

sound and defensible homœopathic prescription, such as Hahnemann taught and practised and his followers adopted.

But the physician sometimes leaves a second remedy to be substituted for the first under certain specified contingencies. Is this alternation? By no means. In so doing, he makes the attendant his deputy, and describes the series of symptoms which, in his judgment, will be an indication that another remedy is required. He is merely instructing and empowering another person to make, in his stead, the study and selection of a remedy which should precede and be the basis of every new prescription.

And wherever, in his writings, Hahnemann has seemed to authorize or sanction alternation, his directions have been of this character. He has mentioned that a certain group of remedies is likely to be indicated in a certain disease, and although he has sometimes used the word "alternate" (*abwechseln*), yet, in every case, he has specified the particular symptoms, or groups of symptoms, which would specially indicate and authorize the preference to be given to one, or another remedy of these groups.

In this REVIEW, (April 1863,) we showed this to be true of Hahnemann's direction for the use of Spongia, Hepar and Aconite in croup, and also for Bryonia and Rhus in typhoid fever. The same is true of his directions touching cholera.

The *London Homœopathic Review* (9, 432) says, "Those who combat 'Alternation' on the ground that it is opposed to the *practice* of Hahnemann, fall into a grave error." In the introduction to Belladonna in his *Materia Medica Pura*, he advises the *alternation* of Aconite and Coffea cruda in purple rash, in these words: "Aconite and Coffea should be alternately given every twelve, sixteen or twenty-four hours, in proportion as one or other remedy is indicated."

It is true that the above words *are* contained in the introduction to Belladonna, but they are not *all* the words contained in the sentence from which they are quoted. This sentence, complete, is as follows: "there (in the purple rash) Belladonna, naturally, does no good, and the other, common,

charlatan treatment must also allow the most of the patients to die of it, whereas they might all be cured by the alternate use of Aconite and of the tincture of Coffea cruda, the former for *the heat and the increasing restlessness and agonizing anxiety*, the latter for *over-excessive pains with a lachrymose humor*; the Aconite in the 30th dilution of the juice and the tincture of Coffea cruda in the 3rd dilution, both in the dose of the smallest part of a drop, the one or the other every twelve, sixteen or twenty-four hours, *according as the one or the other is indicated.*" The two groups of symptoms which Hahnemann gives as indications, respectively, for the one or the other of these remedies, are omitted by the *London Review*. They are the essence of the whole matter. Following this advice of Hahnemann, it would not be possible for the practitioner on meeting a case of purple rash to begin with a blind *a priori* alternation of Aconite and Coffea. On the contrary, as we understand Hahnemann's direction, he should examine his case to see whether it presented the groups of symptoms "heat, increasing restlessness and agonizing anxiety," in which case he would give Aconite; or whether the characteristics of the case were "over-excessive pains with a lachrymose humor," in which case he would give Coffea. Suppose at his next visit, twelve, sixteen or twenty-four hours after, he should find, as might well happen, that the group of symptoms first observed had disappeared and had given place to the other group, he would, for this reason, change his remedy. Or, if he lived at a distance from the patient, he might make the nurse his deputy, and, instructing this deputy as to the distinction between the groups of symptoms, might direct her (as Hahnemann has directed us) to make changes in the remedies when corresponding changes in the symptoms should call for them. In this way there would be no assumption and no *a priori* "alternation." The practice would be sound, fulfilling the conditions of a sound prescription, viz.: that each prescription be preceded by a fresh collection of the symptoms of the case and comparison of them with the *Materia Medica*.

Is it suggested that Hahnemann meant to intimate that

these groups of symptoms might coexist in the patient at the same time and might make a "totality of symptoms" that would require these two remedies to cover it? But these groups are pathologically incompatible. No one conversant with the phenomena of sickness could conceive of a patient presenting, at one and the same time, "heat, increasing restlessness and agonizing anxiety," and likewise *over-sensibility to pain and a disposition to weep and despond*. No! patients in a waxing fever often *swear*; but they seldom *pine* and *weep*; they feel general anguish but make light of specific pains. But when the fever has *waned*, there often succeeds it a stage of over-sensibility and of proneness to weep; and this succession may be repeated again and again, and we suppose Hahnemann recommended these remedies to correspond to this succession. We cannot comprehend his words in the sense attached to them by the *London Review*. In the signification in which *we* have understood them, they correspond precisely to all of his other directions which have been quoted as favoring "alternation."

But, now, suppose it conceded that, while Hahnemann's practical deductions from scientific *principles* were opposed to "alternation," his *practice* sanctioned it. Is the argument from his *practice* all powerful against his *principles*? This reminds us of what the Chairman of the British Society calls Dr. Drysdale's "Socratic irony 'you all object to alternation, and, yet, you all alternate'" We have seen that Dr. Drysdale's definition of alternation is such as to cover almost every actual case of treatment and is different from that of every other writer. But, the argument from the universality of a practice, in favor of its propriety, is a dangerous one to play with. Place it in the mouth of a theologian and see how it reads: You all condemn *sin*, and yet, you are all *sinners*!"

Does the weight of this argument lie on the side of *sin* or on the side of the *condemnation* of sin! Does propriety necessarily follow from universality? Are the majority *always right*, just because they *are* the majority? If so, all hail, Allopathy!

(To be continued.)

TOOTHACHE.*

BY DR. C. VON BËNNINGHAUSEN.

The partisans of Allopathy no longer deny that Homœopathy, when practised by skillful and conscientious men, may afford great help in the commonest sufferings and affections which resist allopathic treatment.

This is a fact which we have occasion to verify most frequently, and in a most astonishing way, in the treatment of those diseases which, in spite of their variety and their differences, are comprised under one single general denomination—a denomination, too, which savors more of catachresis than of science.

In the first rank of these affections we place toothache, the treatment of which so often affords to the Homœopaths an opportunity to demonstrate the superiority of their doctrine, over Allopathy. This affection, one of the most painful and at the same time most frequent of maladies very rarely yields to the ordinary medical treatment.

A sufferer with toothache applies to an Allopathist; the latter tries to relieve him—now with Opium, now with Kresote, now with chloroform, now with other heroic remedies which generally fail to produce any curative effect. Often indeed the physician, before proceeding to any treatment, imagines that he perceives it to be necessary to extract the tooth. Wherefore, to avoid this torture, the patient recurs to every variety of more or less absurd domestic remedies, or to secret remedies proclaimed infallible by force of advertisement. He finishes by seeing that it is all useless trouble and that he has thrown his money away. The pains increase; they have reached their culminating point and become insupportable. The execution of the criminal tooth

* Written by Dr. von Bœnninghausen about two months before his death, and sent to Dr. Mouremann's of Brussels, for *L'Homœopathe Belge*; translated from *Revista Omicpatica*.

is decreed. A skilful hand accomplishes the task with all possible dexterity. If all goes well, the pain ceases (but this does not always happen) and the unhappy one is freed for the moment from his scourge. But he is far from being radically cured; for the mechanical operation can never destroy the true internal cause of the malady, which will reappear sooner or later with increased violence. It is not a rare thing, moreover, for matters to assume, from the very beginning, a much more unfavorable aspect; as a sequel of the extraction of the teeth the pains augment; with them become conjoined pains of a neuralgic character; the irreparable loss of one tooth involves that of several others; and then comes the recourse to artificial teeth, a most insufficient and impotent equivalent for the natural apparatus.

The result is different when the patient, from the first, seeks the aid of a Homœopathician. If the malady is of recent date and origin, the simple olfaction of a remedy which corresponds exactly to the totality of the symptoms is often sufficient to cause the cessation of the pains.

This effect manifests itself the more rapidly (often in a few minutes) the more care has been taken to use the remedy in none except the highest potencies. If the toothache is of longer standing or has been treated with palliative remedies which have served only to make it obstinate, the cure will not be so rapid. But it will not be, on that account, the less certain. It will be also radical and enduring, to this extent, that the toothache will not recur with the same character. Moreover, and this is most important, the treatment does not involve other inconveniences; the diseased tooth is not sacrificed; no neighboring tooth becomes hollow or carious; no dental fistulæ form; in fine, the treatment never induces any of those long maladies which constitute the martyrdom of certain patients. On the contrary, with the removal of the toothache are put to flight, radically and forever, the affections and the pains which had engrafted themselves on the diseases of the teeth, such as diseases of the eyes, of the ears, and of the head; pains of the face (often very terrible), pains

of the throat, fevers, etc. Health becomes re-established and florid, as in the patient's best days.

Every Homœopathician knows this; in countries over which Homœopathy has succeeded in diffusing its blessings, all those who have suffered from toothache know it. If, from lack of experience or because they follow the fashion, they have recourse to Allopathy for the cure of other diseases, the treatment of toothache they always entrust to Homœopathy, knowing well the happy result they may expect from it.

These considerations, based on facts well known and confirmed everywhere and every day, may convince every Homœopathician, that among the more common diseases, there is none more fitted to cause Homœopathy to be appreciated by the public, than toothache. Although the merits of our method have already been fully established in many other diseases, often of the most dangerous character, (nervous fevers, cholera, croup, scarlatina, whooping cough, etc.,) these rarely present themselves in a sufficiently great number to enable the public to intelligibly judge the two modes of cure, and to form a conclusion founded on results, astonishing, rapid and impossible to be denied. It is not the same with toothache; the opportunity of curing it is presented every day, and the patients, once cured, never fail to repeat, to their similarly afflicted friends, the story of their sufferings and of their cure.

Every Homœopathician who understands his own interests seeks to obtain, in the treatment of toothache, those results which our doctrine authorizes him to expect. But it seems to us that this alone is not enough; there is something more which should cause all those who would contribute to the ever-increasing prosperity of our fair science, to attach a special importance to this part of our curative method. We believe, therefore, that we are fulfilling a duty in submitting to the enlightened consideration of our colleagues, some advice on the subject, the fruit of a great many years of practice.

1st. The totality of the characteristics of the remedy ought to correspond as completely as possible to the totality of the characteristics of the malady, and of those of the patient. This is a principle of which it is needless to remind the majority of Homœopaths, but which, nevertheless, it is always well to repeat and to place at the very beginning of these remarks, inasmuch as it constitutes the first condition of a proper selection of the remedy for each particular case. In this connection, the various symptoms of the pains in the teeth are rarely important, unless they impart to the totality of the symptoms that determinate character which Hahnemann designated by the words, *characteristic, strange and extraordinary*.* Among the number of these characteristic symptoms, are to be enumerated, for example, the sensations of *fracture*, (Ignatia, Natrum mur.), as if *polished*, (Phosphorus, Selenium, Sulph. acid.) of *paralysis*, (Sulphur,) as of a *current of air*, (Natrum carb.) of *sponginess*, (Causticum,) of *tension of the nerves*, (Colocynth, Pulsatilla,) of *softening*, (Causticum, Mercury, Nitric acid, Nux mosch.) of *stiffening*, (Rhus,) of *insensibility*, (China,) and others.

Nevertheless, these symptoms ought not to be taken into consideration to the exclusion of all the others, because these symptoms, observed and verified in other organs and in other parts of the body, indicate still other remedies.

These latter remedies, therefore, possess the faculty of producing the symptoms in question, and consequently, they should not be excluded, even although the symptoms have not been hitherto classified under the title of pathogenetic symptoms, among the pains of the teeth.

As regards the more common morbid sensations which are experienced in the teeth, they possess, as a general rule, but very little importance when the question concerns the more certain selection of the remedy. They are common to many remedies, and scarcely ever deserve to be denominated *characteristic* symptoms. This inconvenience is not

* Organon.

the only one; few persons are capable of describing, in proper words, their subjective sensations. The same difficulty has undoubtedly been experienced by all those who have proved remedies upon themselves and who have sought to express, in writing, the results of their provings. The experimenter who is much more experienced in this respect than the patient is likely to be, finds himself often much embarrassed when he desires to give an exact description of a sensation which he has himself experienced. This is the reason why the larger portion of the terms in which the pathogenetic symptoms are expressed, are borrowed from mechanico-physical phenomena, and may be reduced to the words, *pressing, tearing, stitching, pricking, stretching* and their compounds. When they are applied to sensations alone, it is extremely difficult to attach to them a clear and precise idea. The patient moreover, adheres obstinately to the word "*pain*," declaring that it is impossible for him to designate with greater precision, the kind of suffering which he is experiencing.

Several of our proved remedies and even some of those which have been diligently proved in all their peculiarities, are wanting in symptoms relating to pains in the teeth. We mention, in this connection, only Asafœtida, Chamomilla, Cicuta vir., Digitalis, Dulcamara, Ledum, Moschus, Opium and Valerian. And yet our literature contains notices of cures of toothache effected by Asafœtida, by Cicuta vir., by Dulcamara, by Opium and by Valerian.* Among the five-hundred-and-forty-one symptoms attributed in the third edition of the *Materia Medica Pura* (Vol. I.) to Aconitum nap., that perfectly proved and variously used antiphlogistic, there are enumerated only two true symptoms of toothache.†

Dr. Wahle, senior, published them, but no other author has confirmed them; and moreover, they are couched in

* We may add Coffea. (See AMERICAN HOMŒOPATHIC REVIEW, Vol. V, pp. 164-214.) D.

† 114. Stitching pain in several teeth, after thirty-six hours. Wahle.

115. Pressing toothache in the left upper jaw. Wahle.

terms so general, that it is absolutely impossible to make a special use of them. Nevertheless the clinical experience of Ruckert (1. 449) and the supplement published by Oehme (204) mention several cures of toothache obtained by the use of this remedy, while, among us, it has never been used, and its efficacy has not been confirmed. It is probable that other Homœopaths, have effected, like myself, the cure of toothache by the administration of Dulcamara, of Ledum, and of Valerian, when the symptoms derived from the history of the case, and likewise the actual symptoms, indicated, exclusively, one of these remedies.

We see, then, that the symptoms of the pain in the teeth, such as they are presented in our *Materia Medica Pura*, are not of themselves, alone, sufficient to give us complete information touching the appropriateness and the efficacy of a remedy.

It is equally clear that they greatly deceive themselves, who pretend that, to conduct a homœopathic treatment, it is enough to confine ourselves to mere mechanical researches, among the list of the symptoms.

2nd. From what has preceded, the second head of advice naturally follows. It comprehends the facts which, independently of the characteristics common to the remedy and the disease, ought to be recognized with clearness and precision, when the question concerns the cure of toothache. These facts may, it seems to me, be classified under the following three rubrics:

- a. Aggravations according to time and circumstance.
- b. Ameliorations according to time and circumstance.
- c. Concomitant symptoms.

The restricted space at my disposal, does not permit me to develop these three points, important as they are. Nevertheless, I shall manage to say, at least, what is necessary to indicate their great value.

a. We may reasonably wonder that Hippocrates, the founder of the science of medicine, while he attached so much importance to the days called *critical*, should not have

thought of the different *periods of the day* at which diseases are aggravated or ameliorated and that he should have tacitly denied the influence which phenomena, often very precise and characteristic, exert on the treatment of diseases. Without doubt the aggravation and the diminution in the violence of maladies were manifested at different periods of the day then, and in the same manner, as at present, inasmuch as these facts are evidently founded upon nature, which has not suddenly changed since those very ancient times. If the father of medicine, just like our contemporaries, the Allopathists, was unable to draw, from observations of this kind, indications generally useful in the happy selection of a remedy, the same was likewise true of the critical days; the one might, as well as the other, have been made useful for the purposes of prognostics. This omission in the Hippocratic works is very sensibly felt especially by us; the successors of the physician of Cos have not succeeded in supplying it satisfactorily, although they have expended great efforts in discussing, in all its particulars, *another* question, that of the *pulse*, concerning which, likewise, not a word is said in the authentic works of Hippocrates, and which has for us only a secondary importance. Hahnemann himself, when making his *first* provings of medicines upon the healthy subject, seems not to have attached particular importance to the period of the day in which the symptoms appear, or are aggravated; indeed he does not mention it. The experiments which he made *subsequently* have, in part, supplied this omission. They are in this regard much more complete and more useful than the first. Instead of *purifying* (as some are pleased to speak of doing) the *Materia Medica Pura*, it would be much better worth while to *complete* and *perfect* it before eliminating a few symptoms which are, for the most part, useless or superfluous and which proclaim themselves to be erroneous or doubtful.

(*To be continued.*)

SCARLET FEVER.

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(Continued from Vol. V, page 446.)

On page 349, Vol. IV, of the REVIEW, it was proposed to discuss Scarlet Fever as fatal through local action of its morbid cause on the brain and throat. The class of cases affecting the brain has been considered. It remains, therefore, now only to dispose of that affecting more especially and dangerously the throat. This, for practical convenience, may be divided into four varieties, according as different tissues are the seat of this localization, or as different phenomena are developed in them, in the progress of the case, viz.: simple inflammation of the mucous membrane; inflammation and ulceration of that membrane; inflammation of the submucous tissue, and inflammation of the subcutaneous tissue.

These affections are as different in their curative relationships as they are in their location and visible appearances. They characterise an important class of cases of the fever we are considering, to which they impart no small degree of suffering and danger, and hence a careful study of their peculiarities, in order to discover, if possible, a more perfect treatment of them, can hardly be other than useful.

That affections so differing in location and phenomena should be best met by any one supposed specific; that this should be blindly selected and given without regard to the individual characteristics of the case under treatment or to the general differences which mark the varieties as we have stated them, is both absurd and criminal. This must be as obvious to the most inexperienced as to the most wise; and as apparent to the slightest attention as to the most extended observation. And yet this whole class of cases, in all its variety, has oftener been treated in the past, it is safe to say, with the one drug, Belladonna, than with all others, so great is the power of practical habit. Especially is this true of the beginning of the treatment. This is explained by the force

with which the idea of a specific for classes of diseases has grasped the minds of practitioners, and it well illustrates the tenacity with which we are all disposed to cling to an idea which promises to save us labor. This practice has been persisted in these many years, with ready confidence, in each successive new case, though it is certain it never yet cured or even benefited some of the forms of these throat affections. It also illustrates the power of that habitual deference to authority which has ever characterised the medical profession, and which in the old school compelled the continued drawing of blood for the cure of inflammations, for 3000 years, treating him as a heretic and an outlaw, who should dare to call in question the necessity of this resort, though it has recently been established, beyond question, that all this while bleeding was only injurious, in these cases, increasing the rate of mortality and protracting the period of convalescence. What bleeding was to the mind of the old school, in the treatment of inflammations, Belladonna has been, and is, in the new, in the treatment of scarlet fever. Both have been used without question and without thought, because of the words of authority. The difference is, however, that in the new, Belladonna once was a cure for this disease, as it was then met; while from recent enlightened observations there is reason to believe that bleeding never was the great remedy for the class of diseases in which it was most practiced and trusted, that past generations confidently believed it to be. There is no such evidence of change in the nature of inflammations, in modern time, calling for change of remedies, as we have already seen in the early part of our discussion, of scarlet fever. In following the teachings and practice of antecedents, the old school was consistent with itself. It was never, in all its changes of opinion, other than a school of authorities. In successive generations the multitude followed the then dominant leader, never looking beyond his dictum. Hahnemann's appeal was from this to living facts—from theoretic dogmatism to the results of positive experience—to an experience the result of enlightened, care-

ful and protracted observation. By this he claimed to have discovered and established the great law of cure. The homœopathic school acknowledged the justice of this claim, and the importance of the methods by which he sustained it. And yet, by force of the habit which in all the past has been the great bar to therapeutic progress, many of those who acknowledge the truth and value of Hahnemann's discovery, are prone to forget the first cardinal principle which resulted, as the foundation of all practical duty—the necessity of strict individualization in every case of disease to be treated.—Habit has suggested and still suggests, did not the master say Bellad. was the great specific for scarlatina? while Reason forgets to reply, that if the appeal be to the master, the whole current of his teaching declares that this can only continue true while the individualities of the disease and the drug continue to be *like* each other. If this similarity, by virtue of which alone the drug ever was a cure of the disease, ceases to be, then the drug becomes only a neutral in the treatment, whatever may have been its importance in other circumstances. It has no power imparted by the dictum of the master, and we are to have no confidence in it, except as we see the required similarity. It may be convenient to entertain faith in general specifics. It makes duty easy, but it is not safe.

The duty of individualization is nowhere more imperative than in the treatment of scarlatina with important affections of the throat. This extends as much, if not even more, to the general as to the local symptoms. In relation to the first, the general, there can be no better method by which to carry out this duty than that given in the *Organon*. To take all the phenomena of a case into consideration, and give to each the attention its importance demands. Till this is done it can never be known what are the elements which individualize the case. There is nothing in the mind of the prescriber, pertaining to the disease for which he is to find, in the known pathogenesis of drugs, a simillimum. He is ignorant of the first elements of the problem he is about to attempt to solve. The more earnest care should be given to these gene-

ral symptoms, because in them are often found the individualities of the case, and these are the elements which dominate all intelligent prescribing. In comparison with these, the redness of the skin and throat, which are so apparent and intrusive on the attention of the physician, are often of little importance. These general symptoms cannot be discussed in a general consideration of the subject, so great is the variety of form and combination in which they present themselves, even in successive cases of the same epidemic. In different epidemics, of course, the variety, (and consequently the variety of any attempt at a succinct analysis of them,) is increasingly apparent.

In regard to local symptoms, these are less numerous, and easier brought within the grasp of the prescriber. First, he ascertains what of local changes from healthy appearances he can see, and then what of change in the sensations, from the natural state, does the patient feel. In finding the curative, these last are far more important than the first. Unfortunately, in too many cases, these are excluded by the age or condition of the patient. Still, wherever they can be availed of, they greatly facilitate the selection of the true remedy. In applying these remarks to the treatment of the first form of throat affection, in the division we have suggested, that of inflammation of the mucous membrane, the appearances as to color, dryness, and the degree of swelling, are to be noted, and then, if possible, the attending abnormal sensations, and conditions in which these are either excited or aggravated. If the inflammation be limited to the membrane, the swelling will be but slight, and the impediment to swallowing less than when the deeper tissues are involved. If, in these cases, there be also great dryness in the throat, with sense of constrictive suffocation, disposition to constant swallowing, and feeling as if of impending suffocation if the patient does not swallow, heat and smarting as if the throat were raw (*Nux vom.*), sensation of swelling in the throat as if there were a lump (*Lachesis*), especial difficulty in swallowing liquids, there need be no hesitation in