will be found :

"But when Dr. Lippe says, '*the notes left out stamp Dr. Rubini to be a Hahnemannian;* by omitting them *he may be claimed by the other side;*' we feel at loss what Dr. Lippe means.

"How can notes of the character described, stamp a man a Hahnemannian? What is a Hahnemannian? Are not all Homœopathists Hahnemannians? If not, will Dr. Lippe have the goodness to define what a Hahnemannian is, and at the same time point out the particular words or passages in those two notes that indicate the Hahnemannian? Further, wherein the Hahnemannian resembles or differs from the Homœopathist. We should like to know which of the two is the better practitioner, or more agreeable companion. And then we should like to know which is '*the other side,*' that may claim and carry off Dr. Rubini, if his notes are omitted."

I hope the learned editors of the British Journal will excuse my long delay in answering their questions. But other

public engagements, principally the duty with which I have been charged of instructing some eighty-five students of medicine in Hahnemannian Homœopathy, have hitherto rendered it simply impossible for me to give these questions the attention to which, from the respectability and courtesy of their source, they were entitled.

In a note to the Clinical Observations, in his Monograph on Cactus, Dr. Rubini says:

"Here it is necessary to remark how impossible it is to state precisely the dose of a medicine. It is always left to the judgment of the attendant physician to proportion, at the bedside of the patient, the strength of the medicine to that of the illness. It is also important to notify, that too strong a dose can, instead of ameliorating the illness, produce irritation or aggravation. And this might be made still more serious, if the doses also were repeated daily. The patient would then become discouraged, and would fall into the great error of believing that the remedy was not suitable, or that his organism was unable to bear it. These erroneous and false conceptions are very frequent, and so firmly established that the physician is, at times, forced by the patient himself to change the prescription. This change itself would be an error in practice, and perhaps there could be no greater. * * * * * * * Hahnemann in the beginning used the mother tinctures; but afterwards, having learned from facts, he cured with the 100th; later with the 10,000th; then with the 1,000,000th, and finally with the 10,000,000th part of a drop; and then he saw no more irritation or aggravations."

This is Hahnemannian doctrine, pure, true and clearly stated; and its hearty acceptance by Dr. Rubini, stamps him as a Hahnemannian, *sans peur et sans reproche.* And it is in opposition to just such doctrine as this, that "the other side" among the so-called Homœopathists contend. (See, in this connection, the famous testimony given at Toronto, Canada, which says, as to the proper Homœopathic dose, "*we endeavor to stop short of symptoms of poisoning,*" and which the British

Homœopathic Medical Journals have rather sustained than controverted.)

Dr. Rubini states that Hahnemann *learned from facts to cure by diminishing the dose.* The simplex then is Dr. Rubini's rule. Such cures by a simplex appear to be strangers to some of the writers of the British Journal. Dr. Rubini also advises individualization,—which seems no less strange to those who desire most of all to generalize.

All Hahnemannians are Homœopathists; but all who pretend to be Homœopathists are not Hahnemannians. And in fact, so fearful are some of them, lest they should be called Hahnemannians, that they take pains to disclaim the name in advance.

And those who, while calling themselves Homœopaths, still assert that if Hahnemannianism were Homœopathy, it (*i. e.* Homœopathy) would have been dead long ago,—who deny the law of the simplex, and who repudiate the minimum dose,—all these most certainly are not Hahnemannians; and what they are pleased to term Homœopathy, is something as different from the practice as it is opposed to the precepts of Hahnemann.

However great the respect which we all ought to feel towards the founder of Homœopathy, this certainly should not hinder our improving upon his practice by still further developing his principles. While if we imagined ourselves to have discovered other and better principles, which should supersede those laid down by him, and should consequently adopt them—we should no longer be Homœopaths even.

But for those still professedly remaining in the ranks of his followers, it is interesting to ascertain which class of practitioners are actually the most successful,—those who faithfully adhere to the principles which Hahnemann himself made the basis of the system of medical treatment which he designated as Homœopathy,—or those who consider Hahnemann to have been a well-meaning old gentleman enough, and that his views were, perhaps, quite creditable for the time in which he lived, but that they are now decidedly antiquated

(if not altogether exploded) and that the system of practice he enjoined is not to be compared with so-called Homœopathy which is most fashionable at the present time.

And if our friends of the British Journal are sincere in asking which is the *better practitioner* (by this being understood the *more* successful practitioner) we would reply, the answer is not far to seek. On the continent, the Rinderpest was treated recently *with great success* by Homœopathists who were Hahnemannians. In England, the same disease was treated *with very poor success*, by physicians who, while claiming to be Homœopathists, pursued a system of drug-medication, which, had the venerable Hahnemann seen it in his lifetime, would have brought the silvered locks of the Founder of Homœopathy with sorrow to the grave. Thus, while as far as principle is to be made the test, he must be esteemed the better practitioner, who adheres most faithfully to the principles which he professes to follow, as far as success is to be considered the criterion, the instance we have just referred to, would seem a sufficient answer to the question.

We may offer a still broader range of illustration. Neither the splendid success of Hahnemann in the later years of his practice, nor the remarkable success which attended his earlier disciples and immediate followers, who scrupulously adhered to his therapeutic principles and practical method, can now be denied. Contrast with this the admitted, comparative ill-success of almost an entire generation of physicians, who do not so adhere to strict Homœopathic principles and practice; and the conclusion will come home to the mind of every unprejudiced person, that there is an inseparable connection between the "better practitioner," considered *a priori* with reference to purity of principle, and the "better practitioner" considered *a posteriori* with reference to practical success. And when, in addition, we hear complaints of the insufficiency of strict Homœopathic principles and of the inefficacy of infinitesimal Homœopathic medicines (such as Hahnemann found amply sufficient and such as many of

his disciples have ever found perfectly satisfactory), the natural conclusion is that the fault is not so much in the *law* of Homœopathy, or in the Homœopathic medicines, as in the physicians themselves, who at the same time disregard the law and (by necessary consequence) incorrectly administer the medicines.

Having thus endeavored to render intelligible, even to the comprehension of our friends of the British Journal, what we did mean in our criticism upon the omission of certain notes of Dr. Rubini's; having attempted to show that these notes stamp Dr. Rubini as a true Hahnemannian; having, as we hope, not unsuccessfully labored to show what a true Hahnemannian is, and what a so-called Homœopathist may be; and having to the best of our humble ability answered the question of the "better practitioner," in such a manner as to still further illustrate the remarks immediately preceding, we come now to the final question,* "*what is the other side?*"

There are always two *sides*,—of which, if one is the better side, the other can hardly be the best,—if one is the wrong side, the other must be the right. And we think very few persons will find themselves unable to perceive the difference between the two, which it has been the object of the present paper to illustrate. A difference marked by no indefinite line; but by one which ranges on *one side* strict adherence to Homœopathic principles, medicines and practice, and on the *other side*, professed disregard for such strict principles, the substitution for them of chemical or pathological theories, the employment of methods of practice against which Hahnemann protested, and the use of medicines,

* We say *final* question, as to those in the article from which we quote. There are indeed a few interrogatories (explanatory or conjectural), which have reference to political themes. However much we should enjoy discussing these with our English friends, their entire irrelevancy to the pages of a medical journal, as well as want of space in the Monthly and of time on our own part to do justice to so wide a range of subjects as international, home and foreign politics and social and political economy, will preclude us from introducing them.

in mixed, massive, and frequently repeated doses,—diametrically opposite to his entire system. On *the one side* appears such Homœopathy as is in accordance with the principles, the precepts and the practice of Hahnemann and his beloved disciples; *on the other,* looms up that form of the so-called Homœopathy of the present day, *which has honesty enough not to assume to be identical with the former, and boldness enough to claim to be something better!* Shining brightly on the one side we see the symbols of success, and we hear grateful plaudits from those who were ready to perish! On *the other side,* are heard confessions of general and comparative ill-success, complaints of the inapplicability of the Homœopathic principles or law of cure to all classes of cases, and of the total insufficiency of dynamized (Homœopathic) remedies in many forms of disease.

While we would neither reject the recent discoveries and improvements in chemistry and pathology, nor underrate their true usefulness in medical science, we are still very far from being able to find in them either total or partial substitutes for the law of the similars, or truly scientific reasons for transgressing that law by administering unhomœopathic medicines. And in fact, we believe we do see in the remarkable and admitted success which follows the strict application of this law (even by the much-derided symptomatologists), ample proof that *this law of the similars underlies at once all the chemical and physical structure and all the still higher and inseparable physiological constitution of the human system.* This may seem "to the Greeks foolishness;" as it most certainly has ever been a stumbling-block and a rock of offence to the learned of the Old School,—and even to some who would fain be distinguished in the New. But it is none the less true that Nature is a jealous mistress, and appears much more disposed to award the palm to those who sit at her feet and learn of her, than to those who, buoyed up by self-flattering theories and the plausible conclusions of partial and superficial science, imagine themselves her superiors.