

**EIGHT LECTURES ON THE HOMOEOPATHIC  
TREATMENT OF ACUTE AND CHRONIC  
BRONCHITIS, LARYNGITIS, PLEURITIS,  
PNEUMONIA, PHTHISIS PULMONALIS,  
AND PERICARDITIS, DELIVERED AT THE  
LONDON HOMEOPATHIC HOSPITAL**

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Eight Lectures on the Homoeopathic Treatment of Acute and Chronic Bronchitis, Laryngitis, Pleuritis, Pneumonia, Phthisis Pulmonalis, and Pericarditis, Delivered at the London Homeopathic Hospital by R. Douglas Hale

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**R. DOUGLAS HALE**

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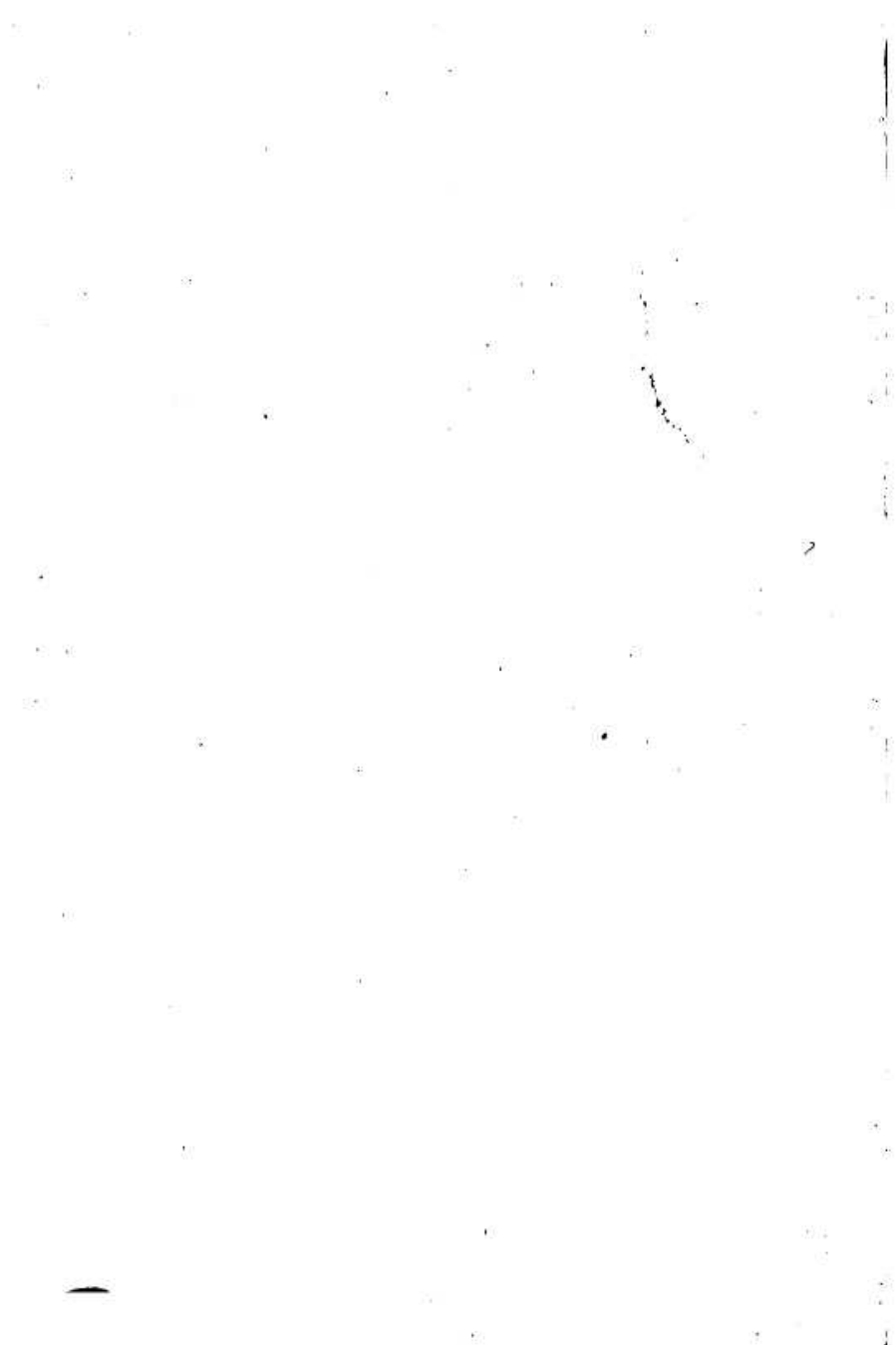
DELIVERED AT THE LONDON HOMŒOPATHIC HOSPITAL,

*Robert*  
BY  
R. DOUGLAS HALE, M.D., &c., &c.,  
LATE PHYSICIAN TO THE LONDON HOMŒOPATHIC HOSPITAL.

SECOND EDITION.



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## INTRODUCTION TO SECOND EDITION.

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THE first edition of my lectures on acute affections of the respiratory organs having proved acceptable to the profession I have been induced to publish a second edition, adding to it a course of lectures on some chronic affections of the same organs. In the second course of lectures I pursued the same plan as that contemplated in the first course, namely, by endeavouring to describe and explain the mode of procedure which we follow in the application of the therapeutic law of *similia similibus* without entering minutely into the symptoms or pathology of the diseases treated of. The audience to whom these lectures were addressed being educated medical men or advanced students of medicine, I assumed that they possessed a knowledge of the diseases whose treatment it was my province to discuss from a point of view which differed essentially from that teaching to which they had previously been accustomed in the various medical schools of so-called orthodox medicine.

In addressing my medical brethren of another school, I expressed a regret, which I still deeply deplore, that the rival schools are still separated by a needless gulf which could easily be bridged over were the love of scientific truth for its own sake, as well as for the advance of scientific medicine, the only rivalry between the now hostile camps. I am bound to claim for our side an

honest desire to accept all the light that orthodox medicine can afford us bearing upon therapeutics. All we demand from our opponents is a fair field and no favour, and a just recognition of our *status* as legally qualified, educated medical men, honestly holding to our convictions, which we maintain are based upon scientific facts; and if with this they would accept the light that the law of similars offers them, and would reflect it in their practice, the advance of the art of medicine would be vastly accelerated. That it has not advanced is abundantly proved by the most recent utterances from their ranks. From Dr. Lauder Brunton, Lecturer on *Materia Medica* and Therapeutics at St. Bartholomew's Hospital, we have the following candid admission, proving the almost stationary condition of therapeutics from the time of Hippocrates and Galen to the present hour. In the first of his *Gulstonian Lectures*, delivered this year at the London College of Physicians, he commenced with these words: "Although few persons possessing any knowledge of the history of medicine will deny that therapeutics have made some progress during the last thousand years, yet it is impossible to read the writings of the ancients without feeling that, not to mention Hippocrates and Galen, if some of the old Egyptian physicians were to arise from their graves and commence practice, we would have but little cause to sneer at their treatment, although we have the medical knowledge accumulated during the two or three thousand years which have elapsed since they flourished," and further on he says, after enumerating the empirical use of the same remedies the ancients employed by physicians in the present day, he concludes his exordium thus: "As to the *modus operandi* of these remedies, or why they should succeed in one case and fail in another, the ancient and the modern would be equally in the dark? for medicine would be an art and not a science." The aspiration of every physician should therefore be to examine and test every fact which



has been arrived at by experiment and fair induction, from whatever source it comes, in order to lay the foundation of a science of medicine.

That a *science* of medicine is possible may be fairly predicated when we are enabled to interpret phenomena by the law which rules them. It is surely fair to assume that there is a law of nature in every healthy organization which regulates the various parts and their functions; the term *normal* recognises the fact, and if the term abnormal means without law, it can only be applied to diseased conditions until it can be proved that in disease there is no law which accounts for the departure from, or none which guides to the restoration of, health. It would be as difficult to believe that if a planet were to be set free from the attraction which keeps it in its orbit it would wander into space, free from any other attracting force or regulating law.

Hahnemann formulated a law of therapeutics (*similia similibus curantur*) which, although answering all practical purposes for the selection of the proper drug in the majority of cases, does not explain the *rationale* of drug action, either in its pathogenetic or curative aspects. There is, no doubt, a deeper meaning and a more profound causation influencing the phenomena of diseases than can be expressed in any mere formula. The feeling after, if happily we may find the true explanation of so much that is obscure, will be the duty and privilege of future investigators, but even now we get glimpses into regions of marvellous and hitherto unsuspected realities; microscopic examination has revealed, this, among other facts, namely, that each cell or bioplast, each monad, or leucocyst, has an independent life, and a life history consisting of mutations and transformations which the most fertile imagination could never have conceived, but which are now seen and registered with scientific accuracy by many observers amongst the foremost of whom may be mentioned Dr. Drysdale, of

Liverpool, and his fellow-worker, Mr. Dollinger. Microscopic discoveries have led to the protoplasmic theory of life, which may now, I think, cease to be a theory and take its place as an established fact.

The problem which waits for solution, and can only be solved by a more intimate knowledge regarding the changes produced, on the one hand, by those influences which act upon and derange the healthy metamorphosis of cells, or on the other hand, the effect of dynamically acting drugs in restoring to a healthy condition the abnormal cell-life which constitutes disease.

The phenomena of inflammation, when viewed in the light of modern microscopic discovery, comes suggestively to our aid by enabling us in some measure to anticipate what future research will, I have reason to believe, more fully demonstrate. The dilatation of arteries, veins, and capillaries, and accelerations of the circulation are the first of a series of changes, to be followed sooner or later by retardation of the blood current, until, in a more advanced stage, stagnation or *stasis*, occurs, and then migration of red and white corpuscles and the important changes which these undergo in the extra vascular connective tissues. Now, although these phenomena have been observed and studied with great accuracy, the initiatory process remains at present undiscovered. We know it is true that the application of cold or exposure to the air of any living tissue will soon be followed by the very complex changes which constitute inflammation, but we do not know as yet the why and the how these changes are brought about. It may be that cell-life is either paralysed or destroyed by the agent employed, whether it be chemical or mechanical, when locally applied, or that, as in the case of fever, the poison germs have either altered the condition, deranged the metamorphosis, or destroyed the vitality of the protoplasmic cells which constitute the chief elements in the blood; or it may be that the first factor initiating the change of the physiological into the

pathological state is to be traced to an arrest of the energising influence of some nervous centre, from which is derived the activity of the cells of each individual organ, thereby causing the disturbance which we call functional. Upon the same principle nutrition is probably arrested or prevented by a failure in the trophic cells of the nervous system to effect those normal changes in the protoplasm upon which healthy nutrition depends, and I think if this view of the matter is in accordance with the latest discovery in the physiology of the nervous system, we are approaching the solution of a confessedly difficult problem in relation to the law of *similia*, &c.

The most recent discoveries in the physiology of the nervous system, namely, those of Professor Ferrier, prove the localisation of the centres of nerve force in relation to muscular motion, and further experiment is leading to the conclusion, that not only in the case of muscular motion, but also in connection with the organs of accretion, there are nervous tracts arising in nervous centres, from which the functional activity of remote organs proceeds. The first injury from without which causes the primary morbid change sometimes acts directly upon the nervous centres, at other times the peripheral nerves suffer first, and then, by reflex action, the morbid changes are set up which constitute disorder or disease. It is not difficult to conceive that a drug, having an elective affinity for a nervous centre which energises the diseased organ, should have the power of restoring the arrested or enfeebled force of that nervous centre to which it has an undoubted specific relation.

As examples of direct action upon the nervous centres I may instance the action of the poison of the cobra de capello, which slays sometimes with the rapidity of lightning, or the poison of asiatic cholera, which destroys life in some cases so quickly that there is no time left for the development of the symptoms which characterise the disease, and several drugs have the same direct and