A

REVIEW

OF SOME OF

THE LATE REFORMS

IN

PATHOLOGY AND THERAPEUTICS.

BY

John C. Peters, M.D.,

OF NEW-YORK.

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HENRY LUDWIG, PRINTER, 39 CENTRE-STREET.

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WITH AN

APPENDIX

ON THE

ILLNESSES OF WASHINGTON IRVING.

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BY

JOHN C. PETERS, M.D.,

of New-York.

Introduction.

The following paper is slightly altered from an article published by me in the *Homœopathic Examiner*, first series, in 1842, seventeen years ago, after a patient study of homœopathy from the year 1837; after constant intercourse with some of the ablest homœopathists in this country, such as Gram, Gray, Hull, Curtis, Ticknor, Channing, &c., and opportunities of seeing the practice of some of the most renowned homœopathic physicians abroad, such as Noack, Fleischmann, Hartmann, Trinks, &c. It is reproduced here simply to prove that my course has been a consistent one through my whole medical life; that I have tried to be an earnest searcher after *truth*, wherever it is to be found; and that I have always been anxious to foster, in myself and others, a spirit of conciliation between all honest and liberal-minded physicians of whatever school.

In the meantime, according to one of the most liberal and practical physicians of the age, "the partizans of both schools are

under the strongest possible obligations to examine the rules of practice from which they habitually dissent, with an attentive and tolerant spirit; not only because such study produces greater circumspection in the care and cure of the sick, but because it promotes the progress of truth and sound conciliation.

"In the records and theoretic writings of both schools there is certainly much error, but assuredly also a great deal of truth, and the sooner a *catholic eclecticism* inspires both parties, the better for mankind at large and for the true honor of the profession. It is not true that the homœopathic method is all inert, or mere quackery, as is gravely asserted by some writers of the dominant school. On the other hand, it is not true that the thousand methods, pursued hitherto, are all totally depraved, void of good results, and to be instantly and wholly abandoned, as is affirmed by many of the new school. The adherents of both plans of cure do a great deal of positive good in society—at least those of them do, who are well educated, conscientious, and thoroughly stored with plain common sense. *The truth, so far as practice is concerned, must therefore lie in some yet unascertained middle-point between the two systems.*"

I have not the least hesitation in saying that this middle-point will be found in "the specific ALTERATIVE method." Homœopathic remedies act *similar* to, yet somewhat DIFFERENT from the action of the disease, and hence exert a slightly ALTERATIVE action upon the disease; specific homœopathic remedies always have been, and always will be an important integral portion of the practice of medicine. Specific allopathic remedies—*i. e.* such as act specifically upon the seat of the disease, but simply *different* from its action, exert also a purely *alterative* action, and may and must often effect many cures. The ordinary allopathic practice of the dominant school is rarely or never *specific*, in a proper sense, but is generally purely counter-irritative or revulsive; yet it often effects good cures, although, perhaps, in a harsh and circuitous manner; still, if life can be saved in no other way, it must be enforced, however unscientific, and however painful to the patient, relatives, friends, and physician. The thorough going advocates of the one school often do too much, and do it in an unpleasant, perhaps kindly-cruel manner; the strict partizans of the other, at times, do too little—the one school often seems to be trying

how much medicine they can give without killing their patients, the other would seem to be experimenting how little they can give without letting their clients die. There is a vast difference in the doses and some of the appliances and hypothesis of the two schools, but no absolute antagonism in the real laws or principles of the opposing factions.

1. The Reform in Pathology.

"Let us no longer catch at shadows, but endeavor to seize upon the spirit of science itself; let us now discriminate between the letter and the spirit, or, what is the same, between system and true art, in order that we may no longer lose the spirit by clinging to the letter, nor true art by blindly adhering to system."—Hufeland.

Pathology and therapeutics, or the study of disease, and the study of the cure of disease, collectively include the whole of practical medicine. If we glance at the present state of medical science, we notice that late, although not very recent reforms have taken place, and are still progressing in each of the two great divisions above mentioned; and mark, also, that neither of them has, as yet, exerted that influence upon the medical profession, as a whole, which it should and ultimately must.

Inasmuch as a considerable space of time has now elapsed since these two great reforms were first set in motion, we think the time has fully arrived for physicians to regard them, neither with the eye of enthusiastic preference, nor yet of excessive aversion, but to canvass their merits with the eye of a critic, which should be as eager to detect truth as it is usually only keen in the detection of error. Before proceeding further, it is well to premise that it has been said, that "every one should endeavor to ascertain the truth on each separate subject of inquiry, instead of following the ordinary process of adopting whole bundles of opinions, as they are commonly found connected together;" and, it is added, that "whoever does this, is very sure to agree with one party on some points, and with another on others, and is equally certain to be called fidgetty and crotchety by all the parties." But, as this is suffering in a good cause, "every good man and true" should be willing and firm enough to bear up under it. From this digression, I turn to make another, because I believe that the shortest and best method of truly estimating the perfections

and imperfections of any system of pathology is to compare its results with the requisitions of a theoretically and practically perfect study of disease. Hence, we advance as axioms: 1. That disease only occurs in living organized beings; 2. That all organization is the result of power; 3. That all organization presupposes the existence of form, structure, composition, and function; 4. That all function is the result of a power, which, in living organized beings, is termed the vital power. Thence we draw the conclusions that disease consists (*a*) in an alteration or modification of the vital power, which (*b*) forthwith produces alterations of function, followed (*c*) by alterations of form, structure, or composition, either singly or collectively. And further conclude that the proper study of disease necessarily presupposes and should force, *a.* the study of the operations of the vital power, and of the healthy functions, which are investigated in a science called *physiology; b.* the study of the form and structure of living organized bodies, which is learned in a science called *anatomy;* and *c.* the study of the healthy composition of these bodies, which is learned in a third science, which has received the name of *physiological chemistry.* Hence, we conclude, in addition, that the proper study of disease necessarily requires, *a.* the existence of a science which treats of altered or diseased functions, and which might be termed morbid physiology, although it is commonly called *pathology; b.* of another science, which busies itself with the diseased alterations of form and structure, and which should be, and is called *pathological anatomy;* and *c.* of a third, which investigates diseased alterations of composition, and which should and does bear the name of *pathological chemistry.* Again, alterations of function are made known to us, during life, by means of symptoms, or so-called *rational signs;* while alterations of form and structure can only be studied during life, by means of the so-called *physical signs;* and alterations from the normal composition can only be accurately learned by means of *chemical signs* or tests. Hence we draw the final conclusions, that any system of pathology which does not absolutely force the study of all of these six accessory branches of medicine, viz.: *anatomy, physiology,* and *physiological chemistry,* and *morbid anatomy, pathology,* and *pathological chemistry,* and does not equally force

the study of *rational, physical, chemical signs* of disease, mu necessarily, if not entirely erroneous, at least be imperfect.

We now turn from all our digressions to a critical examination of a late reform in the study of disease. The publication of "*De Sedibus et Causis Morborum*," of Morgagni, in 1760, opened a new era in medical studies. This work, it is well known, contains a prodigious collection of dissections of the bodies of diseased persons, made by the united exertions of Morgagni and Valsalva. It is true that others preceded Morgagni in his peculiar labors, and we are, in fact, obliged to make particular mention of Bonet, of Geneva, who is said to have been extremely zealous in the study of morbid anatomy, and his hearing having become impaired, in the latter part of his life, he was led to devote the remnant of his days to the arrangement and publication of the materials he had amassed, and labored with such success that his principal work, the "*Sepulchretum*," published in 1679, was very highly approved, and, with some show of reason, is even considered to have subsequently formed the foundation of Morgagni's great work. Other minor laborers preceded both Bonet and Morgagni, but still we think that none but the hypercritical will deny the claim of Morgagni to the title of the "father of pathological anatomy," which has been thrust upon him by almost universal acclaim.

The example of Morgagni soon engendered an enthusiastic and one-sided devotion to the study of morbid anatomy, and the "*Historia Anatomico Medica*," of Lieutaud, and the "Morbid Anatomy," of Baillie, followed, in quick succession, upon the publication of "*De Sedibus et Causis Morborum;*" while, in later times, the works of Bichat, Carswell, Laennec, Louis, Broussais, Andral, Bright, Rayer, Rokitansky, Hasse, Gross, &c., &c., all bear evidence of the devotion to pathological anatomy which has been perpetuated in the medical profession up to the present day.

The necessary consequence of an improved knowledge of the structural ravages of disease, as revealed after death by the morbid anatomist's scalpel, was to turn the attention of physicians strongly towards perfecting the means of detecting and marking the progress of these changes in the sick man during life; and hence the study of *symptomatology* received a fresh

impulse, especially that branch of it termed *diagnosis*, which teaches us the signs by which one disease may be distinguished from another. But it is evident that pathological anatomy throws light only on that class of diseases which is attended with evident *objective, physical, or structural alterations;* and it is equally certain that neither the *subjective*, nor the so-called *rational signs* of disease, nor yet *chemical signs*, will serve to diagnose organic or structural alterations. Hence, when we find that it is the objective, or so-called *physical diagnosis* of disease, which was principally and almost exclusively developed by the pathologico-anatomical school, it not only excites in us no surprise, but we recognize it at once as a necessary consequence. In fact, so intimately connected with pathological anatomy is the study of physical diagnosis, that we almost expected, before comparing dates, to find that the first great step toward the development of physical diagnosis was taken by Avenbrugger, of Vienna, in 1761, just one year after the publication of Morgagni's great work on pathological anatomy. Thenceforward, under the auspices of Corvisart, Laennec, Andral, Louis, Stokes, Piorry, Skoda, and many others, the improvements in the study of physical diagnosis kept pace with those in pathological anatomy. Still, in like manner, as Bonet was but a pioneer in morbid anatomy before Morgagni, so were Avenbrugger and Corvisart but pioneers in physical diagnosis before Laennec, who has been styled the "father of physical diagnosis." He, however, did not carry auscultation and percussion to any high degree of perfection before the year 1816. The consequence of the example of Laennec, as a matter of course, was to induce a number of physicians to turn their attention, almost exclusively, to the study of the physical signs of diseases, which was soon carried to such a height, especially in France, that many physicians seemed entirely to have forgotten that some affections are characterized only by alterations of function, and others principally by alteration of the chemical composition, and that such disorders necessarily cannot be attended with physical signs, but only by functional, or so-called rational, or else by chemical signs. The result was that the fingers and ears of many physicians soon had more to do in the diagnosis than their brains. Perhaps it is better for some per-

sons to rely upon the former, in preference to the latter, and hence we will not allow ourselves to descend into invectives against this one-sided aberration, the more especially as it led to the discovery and present great perfection of auscultation and percussion. It is but justice, however, to state that Laennec never discouraged, but urged every one to excel in the study of rational signs, while, at present, the authorities in physical diagnosis, viz.: Stokes, Graves, Louis, Andral, Chomel, Bouillaud, Schœnlein, Skoda, &c., also excel in rational diagnosis.

The perfections and imperfections of the pathologico-anatomical school are evident at a glance. In like manner, as one may be a brilliant anatomist and yet be no physiologist, so may one be a master in pathological anatomy and yet be no pathologist; but, on the other hand, in like manner as one can never become a competent physiologist without being an accurate anatomist, so can one never be an expert pathologist without an extensive and accurate knowledge of pathological anatomy. Again, one may be a master in physical diagnosis, but he will not the less be an ignoramus in those diseases which are not attended with local structural lesions, and which, hence, cannot be attended by physical signs.

The more the pathologico-anatomical school perfected the knowledge of the ravages of disease, and the more accurately they perfected the physical diagnosis of structural alterations, the greater became the contrast between the advanced condition of one part of the study of disease, when compared with the neglected, or at least very imperfect state of the study of the cure of disease. They soon found that the old Hippocratic dogma, "*cognito morbo facilis curatio*," can only be true when we possess an equally exact knowledge of the means of curing disease; they quickly felt, to its full extent, that no possible amount of knowledge of pathology, exclusive of all, or but imperfect information about the means of curing disease, can possibly teach us to cure at all, much less in a speedy, certain, and safe manner. They had set one great portion of the study of medicine rapidly rolling onward toward its ultimate perfection, and now they anxiously turned their attention to the other and more important section, viz.: the study of the cure of disease. But this school, and all of its discoveries, had risen out of the dis-

secting-room and charnel-house, and to these they naturally looked for the means of curing. Hence we are not at all surprised to find Magendie, Orfila, and many others, poisoning hundreds of dogs, cats, rabbits, sheep, &c., with huge doses of powerful drugs and poisons, solely in order to dissect them after death, and thus to learn the material, physical, or structural alterations and disorganizations they produced. Now, it is well known that the pathologico-anatomical school had almost come to the conclusion that disease is synonymous with inflammation; hence it is quite natural that when they found almost every powerful drug and poison caused inflammation, of greater or less degree, their astonishment should be so great as to make them forget that these very substances had previously cured many and very severe diseases. Having forgotten this, the next step, that of proscribing the use of almost all active drugs and poisons in the treatment of disease, was easy; and it is all in keeping to find one portion of them casting their reliance, with the tenacity of despair, upon blood-letting, and that *coup sur coup;* and the other sinking into the imbecilities of the *methode expectante*, and resting their "forlorn hope" upon ptisans and gum-water. With all their accurate knowledge of the structural ravages of diseases, and their dazzling use of physical diagnosis, it soon became a proverb in the profession, that one may go to Paris—i. e., to the hot-bed of this school—in order to learn what disease he is afflicted with, but he must come away again if he wishes to be cured. We detect but a single prophetic voice against the therapeutics of this school, and that proceeds from the very man who, perhaps, was mainly instrumental in plunging it into its grossest errors—it is the voice of Magendie, ascribing a specific and peculiar power to Tartar-emetic and Corrosive Mercury, in causing engorgement, inflammation, and hepatization of the lungs, and arguing that, as it is well known that Antimony and Mercury cure inflammation of these organs, we cannot well explain their beneficial effects unless we admit them to exert a specific action upon the lungs. (See "Pereira's Materia Medica." American edition. Vol. I.; pp. 140 and 561.)

2. The Reform in Therapeutics.

In the foregoing section, we have briefly traced the history and results of a great reform in the study of disease; we now turn our attention to the peculiarities of an equally great revulsion in the study of the cure of disease. The means of curing are generally said to be contained within the narrow limits of the materia medica, and hence any reform in the cure of disease must be preceded by a reformation in the materia medica, which, in general, is made to embrace two great classes of substances, viz.:

1. *Materia alimentaria*, i. e., food and beverages, or such substances as are positively essential in order to keep up life and health in the healthy person. As we have already seen that there is a science called *physiology*, which treats exclusively of life and the healthy functions, we take the liberty of terming these *physiological means.*

2. *Materia medica* proper, i. e., drugs, poisons, and simples, or such substances as are more or less injurious to healthy persons, and cause disease. As we have a science called *pathology*, which treats solely of disease, we may term these *pathological*, or, more properly, *pathogenetic means.*

However paradoxical it may appear, it is none the less true on that account, that the physiological or health-preserving means are generally utterly powerless to cure disease, and are even loathed in some affections, especially in acute fevers, inflammations, &c.; while the pathological, or pathogenetic, or disease-producing means, form the main reliance of physicians in medical treatment. As these means, i. e., drugs and poisons, are injurious to the healthy person, they must, necessarily, also, be injurious to the sick, unless properly applied; hence it becomes a positive duty, on the part of physicians, to use all possible means of attaining a comparatively perfect knowledge of the action of drugs and poisons prior to attempting to cure diseases with them; and also to be earnest and constant in the search of true laws and principles of guidance for the correct administration of them. If humanity demands that we should experiment as little as possible upon the sick, we have no resource but to experiment upon the healthy, viz., men and ani-

mals. If physicians should be too squeamish to experiment upon animals, and neither noble- nor generous-minded enough to experiment upon themselves, we can then only rely upon the records of accidental or suicidal cases of poisoning, and those of the sufferings which have been wrung from the agonics of the sick in slovenly and rash attempts at cure, for a scanty knowledge of the pathogenetic action of drugs and poisons. If we are limited to the latter means, such knowledge can only make accidental and occasional, and not regular, systematic, and constant advances. As all these methods of attaining information of the action of drugs and poisons are necessarily attended with suffering, it is well here to compare the advantages of each and all of them, in order that we may learn whether any of them may be dispensed with, or whether, cost what suffering they may, they must be constantly and unflinchingly put in practice: 1. By experimenting on healthy animals, we may push our experiments to the extent of causing severe local lesions, tumultuous constitutional disturbances, and death; after which we may learn the pathologico-anatomical, or structural, and the chemical changes produced by drugs and poisons. But animals do not speak a language that we understand, and hence many pains, sensations, and functional derangements must escape cognizance, unless we experiment: 2. on healthy human beings, on whom, of course, we can only experiment within reasonable bounds—we dare not cause severe local lesions, tumultuous constitutional disturbances, and death, but, at the most, may only bring on functional derangements, evidenced by sensations or symptoms, from which we can only dimly and indistinctly guess at the internal morbid conditions which drugs and poisons are capable of producing, and to which these symptoms point, and from which they proceed. But our knowledge of the action of drugs, poisons, herbs, and minerals on healthy human beings may be very materially aided by a thorough study of the accidental or suicidal cases of poisoning which have been carefully collected and preserved in the various works on toxicology. There we may learn the symptoms during life, and note the structural and chemical changes after death, and further compare the former with the results of experiments on healthy men, and the latter with the severe effects of vegetables and minerals on animals. It is evi-

dent, that by employing all these means, we must attain to a far more perfect knowledge of the action of drugs and poisons than by using only a part of them; hence, while we receive thankfully all we discoveries gained by the employment of one or the other of these means, we must deny that a one-sided and enthusiastic devotion to one method only exhausts all our means of acquiring such knowledge, and peremptorily refuse it all claims to actual and ultimate perfection. But, although Hahnemann experimented exclusively upon healthy human subjects, yet he made use of many of the treatises on toxicology extant at his time, and thus gave his labors a much greater completeness. Again, we cheerfully admit that humanity demands that such experiments on healthy men and animals should only be continued as long, and pushed so far as is absolutely necessary definitely to settle the peculiar action of each drug and poison. But Magendie, Orfila, and Wibmer have experimented largely on animals; Hahnemann, Stork, Joerg, and others, have experimented freely upon healthy human beings; and Orfila, Christison, Sobernheim, Taylor, &c., have furnished admirable treatises on toxicology. Now humanity is certainly not so exacting as to command us not to study the details of these experiments; indolence and prejudice must be more potent in dissuading physicians from making a close and accurate acquaintance with them.

It is possible that the results thus obtained may enable us to deduce laws for the application of drugs and medicines in the cure of disease; but the absolute truth of such laws can only be truly demonstrated at the bedside, by trials upon the sick. Now physicians have been making such experiments for over two thousand years, the details of which are preserved in many huge folios; hence, before we should dare to experiment further, we should compare the results of the actions of drugs and medicines upon healthy men and animals with the effects which these same substances are known to have produced upon sick men and animals. By such comparison, laws and principles of guidance in the art of healing must flow easily, naturally, and certainly. We therefore draw the conclusion that a theoretically and practically correct materia medica should contain accurate and voluminous details of many experiments with drugs, poisons, and

simples, both vegetable and mineral, on healthy men and animals, and the results of accidental or suicidal cases of poisoning; while an equally correct therapeutics should contain a comparison between the effects of drugs and medicines on the healthy and those produced in disease; an elucidation of the principles according to which cures have followed, and the establishment of laws and principles according to which future cures or injury of the sick may and must ensue.

We now turn to a critical examination of a late reform in the development of the materia medica and therapeutics, or in the study of the cure of disease. We find that a favorite pupil of the celebrated Quarin, one whom he so loved and respected that he once entrusted him with the care of part of his extensive and arduous practice, even before he had reached the years of manhood; a man well grounded in the study of medicine, as taught by Hippocrates, Galen, Paracelsus, Van Helmont, Hoffmann, Stahl, Boerhaave, Cullen, Brown, and Darwin, put forth, in 1796, a little "*Essay upon a new method of discovering the curative powers of drugs, with a criticism of the methods previously pursued.*" Starting with the positions that all drugs are injurious to the healthy person, but exert positive and specific curative powers against many diseases, and that it is the special and only vocation of the physician to cure and relieve the sufferings of the sick, and not to experiment, much less heedlessly to inflict injury upon them, he generously set the example, and earnestly urged the whole medical profession to join with him in making experiments with drugs, poisons, and simples, both vegetable and mineral, upon himself and other healthy persons, in the ardent hope of finding fixed and true laws of guidance for their correct administration to the sick, so that the medical world, at least, might learn some of the circumstances under which certain drugs must prove beneficial or injurious.

The intentions of Hahnemann were philanthropic and honest, and his aim was a truly noble one; but as he experimented upon the healthy human subject only, his "Materia Medica Pura" necessarily contains mainly the details of functional derangements and symptoms; in point of fact, it does contain an unexampled host of isolated and often very trivial drug-symptoms, fewer connected groups of drug-effects, still fewer distinct

and complete descriptions of drug-diseases, and comparatively scanty details of severe local structural disorganizations and chemical decompositions. As Hahnemann devoted himself, through a long series of years, with almost unparalleled industry, and with a devotion which could only have been excited by the most elevated and philanthropic desires, he necessarily collected an immense mass of drug-symptoms; but from what internal morbid, functional, structural, or chemical changes they flowed, and to which they pointed, remained either nearly unknown to, or could only be darkly and uncertainly guessed at by him; mainly because true pathology and physical diagnosis had been comparatively but little cultivated before his time. He was immensely in advance of his times in the study of the materia medica, and his present followers, instead of merely rehashing his materials, should labor in the same grandly progressive, and, if necessary, revolutionary spirit which once actuated the great reformer.

It of course became necessary for Hahnemann to arrange his vast materials; and, as isolated drug-symptoms formed the majority of these, the most natural ordination was to arrange them according to the localities or organs which they principally affected; and hence he classed them under effects upon the head, eyes, nose, &c., arms, legs, toes, &c., according as they influenced these parts. This certainly is a simple, and perhaps a natural arrangement, and we would have no exception to take to it, if it had not been cited by unfair critics as the only proof that the Hahnemannian school are in possession of sound knowledge of anatomy and physiology. They admit that it is sound knowledge of anatomy and physiology to know that human beings have heads, eyes, noses, arms, legs, &c.; but they also insist that every child knows this much, and that they have a right to expect learned anatomists and physiologists to exhibit greater information in their peculiar studies than every child is in possession of. They say they look in vain, in the "Materia Medica Pura," for an accurate diagnosis, in which individual nerve, tissue, organ, system, &c., are seated, each particular pain, ache, swelling, and what not, produced by hundreds and thousands by almost every drug, inert or active, with which he experimented. They know full well the great difficulty with

which far huger evils than isolated and apparently trivial drug-symptoms are oftentimes diagnosed, and are perfectly willing to admit, as a partial excuse for the non-performance of this, the extreme difficulty, and often, perhaps, utter impracticability of such a procedure. But it is now very possible to diagnose the exact locality of many permanent and severe pains and lesions, and our knowledge of the effects of drugs and poisons must not be considered perfect until such diagnosis has been made; besides, the exact application of the Hahnemannian method demands that, in order to cure, *the drug must act specifically upon the locality of the disease;* and if we know not upon what location the drug acts, how can we cause it to impinge accurately and certainly upon the seat of any disease? There are very many of the Hahnemannian school who possess a very accurate knowledge of anatomy and physiology, and are also adepts in the diagnosis of natural disease—it remains for them to perfect the diagnosis of drug-diseases. We suggest, as another, and, perhaps, a true reason why Hahnemann could not complete the diagnosis of drug-diseases, the fact that, from the time of Bonet and Morgagni onward, rational or rather hypothetical diagnosis had been falling into disrepute, because it did not suffice to detect structural alterations; while, as we have seen, the discovery of physical diagnosis did not take place until 1816; and we know that Hahnemann published his first tract in 1796, his "Materia Medica" in 1811, and his "Organon" in 1810. Hahnemann's method was, perhaps, the best which could have been adopted in his time, more than sixty years ago; but the immense advances which have been made, since his period, in physiology, histology, microscopy, pathological anatomy, and pathological chemistry, have not all been properly incorporated in his system by his followers. He was eminently progressive; many of them are eminently stationary.

The arrangement of the isolated drug-symptoms above-mentioned, sharp critics admit, may have been the best which could have been instituted with the least amount of trouble; but, they say, it would certainly have been better to have pointed out not merely upon what organ a drug acted, and the probable manner of ts action; but also the exact part, tissue, &c., of the organ it affected particularly. But, they assume that science was out-

raged when Hahnemann laid violent hands upon his groups of drug-effects and upon his smaller collection of drug-diseases, and scattered their component parts like to the twenty-four winds of heaven, by forcing them into the same arrangement which he had adopted for his isolated drug-symptoms; thus destroying every trace of the chronological, causal, or sympathetic relations which the individual parts of the groups of drug-effects and diseases bore to one another. They say, as well might an artist, who is in possession of a large collection of fragments of statuary, and a smaller one of entire figures, commence by arranging all the fragmentary heads, arms, and legs, &c., together, and then proceed to break off the members of his perfect statues, and arrange their *disjecta membra* in connection with the first, in order to have unity of arrangement, and exact systematic order.

But we have thus far been acting on the supposition that all the symptoms detailed in the "Materia Medica Pura" are truly the effects of drugs. It, however, has been proven incontestibly, say some, that Hahnemann and his aids noted down almost every abnormal sensation which accrued, from the commencement of their experiments to their termination; hence they think it but fair to infer that many accidental catarrhs, rheumatisms, headaches, eruptions, &c., have been recorded as the effects of drugs. They assume that Hahnemann no doubt possessed as ardent an impulse to collect drug-symptoms as a miser has to collect the goods of this earth; but insist that misers rarely collect worthless things, but generally close their lean and skinny fingers upon precious jewels and pure gold; they hoped that Hahnemann had collected only very important, positively true, and practically useful effects of drugs. They cite the anecdote of Lessing, the celebrated philosopher and critic, in which it is said that, while a mere lad, he and a school-companion each began to form a collection of minerals, and labored with equal industry. They separated after a while, and did not meet again for years, when the first question was: "Do you still continue your collection of minerals?" Lessing responded by leading his friend to a choice, but small cabinet; when the latter in astonishment exclaimed: "Why, you had more when a mere school-boy, and my collection is more extensive by an hundred-fold; in fact, I still

have every mineral, worthless or priceless, that I ever was in possession of." Lessing, the critic, drily remarked, that he had early commenced to throw many of his away. These so-called supercilious and impatient critics assume, that if Hahnemann had exerted a rigid criticism over his collection of drug-effects; if he had ever and constantly struggled to ascertain the exact value of each of his acquisitions, he undoubtedly would have employed some of his untiring industry and honest zeal in throwing away; while part of the medical world would never have fallen into the belief that Chamomile-flowers, charcoal, and chalk, produce thousands upon thousands of strange effects.

But this is a very one-sided, and, by far, by very far, the darkest side which can be given of the "Materia Medica Pura." With much irrelevant and badly-arranged matter, it contains a much more extended account of the trivial and severe effects of drugs than is to be found in all other materia medicas combined, and it may still be regarded as a great authority in therapeutics. It is true that its details are so voluminous as to become, in a great measure, confusing; and that it requires an immense amount of patient and laborious study to attain even a respectable amount of knowledge of its contents; while even then one is very apt to overlook the peculiar and specific action of drugs amidst the vast accumulation of secondary, accidental, or occasional effects which are there recorded. Yet, if physicians would be pains-taking enough to use several, or a dozen, or even more common materia medicas, as commentaries or grammars to this huge work, *i. e.*, the "Materia Medica Pura," they might be astounded at the vast flood of apparent knowledge which could thus be elicited by comparison and contrast.

If, to the huge legacy of symptoms contained in the "Materia Medica Pura," we add the knowledge of a great therapeutic law, for the more or less correct application of drugs to the cure of disease, some of the advantages of the homœopathic materia medica and therapeutics may become forcibly evident to some.

We forbear to enter more minutely here into the difficulties of treating disease with no other guide than the "Materia Medica Pura;" and, although we honestly think that the homœopathic method offers, even in its present condition, an excellent means of curing many diseases, yet experience teaches us

that its application is always laborious, frequently uncertain, and often utterly impracticable; hence we must add that, although much has been done, yet much more remains to be effected. Still, when we call to mind what Hahnemann and the homœopathic school have done to increase our knowledge of the action of drugs, and what they have tried to do towards rendering the cure of disease more certain, quick, and gentle, we become disarmed of all reproach and invective, which we think due to some of the manifold errors and inconsistencies into which some of this school have plunged, and cheerfully take our stand as one of the upholders of some of the truths which we conceive to be contained in the doctrines of this as yet reviled and persecuted sect. We have certainly had no wish to detract from the merits of Hahnemann, but, on the contrary, have always had a sincere desire to see him elevated from the position of a reviled leader of a comparatively small and despised sect, to the rank of a universally-respected and great reformer in medicine; that he might be regarded, by the whole medical world, as a highly philanthropic and generous man, and a truly noble-minded and skilful physician. We have long cherished the ardent hope that his name, too, might soon be enrolled, by common consent, in that "invisible church of genuine physicians, who, ever faithful to nature, have been actuated by her spirit, and have always acted according to her intimations, aad have preserved her holy word;". we earnestly wish that the time may not be far distant when his name will be honorably associated, by all, with those of Hippocrates, Sydenham, &c. But, in order that this time may soon, as it inevitably should come, homœopathy must not only be lifted from its present empirical basis into a science, but must be purged from numberless crudities, errors, and absurdities, which have crept into and still defile it.

The physiology of many homœopathists commences with the vital powers, and ends in the consideration of a part only of the vital functions, particularly those of sensation; while those functions which tend to structure and composition are comparatively neglected: hence it dispenses almost entirely with anatomy and physiological chemistry. As their notions of pathology are based upon such physiology, they consist almost solely in a consideration of the aberrations of the vital power and of the sensations;

while alterations of structure and composition, or pathological anatomy and chemistry, find no place in them. Hence their theories of health and disease are one-sided vital theories. The consequence is, that dynamic and functional diseases are more within the domain of their investigations than alterations of the structure and chemistry of the body.

The pathologico-anatomical school commenced at the opposite extreme. Their physiology was almost sunken into anatomy, while their pathology scarcely outstepped the bounds of pathological anatomy. The vital functions, except those which preside over structure, were almost unheeded; and of the vital powers they were so profoundly ignorant, that they thought them the result of organization; hence their notions or theories were one-sided, material, physical, or mechanical ones. One would suppose that this school cured structural alterations with the same readiness that the homœopathic investigates functional diseases. But, until lately, the former, unlike the latter, were not in possession of a great therapeutic law; the knowledge of disease was the strong side of the one, the cure of disease was thought the bright side of the other; and we have no hesitation in adding that the homœopathic school, at times, cure even structural lesions with far greater facility than the old pathologico-anatomical sect, whose therapeutic means were mostly confined within the narrow, but sanguinary or puerile limits of blood-letting, cupping, leeching, Mercury, Antimony, Opium, starving, tsisans, and gum-water. But, if the pathology of the homœopathic school should be extended, so as to embrace pathological anatomy and pathological chemistry, and if their knowledge of the action of drugs should be enlarged, so as to include their pathologico-anatomical and pathologico-chemical effects, then we have not the least hesitancy in asserting that, by means of a correct system of hygiene, and with the aid of the homœopathic and other therapeutic laws, we may, in time, be able to cure some structural and chemico-vital diseases with the same certainty, if not with the same celerity that we are able to diagnose structural lesions by means of physical diagnosis. And the homœopathic school may place themselves *instanter* in position to effect a portion of this desirable result; for the works of Andral, Louis, Gross, and Rokitansky, on pathological anatomy; those

of Liebig, Simon, Lehman, Berzelius, and Dumas, on physiological and pathological chemistry; those of Laennec, Stokes, Raciborski, and Skoda, on physical diagnosis; those of Magendie, Taylor, Orfila, and Wibmer, on the pathologico-anatomical effects of drugs; and those of Christison, Orfila, Sobernheim, &c., on toxicology, will enable them to take this giant stride as soon as their contents be mastered.

3. On the law "similia similibus curantur."

We here feel ourselves constrained to add a few critical remarks upon the well-known homœopathic law, "*similia similibus curantur.*" It is self-evident that, in order to cure any disease, a *different* state or condition of things must ultimately be induced. It is well known that Hahnemann insists strongly, that the action of the curative agent must not be *identical*, but only *similar* to that of the disease to be cured. He admits that the greatest similarity, *i. e.*, identity, would certainly add so much more to an already existing disease, and, of course, aggravate it; but he also asserts that a *lesser*, though still a great degree of similarity of action, between the drug and disease, will always be followed by a cure, in which the drug-action is first substituted for that of the disease, which then is, as it were, driven out or dislocated; next, the drug-action, which is transient, gradually subsides, and a perfect freedom from all complaint is the result. *Of course, only something* DIFFERENT *can be substituted;* for, if it were identical, we have seen that it would be *added* to swell the amount of original suffering. In point of fact, all similarity presupposes and includes some *difference*, which is an essential element in every attempt at cure; homœopathic remedies hence exert a *differential* or an ALTERATIVE action.

But the question may be put, may we not dispense with the similarity, and effect prompt and radical cures with drugs which only act *different* or opposite to the action of the disease? We unhesitatingly reply in the affirmative, and assert that any drug, which acts specifically upon the locality of the disease, may reasonably be expected to effect a cure, act it similar, different, or opposite; for it is evident that two different actions cannot go on at the same time in the same place: one of two—viz., the

weakest—must cease. Hence, if the dose be well proportioned, and the drug be powerful enough, a time must arrive when the diseased action ceases, and the drug-action is about being substituted; at this juncture a cure of the disease is temporarily effected, but a drug-disease may supply its place, if the physician has not wit enough to withhold the further application of his drugs. It will now be seen that the dogmas, "*similia similibus*," and "*contraria contrariis curantur*," are only relative—the main law which Hahnemann's disciples wish to confine to, "*similia similibus*," exclusively, belongs neither to this nor to its opposite, but lies between them, in a common centre, in which both laws unite and become one. This common centre of all these three laws is *difference;* for similarity, difference, and opposition all agree in being merely *greater or less degrees of difference.* This central law may be expressed in the formula, "DIFFERENTIA DIFFERENTIIS CURANTUR *seu* ALTERANTIA ALTERANTIIS CURANTUR." We must, then, unconditionally deny that homœopathic remedies only are specifics. To render this more clear, we suggest that the homœopathic method might be extended, so as to embrace not only the exciting of a similar state in the very same locality, system, organ, tissue, or function which is affected by the disease, but also in similar, different, and distant parts. The confines of the antipathic method may also be enlarged so as to include not only the production of an opposite condition in the very parts diseased, but also in similar and different systems, and more or less distant tissues, organs, and functions. The boundaries of the allopathic method will, of course, admit of the same extension. Then we would say that the production of similar, different, or opposite states in the very parts, or of the very functions implicated by the disease, must all be regarded as *direct* and *specific* methods of treating disease. The proper application of these methods demands the most accurate knowledge of the every action of remedies, both upon the sick and healthy, and upon men and animals.

On the other hand, the exciting of similar, different, or opposite states, not in the very parts diseased, but in similar, different, or remote parts, must be regarded as indirect or revulsive methods, which may occasionally, or even frequently prove useful. With the aid of all these methods, we need not be fearful

of curing too many diseases; and, doubtless, a century hence we shall hear no longer of exclusive homœopathists, allopathists, or antipathists, but every sound physician will be striving to apply all these various methods skilfully and accurately.

It is well known that it has long been insisted, by a small sect of medical men, that the homœopathic is *the* only true method of curing disease, and that it is applicable to every variety of sickness. I have labored long and zealously to prove that the homœopathic is a true, safe, and certain method of treating very many disorders; but I deny that there is any proof extant that diseases can be cured by no other method. Besides, homœopathic remedies have not yet been discovered for all the varieties of human ailments, some of which we know, to our cost, can only be cured slowly and unsatisfactorily; hence, even admitting, for the sake of argument, that the homœopathic is the only specific and direct method, no unprejudiced physician can yet be justified in rejecting the indirect and palliative methods.

On the other hand, many diseases have no opposites; for instance, what is the opposite of a headache, a pustular eruption, a rheumatism, or an erysipelas, &c.? Hence, if it be absolutely necessary to create an opposite state, in order to cure any given disease, very many diseases must necessarily be absolutely incurable. *The antipathic method never can be an exclusive and universal one.*

Again, diseases are often so painful and dangerous that every reasonable expedient which the ingenuity of man can devise, for relief or cure, may have to be brought in play. No humane physician can be justified in sacrificing the life or comfort of those who rely upon him with confidence, under their afflictions, to a system or a theory. In future ages, universal and exclusive systems may, perhaps, be regarded in the same light as universal panaceas for "all the ills that flesh is heir to."

We will merely add here, that, in like manner as we regard pathological anatomy and physical diagnosis as the greatest advances which have as yet been made in the study of disease, so do we regard the *specific method* as one of the greatest advances which has yet been made in the study of the cure of disease. But a century may tell a different tale; much has been done, but more remains to be done. In like manner, as Morgagni, the

father of pathological anatomy, has been far outstripped by Andral, Louis, Cruvelhier, Rokitansky, and others; and Laennec, the father of physical diagnosis, has been far surpassed by Piorry and Skoda; so should Hahnemann, the father of specific medicine, soon be far outstripped in the study of the cure of disease; else the practice of medicine must remain comparatively stationary in the direction he forced it, almost a quarter of a century ago. The labors of those who came after them only served to reflect credit upon Morgagni and Laennec; so should the labors of those who come after him reflect more and more credit upon Hahnemann.

As the so-called homœopathic and allopathic methods now divide and alienate the medical world, I intend here more particularly to apply the above rules and principles of examination to them; especially as these two methods are almost universally regarded as diametrically opposed to each other, and as incapable even of compromise, much less of union. But, if there be some truth in each, then there must be some principle common to both; if there be no such uniting principle, then one or the other method must be absolutely and totally false; for every true theory or generalization must not only be a legitimate deduction from many facts, but, also, must not be opposed to other equally numerous and equally well substantiated facts. A true and comprehensive deduction or generalization must not only help us to a complete view and explanation of all the hitherto discovered facts; but all pertinent facts which may be hereafter discovered must be in accordance with it, else it must be a mere fragment of some more general law, still to be sought for and discovered.

Hahnemann was the first to put forth the hypothesis or generalization, that there can be but *three* modes of medical treatment, viz.:

1. The *antipathic* or *antagonistic* mode—based upon the old Galenical law, "*contraria contrariis curantur*," and which he affirms to be simply a rule for palliation, never of cure.

2. The *allopathic* or *alterative* mode—characterized by the giving of remedies which act *differently*, *i. e.*, neither similarly nor antagonistically to the action of the disease; in accordance with the axiom, that in order to cure any disease, a different

state of things must be brought about; and, of course, based upon tho modern formula: DIFFERENTIA DIFFERENTIIS, *seu* ALTERANTIA ALTERANTIIS CURANTUR." This Hahnemann also declared to be merely a palliative law.

3. The *homœopathic*,—consisting in the administration of remedies which act similarly, *i. e.*, neither identically, nor widely, but only slightly *different* from the action of the disease. This he declared to be the only curative and truly specific mode.

Hahnemann and his followers could perceive that the antipathic and allopathic, *i. e.*, the antagonistic and alterative methods, were allied to each other; for antagonism is merely, and may be defined as the *greatest degree* of difference. But both he and they have repeatedly declared the homœopathic method to be as different from the two others as day and night, forgetting that there are *degrees of similarity* as well as of difference; that, although similar things resemble each other, they also differ somewhat; that *similarity always includes and presupposes some difference;* that, in fact, similarity is merely, and may be defined the *least degree of difference;* therefore, the homœopathic method is *only relatively different from*, not absolutely opposed to the alterative method, and *this*, in its turn, we have seen, is only relatively different from the antagonistic method.

Although Hahnemann, in his reasoning, assumes the homœopathic method to be as *different* from the alterative as day is from night, yet, in his explanations, he is repeatedly forced to admit the contrary. Thus, he says, in one paragraph of his "Organon:" "Without a natural *difference* between the action of the medicine and that of the disease, no cure could possibly take place, but, surely, an addition to, or aggravation of the evil." Again (see German "Organon," p. 68) he tells us, that, "If we apply continually to a frozen limb the same degree of cold which originally froze it, a cure will not take place isopathically, but the part will remain lifeless and dead; if, however, we apply a somewhat lesser degree of cold [*i. e.*, a somewhat greater degree of warmth], we will gradually restore the limb to comfortable temperature, and effect a cure homœopathically. Thus, if the room in which the frosted patient is, be at the temperature of +10°, Reaumur, and the cold applications be at +1°, Reaumur,

and the frozen part be at *zero*, then the cold application will supply one degree of warmth to the limb, and the surrounding atmosphere of the room will gradually supply nine degrees more." Hence, it is not the constant application of cold, but the *gradual application of warmth* which effects an alterato-antagonistic cure. To treat a frost-bite according to the antipathic or antagonistic mode, we should apply a sudden and extreme degree of warmth to the frozen limb—this is notoriously injurious; according to the allopathic mode, we should apply a medium degree of heat, persistently—this may or may not be dangerous; while, according to the homœopathic method, we should first apply a slight degree of warmth, which is to be gradually increased—this is the only really safe way, but it will be seen that in this instance the three methods differ in *degree* only, not in *kind*.

Again, Hahnemann tells us, that, "A hand scalded with boiling water will not be cured isopathically by the fresh application of scalding hot water, but we may cure it homœopathically by contact with a lesser degree of warmth [*i. e.*, by a somewhat greater degree of cold]; thus, if we place the scalded part in a vessel filled with warm water, at the temperature of 60°, Reaumur, the water will gradually become somewhat less hot, i. e., more cold, until, finally, it and the scalded part will very gradually have fallen to the temperature of the room." The antagonistic mode would require us to apply ice or ice-water to the scalded part; this might prove injurious, and bring on mortification. The alterative method would oblige us to use decidedly cold applications, which might or might not be dangerous; while the homœopathic method directs us to apply warm, or even moderately hot fomentations, gradually reducing the temperature. Still, the three methods again differ in *degree* only, not in *kind*.

Again, to a starving person, we would first administer, homœopathically, such small quantities of food as would enhunger, if not almost starve a hearty person; but gradually the quantity must be increased until the patient is on full diet. The allopathic mode would oblige us to give much food at once, and the bad consequences which would often follow are too well known to require mention; while the antipathic method would call for the production of a surfeit.

All the above so-called homœopathic cures consist in the *gradual* bringing about of a *different* or even *opposite* state, and we have seen that Hahnemann admits, and, in fact, assumes, that without a *natural difference* between the action of the remedy and that of the disease no cure can take place. We would next inquire how great a natural difference Hahnemann regards as necessary or admissible. He says, in section 45: "Two diseases, which *differ greatly* in their species, but resemble each other strongly [*i. e.*, differ slightly] in their symptoms, always mutually destroy each other." Here we have a great essential difference, and a slight symptomatic difference between the action of the drug and the disease allowed. Again, on page 138, we are told that, "A homœopathic remedy is not necessarily improperly chosen, even if several of the drug-effects are antagonistic, opposite, or antipathic to several of the less important symptoms of the disease, provided it covers the characteristic and important phenomena." Hence, to sum up, we have a partial symptomatic antagonism allowed, *plus* a slight symptomatic difference, *plus* a great essential difference. Here is latitude enough to effect a gradual alterative, or even antagonistic cure, as in the case of the frozen, scalded, and starving persons. But we are not obliged to confine ourselves to generalities, for Hahnemann has furnished us with a few examples whereby to regulate our practice; thus, in his proofs of the truth of the homœopathic method, he cites a case of purulent discharge from the bladder, cured by Uva-ursi, which drug, he truly says, is apt to cause a *mucous* discharge from the viscus; but there is a great difference between mucus and pus; and Uva-ursi may cure by altering, changing, or reducing a purulent to a mucous flux, which latter may then subside of itself, or be removed by other means. He also tells us that the vaccine fever has cured two cases of intermittent fever homœopathically, which experience, he says, confirms the assertion of the illustrious John Hunter, that two fevers, *i. e.*, two similar diseases, cannot exist in the same patient at the same time. But it is very evident that there is a great variety of fevers and great differences between some of them, especially between the vaccine and intermittent fevers; for one is the result of an animal infection, the other of vegetable decomposition; the one is always inflammatory in its nature, with

[illegible]

[illegible] But there is [illegible] in organs not at the same time, [illegible] a difference of [illegible] A remedy acts differently from the action of the disease, [illegible] upon the parts occupied by the disease. Remedies which act similarly to the nature of the disease do not necessarily act specifically upon the seat of the disease, much less do they occupy the whole organism so completely that, if they dislodge the disease from its original seat, it can necessarily find no other organ, system, or locality to act upon. In point of fact, there may and must be a specific and curative allopathic method, and a specific and curative antipathetic method, as well as a curative homœopathic mode. But I must first explain what I understand by *specific* drugs and medicines, disclaim the mere empirical-specific, and uphold rational specific treatment.

4. SPECIFIC TREATMENT.

1. By a *specific drug*, I merely mean one which acts by preference, and in a peculiar and characteristic manner upon certain parts, organs, or systems. A drug is a disturbing, perturbating, disease producing or pathogenetic agent. A medicine is a drug rightly applied for the cure of a disease.

2. By a *specific remedy, or medicine*, I refer to a curative agent or drug which not only acts by preference upon certain parts, organs, or systems of the organism, but exerts a peculiarly curative influence upon some of the diseases of those parts, and thus becomes a specific remedy or medicine.

3. By *rational-specific treatment* of disease, I merely mean the exhibition of such drugs and medicines as act peculiarly and specifically upon certain organs, parts, or systems, and curatively against some of the diseases of those parts. And here I hope to have found that direction in which the celebrated Dr. Forbes thinks homœopathy is destined to be the remote, if not the immediate cause of more important fundamental changes in the practice of medicine than have resulted from any system of medicine promulgated since the days of Galen.

As we may have three or more remedies acting equally specifically upon a certain locality, and yet acting the one similarly, the other differently, and the third oppositely to the action of a given disease of that locality, we may have three varieties of specific treatment, viz:

1. The *specific antipathic, or specific antagonistic* treatment, *i. e.*, the exhibition of such medicines or remedies as act by preference upon the locality of the disease, and quite or nearly opposite or antagonistically to the action of the disease.

2. *Specific allopathic, i. e., specific alterative* treatment—consisting in the use of such remedies as act by preference upon the seat of the disease to be cured, and specifically *different* from, *i. e.*, neither exactly opposite, nor yet identical, but merely similar to the action of the disease; and,

3. *Specific homœopathic* treatment—characterized by the use of such medicines as act by preference upon the seat of the disease, and *similar to, yet somewhat different from* the action of the disease.

But I may first be required to prove that there are specific drugs and remedies, and that their specific virtues have been, can, or may be discovered. Christison (see "On Poisons," p. 15) says: "Drugs and poisons are commonly, but, he conceives, erroneously supposed to affect the general system. A few of them, such as Arsenic and Mercury, affect a great number of organs, but not the whole system, and even they affect some parts *by preference;* but by far the larger portion of drugs and medicines *act on one or more organs only*, and not upon the general system. Thus, Arsenic, whatever way it be introduced into the system, inflames the stomach and rectum. It has such a peculiar elective affinity for these parts that it will produce these effects even when the fumes of it are inhaled, and Headland (see *London Lancet*, Oct. 21, 1843,) says, he is unacquainted with any other fume or gas which will produce like effects. The specific action of Mercury upon the gums is also a very familiar, but by no means the most striking instance, although it will "touch the gums," even if rubbed upon the soles of the feet, or upon the inside of the thighs. Christison (*ibid.*, p. 372,) tells us that the effects of Chromate of Potash, when introduced into a wound in the thigh of a dog, are equally, if not still more remarkable: for, when thus applied, it seems to cause inflammation of the mucous membrane of the air-passages, *specifically;* for even the wound, to which it was originally applied, does not become much inflamed; while the larynx, bronchi, and minute ramifications of the air-tubes are found phlogosed and to contain fragments of fibrinous exudation, evidently the result of previous inflammation (reminding one of the action of the specific diseases, measles, scarlatina, and varioloid), while the nostrils are filled with similar matters, and even the conjunctivæ of the eyes are covered with mucous and purulent effusion. Again, however intense the inflammation of the stomach and bowels produced by Arsenic, Oxalic-acid, and many other acrid drugs, this rarely extends to the peritoneum, causing true peritonitis, which Corrosive Mercury, Colocynth, and the mineral acids are very apt to produce, showing conclusively that these latter agents act specifically upon the peritoneum. Finally, Dr. Headland has seen Aconitine, when rubbed upon the skin of the arm or body, produce a remarkable state of the throat,

amounting to distinct tonsillitis or quinsy; and this specific action of Aconite constrained Dr. Headland to endeavor to draw the attention of the medical profession to the little progress which medical men have made in the knowledge of the peculiar and *specific* action of drugs and medicines—they being, at the end of fourteen hundred years, acquainted, as Colton truly says, with only two specifics! These examples may suffice, for the present, to prove that specific drugs do exist. It now remains to be seen whether rational specific remedies or medicines are known, and whether scientific specific treatment is practicable and desirable.

In the American reprint of the *London Lancet*, vol. ii., p. 823, we read, that "Many thoughtful men, who practice medicine, are unwilling to acknowledge that any of those medicines which are sometimes termed 'specific,' really possess any peculiar qualities. There is, however, reason, on close inspection, to admit that the belief in *specific* remedies, for particular morbid tissues or actions, is in strict analogy with much that we know positively of the functions of life, both in health and disease. In health, various organs are subject to peculiar and appropriate stimuli, which excite in them actions that would not be excited by the same stimuli in other organs. Thus light stimulates the retina to vision; vibrations of the air excite the nerve of the ear to hearing; food elicits from the alimentary canal those secretions which are requisite for its digestion. The blood is called a universal stimulus, but *each* of its component parts stand in a *specific* relation to some particular tissue or organ; for, while the blood supplies every part, indiscriminately, with the materials of nutrition and renovation, each part, so supplied, exercises *a peculiar and specific function*, in selecting such of the constituents of the blood as are capable of ministering to its requirements. These are unquestionable facts in physiology; and what is the inference that may be directly derived from them, in relation to our present subject, namely, *the specific treatment of disease?* Simply that every healthy vital action results from the operation of a specific substance on a particular texture, function, organ, or system. What is proposed, in the administration of curative agents, but to reëxcite those normal actions, the departure from which produces and constitutes

the morbid state? Why, then, should we reject the doctrine of operating, to restore health by means that are analogous to those which nature uses for the maintenance of health, *i. e.*, by applying to the diseased parts, tissues, or organs such substances as are capable of exerting *specific* actions upon those tissues or organs? According to such experiments as have as yet been made, every substance which exerts a specific action on a part is found to excite that action, as well when injected into the circulation, introduced into a wound in the skin, or into the nostrils, rectum, vagina, &c., as when introduced directly into the stomach; thereby demonstrating that it acts *specifically* upon the part, or parts, and is more capable of being placed in relation to the vital endowments of those parts than to those of any other. That, in short, it is a "SPECIFIC," which acts in a precisely parallel manner to that of the "*natural specifics*," by which all the healthy vital functions are excited and sustained. While this principle—which is one of the most important and universal in the philosophy of medicine—has hitherto been but little recognized and admitted, many specifics have been, and are still used blindly and empirically. It is remarkable that, however little the above positions have been adopted into the theory of medicine, the ordinary language of medicine has always borne testimony to *the specific action* of drugs and medicines *on particular parts or organs.* The very names of the different classes of medicines imply a full recognition of the above fact. What do we mean by purgatives, emetics, emenagogues, sudorifics, diuretics, &c., except that these articles exert a peculiar and characteristics, in short, a *specific* action upon the stomach, bowels, uterus, skin, or kidneys, &c.? Aloes will purge, whether introduced into an ulcer upon the leg, an issue upon the arm or any other part of the body, or when injected into a vein, as well as when introduced into the stomach, and hence is a *specific purgative.* Tartar-emetic will cause vomiting when injected into a vein, and hence is a *specific emetic*, &c.

All remedies which do not act specifically upon the locality of the disease, can only cure by setting up a new and more powerful action in or upon more or less distant and healthy parts; thus drawing off, by so-called counter-irritation or revulsion, the lesser irritation which is going on in the diseased part.

There are also three varieties of revulsive or counter-irritative treatment, namely:

5. REVULSIVE OR COUNTER-IRRITANT TREATMENT.

1. *Antipathic revulsive treatment*—Consisting in the use of remedies which act opposite or *antagonistic* to the action of the disease, and upon parts more or less distant from the locality of the disease.

2. *Allopathic revulsive treatment*—Characterized by the use of remedies which act *differently* from, *i. e.*, neither opposite, identical, nor very similar to the action of the disease, and upon parts more or less distant from the location of the disease. These two modes of medical practice are so well known and frequently used that it is, perhaps, unnecessary to cite examples of them; but it is well to add here, that all of Hahnemann's remarks against antipathic and allopathic treatment are leveled solely against the *revulsive*, and *not* against the *specific* methods. Thus, he inveighs, with some justice, against the indirect mode of applying stronger heterogeneous irritations to parts distant from the seat of disease, thus exciting and keeping up irritations in, or evacuations from organs dissimilar in structure and tissue from the parts really diseased, in order to turn the course of the disease toward the new locality selected by the physician. Again, he says, the aim of old-school physicians is to direct, or draw toward the parts they irritate, that morbid action which the vital powers have developed in the parts primarily diseased; thus they generally seek violently to dislodge or drag off the natural disease, by exciting and keeping up a stronger heterogeneous irritation or morbid action in healthy, although less important parts; that is, they often make use of violent, painful, and indirect or circuitous means.

3. *Homœopathic revulsive treatment*—Consisting in the use of remedies which act *similar to*, yet *somewhat different from* the action of the disease, and upon more or less distant parts. This variety of treatment has long been recognized and practiced upon by dominant-school physicians. Thus, Mac Cartney (see "Treatise on Inflammation") says: "We would observe that, *a priori*, it appears reasonable, and experience, we think, bears out the presumption, that the mode of counter-irritation

or revulsion should have a sort of *physiological* [pathological?] *relation* to the primitive morbid action. Thus, in internal diseases, characterized by a tendency to effusion of *serum* and lymph, blisters, which excite inflammation, with effusion of serum and lymph from the external surface of the skin, are sometimes advantageous—inflammations of the serous and synovial membranes are examples of the fact. While, in chronic diseases, especially such as are disposed to end in the formation of *pus*, those counter-irritants which produce a purulent secretion from the surface generally answer best. Thus, in ulceration of the cartilages of the joints, with effusion of pus, and in caries of the vertebræ, with formation of abscess, issues and setons, which excite a secretion of pus, are preferable to blisters, which merely cause an effusion of serum. Also, in scrofulous ulceration of the lungs, *i. e.*, in phthisis, frictions with Tartar-emetic ointment, which produce suppurative or purulent inflammation of the skin, are preferable to any other mode of counter-irritation. In the slighter morbid actions, which consist of simple congestions or determinations of blood, rubefacients are often sufficient." The use of blisters, in pleurisy, is also an example of homœopathic *revulsive* treatment, although, if the physician be not careful, it may become truly homœopathic, or even isopathic; for we read, in the American reprint of the *London Lancet*, vol. i., p. 301, that "A respectable surgeon found, on opening the cranium of a patient who had died after a blister had been recently applied, an inflamed mark, exactly corresponding in size and form with the external mark of the blister, which penetrated through the scalp and cranium, and was distinctly visible upon the dura-mater. Again, we learn, from the same source, that another surgeon has repeatedly seen marks on the pleura, covering the lungs, having the size and shape of the blister which had been applied to the chest; and the same on the intestinal peritoneum, of the size and shape of the blister which had been applied to the abdomen. Porter (see "Surgical Observations on Diseases of the Larynx") gives a case, where, in an acute inflammation of the lungs, the application of a blister was followed by aggravation of the symptoms, and, after death, a portion of the surface of the lungs, almost exactly corresponding to the size and shape of the blister, was found in

a more advanced stage of inflammation than the remaining parts of the lungs. Hence, it will not do for those physicians who use blisters freely in inflammatory affections, to scoff at the internal administration of small doses of Cantharides, Phosphor., Rhus., &c.; for a portion of Cantharides is frequently absorbed into the general system when a blister is applied, as strangury and increase of fever are not uncommon occurrences; and the homœopathist may well assume that some of the assumed efficacy of blisters, in inflammations, is owing to the homœopathic curative action of that portion of Cantharides which is absorbed, although this may have been too small to affect the kidneys painfully. Another example of *homœopathic revulsive* treatment will be recognized in the common practice of using diuretics, sudorifics, or hydragogue cathartics in dropsy; for it is evident that these remedies act by exciting a profuse watery or serous discharge from free surfaces, in order to draw off like accumulations from shut cavities.

The question now arises, are we to reject any of these modes of treatment? If one mode be, as a general rule, preferable to all the rest, are we hence to neglect the others entirely? Need we be afraid, with the aid of them all, of curing or relieving too many sick persons? Experience gives the only solution to these queries, and to that Hahnemann himself appeals, in his twenty-second paragraph, where he says: "If experience proves that the drugs which produce symptoms *similar to*, but *somewhat different* from those of the disease to be cured, also remove it in the most certain and permanent manner, then ought we always to select such remedies in preference; if, on the contrary, experience proves that the most certain and permanent cures are to be obtained by remedies that act *different*, or *directly opposite* to those of the disease, then the latter ought to be selected."

1. In proof of the efficacy of *specific antipathic treatment*, I cite the use of Secale in atony of the uterus. According to Sobernheim (see "Materia Medica," vol. i., p. 51), in seven hundred and twenty cases where it was used, it acted favorably in six hundred instances of tardy delivery, from deficient contraction of the uterus; also in five examples of retention of placenta, from the same cause; in five cases of hæmorrhage, also

arising from a like condition; sixteen times it was used with partial good effects only; in eighty-two cases, it failed, from the bad quality of the drug or some other unknown cause, but without bad consequences, either to mother or child; while in twelve instances only did it act injuriously, either upon mother or child, or both. Again, according to Dunglison (see "New Remedies," p. 437), Professor Von Busch, of Berlin, used the Secale in one hundred and seventy-five cases, on account of deficiency of labor-pains, and one hundred and seventy-seven children were born, two of them being twins. Of these, one hundred and forty-two were born alive and well, evidently not at all injured by the Ergot; while eighteen were in a state of asphyxia, which was removed by appropriate treatment; hence, if we assume that the asphyxia was produced in every case by the Ergot, it did not proceed to a fatal extent in any instance. Finally, seventeen children were still-born, and of these, seven were evidently dead before labor set in, as they were more or less putrid; ten died during labor, from various accidents and operations, such as prolapsus of cord, turning, perforation of head, &c., so that there was only one case in which the death of the child could be referred to the Ergot, and, even in that example, there was no reasonable ground for such an inference. Dr. Hempel also agrees with me, that true, direct, and *specific* antipathic remedies *do* exist, and may and *should* be used, under certain circumstances, for the purpose of making the patient comfortable, of arresting immediate and threatening danger; and also in cases where we are sure of the true antipathic action of the drug, and no other treatment is required than that of holding the disease in check, for a time, by an antagonizing influence. Hence, I also agree with Rau (see "Organon," Hempel's translation, p. 26) that: "Specific Antipathic treatment should not be rejected generally, as has been done by some vehement advocates of the homœopathic system; peaceful, impartial, and experienced physicians will keep aloof from that blind zeal which denies that happy results have been and will again be obtained by antipathic or antagonistic treatment."

2. The *specific allopathic*, or SPECIFIC ALTERATIVE *treatment*, is oftentimes more difficult of application than the antipathic;

for, although it may suffice, at times, merely to select a remedy which acts specifically upon the locality of the disease, and specifically *different* from the action of the disease; yet, at other times, disease is such a strange compound or hybrid of injurious processes and salutary reactions that we must also endeavor to select a remedy which not only acts specifically upon the seat of the disease, but *specifically different* from the injurious, and *specifically similar* to the salutary tendencies or terminations of the disease. Thus, in the first stage of pneumonia, we have a viscid and extremely tenacious secretion from the walls of the air-cells, the passage of air through which, during inspiration, causes the true crepitant rhonchus, heard only at the end of inspiration. In the second stage, we have the air-cells completely blocked up with this viscid secretion, and still more plastic and fibrinous products, so similar in character to the exudation of true croup that Rokitansky styles hepatization of the lungs a true croupous-pulmonary inflammation. This is the climax or acme of pneumonia, and from thence, in favorable cases, commences the retrograde or resolving salutary process; for then serum is exhaled from the walls of the air-cells, and in it the plastic, fibrinous, or croupous exudation is first partially, then completely dissolved and broken down into a sero-mucous and muco-purulent matter, through which air again begins to penetrate, causing sub-crepitant rhonchus, heard both during inspiration and expiration; finally, this so-called nummular sputa is cast out by critical expectoration. Hence, the true curative indication is to select a remedy which acts *differently* from the first or progressive stage, and *similarly* to the second or retrograding and curative process. As croupous inflammation is eminently plastic, fibrinous, and adhesive in its nature, we should, according to the requisition of the *specific-alterative method*, avoid remedies like the Nitrate of Silver, which excite adhesive inflammation, and may select Tartar-emetic, which causes purulent or suppurative inflammation, or Hydriodate of Potash, which excites mucous inflammation, or Cantharides, which excites serous inflammation, or Mercury, which excites scorbutic or a-plastic inflammation; for nature cures pneumonia by substituting a serous, mucous, or purulent inflammation in the place of the original plastic and fibrinous one. But any or all of these remedies may have to be

preceded by proper evacuant medicines, if the patient has been long, and is yet grossly plethoric or bilious; and if the arterial reaction, or congestive turgescence is excessive, arterial sedatives, like Aconite, Veratrum-viride, or Digitalis, may also be required. Finally, when the inflammation has subsided, and a mere blenorrhœa remains, the expectorant blenorrhœagogues, such as Phosphor., Senega, Sambucus, &c., which are powerless in the first stage, may complete the cure.—Again, in true or membranous croup, large quantities of tough, leathery, plastic, and fibrinous false membranes are secreted from the walls of the larynx, trachea, and bronchi; while, according to Dr. Ware, the natural cure of the disease is accomplished by the setting up of suppurative inflammation on the diseased surface of the air-passages, by which the false membranes are detached, and may finally be expelled by coughing; this natural cure is attended with copious expectoration of pus, with or without the presence of pieces of the false membrane, which become more or less completely, or often perfectly dissolved in the purulent matter. The true *specific-alterative mode* would require us to select a remedy which tends to produce a suppurative process on the mucous surface of the air-passages; this, if given early enough, would effectually prevent the formation of tough, leathery, and fibrinous false membranes, or, if already formed, would hasten their detachment, solution, and expulsion. Again, there are numerous varieties of inflammation, viz.: the plastic, adhesive or so-called fibrinous, the ulcerative, the purulent or suppurative, the mucous, serous, rheumatic, erysipelatous, &c., &c., Now, if ulcerative inflammation is committing its ravages, the *specific alterative* mode would render it proper, and, perhaps, advisable to give remedies which excite adhesive inflammation; if suppurative inflammation were progressing, we might be allowed to give remedies which excite mucous inflammation: this latter notion has been carried out successfully: not to appeal, a second time, to Hahnemann's cure of suppurative inflammation of the bladder by Uva-ursi, which excites mucous irritation of that viscus, I will quote the experience of Ricord (see *London Lancet*, vol. i., p. 365), from which we learn that "the Iodide of Potassium often produces a catarrh of the nose, but without any disposition to pass into the suupprative stage. The catarrhal mucus pro-

voked by the Iodide does not ripen, and if, indeed, previously to the administration of the remedy, there had existed a purulent secretion from the nose, this exudation, unless it has its origin in a carious state of the bones of the nose, will probably diminish and disappear under the influence of the Iodide." Again, in the so-called dry inflammations, the rules of the *specific-alterative* mode would render it manifestly proper to administer even irritating remedies, which specifically induce serous or mucous secretions; in affections attended with a discharge of thin, ill-conditioned, and ichorous pus, we might give remedies which naturally tend to produce the secretion of healthy, cream-colored, and benign pus. This *specific-alterative* method, it will be seen, requires the most extensive and accurate knowledge of the nature, course, tendencies, and natural terminations of disease, and forces a most comprehensive knowledge of all the peculiar actions of drugs and medicines.

3. *The specific homœopathic method* is equally sustained by facts. Thus, Lead and Alum are both astringents, both causing constipation and colic; yet, Eberlee (see "Materia Medica") says, Alum is one of the most effectual remedies we possess in lead-colic, and quotes Richter, who speaks in the most exalted terms of its good effects in this painful and often intractable complaint, and adds that the testimony of a great many eminent writers might be adduced in favor of its virtues in this respect. Sobernheim (see "Materia Medica") says, Grashius, Gendrin, Sunderlin, and Remer advise Alum in lead-colic, while Kopp recommends it in habitual colic. Noack says it is advised, especially in the chronic lead-colic, by Quarin, Schlegel, Zurken, Gebel, Goetze, and Montanciex. Dierbach (see "Materia Medica") advises it in flatulent colic, and thinks it may prove useful in lead-colic. Vogt (see "Materia Medica") and also Pereira (see "Materia Medica") say, in the treatment of lead-colic, Alum has been found more useful than any other agent, or even whole class of remedies, and inform us that it was first used in this disease by Grashius, in 1752, and was afterwards administered, in fifteen cases, by Dr. Percival, with great success; and, finally, that its efficacy has been fully established by Kapeller, physician to the Hospital St. Antoine, in Paris, and by Gendrin and Dr. Copland, not to mention numerous other less

distinguished authorities. They say it allays vomiting, abates flatulence, mitigates pain, and *even opens the bowels* more certainly than any other remedy, and frequently succeeds in the latter result when other powerful drugs and even purgatives have failed.

I have purposely cited this example, as one in which no rational explanation can, as yet, be given in which way the homœopathic cure takes place; we must be contented with the fact, and should be willing to institute analogous treatment in some other diseases. But many homœopathic cures can be explained away rationally; for the organism, even in its healthy state, is constantly carrying on an incessant struggle for its existence and normal preservation against the numerous exciting causes of disease, and when sickness has attained a lodgment in the system, this preservative endeavor is prolonged into a curative one. As this preservative and curative endeavor is essential to life, it is never entirely wanting in any sick person; hence the symptoms or signs of the presence of the same, viz., the reactive or curative endeavors,are always more or less evident, although, at times, in very slight and scarcely perceptible degrees; and they cease only when death sets in. Hence, the reactive or curative symptoms must not be regarded as something entirely new and peculiar to the sick organism, for they also occur during health; the sole difference between the reactive symptoms of the healthy and sick organism being, that the former are the phenomena of a struggle with the causes of disease, the latter with those of the disease itself. Hence, a more or less partial homœopathic treatment must form an element in the management of every disease; for a portion of the treatment, viz., that which corresponds with and aids the curative endeavor, must always be homœopathic in kind, if not always in degree. If the reactive or curative endeavor be too slight, we must give remedies which act similar to, but more powerfully than the feeble curative action; if the reaction be sufficient, we may give remedies which act similar to, and equally or somewhat less intense, in order fully to sustain and keep it up; if the reaction be too violent, it must be moderated.

It is well known that Hippocrates was the first who clearly taught that it is the most important duty of the physician to

watch the operations of nature, with the view of promoting those actions which appear salutary, and of checking or suppressing those which appear hurtful. The tendency of such precepts is to induce great caution in the treatment of diseases: much is left to the superintendence of nature, in the salutary and self-correcting operations of which the Hippocratists perhaps placed a too implicit credence. The Hippocratic method requires an accurate knowledge of what actions are beneficial, and which injurious.

To illustrate this, we commence (1) with the consideration of *Fever*, the very name of which is said, by some, to be derived from *februo*, to purify. Gregory (see "Practice," p. 50) says, "The earliest opinion on the nature of fever was that of Hippocrates, who imagined it to be a salutary effort of nature to throw off some noxious influence or matter; and it is remarkable that this opinion was entertained before the class of eruptive fevers were known, the phenomena of which certainly afford the greatest countenance to it." Stahl supported the same view, but acknowledged, when the morbific matter was too abundant, or the vital powers not sufficiently energetic, fevers were hurtful. When speaking of the treatment of fever (page 54), Gregory says, "The most important feature to the physician is the natural tendency, in all febrile diseases, to run a certain course and terminate in the restoration of health. This is very strikingly illustrated in continued and eruptive fevers. The latter will always, and the former very frequently, run their regular course, in spite of all the efforts of art. In ancient times, nay, even at no very distant period, it was made a question whether it was safe and proper to cut short a fever. It may be practicable to do this, but it never can become the foundation of our present treatment of febrile diseases. The natural tendency, on the other hand, of them to come to a crisis, or to work their own cure, may be often kept in view with the best advantage, and, though the extravagances of the expectant method are justly blamable, the spirit of the doctrine should never be disregarded." Again, Cullen taught that, in the cold stage of fever, the blood collected in the great vessels and heart, and this was the efficient cause of exciting them to that increased action which is the essence of the hot stage. Arm-

strong (see "On Fevers," p. 56) says, in simple and in inflammatory fevers there is generally more or less rigor, but he has never met with a case of true congestive fever which sat in with universal shivering; and as congestive fevers are least apt, of all others, to effect their own cure, he says, "this might lead us to suppose that the cold shivering-fit was intimately connected with the production of the hot or febrile stage," which he, a few lines above, says, appears to be an endeavor of nature to restore the natural balance of the circulation. Hippocrates believed the same of the cold stage. Parry (see "Elements," p. 329) says, "Shivering consists in short, quick, and frequently repeated miniature convulsions of various muscles, and, being one variety of muscular exertion, may be regarded as a modification of exercise, often intended to restore the circulation and heat to parts in which both are defective. He thinks, when shivering precedes suppuration, its purpose is to effect the exudation of the pus already formed and present in the vessels of the inflamed part; in cases of gall-stone, shivering was thought to assist the propulsion of the foreign body, &c." Galen, Frank, Stahl, Hoffmann, Boerhaave, &c., all entertained similar views of fever. It, hence, may prove a true method of treating fever, to give remedies which act similar to the curative endeavors of nature—not in one point only, as by exciting sweat, nor in two points only, as by increasing the fever and sweat; but, similar in all points to the internal curative process, and to the critical evacuations which it brings about. This method is free from the dilatory and negative practice of the expectants; and, as it demands the most accurate knowledge of the action of remedies, it is free from the perverse method of the crude empirics of giving drugs at hap-hazard; and from the conceited processes of some of the so-called rational empirics. Finally, instead of being obliged to wait, like the Hippocratists, until critical discharges have commenced, we may support and hasten the salutary processes, and end by carrying out the crises and critical evacuations more perfectly and powerfully than unassisted nature might be able to accomplish. An example will, perhaps, render this position more clear. The periodical fits of gout were regarded by Sydenham as cardinal crises for purifying the blood and discharging the gouty salts. Colchicum has long

been regarded as somewhat specific in this disease. Yet we read, in the *London Medical Gazette*, No. 24, that a woman, after drinking one ounce of Colchicum tincture, was seized with severe stitches of pain in the fingers and toes; all her hand and foot-joints became swollen and painful; subsequently, pains in the shoulder and hip-joints ensued; and, when these reached their acme, they were relieved by the occurrence of a profuse sour-smelling sweat. The reporter adds, "The whole presented the appearance of a rheumatic fever." Again, in the *Med. Chir. Rev.*, Oct., 1835, p. 375, we learn, from Dr. Weatherhead, that uric-acid, or its base, urea, superabounds in the blood of gouty people; that gouty chalk-stones consist of uric-acid and lime, and that, in the decline of every fit of gout, uric-acid is always observed to abound in the urine of the patient. Whence, the Doctor says, the probable inference, from all the foregoing facts, is that gout is really occasioned by the superabundance of urea in the blood, and that the deposition of it in the form of chalk-stones, and its excretion by the kidneys, may be regarded as salutary, although, at times, painful and troublesome crises. Now, we are also informed that Chelius, of Heidelberg, has ascertained that the quantity of uric-acid excreted by the kidneys is nearly doubled in a person who takes Colchicum for twelve days; hence, Colchicum not only produces critical processes, but also critical discharges similar to the salutary processes and evacuations of gout.

2. If fever has generally been regarded as a salutary process, convulsions rarely have, and we do not yet adopt the opinion as our own; yet Stokes (see "Practice," p. 293) says: "The occurrence of convulsions, in a child laboring under symptoms of inflammation of the brain, is always looked upon as formidable; and, indeed, it is natural that convulsions, to persons unacquainted with pathology, should seem to point out a great intensity of disease. I (Stokes) have, however, been long of the opinion that convulsions, occurring during the existence of dropsy of the brain in children, or meningitis in adults, are not so dangerous as persons generally think I (Stokes) will even go so far as to say, that the worst cases I have seen, in which a cure was effected, were those in which there were the greatest and most violent convulsions; and that, in the majority of those

cases which appeared to go on without any benefit from the treatment, there were scarcely any convulsions. I (Stokes) am hence of the opinion that convulsions are often of benefit by giving relief to the brain. This statement must appear paradoxical to some, but I (Stokes) trust that I shall be able to prove that it has some foundation in truth. Nor am I alone in this position, for Broussais has taught that there appear to be two great modes of reaction in the human economy, for the purpose of obviating the effects of irritation of important organs, viz, fever and convulsions. The irritations which affect the brain and spinal marrow, may be relieved by convulsions; those which attack the lungs, liver, stomach, bowels, &c., may be relieved by fever and increased secretion. So says Broussais, but I (Stokes) think they may be relieved by an *increase*, with or without alteration of their secretions. A violent expenditure of nervous power may relieve the brain or spinal marrow, and delirium or convulsions may prevent organic changes, just as secretion from the lungs or bowels may prevent ulceration. Thus the earlier phenomena of apoplexy and epilepsy are the same, and both arise from an active congestion to the brain; but, in epilepsy, we have this, followed by convulsions, more or less violent and protracted, after which the patient recovers. In apoplexy, there are no convulsions, and death or paralysis may follow. It is plain that, if we admit the identity (?) of the phenomena in the early stages of both these affections, we must then also admit that the only cause of relief we can ascertain are the convulsions. (?) Hence, I (Stokes) think, that we should generally look upon convulsions in the light of an attempt at a crisis made by nature itself. What is a crisis? An organ in a state of irritation is suddenly relieved by a new process taking place, either in itself or in some other part; and, when we come to examine what these modes of relief are, we find them to consist in increase of secretion, hæmorrhage, eruptions upon the skin, or convulsions. I (Stokes) am convinced that the ordinary practice of checking the convulsions with opiates is wrong and dangerous." Hence, we might infer that the opposite method, that of giving spasmodic remedies, might occasionally be justifiable; however this may be theoretically, it has been carried out practically, and by those who are not particularly "great on fits."

Thus, we read, in the *Encyclographie des Sciences Médicales*, for August, 1843, p. 65, that Lejeune has used Nux-vomica in the treatment of chorea with success; that Fouilloux gave, by accident, a large dose of Strychnine to a patient with St. Vitus' dance, and, although the effects were severe, it cured the chorea; that Trousseau, Professor of Therapeutics in the Ecole de Médecine, at Paris, has cured eleven cases of chorea with the same remedy. Trousseau also says that he had long cherished the idea that many medicines only act by *substituting a different and peculiar*, but spontaneously and rapidly curable disease, for one, the severity of which is often very great, the duration long, and their cure not spontaneous. This, he says, may be called a *homœopathic substitutive treatment*, which is very different from that which flows out of the reveries and singular errors of Hahnemann, but is in accordance with the experience of those soundly practical physicians who treat ophthalmia, blenorrhagia, chronic inflammation, &c., with irritating drugs. Hence, it seems to him conformable with analogy to treat chorea, an eminently convulsive malady, with Nux-vomica, which causes convulsions. In Dunglison's "New Remedies," p. 455, we read, that Pereira has seen Nux serviceable in that shaking or trembling action of the muscles which is produced by habitual intoxication; and, on the next page, that Romberg, Professor in the University of Berlin, saw good effects from it in chorea. There is a vast difference, however, between the half-paralytic trembling of chorea, and the tetanic rigidity produced by Nux-vomica; hence this should be regarded as specific alterative treatment. The usual treatment of chorea is with the mineral tonics, Iron and Arsenic; Nux-vomica must be regarded as a most powerful tonic to the muscular system.

If the above be true, then, when convulsions are absent in some diseases, it may occasionally be a correct indication to administer epileptifacient or convulsive remedies, such as Nux-vomica, Brucine, Ignatia, Strychnine, &c.

Again, in Eberlee's "Materia Medica," second edition, vol. i., p. 44, we read that, "In the Memoirs of the Copenhagen Medical Society, there are some very interesting remarks on the use of Ipecac., as an anti-emetic, by Dr. Schonheyder. Even ileus, with obstinate vomiting of fæcal matter, has been

relieved by it." Eberlee also quotes Burdach, who states that Ipecac. is very useful in habitual vomiting from morbid irritability of the stomach, but it must be given in *very small* doses."

3. The peculiar effect of Digitalis in rendering the pulse feeble, slow, and intermitting, is well known. Yet, we read, in Pereira's "Materia Medica," vol. ii., p. 292, that Dr. Withering correctly observes: "When given in dropsy, it seldom succeeds in men of great natural strength, of tense fibre, warm skin, florid complexion, or in those with a tight and cordy pulse; but, on the contrary, if the pulse be feeble and intermitting, the countenance pale, the lips livid, and the skin cold, we may expect the diuretic effects to follow in a kindly manner." On page 293, Pereira says, "In simple dilatation of the heart, the curative indication is to strengthen its muscular fibres;" yet, a little lower down, we read, "The enlarged and flaccid heart, observes Dr. Holland, though on first view it might seem the least favorable for the use of Digitalis, is, perhaps, not so. At least, we have reason to believe that, in the dropsical affections which so often attend it, the action of Digitalis, as a diuretic, is peculiarly of avail." A little lower down, Pereira says: "In patients affected with an intermittent, or otherwise irregular pulse, he has several times observed this medicine produce regularity of pulsation—an effect also noticed by Dr. Holland."

The only way, perhaps, in which the homœopathic action of Digitalis, in dropsy, when attended with a feeble state of pulse, can be explained away, is the following: in dropsy, the secretions of urine and sweat are generally checked, and fluids which should be excreted through the kidneys and skin are poured out into internal cavities, or beneath the skin. The specific effects of Digitalis are to produce a slow, feeble, intermitting pulse, followed by profuse flow of urine. Paris (see "Pharmacologia," vol. i., p. 128) even says, "It may be remarked that it seldom or never produces its diuretic effects without a concomitant reduction of the frequency of the pulse." Hence, diuresis would be most readily induced by it in persons with a naturally feeble pulse, and the free flow of urine may remove the dropsy in such persons. The action of Digitalis is somewhat antagonistic to that of Opium, which also causes a slowness of the pulse, but with suppression of urine, which, however, is compensated for

by the occurrence of free sweat. But homœopathy alone can account for its beneficial effects in case of the flaccid heart and intermitting pulse.

4. What remedy is nearer similar in its action to Lead than Alum, which, Pereira says (vol. i., p. 517), checks the secretions of the bowels, and thereby diminishes the frequency and increases the consistency of the stools. Yet, on pages 518 and 519, we learn that, "In the treatment of lead-colic, Alum has been found more successful than any other agent, or even class of remedies; it opens the bowels more certainly than any other medicine, and frequently when powerful remedies have failed." As Pereira scorns homœopathy, he adds, "The *modus operandi* of Alum, in lead-colic, is not very clear." Cullen (see "Materia Medica," Barbour's edition, vol. ii., p. 12), however, says he has known large doses of it to purge. Yet, why should it act so much better than the ordinary purgatives?

5. Billing says that alkalies relieve acidity of the stomach, for a time; but, in order to cure it effectually, tonics, and, better still, an acid should be used, such as diluted Sulphuric-acid. It is said, however, by some, that when the acids avail, there is an alkaline, instead of an acid condition of the stomach. In fact, Dr. Johnson (see *Med. Chir. Rev.*, vol. xxxv., p. 379) says, that the fluid water-brash "is nearly alwa s *alkaline*, occasionally acid, sometimes insipid, at others hot and acrid."

6. Good (see "Study of Medicine," fourth American edition, vol. iii., p. 290) says: "It has been proposed to overcome the night-sweats, in consumption, by exciting a sweat of a *different* kind; 'for it is as practicable,' says Watts, 'to cure sweating by sudorifics, as diarrhœa by cathartics.'" Good adds, "There is something plausible in this remark," and tells us, on page 296, that "Dr. Young has sometimes succeeded very decidedly in checking such sweats with Dover's powders."

7. Billing (see "Principles of Medicine") says, although no homœopathist, he knows full well that emetics will allay vomiting, and that purges will cure diarrhœa; that Tartar-emetic, and almost any neutral purging salt, will cure the vomiting and purging of Asiatic cholera quicker than any other remedies. Again, he says, that it will perhaps astonish many to learn that Tartar-emetic relieves nausea and vomiting, in like manner as

sedative remedies do, and that nausea and vomiting, in inflammation of the stomach, can often be relieved without the aid of blood-letting, by means of repeated small doses of Tartar-emetic.

6. ON DOSES.

In accordance with the principles above laid down, the doses of medicine, as a general rule, cannot be excessively or ridiculously small; neither need they be grossly large, except in a few somewhat rare cases. As the medicine must alter or change the action of the disease, the quantity of it must be sufficient for this purpose; *i. e.*, the action of the medicine must be greater than that of the morbid action, in order to overcome and remove it: highly infinitesimal doses will rarely accomplish this end, however great the susceptibilities of the system or the diseased organ may be. Rau (see "Organon," American edition, p. 182) says: "In some cases, *small* doses of well-selected remedies have no effect; and, if this be not owing to idiosyncratic influences antipathic to the action of the remedy, *larger doses will certainly act.* Singularly enough, it is supposed by some, that the essence of the homœopathic system of cure is to give excessively small doses, and that a larger dose is not homœopathic; but, if the remedy be chosen in accordance with the principle "*similia similibus*," the treatment will be homœopathic, whether the dose be *large* or *small*." Again, on page 186, he continues: "Supposed aggravations have frequently been observed [in imagination] after the higher attenuations; a fact which has given rise to the true supposition that these attenuations are not sufficiently powerful to excite the curative reaction of the organism, but allow the disease to progress unchecked, and really aggravated by the nervousness and excitement of both physician and patient." It sometimes requires a great deal of close observation to determine whether nothing more should be given on the appearance of new symptoms, and a new phase of the disease be allowed to progress unchecked; or whether the medicine should be repeated in larger doses, or replaced by some other more appropriate remedy. A few examples will suffice to make this matter clear.

Case 1. *Diabetes Mellitus.*—A gentlemen, aged about fifty, who had had several attacks of jaundice, preceded by spells of

profuse urination of light-colored urine, like spring-water, applied January 11th, 1859, suffering with great dryness of the mouth, tongue thickly coated with a yellowish-white fur, sallow complexion, yellowness of the eyes, excessive thirst, frequent and copious discharges of pale and frothy urine. Both he and I supposed that he was about to have another attack of jaundice, and Merc.-dulc., first triturition, was given four times a day, for ten days; then three times daily, as improvement went on. In the meantime, the urine was discovered to contain sugar in notable quantities, according to all of the following tests, repeatedly applied by Dr. Snelling, who supplies the record of them.

"My attention was first called to the probable existence of sugar, by noticing the peculiar saccharine appearance of a drop of the urine, which was evaporating upon the table. The great weight of the urine, and the peculiar smell, rendered the matter to my mind a strong probability, and consequently I proceeded to apply the tests.

"1. First, the urinometer gave a specific gravity of 10.30.

"2. Luton's test was applied with affirmative results.

"This test-fluid consists of Potassæ-bichrom., ʒj.
"Dissolved in Aqua distil., - - - ʒij.
"To which is added Sulph.-acid concret, - ʒij.

"An equal bulk of this compound test-fluid was applied to a few drachms of the suspected urine, and the characteristic *bottle-green* color in a very few moments was produced. This test, as far as I have been able to decide, I regard as one of the most important and reliable that chemistry has supplied to us; having never known it to give an erroneous indication, while sometimes Trommer's test seemed to give dubious results. When glucose urine is thus treated with an equal bulk of Luton's liquid, the reddish-yellow color of the test changes in a short time (more quickly, and with slight effervescence by the application of heat) into a beautiful *bluish-green* color, more or less dark according to the degree of concentration; carbonic and formic acids escape during the effervescence. *A dirty brownish-red color*, with occasionally *a tinge of green*, results if no sugar be present. It will be seen that this is one of the most certain and least difficult of all the tests.

"3. I next proceeded to add just enough of a solution of Sulphate of Copper, to another portion of the suspected urine in a test-tube, to impart to it a *faint blue* tint. Liquor Potassæ was then added in great excess, when a precipitate of hydrated oxide of Copper fell, *but was soon redissolved in the excess of alkali*, as sugar was present; forming *a blue* solution, like the ammoniuret of Copper; on gently heating the mixture to ebullition, *a deposit of red suboxide of Copper falls, if sugar be present.* This is *Trommer's* test, and its action in this case was most prompt and unmistakeable as to the existence of sugar. But I do not consider it so infallible as the first, as it has sometimes led me to suspect the presence of sugar when none in reality existed.

"4. The fourth test which I applied, depends for its action upon the conversion of colorless *grape* (diabetic) sugar into brown *melassic* (or perhaps sacchulmic) *acid*, under the influence of caustic alkali. About two drachms of the suspected liquid were placed in a test-tube, and nearly half its bulk of liquor Potassæ was added; the whole was heated thoroughly until actual ebullition was produced for a minute or two, when the previously pale urine became of a deep orange-brown, or even *bistre* tint, according to the proportion of sugar present. The subsequent addition of an acid will cause the evolution of an odor of boiling molasses. This test, which is known as Moore's, appears to be remarkably free from sources of fallacy, since boiling with liquor Potassæ tends rather to bleach non-saccharine urine. It will be found a useful point in these manipulations always to apply the heat only to the upper and supernatant portion of the liquid in the tube, as the chemical changes which take place under heat, being indisposed to spread downwards, the difference is rendered more striking and remarkable by comparison with the still unaltered liquid below; and we also avoid the danger of that violent and explosive ebullition which takes place if only the lower stratum of the liquid be heated.

"These tests I looked upon as quite conclusive, and pronounced unhesitatingly the urine to be saccharine, for they were repeated three or four times, at intervals of from four to seven, or ten days; but, gradually, to the surprise of Dr. Peters and myself, at the subsequent trials, after from ten to forty days use of the

Mercurius-dulcis, the specific gravity of the urine was steadily reduced to 1022; and, finally, at the end of eight or nine weeks, the above tests being repeated, only the faintest traces of sugar were obtained. The tests were reapplied four times during a space of four months, long after the suspension of treatment, as will be seen from the report of the case, and always with the result of entire absence of sugar."—SNELLING.

On the 24th of January his tongue had cleaned off entirely; his mouth was less dry, thirst much less annoying, skin clearer and less sallow, eyes less yellow, urine less frequent and copious, and general feeling much better; sugar was still present in his urine, although he had been put upon the diet for diabetes, viz., abstinence from all saccharine and starchy substances. January 27, 1859.—He was now only obliged to rise once at night to urinate, in place of four or five times, and thought that he did not discharge more water than usual, which, however, was rather frequently and copiously; tongue remained clean, mouth moist, and bowels, which had been costive, were moved regularly every day; sugar still present; and Merc.-dulc, first trituration, was continued twice a day only. February 5th, 1859.—Still continues to improve very much; tongue perfectly clean, mouth moist, eyes still sallow, urine reduced at least one-third, and now passed only eight times in twenty-four hours, instead of twelve or fifteen; appetite good, thirst not troublesome, and he does not drink one-quarter of the quantity he had been obliged to for some months; sleeps well, urinates but once during the night, and about every three hours each day; quantity of sugar lessening. Continued Merc.-dulc., first trituration, once a day only. February 21st.—Still improving; feels better than for years, appetite and digestion good, bowels regular, no thirst at all, while previously the thirst and dryness of the mouth were excessively annoying; complexion now rather pale than sallow, eyes no longer yellow, tongue still perfectly clean; passes only between two or three quarts of urine in twenty-four hours; quantity of sugar small. Still continued Merc.-dulc., 1, once a day.—This patient recovered perfectly in about a month more; the sugar entirely ceasing to be present in the urine. The diabetes had been gradually developing itself for eighteen months before he applied for medical advice. A slight relapse, seven

months afterwards—viz., in October, 1859—was rapidly relieved by the same medicine and diet; the quantity of sugar rapidly diminished, and the urine, at the present time, November 1st, 1859, of the specific gravity of 1019, and the before-mentioned tests elicit not a trace of sugar.

Case 2. *Tape-Worm.*—A lady's companion, aged about forty-five, had suffered for eight or ten years with tape-worm, passing portions of it almost daily, and had used several approved remedies without much benefit, among them Kousso. When she came under my care, in the winter of 1858, she was pale, much emaciated, had decided hectic paroxysms of chills daily, fever, and nocturnal sweats, an extremely harassing cough, with comparatively little expectoration, but much gagging and straining; examination of the chest only detected diffuse catarrhal bronchitis of the smaller and medium sized air-tubes. Congestive and asthmatic paroxysms of difficulty of breathing occurred frequently at night, obliging her to sit up in bed for hours together, and during the day there was constant shortness of breath, with much wheezing and sub-crepitant râle. As careful treatment did not relieve the chest-symptoms, the patient was persuaded with much difficulty to consent to have the parasite expelled, and the Male-fern was selected as the most reliable remedy. First the bowels were thoroughly cleared out; then a scanty and light diet was enjoined for twenty-four hours; an injection of milk was given at night, and repeated early the next morning, and a very light breakfast allowed; then three one-drachm doses of powdered Male-fern, in which half a drachm of the oil of Male-fern had been well rubbed up, were given at intervals of two hours; and, two or three hours after the last dose, a full potion of Castor-oil was taken; the whole worm was passed off that night, entire, with both neck and head attached, and perfectly dead. I still retain the specimen, and there has been no signs of any parasite evident for upwards of one year. The chest-symptoms did not subside as rapidly as was hoped for; but the free use of Cod-liver oil, the phosphates, and Alcohol restored the patient completely. She became stronger, fatter, and more robust than for many years; her cough, expectoration, and difficulty of breathing have all been absent for many months. She is still under observation.

Case 3. *Dropsy and Affection of the Heart.*—A lady, aged seventy-three, had been suffering from difficulty of breathing for several weeks, with progressive inability to lie down at night, troublesome cough, and steadily increasing dropsical swelling of the feet, legs, and thighs. When I took charge of her, she had no fever, but her pulse was the most rapid that I have ever noticed in a person able to sit up, viz., 160 per minute, and this not only for a short time, but for several weeks; with this excessive rapidity, the pulse was also very small and weak. Under the use of Apis, Arsenicum, Hellebore, and other approved remedies, in small doses, the urine became more and more scanty, until less than a half-pint tumblerful was passed in twenty-four hours. The dropsy extended to the abdomen and chest; the difficulty of breathing, the cough, and inability to lie down increased to a very distressing degree; the legs became so large, thick, and clumsy that the patient was scarcely able to get into bed. Three members of her family had died very suddenly of heart-disease: her mother was found dead in a sitting posture, while in the act of tying her garter; her grandmother fell dead while stooping to pick up some small thing from the floor. I, of course, gave a very unfavorable prognosis, and prepared her family for her speedy death. As all the other seemingly appropriate remedies had failed, I put her upon the use of *Apocynum*, in teaspoonful doses, increased a dessert-spoonful per dose, every four hours. In less than forty-eight hours the whole scene was changed: profuse diuresis took place, and the patient soon began to complain more of the annoyance of getting in and out of bed in order to urinate than of her cough or difficulty of breathing; for many days in succession it was common for her to pass a large chamber more than full of urine every night, and as much more during the day; the swelling of the abdomen and legs rapidly decreased; the pulse fell to 70 per minute, and was of good strength, her cough lessened, she was able to lie down comfortably at night, her appetite improved, and she has now been comparatively well for over ten months; she is able to go up and down stairs, and to walk and drive out, and seems in perfect health.

Case 4. *Otorrhœa.*—Miss B., aged ten, had scarlet fever severely when eighteen months old, was desperately sick, and

left with an offensive discharge, watery and bloody, from the right ear; this running was permanent, and never ceased for a day; she was treated for several years by a high-dilution homœopathist, then by one of the oldest, most respected, and experienced allopathic physicians and surgeons of this city, for a year or two, and, finally, by the most honest and capable oculist and aurist for fully two years. Severe applications were made to the ear almost daily during the winter season, and during the summers the little patient came to town regularly at least once a week. In this condition, when the disease had gone on from the eighteenth month to the tenth year, she came under my care. A very weak solution of Chloride of Soda, ten drops to the ounce, was put into the ear, three or four times a day, for three days, and then an equally weak solution of Alum, viz., three to five grains to the ounce of water, was applied for three days more; she was comparatively well in ten days, and had no relapse for three years, until the 29th day of October, 1859, when she was thirteen years; and then a slight cold in the ear, with a scanty discharge, was removed in less than four days by similar treatment. Unless an alterative action is previously produced by an alkali, the astringent will only have a temporary benefit. I have, for eight or ten years at least, been in the habit of treating many mucous discharges from the nose, ears, throat, urethra, and bowels in this manner, with the most prompt and permanent success. I have used many alkaline solutions, such as those of Soda, Potash, Chloride of Soda, liquor Potassæ, Potass.-bicarb., &c., &c., according to what I supposed to be the indications of the individual case; followed by weak solutions of Alum, Zinc, Plumbum, &c., &c., on somewhat similar grounds.

Case 5.—A lady, in the seventh month of pregnancy, had severe pains in the abdominal walls and uterus, with bearing-down pains, as if a miscarriage would occur; she had thus suffered for a month or more, less in the day, but severely at night, so that she had slept but little for five or six weeks; the pains resembled those of dysmenorrhœa; five drops of tinct. Cocculus were put in a tumblerful of water, and a tablespoonful given every four hours regularly, and one teaspoonful occasionally when the pains were most severe; the relief was prompt and perfect, as all traces of the disorder were gone in from thirty-six to forty-eight hours, and did not return.

I have relieved a great number of cases of dysmenorrhœa, and congestive and spasmodic pains in the uterus, with Cocculus; and a large number of cases of leucorrhœa, with abrasion or ulceration of the os-uteri, and severe ovarian pains, with Arsenicum and Cocculus in alteration, followed up for a long time.

CASE 6.—J. T., aged sixteen; applied October 30th, 1859, A year ago, while hunting for eggs, accidentally ran a straw into his ear; some bleeding took place, and the accident was followed by some inflammation. A discharge was then set up, which has been more or less constant ever since. The accident was followed by a great deal of pain, especially at night. This lasted for a month or two. There was soreness, redness, and tenderness over the mastoid process. His hearing was entirely gone in that ear, and the other one was sympathetically affected to such an extent as to render him unable to answer questions spoken in quite a loud voice.

The treatment was commenced by having the ear thoroughly syringed out; and tinct. Pulsatilla was given five drops twice a day, and then Glycerine and a weak solution of Pulsatilla were dropped into the ear. His hearing began to improve almost at once, the discharge ceased, the ear felt clearer, and now for several weeks he has heard perfectly well.

While the preceding pages were passing through the press, I had the desire, but not the fixed intention, of asking permission to dedicate them to Washington Irving. He had occasionally discussed the principles contained in them with me, and I often had abundant reason to suppose that much of the confidence I so long and unwaveringly received from him was based on his cordial approval of, and contentment that his treatment was conducted in accordance with them. But I also know that he was steadily weaning himself from all temporal affairs, and that his faith was not placed upon human aid alone, but was deeply founded upon the simple resignation of a Christian, and the experience of a sage—which recognize that every affliction is a means of purification. To me the aged are always like advanced sentries, mounting guard on the boundaries of life, and in their sleepless nights seem to be keeping the solemn vigils of the knights of old, before the dawning of the day on which they are to be enrolled in the sacred band of the elect. Hence, I never ventured to intrude upon his scanty leisure, or tax his overburthened kindness with my private affairs. But now I feel it right to prefix my simple dedication to these few pages, after his sudden death, because I had also often received the most touching proofs of his interest and confidence in me, both verbally and in writing, in addi-

tion to that great and peculiar one of always relying solely upon me for medical advice—although we were separated by over twenty miles of distance—coupled with the many unnecessary impediments which the carelessness and despotism of railroad officials inflict upon the traveller. He was not only content with my endeavors to be truly faithful to him, but often expressed it to others, as in the following note:

"My Dear Doctor:—My particular friend, the ——— Minister just arrived, is suffering with a severe cold, and one of his daughters with a sore throat As the latter is a charming singer, her indisposition is a calamity to all her friends. I will take it as a particular favor if you will call upon them in the course of the day, and make them both well, as I told them you would do immediately. Yours, truly, Washington Irving."

It may readily be inferred that I strove, not only to the extent of my own physical and mental abilities to sustain him through the necessary infirmities of his years; and to repair as far as possible the acquired sufferings arising from the condition of his overtaxed brain and nervous system, and the accidental inflictions of climate and exposure;—I also endeavored to aid him in every possible way, in receiving assistance from all those in whom he, or his friends, or I had confidence.

I append a short account of the various illnesses through which I had the high honor to carry him, because I have not only been frequently requested to do so, but even have had it imperatively suggested to me that I ought to satisfy the reverent curiosity of many of his admirers.

The Illnesses of Washington Irving.

I commenced to treat Mr. Irving and his family in Feb., 1852, since which time I have made two hundred and thirty-six trips to Sunnyside, paid two hundred and sixty-six professional visits to them in town, and received ninety-six calls from them at my own residence. I have occasionally been obliged to remain at Sunnyside all day; frequently, all night; and, at times, sojourned there from Saturday afternoon until Monday morning. My last interview with Mr. Irving was at my own house, when I had just recovered from an attack of bilious remittent and intermittent fever, and he supposed that I was unable to go into the country to visit him; this was on November 15th, 1859; and my last prescription was sent to him through his nephew, Pierre M. Irving, on November 25th; the sudden death of my kind patron, friend, and patient taking place on the night of November 28th, when in the seventy-seventh year of his age.

When I first was called to assume the position of physician to Mr. Irving, he had been in comparatively and even remarkably good health, at least for a person of his age; he was then engaged upon the first volume of his "Life of Washington," but had latterly begun to be troubled with vertigo, suggesting the fear of apoplexy, more from an overtaxed condition of his brain than from any signs of failure of his general health. The dizziness was removed by the persistent and systematic use of Cocculus, aided by the remarkably judicious and almost abstemious modes of life which were habitual with him.

Next, he was attacked with severe paroxysms of fever and ague, contracted while on a trip to the Western lakes and States. At intervals of many months, and sometimes of a year or two, he had returns of this fever, doubtless, superinduced by habits of early rising, often at four or five, A.M., and walking abroad in the chill of the morning, frequently before breakfast.

Mr. Irving was always an early riser. How graceful is the anecdote, so feelingly related by Professor Longfellow, of the open window and summer morning at Madrid, where he "found his gifted and genial countryman at work at six o'clock." What admirer of Irving does not recollect his morning stroll at Byron's Newstead Abbey, commencing with—"I rose at an early hour; the beauty of the morning and the quiet of the hour tempted me to an early stroll; for it is pleasant to enjoy such old-time places alone, when one may indulge poetical reveries, and spin cobweb fancies without interruption. It was a Sabbath morning, which always seems to shed a hallowed influence over the landscape, and the sweet chime of bells from a village a few miles distant came stealing up the valley. Every sight and sound seemed calculated to summon up touching recollections of poor Byron. The chime was from the village spire of Hucknall Torkend, beneath which his remains lie buried."

Several of these fever-paroxysms were very severe and threatening; the feverish stupor, at times, amounting to a close approach upon coma, and his tongue being so dry, brown, and parched as to lead to the fear that his state would deepen into a dangerous typhoid condition. From these he generally recovered in from seven to ten days, and quickly regained his usual state of health; so that the successive volumes of his last great work were little or none delayed by sickness.

In proof of the above, I add an extract from a published letter to Mr. Jesse Merion: "Since I saw you in New-York, I have had severe attacks of bilious intermittent fever, which shook me terribly; but they

cleared out my system, and I have ever since been in my usual excellent health; able to mount my horse and gallop about the country, almost as briskly as when I was a youngster."

Next, Mr. Irving was thrown violently from his horse, and received severe contusions upon his head and chest, attended with much pain, and extensive ecchymoses. It is the opinion of one of his clergymen, the Rev. Dr. Spencer, assistant-minister of Christ Church, Tarrytown, that Mr. Irving never recovered his former state of health after these injuries; although this was not equally apparent to others.

I was summoned to his bedside by the following note:

"DEAR SIR:—I send our coachman down to see if it is possible for you to come up at once. Our uncle was thrown from his horse this morning, and, I fear, is considerably hurt; for a time he had no recollection of anything that had happened; after that he seemed better, but is now suffering very much with pain in his chest, and great difficulty of breathing; he is still not able to move without assistance. Will you come up in the earliest morning train.

"Yours, truly, C. IRVING."

Mr. Irving was a good and fearless rider, and this was not the first fall from his horse that he had had (see "Tour on the Prairies," p. 105). "In crossing a deep stream, running along the bottom of a thickly wooded ravine, the banks of which were steep and crumbling, and overgrown with forest trees, mingled with thickets, brambles, and grape-vines, the whole line of hunters followed pell-mell after their leader—crowded each other down the bank, and into the stream. Some were soused head over ears, or unhorsed and plunged headforemost into the middle of the stream, while Mr. Irving was pressed forward and hurried over the bank by those behind him, when his course was interrupted by a grape-vine, as thick as a cable, which hung in a festoon as low as the saddle-bow, and, dragging him from his saddle, threw him among the feet of the trampling horses." Fortunately, he escaped without injury. In the Willis letter of 1859 is an allusion to his last fall from his horse: "a favorite steed, called 'Gentleman Dick,' threw him over his head into a laurel bush, which kindly broke his fall; Mr. Irving fell with his chest on a large low limb of an evergreen, and afterwards his head and face knocked heavily on the ground." When I arrived, a few hours afterwards, at Sunnyside, per express train, I found Mr. Irving in bed; his head, face, eyes, and forehead, were severely and extensively contused, with much blackness and blueness; I naturally was very anxious

about his head and brain, but Mr. Irving playfully directed my attention to his chest, which had received the first force of the fall, saying that his skull was stout enough to take care of itself, and his brain too, for that matter—for he had scarcely ever had a headache in his life, or any uneasy sensation therein.

Next, Mr. Irving was treated for, and recovered entirely from, an eruptive irritation about the ankles, with which he had been annoyed for many years; in fact, it was the remains of the cutaneous affection contracted in Spain, to which Mr. Lanman refers in his well-known letter about Washington Irving, in 1853. It was cured without any local application, by the somewhat persistent use of Hepar-sulphur. There was little or no return of it during the remainder of his life.

Among Mr. Irving's letters to myself, he several times alludes to this, as follows:

"My dear Dr. Peters:—My friend, the Hon. ——, wishes to consult you about a complaint similar to the one from which you relieved me. He is at the New-York Hotel, and I wish you would make it convenient to call on him at half-past ten to-morrow morning

"Yours, very truly, Washington Irving.

"*Wednesday evening.*"

"*June* 22*d*, 1857.

"My dear Dr. Peters:—I wish, before you embark on your short trip to Europe, you will have put up for me a few of those powders which proved so efficacious before. I hope you will be able to come up on Thursday, and stay over night with us, and expect you to put us all in such condition that we will need no physician while you are gone. Do not fail to come on Thursday, for my family will be disappointed not to see you before you leave.

"Yours, very truly, Washington Irving."

At various times I had been called on to prescribe for a catarrhal affection of the head, which was a serious annoyance to my illustrious patient, and which had, doubtless, been brought on by occasional exposure in sleeping under the trees on his own lawn, or on his piazza on a cane settee, and by often walking out into the open air without a hat, overcoat, or thick shoes, even when the weather was decidedly inclement After frequent relapses of this disorder, Mr. Irving was over-persuaded to use Goodale's Catarrh Remedy, by snuffing it up into the nostrils. The discharge was quickly dried up,

but, ere long, some previous tightness of the chest was steadily developed into severe paroxysms of catarrhal and intensely spasmodic asthma.

Previously to this, Mr. Irving had suffered from occasional attacks of difficulty of breathing, which I attributed to an affection of the heart, which I had hoped might be kept in abeyance for some time to come. Long before the asthma fully developed itself, my principal attention was anxiously directed to the state of his heart; and for some time I was unwilling to believe that he had asthma in addition to his heart-affection. In January, 1859, more than a year ago, I wrote to Oliver Wendell Holmes, as follows: "You were kind enough to make a few suggestions for Mr. Irving's benefit; unfortunately, all his friends mistake his case, and he is overwhelmed with remedies for asthma alone; but, it is right to say to you that Mr. Irving has enlargement of the heart in addition, and that much of his difficulty of breathing, and apparent catarrhal trouble, arises from an obstructed circulation, which leaves his pulmonary and bronchial mucous membranes more or less congested. If you can make any further suggestion for his benefit, I can assure you that it will be most faithfully tried, and with a most earnest desire that it may relieve one whom I love inexpressibly. Yours, very truly, J. C. Peters.

"*January 5th*, 1859."

In spite of these drawbacks, Mr. Irving completed four volumes of the "Life of Washington," with no unusual delay, and, although less vigorous, his constitution *seemed* to have sustained no irreparable damage.

Almost immediately after the completion of the fifth volume of the "Life of Washington," he quickly became completely sleepless; this was no new disorder to Mr. Irving, but it had never shown itself to such an extent: he has told me repeatedly that he never recollected sleeping six hours consecutively, and that four hours continuous sleep was something extraordinary. In Lanman's well-known letter, in 1853, we read: "Mr. Irving says that he cannot sleep well at night; that he frequently spends more than half the night awake, and then is in the habit of reading a great deal; that he really envied the man who could sleep long and soundly." Like poor Charles Lamb, he was destined to feel to the uttermost the loss of the blessing of sleep; like Lamb, he could often say, "I have had a most violent nervous fever or irritation, and have not had, nor could not get a night's sleep;" or, "I lay broad awake all night, till eight o'clock in the morning, and then got a poor doze;" while only occa-

sionally the two illustrious men could say, in the words of Lamb: "I have had something like sleep and a forgetting last night;" or, "It is quite melancholy in this house, but I could not have gone into a quite strange one;" or, "I am strongish, but have not good nights, and cannot settle myself,—what a world of trouble this is!" or, "I have been very poorly and nervous lately, but am slowly recovering sleep, but still I do not write or make engagements;" or, "I am very nervous, lost my sleep and expected to be ill, but slumbered gloriously last night, golden slumbers; I hope I shall not relapse." With all their sufferings, both Lamb and Irving "had a deep stream of tender human sympathy and humor; both had realms of heroic silence and modesty; nothing can be added to the dignity and sweetness of their lives; but, if ever good and great men walked the earth—good and great in the profoundest and noblest sense, full of that simple human charity and utter renunciation of self which is the fulfilling of the highest law and holiest instinct—they were Irving and Lamb, who both have won, not only imperishable names in English literature, but a sacred place in every generous heart."*

Such was the susceptibility of Mr. Irving to everything which was either quaint, beautiful, or touching, that many things disturbed his sleep, even a visit to a village of prairie dogs. He says:

"The dusk of the evening put an end to our observations, but the train of whimsical comparisons produced in my brain by the moral attributes which I had heard given to these little politic animals, still continued after my return to camp; and, late in the night, as I lay awake, after all the camp was asleep, and heard in the stillness of the hour a faint clamor of shrill voices from the distant dog-village, I could not help picturing to myself the inhabitants gathered together in hasty assemblage and windy debate, to devise plans for the public safety, and to vindicate the invaded rights and insulted dignity of the republic."—"Tour on the Prairies, p. 178.

Again, while at Abbotsford, he tells us:

"When I retired for the night, I found it almost impossible to sleep; the idea of being under the roof of Scott, of being on the borders of the Tweed, the recollections of the ramble I had taken, and the company in which I had taken it, and the conversation, all fermented in my mind and drove sleep from my pillow. On the following morning I rose at an *early* hour," &c.

Again, when in the Alhambra, he writes: "The moon gradually

* G. W. Curtis on the Notes and Letters of Charles Lamb.

gained each evening upon the darkness of the night, and at length rolled in full splendor above the towers, pouring a flood of tempered light into every hall. The garden was gently lighted up, the orange and citron trees were tipped with silver, the fountain sparkled in the moonbeams, and even the blush of the rose was faintly visible. On such heavenly nights, I would sit for hours at my window. Sometimes, when all was quiet after midnight, I have sallied out and wandered over the whole building; but how different from my first tour! No longer dark and mysterious; no longer peopled with shadowy foes; all was open, spacious, beautiful. Landaxara once more walked in her garden; the gay chivalry of modern Granada once more glittered about the court of Lions; every rent and chasm of time was gone." * * * * * * .

Or again, when on the prairies: "The night was calm and beautiful, and I seemed to have the whole scene to myself. It is delightful, in thus bivouacking on the prairies, to lie awake and gaze at the stars. One realizes, in such lonely scenes, that companionship with these beautiful luminaries which made astronomers of the Eastern shepherds as they watched their flocks by night. *How often*, while contemplating their mild and benignant radiance, I have called to mind the exquisite text of Job: 'Canst thou bind the secret influences of the Pleiades, or loose the bands of Orion.' I seemed, as I lay thus under the open vault of heaven, to inhale with the pure untainted air an exhilarating bouyancy of spirit, and, as it were, an ecstasy of mind. I slept and waked alternately; and, when I slept, my dreams partook of the happy tone of my reveries."

In the Tilton letter, Mr. Irving says: "When I have been engaged on a continuous work, I have often been obliged to rise in the middle of the night, light my lamp, and write an hour or two to relieve my mind."

Mr. Irving was also convinced that the last volume of the "Life of Washington," "had engrossed his mind to such a degree that, before he was aware of it, he had written himself into feebleness of health; he feared, in the midst of his labor, it would break him down before he could end it." When it was finished he was utterly sleepless; I shall never forget the shock I received when he came down from his pleasant house at Sunnyside to remain in New-York for several weeks, under my care, after he had spent whole days and nights at home without sleep. My dear patient was sadly changed from what I had seen him not many days before. Then he was somewhat toil-worn, but now he was haggard, feeble, almost ghastly,

and despairing. I was soon able to procure him from two to four or more hours sleep each night, and he always got a few naps by day and during the early evening.

But the sufferings of Mr. Irving from loss of sleep, attacks of asthma, obstinate coughs, indigestion, feebleness, and nervousness, during the great part of the winter of 1858–59, were often very great; still he had many intervals, and longer and shorter seasons of relief. All this time there was an undercurrent of the disease of the heart, almost completely masked by more urgent sufferings, but still, at times, becoming terribly distinct, like the sudden glare of a concealed reptile or savage; and then so fully and completely absent that I was at times almost left in doubt whether it ever could have been present. There was no valvular disease, no heavy beating, or pain about the heart, nor even the slightest valvular murmur; but percussion would map out the heart larger than it should be; its sounds were muffled; occasionally it would falter in its beating, and sometimes manifest itself in a different kind of oppressed breathing from that which attended his severe and open attacks of asthma. At times, when almost overcome with sleep, his breathing would become gradually or speedily shorter and lighter, until it not only seemed almost imperceptible, but would absolutely stop for a space which should have been occupied by four or five ordinary respirations; then also his pulse would falter, until it seemed as if that kind heart would never beat again, and that voice, which so often uttered words of comfort and gentle pleasantry to others, would never more be heard. It is easy to conceive the agony which at times I felt at the dead of night, while watching at his bed-side, when such signs of impending dissolution exhibited themselves. But gradually, after many sudden gasps, and starts, and awakings from this troubled and dangerous condition, his breathing would slowly and steadily become gentle and regular, the heart and pulse would beat clearly and firmly, and a most refreshing, and apparently safe slumber would overpower him; every vital organ working so securely and steadily that one could almost believe with Mrs. Brownson—"To his beloved he giveth sleep."

The long and dreary winter of 1858–59, was passed in one continued struggle with oppressed breathing, harassing coughs, sleepless nights, and consequent debility; with nervousness, and frequent attacks of despondency. Scarcely was he relieved in one direction, before some new and distressing form of suffering would quickly or insidiously arise. During this period it is impossible

adequately to describe the devotion of his attached nephew, Pierre M. Irving; who scarcely ever had one undisturbed night for weeks and months. He read to his illustrious uncle many hours every night; paid almost daily visits to New-York, to the Astor and Society Libraries, for fresh supplies of books, most of which, of course, proved of little solace or entertainment to Mr. Irving. When all reading matter palled upon his attention, many hours were often spent by this devoted nephew in conversation and attempts at encouragement, often without manifest relief, but without which Mr. Irving's condition might have become dreadful indeed. For many months he never left Mr. Irving a moment at night; and for weeks and months in succession I paid daily, or rather nightly visits to Sunnyside, and helped to share the watches of the night. Not unfrequently, Mrs. Pierre Irving would insist upon taking our places, aided by one of the sister- or daughter-nieces; but their task by day was often scarcely less arduous than ours at night.

Mr. Irving was peculiarly sensitive to the influences of the weather; a few bright and sunny days would make a vast improvement in him, which was quickly lost under more unfavorable skiey influences; hence, the backward spring and summer prevented the benefits which all expected from the warmth and sunshine of these seasons. But, for the last three months of his life, he was comparatively well; his asthma and cough were all gone; his strength and appetite had improved; his nights were but little troubled, so that his friends, Mr. Irving himself, and even I, hoped that he would be spared this winter to us, and that it might be much less a season of suffering than that of 1858. The visits of Messrs. Willis and Tilton have testified to that effect, and I add a portion of a letter from my old friend and patient, B. J. Lossing, Esq., the distinguished author of the "Field Book of the Revolution," "Recollections of Mount Vernon," and other works congenial to the taste of Mr. Irving. Mr. Lossing writes:

"On the last day of our beautiful Indian summer, in November, I called upon Mr. Irving, at Sunnyside. I loved him dearly, for many kind and encouraging words to me from tongue and pen; I had not seen him for several months, and had heard much of his feebleness. Hence, I felt an agreeable surprise on finding him apparently so well. He was changed; but not as much as I expected. He told me that he hoped he was permanently convalescent from the most annoying of his disorders; that he slept much better than he had for a long time, and that his asthmatic difficulty appeared to be perma-

nently subsiding. He was cheerful, as usual; spoke of having laid aside his pen for ever, and of enjoying a rest which he had long coveted. When I reminded him of a promise he had made me in a letter, last spring, to visit me at Poughkeepsie, he replied: 'Oh! God willing, I may be able to fulfil that promise yet; you may hope, if I am alive, to see me when the warmth of another season shall be here.' Then, taking one of my hands in both of his, he wished me success, bade me good-bye, and his last words were 'God bless you!' I left Sunnyside with the joyful impression that the friend I loved so well would recover soon (I did not then known that his heart was diseased), and hoped he would remain among us several years.

"Yours, very truly, BENSON J. LOSSING.

"To J. C. PETERS, M. D."

It is right to add that Mr. Irving was repeatedly urged, by myself and his own relatives and friends, to have additional medical advice. I suggested the names of several physicians; among others, those of Drs. John F. Gray, Alexander B. Hosack, B. F. Barker, Alexander B. Mott, and others; I also urged the selection of a physician from his neighborhood. I often asked advice from these and other physicians, and prevailed upon some of them to call upon Mr. Irving when he was in town, both at my house and those of his relatives; and subsequently urgently requested that one or the other of them might be added to the council. But he invariably declined, although he willingly gave some of these physicians full accounts of his previous and present condition; yet he would always say to me: "If you will have patience with me, I will endeavor to bear such trials as Providence allots to me with as much resignation as my nature is capable of." He often expressed his warmest gratitude to me, for services which I rather believed I had attempted to, than succeeded in rendering him; and also his thankfulness and satisfaction that I had studied both systems of medicine, and unhesitatingly used those parts of each which seemed safe and truly useful. He thus remained loyal to me, and I endeavored to be truly faithful to him; although I often most earnestly desired to share the responsibility with others, and he had many volunteers, both lay and medical, who were anxious to undertake his treatment.

Finally, I will add that Mr. Irving and some of his family long knew that he had disease of the heart. The *Times*, of November 29 which, doubtless, got its information from, perhaps, the most devoted of Mr. Irving's friends and neighbors, to whom I had repeatedly

mentioned my knowledge and apprehensions, says: "It has long been the opinion of his medical adviser, Dr. Peters, of New-York, that he was suffering from enlargement of the heart. This conviction was some time since imparted to Mr. Irving; but, owing to the peculiar and uncertain character of the disease [and the late great improvement in Mr. Irving's condition], neither physician or patient entertained any immediate apprehension of the result." The peculiar modesty and sensitiveness of Mr. Irving prevented the fact of his having disease of the heart from being more widely known; he neither desired to be an object of pity to others, more than he could avoid, nor wished the public to be speculating when he would fall dead.

By reference to the fifth volume, May (1857) Number of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, it will be seen that I was physician to Dr. Kane, both before, and after his return from the Arctic regions. He had well marked valvular disease of the heart; which he knew of before I detected it; yet he passed safely through all his labors and privations in those desolate regions; and finally died of some other disorder. This is merely alluded to here in order to call attention to the uncertainties attending the life or death of those suffering with heart-disease.

Mr. Willis, in his second letter, also refers to the fact, that "Mr. Irving had been for some time aware of the uncertain tenure of his life—with the disease of the heart, which has ended so suddenly. He fully anticipated an instantaneous stopping of the fluttering pulse, and was therefore careful rarely or never to be left alone. But he always talked cheerfully of dying."

Dr. Fordyce Barker saw Mr. Irving several times while in New-York, in December, 1858, and I occasionally met him accidentally at Mr. Irving's rooms. In answer to a note from myself, Dr. Barker replies:

"DEAR DOCTOR:—Our conversations were principally in regard to the insomnia from which Mr. Irving was then suffering so severely, and we talked over all the hypnotics of the materia medica. But, I remember distinctly that you attributed the major part of his thoracic troubles to disease of the heart.

"Yours, very truly, B. FORDYCE BARKER.

"To DR. J. C. PETERS."

I add a few extracts on the same subject, from a letter which is inexpressibly dear to me:

"DEAR DOCTOR:—From the moment you told me there was enlargement of the heart, I could not help, from time to time, making special inquiry in that menacing quarter; but I knew that Mr. Irving was prepared to die, and that a sudden death had no terror to him—all he dreaded was a lingering decline of body and mind, a condition of helpless infirmity from which he was spared by that blow which came so suddenly at the last. It did much to reconcile us to the shock, that he was thus, doubtless, spared other sufferings which might otherwise have been in store for him; and this also should be a great comfort to you. It must be an additional solace that no one did so much as yourself to soothe his latter days, and that he carried with him to the grave an undiminished confidence in your fidelity and medical resources. I take great pleasure in expressing to you my thorough conviction that you not only failed in no part of your duty to my lamented uncle, but certainly went beyond the expectations of any of his family, as I can most gratefully testify. His malady was complicated, and hence difficult to heal or relieve; but by your faithful attendance, often at his bed-side during whole nights of suffering, he was ultimately benefitted, and for several months before his death there was a manifest abatement of the worst appearances of his malady;—in fact, at one period, there was an almost entire remission of his nervous and asthmatic symptoms. We attribute to your judicious treatment the partial improvement and comparative comfort he enjoyed during this interval; and are persuaded that to your good care his family and friends were indebted for his presence for many months past. 'I feel,' said he to me, not six weeks before the final blow, 'that I am growing stronger and better.'—For myself, I am entirely satisfied that he was in good hands during his prolonged illness, and that no amount of skill or forecast could have arrested or delayed the final stroke. In this feeling we all share, and I am happy to be able to assure you that we all, without exception, have the deepest sense of your unwearied kindness and devotion in the midst of the discouragements and hindrances of distance, and the many imperative calls upon your time, and attendance by other and nearer sufferers.

"With sincere regard and respect, believe me, my dear Doctor,

"Most truly yours, P. M. IRVING.

While Mr. Irving was comparatively well, I was attacked with bilious remittent fever, contracted during numerous trips to Long and Staten Islands, Harlem, Morrisania, and various places on the North

and East Rivers. On this point I prefer to use the language of one of my physicians, Dr. Alexander B. Mott:

"On Friday evening, October 21, 1859, I was requested to see Dr. Peters, professionally. He was laboring under very great feverish excitement, pulse 110; had frequent chills, followed by aggravations of fever; skin hot and dry; head congested, sclerotica very yellow, face flushed; tongue with a thick yellowish fur, edges red; great debility, prostration, and restlessness, with almost entire loss of sleep. He was evidently attacked with a severe form of bilious remittent fever, and this opinion became more and more confirmed as the case proceeded; for the exacerbations of fever lasted several hours, returned frequently, and were followed by slight remissions both night and day, during which he became somewhat relieved, although the most threatening symptoms did not yield proportionally; in fact, the effect of the miasm upon the brain seemed to threaten some serious lesion of that organ, and in a mind so active it was much to be feared. When, in the course of a few days, the remissions had become somewhat more distinct and prolonged, Mr. Pierre Irving called to consult him in reference to Mr. Washington Irving's health. Dr. Peters requested me to remain in the room, as he was fearful that it might be necessary for some one to visit Mr. Irving, and was desirous that I should become better acquainted with the nature of his complaint than I had been able to from previous conversations on the subject. From the minute and graphic descriptions he gave me of Mr. Irving's constitution, and his various ailments, which were familiar to him from many years attendance, I became not only deeply interested in them, but in the earnestness and anxiety which he manifested for his illustrious patient; he passed in accurate review the asthmatic attacks, the more subtile and concealed affection of the heart, the restless and sleepless nights, the fevers, &c., to which Mr. Irving was subject. After Mr. Pierre Irving left, with such prescriptions as Dr. Peters and myself considered suitable to the case, Dr. Peters was completely exhausted for a while. That night he was much excited, referring constantly to Mr. Irving's case, and being intensely anxious to give me all information on the subject, so that I might go up to see him on the following day. The next morning, during my visit, word was brought that Mr. Irving was decidedly better, and this announcement seemed to relieve Dr. Peters' mind greatly, and from thence on he improved daily.

ALEXANDER B. MOTT, M. D.

Before I was able to volunteer to go to Sunnyside, I was surprised by a visit from Washington Irving himself; he was comparatively restored, and more anxious about me than himself. He had called in no other physician, not even from Tarrytown, but had entirely depended upon such advice and medicines as I had sent him. How deeply humiliated I felt when I saw that aged, honored man in my house, expressing his satisfaction at my recovery, thanking me for past efforts to serve him, and hoping that neither of us would soon require medical aid. How my bulky frame and hardy constitution quails when I think that he, stricken by age, debility, and permanent infirmities, was the first to evince that complete command of mind over matter, of spirit over the frailties of the body, which is the heritage of the gifted son of genius, and which in him was also often the simple outward expression of a kindly, grateful, and generous nature. It will be long ere I recover my self-respect in this matter, if I ever do. This interview took place scarcely more than a week before his sudden death.

The details of that beautiful death are familiar to many. On the day of his decease, he took a short walk in the morning; appeared as well as he had done for some weeks past; greeted a relative, the Rev. P. P. Irving, from Staten Island, with his usual heartiness and sweetness; entered into conversation at dinner with sprightliness; told an anecdote of his youth with characteristic humor; and bore himself with that air of genial and affectionate courtesy which so strongly marked his intercourse with his friends and family. In the evening he was more wakeful than usual; looked at the newspapers, and quickly laid them down again, as he often did, with some words of sadness, at the published blots upon the fair fame of the country he loved so well; occasionally turned to a little rack full of books, within reach of his hand, and opened a volume; finally, his "good night!" was given as cheerily and tenderly as ever, to every individual member of his household; he passed up-stairs, with a candle in one hand, and a few books under his arm, to while away any tedious hour of the night; greeted a nephew, Mr. Pierre M. Irving, pleasantly, whom he met on the stairs; placed his candle and books on the little table at the head of his bed, beside that well-worn copy of the Bible which had been his nightly companion for over fifty years; then gently sank—his honored head, and broad, loving, humane heart being saved from rough contact with the floor by the arms of that well-beloved daughter-niece who was so markedly his faithful, practical, and intelligent attendant, that she had gained the title of "his little

doctor;" who often rendered the immediate presence of a physician, if not unnecessary, at least not imperative; of whom he could rarely ever speak without the moisture of gratitude bedewing his eyes; and whose name he could scarcely mention without a fervent "God bless her!" Not five minutes had elapsed between his pleasant good night in his cheerful parlor and his dying sigh in his bed-room; not a groan or a struggle marked his departure; his dress was not loosened or disordered; he sank like a gentleman gracefully to his final rest, attired just as he had left his drawing-room, and nearly as he was laid in his coffin. Nature had prepared his end by slow approaches, and consumated it with swift kindness. He died as he had often wished—suddenly! for his father had passed away by slow paralysis; and the manner in which he used to relate his last interview with Sir Walter Scott—when Scott was broken down—often showed how painfully he feared that something similar might be in store for himself.

As by a special Providence, besides his own household, many members of his family had clustered to Sunnyside that night; among others his nephew, the Rev. P. P. Irving, had come up from his parish, at Staten Island, in order that the consolations of a loving and devoted minister of the Gospel might not be wanting in that suddenly bereaved circle when the light of Sunnyside had gone out for ever. Beloved as Mr. Irving was by all who knew him; honored by millions to whom he was but a name or a thought; always pure, genial, and refining; attentive to the last to the gentle courtesies of life; retaining to the last his erectness and noble bearing; as strong in intellect as he was gentle in heart; with his affections still fresh; honest, pure, lovely, and of good report; of illimitable benevolence and exquisite tenderness;—what would have been the condition of the inmates of Sunnyside without the immediate consolations of religion and relationship to reconcile them to the swift ending of that life whose every step had been in the strait and narrow path, and whose record was as spotless as when it was first entrusted to his keeping?

If, as we know, his spirit in its flight had been followed upwards by the affections of countless multitudes; if envy, hatred, or malice had never even knocked at the door of his heart; if he had never lost a friend or made an enemy; if fame was his; and love and honor had long been exalted into reverence; if he had progressed steadily upwards to immortality without let or hindrance;—what could bring comfort to Sunnyside that sad night but God's own Gospel, and one of its ministers?

If the news of his death was met,

> "With a world-wide sob from every heart
> That reverences the noble and the true,
> And when to his final rest he gently laid him down
> Thought's great empire for a moment paused!"

If all other worldly events were shrouded in temporary forgetfulness; if each of unnumbered thousands felt that a light had gone out of his own household; that a familiar spirit of good had passed away from his own home circle; if the mirror of his thoughts, which had so long drawn down sunshine upon every cultivated home, was to be dimmed forever, and the inmates of Sunnyside were almost to be reduced to the level of the myriads who had never looked upon his face, and thenceforward could only see those shining but shadowy lineaments with which the human mind delights to invest the lost countenance of one whom it reverences;—how sad would have been their state, if more than common consolation had not been extended to them as shown in this most acceptable of special Providences in their behalf?

The same messenger which summoned the nearest of his relatives to his now desolate home, called me to follow with them. He lay in his well-beloved library; the remaining hair had been removed as a relic for his family, and, almost for the first time, that noble imaginative head was revealed in all its grand and beautiful proportions; raised and resting in solemn and august serenity upon its last pillow, lay that high and broadly-vaulted brow, of almost superhuman majesty and beauty.

The shades of evening were creeping over the landscape before I left Sunnyside, to return the next morning. The singular warmth of the weather, and a desire to comply with his wishes to escape notoriety, as much as possible, hastened his funeral by at least one day. Early on the morrow I found his beloved remains attired in his ordinary Sabbath garb, placed in an apparently plain, but really rich coffin, and in his own pleasant drawing-room. Votive offerings of flowers had been sent in abundance. Occasionally, as the sunlight struck the features of the deceased, it seemed almost as if he were sleeping, so calm and smooth had the touch of death left his lineaments; and the same sunlight illumined numerous bright crosses and stars in the natural wood of his coffin. Every light spot in the richly variegated rosewood seemed fashioned into crosses and stars, as if both religion and patriotism were to be symbolled on the inanimate wood that enshrouded him. The largest cross was on the right side, close to his

head, and seemed springing out of, or implanted upon a mass of rock or upturned mould, which was imaged in the dark grainings and convolutions which formed beautiful contrasts with the lighter markings in the highly polished wood.

None but the family, his clergymen, pall-bearers, physician, and an occasional stray mourning friend, both humble and gentle, found their way into that hallowed room. At times, the emotions or duties of others would call them away for a short period; even his near and dear friends, Moses H. Grinnell, and George D. Morgan, were often driven away by their feelings, and thus I was several times left entirely alone with his loved and still beautiful remains. The little rack of books he had last used was still there with its honored contents: Bunyan's Pilgrim's Progress; Campbell's Pleasures of Hope; Macauley's Lays of Ancient Rome; The Poets of the Woods; The Country; Lossing's Recollections of Mount Vernon; The Days of the Revolution; Head's Pampas of South America; Holmes' Autocrat of the Breakfast Table; Cozzens' Acadia, &c., &c. The mere titles almost making up a biography of Irving.

But the wonders of that burial day were but just commencing. Nature herself seemed willing to do him reverence. "He had watched nature in her minutest caprices; a spray could not tremble in the breeze—a leaf could not rustle to the ground—a diamond-drop could not patter in the stream—a fragrance could not exhale from the humble violet, nor a daisy unfold its crimson tints to the morning, but it was noticed by this impassioned and delicate observer, and wrought up into some beautiful morality." He almost worshipped "the vicissitudes of our climate, which give us the brilliant sunshine of the South of Europe, with the fresh verdure of the North; which float our summer sky with clouds of gorgeous tints or fleecy whiteness, and send down cooling showers to refresh the panting earth and keep it green. To him all our seasons were poetical, and the phenomena of the heavens full of sublimity and beauty. To him winter had none of its proverbial gloom; for its howling winds, and thrilling frosts, and whirling snow-storms were more than counterbalanced by its long intervals of cloudless sunshine, when the snow-clad earth gives redoubled brightness to the day; and to the night when the stars beam with intensest lustre, or the moon floods the whole landscape with her most limpid radiance. To him the spring was joyous in its outbreak, redundant with vegetation, and vociferous with life; and summer splendid with its morning voluptuousness and evening glory, with its airy palaces of sun-gilt clouds piled up in the deep azure sky."

On the morning of his funeral a few drops of rain had fallen in the Highlands; the air was breathlessly still, and the temperature soft and warm; but the clouds in the West looked heavy, and as if, by noon, it might gather to a storm. But soon the air brightened, and all was clear, save a thin veil of mist which draped the valley of the Hudson with the silvery veil common to a day of Indian summer. It was the first of December, yet the seasons appeared stopped in their course, and winter was changed into summer; it seemed almost as if December was changed into June, in order that none of the severities of nature might be inflicted upon his uncorrupted frame. Some of the brightest and balmiest days of autumn were thrust into winter, or rather, as another writer says: "The season lingered, one might almost say, for *him*." December arrayed itself in the hues of that Indian summer he loved so well; or, in his own words, there was: "The sublime melancholy of our autumn, magnificent in its decay, *withering down* the pomp and pride of a woodland country, yet reflecting back from its bared forests the golden serenity of the sky." "Surely," we may exclaim with Irving, "in our climate the heavens declare the glory of God! and the firmament showeth forth his handiwork; day unto day uttereth speech; and night unto night showeth knowledge!"

Nature spread wide her invitation to all that loved him to come to him, and do him honor; and no other invitation was given. Almost every writer repeats the same idea in but little differing language. One says: "The day, though nominally the first of wintery December, seemed to be purposely lingering in the kindly grasp of autumn, that it might pay its characteristic tribute to one himself so typical of that chastened mellow season." Another ventures to write: "It really seemed as if a benignant and kindly Providence had especially lent its heavenly aid to impart to the surrounding country and sky its greatest harmony;" and a third: "It was a delightful day in temperature; the more so from its unexpected occurrence at this time of year, December: the autumn was fully past, and the first month of winter had come, but it seemed almost as if a day had been stolen from the Indian summer he loved so well, and commissioned to look back once more upon his grave. Every one seemed to connect the two, Washington Irving and the day, and called it a Washington Irving-day." Every one, even the most fragile woman or child, was safe in nature's hands that day; no chilling wind swept along to deter the frail, or render the last kind reverences to the beloved dead, a suffering, hurried, or ungracious duty;—a more honest and

genuine funeral never was seen;—a more abundant, loving, and spontaneous offering of respect never was witnessed. As before hinted, not a single formal invitation was given, except to his small train of pall-bearers, and the funeral took place one day sooner than usual. But, while his human sympathies were yet warm, he died, at peace with his God, and in harmony with his brother-man. No person whose fame was as great ever died more at peace with the wide world, more beloved and more revered than Washington Irving—he sank gently to his rest, full of beauty and honors; blessing and delighting all while living; his memory still to remain loved and beautiful long after his disappearance. There was a grandeur in the simplicity of his funeral, and his obsequies constitute the most remarkable event known in the record of any private man, for they were solely based upon the affections of the people—"How touching is the loyalty of man to his sovereign man." It was a whole-hearted tribute to his memory, from a sorrowing and chastened community, to one whose kind and genial smile was ever a ready welcome to a friend and neighbor,—to one whose ear was never deaf to the prayer of the needy, whose liberality was as unbounding as it was simple and unpretending; for none ever went empty-handed or empty-hearted from Sunnyside;—he had visited the sick, and was a friend to the fatherless; his fresh heart had always overflowed with kindness to all, especially to the young; he had united the delicacy and tenderness of a woman with the sagacity of a statesman; the candor and research of a historian with the magic of a poet; the high-toned courtesy of a cavalier and gentleman with the diffidence of a child; and to almost every inhabitant of his dwelling-place he was a personal friend. Hence it is not strange that his own neighborhood and state, the bar, the press, the pulpit, were all represented, intermingled with eminent scholars, historians, statesmen, poets, musicians, merchants, artists, farmers and laborers, and many women and children. Though long suffering with a fatal heart-disease, he had to the last been as attentive as ever to the gentle courtesies of life: he had never suffered his friends to feel that he had neglected them, and had never been remiss or forgetful of proper attentions; hence none forgot him.—What his funeral was and what it was not is almost daguerreotyped in his little chapter on "Rural Funerals." It was characterized by that rural simplicity he himself preferred, amid the tranquil solitudes of the country, and was wholly free from pomp or parade. Even his pall-bearers and physician had but a simple badge of crape upon one arm, so that, except from their assigned position

near his remains, they could not be distinguished from the crowd of friends and admirers who thronged around.

Who does not recollect the lines: "Few pageants can be more stately and frigid than a funeral in town. It is made up of show and gloomy parade; mourning carriages, mourning horses, mourning plumes, and mourners who make a mockery of grief. There is a grave digged, and a solemn mourning and a great talk in the neighborhood, and when the day is finished they shall be, and they shall be remembered no more. But funerals in the country are solemnly impressive. The stroke of death makes a wider space in the village circle, and is an awful event in the tranquil uniformity of rural life. The passing bell tolls its knell in every ear; it steals with its pervading melancholy over hill and vale, and saddens all the landscape."

"The fixed and unchanging features of the country perpetuate the memory of the friend with whom we once enjoyed them; who was the companion of our walks and drives, and gave animation to every scene. His idea is associated with every charm of nature; we hear his voice in the echo, his spirit haunts the grove he once frequented; we think of him in the wild upland solitude, or amidst the pensive beauty of the valley. In the freshness of the joyous morning we remember his beaming smiles and bounding gaiety; and when sober evening returns, with its gathering shadows and subduing quiet, we call to mind many a sunlight hour of gentle talk and sweet-souled melancholy."

I rode from Sunnyside to the church with the Rev. Drs. Creighton and Spencer. Every vehicle, from splendid carriages down to modest farm-wagons, had emptied the country towards Tarrytown from many miles beyond; railways and steamboats also brought thousands towards the same spot, among them many females unattended except by children; for Thursday was held as a day of mourning throughout the length and breadth of the land. He was exceedingly fond of, and popular among children, and long lines of youthful forms from public and private, day and Sunday schools were drawn up on the green with uncovered heads, and some hung the slowly-passing hearse with garlands of freshly-gathered flowers; a sweet and touching tribute of childhood to one who loved them so well. Dense was the mass of those who clustered around the simple village church, to pay the last honors to the illustrious dead.

Reverently he was carried into that little chapel, on entering which, up to the last day of his life, he was always waylaid by friends, to whom he spoke a few words and then passed on to his pew, recogniz-

ing with a kindly smile as he walked up the aisle his various acquaintances, generally finding flowers in his pew, placed there by unknown but loving hands. But he was carried by that familiar seat, and placed at the chancel, where so often he had deposited the communion plate, in his capacity of warden and vestryman.

He was passionately fond of music, and, although often seen at concerts and the opera, his greatest interest was in that glorious hymn of the Episcopal Church—the "Gloria in Excelsis"—"Glory to God in the highest, on earth peace, and good will to men." The beautiful church music was not wanting, but the lark immortalized by his pen was not there. There was a glorious putting away of the morning clouds, and an opening upwards of a far-reaching path of sunshine into mid-heaven; but the downward-rolling melody of the lark was not heard. He had often watched the lark which, rising from a bed of daisies, had sung its way up to a bright morning cloud, floating in the deep blue sky. "When it has sated itself with the sweetness of earth, he wings his flight up to Heaven, as if it would drink in the melody of the morning stars. Hark to that note, how it comes trilling down upon the ear! what a stream of music, note falling over note in delicious cadence!"—BUCKTHORNE.

He was a man of religion; he had governed his life by the precepts of the Christian faith; he had been suddenly called to that serene and higher life of which his mortal career was a beautiful reflection; his whole conduct had been sanctified by the deepest reverence for the things of God, beautified by a simple faith in God's beloved Son; hence the chancel of his church was filled with a crowd of clergymen of all denominations—bishops, deacons, presbyters—all without special invitation, as a free-will offering of respect from the ministers of the Church to their friend.

He could not greet his friends; but, when invitation was given to all to take a last look at his loved lineaments, for several hours men, women, and children, old and young, statesmen, historians, merchants, professional men, rich and poor, gentle and simple, refined and rude, passed by in unnumbered thousands; for not alone the wealthy and well-read revered and loved him, but the humble villagers, farmers, and laborers were among the truest mourners that followed him to the grave. Finally, when the coffin-lid was being closed, a ray of sunlight streamed through the illumined glass of the south window, and lit up the thin serene face, which lay in sweet composure, with a glory that seemed the very reflex of a brighter land.

His coffin tarried for them on the church porch, as was his wont,

almost on the spot where he was ready almost every Sunday to greet the numerous friends that always lingered for him at the door;—his smile and his greeting were not there, but many an eye glistened with its moisture, and many a heart was heavy in its fullness, and many a lip trembled with a prayer to live and die like him. Instead of following him with lingering and loving eye on his way back to his bright Sunnyside, thousands on foot, and hundreds in long lines of carriages, followed him in an unwonted direction from that pleasant little chapel towards the old Revolutionary church, over the historical bridge, by his pleasant Sleepy Hollow, near the spring and military home of Washington, the monument of André, and up the hill of Mount Pleasant Cemetery: there to lay him down by the side of his mother—Sarah, the mother of Irving—while every projecting rock and hillside had its groups of sad hearts. There, where he is at rest, the early beams of the sun will ever fall, whilst at sunset its golden emanations linger long on his resting-place.

At his grave, the sun, no longer high above the horizon, was veiled rather than dimmed by a film of cloud, which softened rays that would otherwise have fallen with painful brilliancy upon the eyes of the reverently uncovered crowd. The sweet and almost invisible delicate blue haze, that first pervaded the atmosphere, diffused itself over the whole gentle landscape, rounding off every asperity, and softening all its tender outlines; it soon mingled with the rich tints of the afternoon sun, and finally resolved itself into one of those not uncommon gorgeous autumn sunsets which I had often seen him delightedly watching from the western windows of Wolfert's Roost. The sky was rich with celestial draperies of rosy tint and tender loving green, and blissful islets of light, such as only his magic pen could have sketched, but which every eye could enjoy. Nature, all conscious of the passing event, clad the skies as if by the hands of ministering angels, and lifted the gloom of death for one whose departure should be cheerful beyond man's ordinary lot. Truly the heavens that smiled propitious on his life, smiled too propitious on his yet unfilled grave. High up in the western horizon the heavens were covered with crimson and gold, and as the great sun sank slowly to its rest, looking with eyes of love through the golden vapors around him, Washington Irving was silently lowered to his narrow tomb. So gently was the almost sifted earth, from which every clod and stone had been removed, lifted down, rather than thrown by the considerate grave-maker, that the tenderest and feeblest of the daughter-nieces, that trembled on my arm, could scarcely realize what was progressing when her eyes

were closed in sadness and emotion. So gently was the earth placed upon the coffin that the first act of his aged "Prince of Brothers," now tottering under the weight of eighty-five years, was warmly to grasp the hand of the soiled and seemingly rude laborer in mute thankfulness for this gentleness to the remains of his ever grateful younger brother, who had till now been the solace and guardian of his age, and whose kind thoughtfulness will ever extend back to him and his from beyond the tomb. When all was over, many persons could be seen collecting little handfuls of earth from his grave to be preserved in remembrance of him, and a lady placed a wreath of laurel and bays as an affectionate tribute to his fame.—Sad was the drive back with that bereaved family. Sadder was the first gathering of all again at Sunnyside—from which and from the grave scarcely one of that loving circle, young and old, male and female, far and near, had been prevented from clustering,—sad was the hour spent there! Sadder yet the parting from all whom I had so often seen gathered in his sick-room, or around his hospitable board, or in his cheerful drawing-room.

Sad my first entrance, long after dark, into my own dwelling, in which I had so often welcomed him; so often gazed mournfully after him, as his feeble steps bore him away from my threshhold, from which I had so frequently set forth, in sunshine and in storm, in summer and winter, in the early morning and in the waning day, in many anxious pilgrimages to his sick-room.

Some of the preceding is based upon the observations of others. I was conscious that my friend was dead—that his family were sore stricken—the funeral-bells clanged chillingly—I saw a mass of strange but loving faces. I was conscious that the heavens smiled on that day—I knew whence I came, and whither I was going. I knew that the services were going on both in church and at his tomb—I caught a passing glimpse of the glories of the sunset. The rest of the world was a blank to me and to many on that day.