

for some other remedy; and," he adds, "it is extremely seldom that, after this, a second dose of Aconite is called for." It is manifest that the too frequent practice of giving in alternation repeated doses of Aconite and Belladonna, or Aconite and Bryonia, or Aconite and some other remedy, did not originate, and would not have found favor, with Hahnemann.

Hahnemann continues, "in as short a time as four hours after the first dose of Aconite, thus carefully administered in the above-named diseases, all danger to life will have passed and the excited circulation will then, hour by hour, gradually return to its wonted course."

"So, likewise, Aconite, in the above-named small dose, is the first and chief remedy in the inflammation of the trachea (croup); in several kinds of inflammation of the throat and fauces; as well as in local acute inflammations of all other parts, especially where, in conjunction with *thirst* and a *rapid* pulse there are present an anxious impatience, a restlessness not to be quieted, distress and an agonized tossing about."

"Aconite produces all the morbid symptoms, the like of which are wont to appear in persons who have had a fright, combined with vexation; and for these symptoms it is the best remedy."

"Always, in choosing Aconite, as the homœopathic remedy, especial regard must be paid to the symptoms of the disposition and mind, for *these, above all, must* be similar."

"Hence, Aconite is indispensable in women after fright and vexation, during menstruation, *which*, without this soothing remedy, is often instantaneously suppressed by such moral shocks."

If we add to these practical directions of Hahnemann, the conclusions to which our analysis of the sphere of action of Aconite has led us, we shall begin to comprehend a large variety, at least, of the cases which call for Aconite.

As we have seen, Aconite, when given in moderate doses, excites the circulation, increases the heat of the surface and produces perspiration; it affects the innervation, producing

extreme sensitiveness of the surface of the body to contact and the correlative sensation of tingling, etc.; in short an incomplete anaesthesia. But it does not *alter* (in kind) the function of any organ; nor does it set up any new action in any organ or tissue.

Aconite produces, so far as we know, almost no *localized diseased condition*.

Even when given in large and fatal doses, it acts as a depressant, paralyzing the cerebro-spinal nervous system; but it produces death by this paralysis and without previously localizing its action in any organ or system. It gives evidence of no dyscrasia. Its action bears no resemblance to that of the poison which produces any of the miasmatic diseases—such as the exanthemata, or typhus or intermittent, remittent or continued fevers. Neither does its action, from beginning to end of a fatal case of poisoning, resemble the well defined course of any local acute inflammation—as of the brain, heart, lungs, pleura, etc.

For these reasons, Aconite can never come into requisition (save *possibly* (?) as a rare and temporary intermittent in some complication) for any of the miasmatic fevers or dyscratic diseases; because, in these, the dyscrasia precedes and gives its features to the acute manifestations of the disease (and, therefore, the symptoms *cannot find their analogue* in those of Aconite).

Moreover, Aconite can never be the single remedy by the influence of which a patient may be safely carried through a complete course of pure, acute inflammation of any organ or system; because, in the action of Aconite, that localization is lacking which is the essential feature of these diseases. Yet in all of these pure inflammations, there *is a period* in which Aconite may be indicated and may do a heroic work. For every one of these inflammations which eventually become localized, has a first stage which consists of arterial excitement; and which is prior to that stage that is characterized by change of function and of tissue and by local deposit. This stage is that, in which Aconite plays so important a part and in which,

if promptly and judiciously employed, it may arrest and cut short the entire disease.

It is to such a use of Aconite in acute inflammations that Hahnemann undoubtedly refers when he speaks of its ability to restore to health in a few hours, saying: "In as short a time as a few hours, after the first dose of Aconite, thus carefully administered * * all danger to life will have passed and the *excited circulation* will then, hour by hour, gradually return to its wonted course." So rapid a change as this would be very possible and easily conceivable in the first stage of acute pneumonia before hepatization has taken place; whereas, *after* hepatization has become *established*, it would not become conceivable and we have no reason to suppose it ever takes place. Hence the propriety of Hahnemann's caution, in the following words: "sometimes after the Aconite has acted for several hours, a change in the symptoms may call for some other drug; and it is extremely seldom that, after this, a second dose of Aconite is called for." Why? Because, probably, the inflammation has passed from the stage of arterial excitement to that of organic localization and Aconite no longer corresponds. And, probably, that very "change in the symptoms" which called "for some other drug," was a sign that localization had taken place.

This view is in entire harmony with Hahnemann's urgent admonition to heed what he regarded as the great characteristic indication of Aconite: "the anguish of mind and body, the restlessness, the disquiet not to be allayed." This state of mind and body accords precisely with the general phenomena of that arterial excitement which attends the invasion of an acute inflammation; while the localization of the inflammation and the occurrence of exudation are marked by a *subsidence* of this *general anguish*, symptoms of *local organic embarrassment* being substituted for it and the *general* constitutional symptoms being, rather, those of *exhaustion* and a *depressed condition*. Whoever has closely watched a number of cases of pneumonia through the first and second stages will, I think, corroborate these views.

Here, then, we have, again, an example of what the student of *Materia Medica* so often meets; the entire coincidence of the teachings of a sound pathology with the results of an intelligent and discriminating application of the law of the selection of the drug by the correspondence of characteristic symptoms!

Though it is always hazardous to undertake the illustration of a scientific point by a rhetorical simile, we may venture to liken the action of Aconite and cognate remedies to the onset and effects of a tempest. Whoever is familiar with the general character of North America from the Alleghanies to the Atlantic, must have had opportunity to overlook some fertile valley in the luxuriance of its midsummer vegetation. As he enjoys the prospect, the breeze subsides, and the sunlight becomes obscured. The cattle cease to graze; they move uneasily through the field and snuff the air as if in dread. Soon the incongruous swayings of the foliage in different parts of the valley make it evident that the air is agitated by varying eddies and currents. To the same cause are due the variations in the sounds of the murmur of the brook and the hum of insects, and the chitter of birds that are brought to the ear at successive moments. Clouds of dust rise from portions of the winding road and are born whirling along and upwards. The cattle become more and more uneasy—they rush wildly to and fro through the meadows. A sound as of rushing waters comes up the valley, with a blast of cool air having an odor of freshly cut herbage, or faintly ammoniacal; clouds of dust envelope the spectator; the tempest breaks upon him and for a time he realizes nothing but wild confusion, and the crash and roaring of the elements in unrestrained collision.

After a short time the winds abate; the atmosphere becomes clear and quiet prevails again. All things have resumed their normal state. Nature, animate and inanimate, has come to her former condition of repose. The violence of the tempest has swept past—to spend itself in permanent effects elsewhere.

This represents, well enough, the action of Aconite, which

raises an arterial and nervous storm which, though, in fatal cases, its fury may be great enough to induce chaos, that is death, yet does not localize itself in organic changes. Or, if the tempest be considered as representing *disease*, then Aconite is a happy influence (we know of none such in inanimate nature) which turns aside its force and sends it to expend its energies in material changes elsewhere.

But, the tempest does not always pass thus lightly over the valley. It too often happens, that, when the calm that follows its outbreak, permits the spectator again to survey the region, he looks upon a scene wholly changed. Trees have been prostrated perhaps, and buildings overturned. The mill has been carried away, the dam has failed to resist the sudden increase of the stream; where was once a broad expanse of tranquil water is now an oozing waste, threaded by a narrow creek. The cattle are scattered and the crops destroyed. Havoc has been made and desolation reigns. The processes of nature still go on, but in every condition how changed!

This represents, in some sort, the action of drugs which, like Aconite, produce a storm of general vascular and nervous excitement, but which, unlike Aconite, produce, after this storm, as a sort of sequel of it, a definite localization of pathogenetic action, viz., changes of function and tissue!

Such a remedy is Bryonia, in its action on the lungs and pleura, and Belladonna, in its action on the brain and lungs; such indeed are most of our remedies. For there are few storms which do not make more or less of *local havoc*!

With a few disconnected remarks, we may close these desultory observations.

It is clear that Aconite *may* be given in acute inflammation of every organ of the body—but only in a certain stage of a certain form of inflammation. How shall we know when this stage and form are before us? When, in addition to whatever signs they may be which designate the organ which is affected, the symptoms which have been called characteristic of Aconite are present; the heat of surface or external cold and internal heat, thirst, quick, excited but not hard

pulse, copious sweat with burning heat; and, above all, anguish and restlessness of mind and body, tossing which will not be quieted, foreboding and anticipations of death.

So, then, after all this talk, involving the terms and speculations of Pathology, the selection of the remedy comes down again to a *comparison of symptoms*!

Yes! for the sagacity of the Master led him to see clearly that the symptoms of the patient are the only *facts* of which we have ABSOLUTE KNOWLEDGE as concerns the patient; and the symptoms of the drug are the only facts that we *absolutely know* respecting it—and the relation in which they must be placed to neutralize each other, if it be found, must be such as to satisfy every sound hypothesis constructed on these facts. It must consequently harmonize with sound Pathology. And many times this volume of talk will have been well bestowed, if it shall convince any thoughtful mind that, first and most important stands, the correspondence of symptoms according to their rank, and that to this same result all sound hypothesis must lead.

the purpose, as is often alleged, of “controlling fever.” I

Aconite should never be alternated with other drugs for the fever be such as to require Aconite, no other drug is needed. If other drugs seem indicated, one should be sought which meets the fever, as well; for many drugs, besides Aconite, produce “*fever*” each after his kind.

Aconite may be called for, if the symptoms correspond, in the first stage of every acute inflammation.

It is a remedy of unspeakable value in a vast many cases of acute hemoptysis, which present the general symptoms as above detailed, characteristic of Aconite, and yet the pathological origin of which and their ultimate nature, if not controlled, are involved in obscurity. The blood is florid. (Spitting of florid blood, *without* the restless anguish of Aconite, calls for Millefolium.)

Aconite should never be given “to save time” while the physician goes home to study up the case. This is slovenly practice; it were better to give nothing, because Aconite, if

given in a case which does not call for it may do mischief: as, for example, in the commencement of typhoid fever, in which it will unfavorably influence the entire course of the disease.

Notwithstanding this fact, so wide-spread has the notion become, that "Aconite is the remedy for fever" that the Allopaths have adopted and are now using it, as the stock remedy for typhoid fever in Bellevue Hospital (1864). The death rate does not lessen.

EFFECTS OF RESPIRATION UPON THE TEETH.

BY GEORGE F. FOOTE, M. D., NEW YORK.

The evil of breathing through the mouth and its effects upon the general system have been ably set forth in a pamphlet by Mr. George Catlin, which, though somewhat extravagant in expression and illustration, contains much valuable information, statistical and deductive, and should commend itself to all seekers after truth.

For several years the writer has been convinced of, and has pointed out this evil in its local effect upon the teeth. This, from observation and comparison, has become so obvious, that he is enabled to decide, in nearly every case, whether his patient has been addicted to this habit or not; the decision being based upon the appearance of the teeth alone.

The effect, of course, is greater in some than in others. But none are exempt from the consequences, which are particularly apparent when the habit is acquired in early youth. The teeth are then more fragile, less dense and consequently more destructible, when suffering violence, from the infringement of nature's laws. This will be better understood when viewed physiologically.

Of the three sets of glands emptying saliva into the mouth, the parotid, the sub-maxillary and the sub-lingual, the saliva from the first is most profuse, comprising about two-thirds of all secreted, more limpid than the rest, and

seems designed, principally, to supply moisture and promote the mechanical division of the food. It is poured into the mouth during mastication and for some time after, in quantities depending upon the dryness and qualities of the food eaten.

That from the sub-maxillary comprises about one quarter of the whole, is more viscous and seems to serve the purposes of lubricating the food so as to make deglutition easy.

Animals that swallow their food whole, like birds and reptiles, have no parotid glands but have the sub-maxillary largely developed. The saliva from this source, like the former, is most abundant while eating; but the flow is easily excited by any movement of the tongue or jaw. And it is from this gland particularly, that we have the responsive reactions against any undue excitement in the buccal cavity, either physical or stimulating.

That from the sub-lingual is least in quantity; is still more viscous and tougher than the others, and is continuously flowing into the mouth, independent of food or motion, moistening and washing the teeth and mucous surfaces while the parts are at rest.

The quantity of saliva, in the aggregate, is variously estimated at from eight to sixteen ounces, in the twenty-four hours. The quality is scarcely ever alike under analyses made at different times even from the same individual. It has generally an alkaline reaction, varying according to the acidulated states of the food taken, as well as the conditions of the system. Lime enters largely into its composition. Soda and potash or their salts and the phosphates, in smaller quantities; animal matter, as ptyaline, fatty acid, mucus, etc., and water.

The mucus membrane with its delicate velvety surface is found lining all coats of the body that have an external communication.

Upon and from the surface of mucous membrane is secreted while in a normal state, a tenacious and viscous mucus, in quantities only to keep the parts sufficiently moist and

lubricated. This membrane with its exudations is evidently to serve as a protecting medium; and of course is found lining the buccal cavity covering the gums, and in close relation to the teeth. The secretions from this also contains soda and potash with traces of earthy matter, also animal matter as mucine, fat, albumen, etc., together with free acid and water. Some physiologists contend that pure mucus is always acid in the normal state. This is doubted by others, but of this fact we may be certain, if it is in the abnormal state it generally shows a decided acid reaction, producing oftentimes a very irritating effect upon the subjacent tissues.

Lehman tells us that "the secretions separated from the mucous surfaces while in a healthy state are absolutely nothing, or nearly so, and any secretions from those surfaces, must be regarded as the result of a special or general irritation; and such secretions, if any, are in an abnormal state as shown by microscopical and chemical investigations."

When the mouth is closed, the saliva permeates all parts of the buccal cavity, freely commingling with any exudations from the mucous surfaces, neutralizing their acids if any, and even to some extent, perhaps, the free acids found within the cavities of decayed teeth. But if for the purposes of respiration the mouth is suffered to remain open any length of time, as during rest or sleep, the water of the saliva and mucus is evaporated by the passing current of air. The saliva readily yielding up its alkaline properties to the slightest reaction, immediately parts with it to the carbonic acid of the air, and is thereby rendered useless as a corrective to any acid secretions from the mucous surfaces; while, from the evaporation, it is thickened near the point of ingress and its lime, uniting with the carbonic acid of the air, forms carbonate of lime; and this, with the phosphates before existing, the epithelium and other matters is deposited upon the teeth forming the salivary calculi, which are found in largest quantities upon those teeth nearest the salivary openings from the sub-lingual glands, viz.: the lingual surfaces of the lower front teeth.

During the same time the presence of the passing current of cold air irritates the mucous surfaces, stimulating an undue and exhaustive flow of mucus, which, from the condition of things, must be abnormal. This spreads itself over the surfaces of the teeth, parting with its water to the passing current of air, leaves them "gummed up" with a sordes charged with an acidulous agent which, in the absence of the saliva with its alkaline properties, is highly destructive to their organization.

Those who sleep with the mouth open, on waking, find it clammy or dry, with an unpleasant taste which requires the friction of a brush and water to remove.

From these facts, it is evident that the habit of sleeping with the mouth open, or keeping it open at other times, except for natural uses, is an evil injurious to the general health and especially destructive to the teeth. And the question arises, how shall this pernicious habit be overcome? And the answer is, only by perseverance. The adult is only competent to the task when thoroughly convinced of its importance. Then with a determined will, making it a speciality day and night, the nostrils become expanded and the apparent obstructions from cold or other causes disappear, and the nose becomes an easy channel for respiration, much to his or her comfort.

With children, the task is much easier, because the habit is less confirmed, but it requires repeated admonitions and constant watchfulness on the part of the parents.

MISCELLANEOUS.

HOMŒOPATHIC MEDICAL SOCIETY OF CAYUGA COUNTY, N. Y.—The sixth annual meeting was held at the office of Robinson and Boyce, in Auburn, June 13th, 1865.

Dr. Robinson, Jr. gave a report on bronchitis, and detailed a case with decided Lachesis symptoms. He gave the 12th dilution with no result; afterwards the 200th, with no curative result. Other remedies were given but the case got no better. Finally, Lachesis 41,000 of Dr. Fincke's preparation was given and the case cured in forty-eight hours.

Dr. Fellows reported on *Materia Medica*, and gave a proving of *Phytolacca decandra*.

Dr. Boyce read a paper on comparative headaches, and gave the symptoms, in comparison, of *Natrum mur.*, *Silicia*, *Bryonia* and *Nux vomica*.

Dr. Peterson detailed several cases which were cured by *Veratrum viride*. The Doctor believes in the efficacy of new medicines.

On motion, Dr. Peterson was requested to send his paper for publication, and he consented and will send it to the *Homœopathic Observer*, published at Detroit.

Dr. Swift reported on cutaneous diseases.

Dr. Fellows gave his experience with Sulphur.

Dr. Brewster reported on diseases of children, which, on motion of the society, he consented to send to the journals for publication.

Dr. Boyce read a case of *Purpura Hæmorrhagica* cured by *Phosphorus 200*, which was requested for publication. He had already sent a copy of the case to the *AMERICAN HOMŒOPATHIC REVIEW* for that purpose.

The Resolutions of the Allopathic County Society passed at a meeting held some months since having been mentioned, in which the practitioners of medicine who had dared to advance in their science, were designated as having a "single principle in medicine," a Committee was appointed to take into consideration the matter, and, if thought best, to report thereon.

Drs. Robinson, Jr., Peterson and Fellows were appointed the Committee.

The election of officers being in order, Dr. Swift was elected *President*; Dr. Fellows, *Vice-President*; Dr. Boyce *Secretary and Treasurer*; Drs. Boyce, Brewster, Robinson, Jr., and Strong, *Censors*; Drs. Swift and Smith, delegates to the State Society, with power to substitute. Delegates to the Onondaga County Society, Drs. Robinson, Jr., Brewster and Smith. To Oneida County, Drs. Boyce, Fellows and Swift. To the Wayne County Society, Drs. Robinson, Peterson and Gwynn, with power to substitute.

The President appointed his Committees. When the hour for adjournment came, the business was found not half concluded, and on motion, the Society adjourned to July 12th, 1865, to complete the business before it, and to discuss *Cerebro Spinal Meningitis*.

July 12th, 1865.—The meeting was called to order. Present, Dr. A. R. Morgan, Dr. Belding of Syracuse, and Dr. Adams, of the U. S. Army.

The Secretary read a paper from Dr. C. Dunham, of New York, in regard to a proposed sixth edition of the *Organon*, by Samuel Hahnemann, M. D., by A. Lutze, of Germany, with a protest signed by several German Physicians against it, together with Dr. Dunham's remarks on the subject.

Dr. Peterson was appointed a Committee to report the sense of the society in the matter.

Dr. A. R. Morgan read a paper entitled, "A glance at the trials and dangers which beset us." The paper was requested for publication.

The subject for discussion being called up (*Cerebro Spinal Meningitis*), Dr. Robinson, Jr., detailed a case of this disease, which he treated successfully by *Nux vomica 200*; the principal characteristic of which was a bending back of the patient so that the head and heels nearly touched, and during the whole course of the disease, the least touch was followed by agitation and tendency to spasms.

Dr. Morgan stated that, in an epidemic about Batavia, which was very fatal, no cases died who took *Cicuta virosa*.

Dr. Boyce stated that in cases under his observation, *Crotalus* had produced a marked effect.

Dr. Fellows had cured a case where the lower jaw had dropped and the mouth had become very dry with the peculiar symptom that the child called constantly for the mother to lie down with it. This cry was continued after he mother had lain down. Sulphur was the remedy used.

Dr. Gwynn had a case where *Belladonna* had exerted a beneficial effect at first.

Dr. Peterson had cured a case with *Veratrum viride*.

A general discussion followed on this disease and its relation to Typhus Fever.

Dr. Peterson reported on Dr. Dunham's paper.

Whereas, Arthur Lutze, of Coethen, Germany, has undertaken to publish a sixth edition of Hahnemann's *Organon*, which contains some things not taught by Hahnemann, and omits other things which are contained in said *Organon*, and which are most important in defining the principles and true science of Homœopathy, therefore

Resolved, That we protest most emphatically against the least alteration of the text of the *Organon* of Samuel Hahnemann, as left us by himself.

The report was accepted and the resolution adopted.

Dr. Robinson, Jr., from the Committee on resolutions, referring to the Allopathic Society, reported the following resolutions, which were adopted:

Whereas, The Legislature of the State of New York has recognized the claims of the homœopathic system of medicine, by conferring upon its practitioners the same privileges as to establishing Colleges, organizing local medical societies, and all other privileges accorded to those of the old school practice, and

Whereas, The Cayuga County Medical Society, (old school) at its session, Jan. 11, 1865, adopted and published a resolution containing the following language: "And furthermore, we agree to do all in our power to sustain

the honor and integrity of the profession, and to that end, we consider a regular medical education and a continuance in the exercise of its principles and doctrines, the only basis of professional intercourse, and we will decline meeting in consultation with any practitioners whose practice is founded on a *single* principle of medicine, or with those whose practice is wholly founded upon error," therefore

Resolved, That we consider the regular medical education taught at Homœopathic Colleges, which embraces all that is taught in the Allopathic Colleges, with the addition of the principles of Homœopathy, as possessing a decided advantage over the restricted course of study pursued in the old school colleges.

Resolved, That the Pharasaical determination embodied in their resolution, to meet none but members of their own school in consultation, is equalled only, as far as this society is concerned, by the fable of the fox and grapes, as the only member of that society whom we have called, is universally conceded to be beyond their comprehension in the attainments of his profession, and who strongly argued, and alone voted against the adoption of the resolution.

Resolved, That we concur with the more enlightened of the old school profession, in regarding the use of cordials and similar preparations usually denominated "quack medicines," as suited only to those who are beyond the pale of civilized practice, and, in mercy to afflicted humanity, we continue our strenuous opposition to their use.

Resolved, That Lansing Briggs, M. D., of this city, whose skill is the result of study in the best schools of Europe as well as America, for his dignified and manly professional courtesy in his intercourse with the members of this society, and his rare accomplishments as a Physician, and skill as a Surgeon, and his urbanity as a gentleman, be elected an honorary member of this society.

In discussing these resolutions, Dr. Robinson, Jr., remarked that it ill became a society to prate of a "continuance in regularity," one of whose chief officers, is, and has been, a vender of "quack medicines" for more than twenty years.

There being no further business, the society adjourned to the second Tuesday of September, 1865.

C. W. BOYCE, *Secretary.*

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ALTERNATION OF REMEDIES.

BY CARROLL DUNHAM, M. D., NEW YORK.

When, in the February and April numbers of this REVIEW, Vol. III, 1863, we published Dr. J. R. Coxe's article on Alternation, and our own modest objections to what we regarded as unsound argument and inaccurate statement on the part of Dr. Coxe—we had no idea that we were entering upon the discussion of a question about the *terms* of which there could be any chance for a misunderstanding. Subsequent publications, from various quarters, have shown that all practitioners do not understand the same thing by the word *alternation*, as applied to the mode of prescribing homœopathic remedies. We think we shall be able to show that the practice which some writers defend, under the name of alternation, is not properly called by that name. But, before entering upon the subject itself, we desire to make, once for all, two statements of general principles by which we are governed not only in the treatment of this question but of all questions that concern the practice of medicine; premising that we utterly disclaim any disposition to dogmatize or to speak as with *authority* on any question of medical practice. If the earnestness of conviction should betray us into too positive