

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

warmth of language, this is our misfortune; and none can disapprove it more decidedly than we regret it.

1. The business of the physician is to *cure* his patient; this is the great practical object of his labor. We believe that nature is not always restricted to a single path—and that while some cases are so severe that there is but one way in which it is possible to cure them, there are often *several* ways in which it may be possible to effect the cure of some other case; each way having more or less of inconvenience attaching to it and of detriment resulting from it, in proportion as it differs, more or less widely, from the *best* way. Thus, we believe that Allopathy, with her heroic *Antiphlogistics*, her *Revulsives* (borrowed from the “circumlocution office”) and, still more frequently, with her blind and blundering misuse of *specifics* does sometimes “*cure*” her cases; but this is not the *kind* of cure that should satisfy the physician’s desires. It is neither *safe*, inasmuch as it is debilitating in itself and is likely to involve damaging sequelæ; nor *rapid*; nor *pleasant*. Thus, likewise, we know that Homœopathists who mix medicines, whether in the tumbler or in the patient’s stomach (conglomerators or alternators), do often “*cure*” their patients. These cures, if our observations be correct, are neither so *rapid* nor so *pleasant* (free from sequelæ) as cures might be; and we are confident that by these methods not nearly so large a proportion of the sick may be cured as by adherence to the simple, single remedy. Still, we admit that when a physician has cured a patient, by whatever method, he has, *in so far as that patient is concerned*, done the chief part of his duty. Though his method were not the best of known methods, he is not to be blamed without qualification.

2. But, although, from the ethical stand-point, we may concede that:

“’Tis better to have” *erred and cured*
“Than never to have” *cured* “at all.”

We think there is abundant reason for cautioning the practitioner to beware of confounding the misfortune of the *error* with the good-luck of the *cure*.

As one to whom have been confided the interests of that individual patient, he may justly rejoice in the cure; but do his functions cease here? By no means. He is a man of science, to whose care are to be entrusted, every day of his active professional life, case after case of disease which he is to bend his energies to cure. What is it to be a man of science? It is to be one whose mind is stored with an array of facts carefully observed by others as well as by himself, and methodically arranged, in such wise that principles have been and may be correctly inferred from them—principles by virtue of which *new* observations may be arranged along with these facts—principles by the aid of which the facts which will result from operations observed to be in progress, or intentionally put into activity, may be accurately predicted, and, conversely, may be produced at pleasure.

Such is the scientific physician. Let us note the difference between the action of *his* mind and that of the *patient*, after a cure of the latter has been accomplished by the former. The patient says to himself, “I was sick and now I am well. I will pay my doctor and then, to my work again!” This is all his sickness is to the patient.

The soliloquy of the doctor will depend very much upon the nature of the mental process by which he arrived at the mode of treatment that cured the patient. It may be,

1. “How can I ever be thankful enough for the lucky accident that made me give him *Ledum*! May I be as fortunate when I guess again!” or,

2. “When I gave *Bryonia* alone and *Sepia* alone, though each seemed to correspond pretty well, still the patient did not get much better. But when the happy thought of alternating them occurred to me, and I did it, she recovered. From this I shall learn that two remedies, each of which corresponds to part of a case, may cure the case if given in alternation, when neither, if given singly, would cure it;” or,

3. “A year ago I should have given, for such an angina as this, *Belladonna* and *Mercurius* in alternation, as *Rummel*

recommends, and the patient would probably have gotten well in two or three days and I should have been satisfied; but since I have studied Lachesis, I find that remedy covers the whole case much better than Belladonna and Mercurius would do; and lo! he is well in twelve hours. From this, I learn to shun, more earnestly than ever, those expedients which, like alternation, are borrowed from the polypharmacy of the old school and which, being *opposed* to sound principle, must be inferior in their results to some better way which *accords* with sound principles and which way I shall be most likely to find out if I make my practice follow principle. This case, then, gives me fresh zeal in my study of *Materia Medica*;" or,

4. "This case cost me much study. I saw that the symptoms of the abdomen and digestive canal as well as those of the lumbar region and of the hip and thigh and the general conditions of aggravation and amelioration corresponded admirably to Colocynth, but then, the patient had, in addition, an enlarged ovary (from which, possibly in some way, the other symptoms sprang), and I had never heard of Colocynth in connection with enlarged ovary. I might therefore, have been tempted to alternate Colocynth with some remedy which is known to have cured and perhaps produced enlarged ovary, such as Lachesis, Apis, Graphites, Lycopodium, Staphysagria, etc.—but for my aversion to disregard what seems to me the well-established principle that maladies are not local affections, but general, pervading the entire organism—that the individual man is, not an aggregation of independent monads, each of which may be ill or get well "on its own hook," without its neighbor being thereby jostled, and against which may be discharged a corresponding load of medicinal monads each of which will find its own particular target without hitting any other—not this, but an *individual being*, whose functions and tissues are so intimately connected, that, "if one member suffers, all the members suffer;" and conversely, if we get the key to the malady by finding the characteristic symptoms which will

point us to the true remedy, we shall cure the *entire* suffering, to whatever member we may address ourselves. In this faith, regarding the characteristic symptoms as calling unmistakably for Colocynth, (there was nothing characteristic of any remedy in the ovarian symptoms; the ovary was enlarged, that was all,) I gave that remedy. And now, while in a few days, the other symptoms which plainly called for Colocynth disappeared (permanently, as the event proved), in the space of two months the ovarian tumor had likewise disappeared, and the patient who had been confined for six years to her room and couch, could now walk, drive, and go about the house as well as ever.* From this I learn the *unity* of disease, and by this I am strengthened in my belief that adherence to well settled principles will, in the end, carry one farther and faster, even over dark and uncertain ways, than any makeshift and irrational expedient would be likely to do;" or,

6. "In this case of dysmenorrhœa the symptoms of the head and eyes are very characteristic of Cycl. But, surely, the menstrual symptoms are too important to be overlooked in this case, and the remedy must correspond to these symptoms in order to cover the case. I looked for the symptoms of Cyclamen on the female sexual organs and, lo! none are recorded in the *Materia Medica Pura*. It seems that there was not a woman among the early provers of Cyclamen. What was to be done? The menstrual symptoms corresponded pretty well with those of Pulsatilla, though the head and eye symptoms did not correspond. Should I alternate Cyclamen and Pulsatilla which jointly cover the case? I should have high authority for such a course! But, I reflect, that the *same kind* of a human organism which, under some disease-producing influence, experiences, at one and the same time, the amenorrhœa and the head and eye symptoms of my patients—the *same kind of human organism*, I say, experienced also, when proving Cyclamen, head and eye symptoms

*See in a future number "Observations on Colocynth."

exactly like those of my patient. Is it not fair to presume that, if this disease-producing cause and the specific properties of Cyclamen are so nearly alike as to produce identical symptoms in the *head* and *eyes*, they would have produced identical symptoms, likewise, in the female sexual organs, had the prover of Cyclamen been a woman? So strongly did probabilities seem to me to favor this presumption that, regarding alternation as an unsound and irrational expedient, I was about to take the risk of giving Cyclamen alone on the strength of this anticipated result of some future proving by a woman, when, chancing to meet with the new Austrian proving of Cyclam., I found that provings by women are there recorded which confirmed my presumption in every particular. The case recovering speedily under Cyclamen, I learn from it that in many cases we are tempted to alternate, because we cannot cover every feature of the case with either of the remedies which we think of alternating. But, in some of these cases, the symptoms which *are really characteristic* are fully met by *one* of these remedies and there is ground for assuming, as clinical records show, that subsequent and more extended provings will demonstrate to us that this remedy, if fully proved, would really cover the entire case, *characteristics* and all. This experience fortifies me against a temptation to alternate and leads me to rely more confidently on the indications furnished by *characteristic symptoms*."

If we review these cases and analyze the operations of the physician's mind, we shall see that, in number one, he confesses that he has been the "accident of an accident," and he invokes his "good luck" to stand him in stead again. He does not exercise his reasoning faculties at all. Let him pass.

In the other cases, there is, besides a thanksgiving for success, an effort of the mind to arrange the facts which the case presents in order, along with some other facts already stored there and to infer from the aggregate store of facts, some principle or plan of action which may be profitably brought to bear on some future case. It is thus and *only* thus that

"*experience teaches*." For, since no two cases are ever met with that are in every respect precisely alike, the experience acquired in treating one case can never be available in treating another, except through the intermediate application of the reasoning powers. We hear and observe facts, collect and arrange them, analyze and reflect upon them, induce principles from them, and prepare ourselves to make practical application of these principles when a new case shall call for it.

Now, what is this but theorizing? When we analyze a case in such a way as to suggest to our minds its proper mode or course of action, or to infer from it any principle that might help us in a future case, we form a "theory." We can not *think*, indeed, about collecting facts without *theorizing*.

Yet the defenders of alternation invite us simply "to look and see," to "establish facts. These, once fixed, any theory which will perfectly account for them is good." These are Dr. Hawley's words (AMERICAN HOMŒOPATHIC REVIEW, Vol. V, p. 338). And the *London Homœopathic Review*, Vol. IX, p. 432, quotes Dr. Hawley's words approvingly: "The homœopathic system of medicine," * * * says Dr. Hawley, "bases itself, not on theories but on facts as they are observed in the world of man. It frees its disciples from all dogmas and simply asks them to look and see." Well, being thus invited, we "look and see." What do we see? Why we see Dr. Hawley giving Bryonia and Sepia in alternation in one chronic case and Arsenic and China in another case, and curing both in a way which satisfies him well. This is what *we* see. But what does Dr. Hawley see when he looks at these same facts? Why he sees something which proves to him that "for him, the use of remedies in alternation is better than the use of a single remedy." And the *London Review* sees in the *same* facts something "which proved to him (Dr. Hawley) that the alternation of medicines is not only admissible, but that cases now and then occur which CAN ONLY BE CURED BY SUCH ALTERNATION."

Is not this "*theorizing*" pretty strongly and on a rather

slender basis? Our friends warn us against "theory" and yet, from *two facts*, Dr. Hawley concludes that, "for him, the use of remedies in alternation is better than the use of a single remedy." From the same two facts the *London Review* makes Dr. Hawley conclude that "cases now and then occur, which CAN ONLY BE CURED BY SUCH ALTERNATION." This is a broad generalization on a very narrow foundation. But Dr. Hawley admonishes us that "we have not yet any such *collection of facts as will warrant any generalization.*"

For ourselves, we should not feel justified in drawing any such conclusions as these from Dr. Hawley's cases or from any of the cases already narrated, cured by alternation. When adduced in evidence, we accept them as facts and give them what we consider to be their full value. They prove to us that cases may be cured by alternated remedies, but they prove no more than that. They prove that two remedies in alternation cured a case which neither of those two remedies singly had cured. Beyond this they prove nothing. Assuredly they do not prove that a physician could not have cured each case more quickly with some other remedy, given singly. How could such evidence be held by us to justify such conclusions as Dr. Hawley and his reviewer draw from it, when our daily experience furnishes case after case which had been treated ineffectually by physicians who *always alternate* and which yields promptly to the single remedy. Evidence of this kind whether FOR OR AGAINST alternation, will not settle this question.

These remarks, extended as they are, have been made for the purpose of showing that clinical experience is available as a means of improvement in medical practice only in so far as it is analyzed, thought about and in fact "*theorized*" about; that those who deprecate dogmatism and would put off the formation of generalizations, do, themselves, dogmatize and theorize and from the nature of the case they *must* do so in the act of reasoning about the evidence they bring forward.

If this be inevitable, then, it must be allowed *us* likewise to theorize and in what we have to say about alterna-

tion we shall hold ourselves justified in basing our arguments on generalizations from a multitude of collated facts. We hold that the argument from theory is in order. And regarding a SCIENCE as being a connected and independent series of generalizations based on an analysis of methodically arranged and collated facts, we require the advocates of alternation to rest their cause, as we do our opposition to alternation, on such a generalization. Failing to do this, they have no claim for their method as a part of the SCIENCE of Therapeutics. Failing this, the facts which seem to justify alternation can be used in no other way than in the blind, empirical way of literal *imitation*, in which accuracy and certainty are quite out of the question. But our whole object in study and labor, beyond the direct need of our patients, is to complete the structure of our science, such as we have defined a Science to be, a means of attaining accuracy and certainty.

Some of the advocates of alternation have failed to perceive the necessity of raising their procedures to the level of a scientific method. They still rest on the rude empirical ground of unmethodized experience. Their argument is: "I have alternated remedies which, singly, had failed and I cured. Henceforth I shall alternate." Or, as the *London Review* varies the argument (9, 432), "The practice of alternation of remedies is one so widely adopted that it would appear to have the sanction of very extended practical experience.* * Experience has proved abundantly that the alternation of remedies increases the rapidity of the cure," etc. The same argument was used by Dr. Coxe (*AMERICAN HOMŒOPATHIC REVIEW*, III. 359) who claims to have alternated for twenty-five years, and to have been successful. As we have before remarked, the same argument may be used by Allopathists, and by the advocates of every form of practice, whether pure, mixed or wholly vicious. The same argument may be, and is, advanced by those who oppose alternation.

Others, however, have seen the necessity of basing their advocacy of alternation on some general principles, among

them particularly Dr. Drysdale, (*Annals of British Homœopathic Society*) and Dr. Coe (*THE AMERICAN HOMŒOPATHIC REVIEW*, Vol. V, April, 1865) and to these statements of principles we wish to devote some attention.

But, first, let us have a clear understanding of what is properly meant by alternation of remedies.

As we have stated, the term is used in different senses.

1. Dr. J. R. Coxe (loc. cit.) seemed to think that the opponents of alternation contend that each case of sickness should be treated with one single remedy, and that, if during an illness a change in the symptoms should compel a change in the remedy, this, by whatever name it be called, is, in fact, *alternation*. He scouts the idea of any real distinction between *alternation* and *succession* of remedies. Well, if this be all that alternation means, we have no reason to oppose it. But, what is a case of disease in this sense? Does it comprise all that may ail a man from the time that he takes to his bed, to the time that he goes to his work again? Suppose a patient sick of dysentery and recovering finely under the single remedy *Mercurius cor.* When just convalescent, he is seized with rheumatism and requires *Rhus tox.* Is it "alternating" to give it to him? And then, suppose him safely over rheumatism; but just before he goes to work again, he has a return of dysentery, requiring *Mercurius cor.* Is it "alternating" to give it, if the symptoms require it? And if, when cured of this relapse, he gets the measles and requires *Euphrasia*, is it "alternating" again to give him this remedy? Why, according to this definition, if you call this all one sickness, it *has* been a case of alternation. If you call it four sicknesses, perhaps not. To the patient, certainly, it is "all one," whatever you call it! Now, suppose the symptoms in a case to have changed just as decidedly as in the case supposed above, but yet not so definitely as to induce you to give to the changes these nosological names of *dysentery*, *rheumatism* and *measles*. The medicines, *Mercurius*, *Rhus* and *Euphrasia* will have been just as clearly indicated by these successive changes and just as impera-

tively required as though the patient were regarded as having had four successive diseases. Is it "alternation" to give these remedies successively just as they become clearly indicated? We think it is not, but some say it *is*. We are sure it is sound practice.

2. Dr. Quin, of London, (*Annual Address, Annals of British Homœopathic Society*) calls the method of prescribing successive remedies in a case as the changes of symptoms may require them: "*alternation a posteriori*" and sanctions and defends it. But he reprobates, under the name of "*alternation a priori*" the practice which, it seems to us, is the only one which can properly be called "alternation" viz.:

"Prescribing at the very outset of the treatment—at the very first visit and also, not unfrequently, almost at every subsequent visit, two or more medicines, to be alternated every quarter, half hour, or every two, three or four hours. It is difficult to believe" he continues, "that such practitioners are in the habit of carefully considering the cases under treatment, or have well studied their *Materia Medica* or to divest oneself of the idea that they resort to such slipshod practice in the hope that if one of the medicines does not hit off the complaint, some one of the others may. One meets with instructions for similar alternation laid down in popular books on Homœopathy, showing that this *a priori* style of alternating remedies is, with certain practitioners, more a rule than an exception."

3. Dr. Drysdale defines *alternation* to be "*the giving a second medicine while the sphere of action of the first is still unexhausted.*" But Dr. Drysdale, while advocating alternation, *in this sense*, in certain specified cases, does not propose to give his second medicine except after a careful re-examination of the symptoms of the patient and a comparison of them with the *Materia Medica*. It is clear, then, that alternation as he defines and defends it, is not the same thing as the *alternation a priori* which Dr. Quin reprobates and to which we would restrict the term. Dr. Drysdale's definition seems to us very vague and impracticable. How are we to know when the sphere of action of the medicine is exhausted? By inferences from the proving? But we have reason to believe that the speed at which vital processes go on in sickness may be very different from that during a physiological proving. Reduced to a practical rule, Dr. Drysdale's reasoning would

amount to this: If, on our second visit, symptoms shall be found to have arisen which seem to call for the second medicine, we should suspend the first and give the second, and then, if, at the third visit, the symptoms be found to have changed again, so as to call again for the first medicine, we should give it. But this, he says, is "*alternation*." With certain qualifications we agree to his *rule* of practice, but we object to the *name* he gives it. And here names *are* important. It is of great consequence to avoid giving to two radically different procedures, one and the same name.

Now, what do *we* mean by "*alternation*?" Let us give a practical answer. We have before us a prescription label filled up by Dr. John Doe. It reads thus:

"No. 1, Acon.³; No. 2, Bellad.⁶; of each, twelve powders. Take the powders alternately as numbered, every four hours."

We have another paper containing directions prepared by Dr. Busy, for a chronic patient:

"Take as follows: Mercurius hydriod., first decimal trituration, every night for seven nights;

"Then Sulphur³, every night for seven nights;

"Then Collinsonia¹, every night for seven nights;

"Then Podophyllum pelt.³, every night for seven nights;

"Then Ignatia³ and China¹, alternately every night and morning, for seven days;

"Then Aurum met.¹, every night for seven nights;

"Then Pulsatilla¹, every night for seven nights;

"Then Phytolacca dec.¹, every night for seven nights."

— We object to these, and to all kindred procedures, that they rest on hypotheses which are not warranted by the present possibilities of science. Dr. John Doe's first prescription of Aconite may be all right; the symptoms probably call for it. But the physician cannot know in advance that, in four hours, the symptoms will have so changed that, if he were present, he would perceive Belladonna to be indicated; and that, in four hours later, Aconite will be indicated again; and that the symptoms will go on, oscillating between these two series of indications, each oscillation consuming just four hours.

And "Dr. Busy," by what wonderful gift could he foresee that seven days of Mercurius hydr. would bring his patient to a state requiring Sulphur, and seven days of Sulphur to a state requiring Collinsonia (whatever that state may be), and seven days of Collinsonia to a state calling for Podophyllum (and for just seven days of it too), and seven days of Podophyllum to a state of complex misery that calls for China and Ignatia in alternation (for just seven days likewise) and so on to the end of this long chapter!

"Oh, wad some power that giftie gie us!"

These instances, and the comments upon them, comprise our definition of "*alternation*," and our objection to it. It is a practice very prevalent in the United States and in England. It is exceptional in Germany, France, Spain and Italy.

The principles which govern the selection and administration of homœopathic remedies are very simple.

The great law, *SIMILIA SIMILIBUS CURENTUR*, teaches us to select a remedy the characteristic pathogenetic symptoms of which are very similar to those of the patient. This is a grand generalization, supported by a multitude of facts. We accept it. It takes no heed of *names* of diseases, nor of pathological theories of the seat and origin of diseases. Giving a broad and liberal signification to the word "*symptom*" so as to include everything abnormal about the patient, whether it be historical or actual, this law pays regard to the symptoms alone. It requires that the symptoms shall be collected and compared with the *Materia Medica* every time a prescription is made, and that the drug that has produced symptoms most similar to those of the patient shall be chosen and given. This is a true homœopathic prescription. No matter how often during the sickness of a patient this process be repeated; no matter how many remedies be given in succession; no matter if the first remedy be recurred to after the second and the second after the first—if each prescription have been the fruit of a special collection of symptoms and comparison of them with the *Materia Medica*—call it "*alternation*," or by whatever other wrong name you please, it is a