

hang the health, moral well-being and lives of millions, Captain Grosvenor is likely to seek guidance at the fountain of imbecility and mischief." Why? because he is a Homœopath.

We say, without fear of contradiction, that there are no more consistent *sanitary reformers*, no more pains-taking curators of public health and human life, than that body of physicians and surgeons who have adopted the homœopathic system of medicine. This is so well known to all who come in contact with them that we need not enlarge on their defence.

As to "*moral well-being*," we should earnestly advise the *Lancet* to look at home. It has a bad habit of treating *medicine*, not as a *science*, but as a *polity*. It enters into the question, not as an *enquirer after truth*, but as a strong *political partisan*. It uses all the worst arts of partisan warfare. It avoids a *fair fight*. It seeks to stab in the dark. Before striking a blow it carefully protects itself from the possibility of its intended victim being able to defend himself. Having cased himself in concealed armor, the editor uses big words, insulting expressions, deliberate mis-statements and downright lies, to the great injury of his own "*moral well-being*," and to the injury of the whole medical profession.

We warn the *Lancet* that as men who wore *concealed armor* were held as the most despicable and dishonorable of beings, in times when duelling was practised—as assassins who stole upon their victims from behind and pionarded the defenceless, were held as the most abhorred and depraved of men, so, in these times, journalists who assail the characters and reputations of their fellow men, and refuse the entrance of any defence into their pages, deserve and will receive the same loathing and detestation from all men of honor as have been heaped in all times on *assassins and cowardly perfidious assailants*. The medical moral-assassin of to-day, the secret poisoner of his honorable opponent's character and fame, deserves and will receive no pity at our hands; and it needs but to expose him, to ensure his receiving his full meed of public disfavor.

Candidly we advise the *Lancet* and the other medical journals to retrace their steps, and to adopt towards Homœopathy an *honest and honorable course*. The question of the *healing of the sick* ought not to be treated as one of *feeling or opinion*, but as one of *fact and reason*, to be determined as all other scientific truths are determined, by experimental observation.—*Monthly Homœopathic Review.*

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OUR MATERIA MEDICA.

BY CONSTANTINE HERING, M. D., PHILADELPHIA, PA.

(Concluded from page 54.)

As a matter of course, the question pertains only to curable cases; for everything declared as incurable hitherto by "scientific" physicians must necessarily remain so. But supposing the cases were curable, even easily curable, and all other conditions were fulfilled,—but notwithstanding all this the patients did not get so rapidly well, or not at all, as we are told to believe—an important alternative remains—either we are to blame, or something else is.

If we mortals are unsuccessful, or have met with adversity, we are always ready to place the cause upon external objects. Since we are bound to consider all homœopathic physicians, from the recruit up to the scar-covered veteran, as men subject to adversities, we have a right to assume, that in case of failure in an attempt at curing, the reason must exist somewhere among us. As natural laws must be applied analogously in all instances, our first thought would be, in case of failure, that perhaps the dose was too small, or was not often enough repeated. Then supposing cures to

become less and less frequent, particularly rapid cures of acute diseases, and permanent cures in chronic diseases, what then? *One remedy* might have been wrongly selected; but if many were selected in rapid succession, another remedy having been given every few hours or days, should not the right one have been hit upon, once, in all probability? Particularly if the person making the selection was neither an "one-sided amateur," nor an "orthodox fanatic," but, on the contrary, a highly educated physician, who could "exert his judgment," "after mature and profound reflection," "with great intellectual ability," and who "does not lack the criteria of experience," could, in such a case, the cause of failure be sought after outside of the *Materia Medica*? If "scientific" physicians could not succeed in its use, it necessarily follows that it must be condemned as "unscientific;" and since we must yet wait awhile, until essays with and without prizes have alleviated this essential deficiency, the *Materia Medica* should first of all be purified. Even very respectable beginners have arrived at this conclusion.

Notwithstanding the propriety of this conclusion, another question regarding the above named alternative must be permitted. How much brushing is required in order to make a coat fit? If remedies do not fit the case, purification will never make them do so.

The purpose of purification is one worthy of respect, since the remedies are thereby rendered more sure and prompt in their action, as well as more accessible. They are rendered more sure on account of the firmer foundation they have received; they are more prompt because they may be cut to suit pathological indications, and more accessible because "intellectual ability," combined with "mature and profound reflection," would select remedies about as follows: *Aconite* for phlogosis, *Colocynth* for hyperaesthesia of the nerves, *Thuja* for dermatic excrescences, etc. Everything else that might have escaped this cleansing process must henceforth be considered as thrown out.

The purpose, then is a proper one, and sanctions the means


and clears our *Materia Medica*. Whoever thinks so may adhere to this kind of purification and strike out. But whoever wishes to make the proof of the sum, may try the following rules for purification, *under-scoring* instead of erasing.

The *Materia Medica* comprises three divisions; *a*, six volumes of pure *Materia Medica*; *b*, five volumes of Antipsoresics; *c*, all the rest of scattered material; but all are accessible to every body, and can be had, cheap as penny songs.

Since the purifiers have thrown their entire force exclusively upon division *a*, preferring to reject *b* entire, and without ceremony, and annihilating *c*, by severely ignoring it.

Since the first of these divisions has chiefly established the renown of Homœopathy on the face of the earth, because it contains all those remedies principally used in acute diseases, and in daily practice, while we, with the rest of mankind, are indebted to it for a rich harvest of cases, firmly establishing our confidence in future success: therefore we gave the preference to the process of under-scoring in place of erasing.

Let each one remember that the ultimate object is critical analysis, and that consequently it is in fashion; it is criticism with red ink, only in the opposite direction, that is the whole difference, and no one should shun so slight a trouble.

In every successful cure, especially if it was accomplished by *one* remedy, we should review all the carefully noted (as a matter of course) symptoms of the case; then the *Materia Medica* is consulted again (as should have been done in selecting the remedy); search out the symptom, or symptoms, like those of the cured case, *and mark them*. At first a little mark will be enough; the second time it is lengthened, and at the third or even tenth, yea, the hundredth time, we may feel big, and make our mark accordingly, or even place a  to point it out. Symptoms which are not found in the list are noted in the memorandum book.

This simple, straight-forward method should be adopted not only by one but by many, and continued as long as possible; for if the *post hoc* practice (not to say the *propter hoc*

practice possibly proving true) should increase to [such an extent, the chances would be even, and the difficulty greater.

Suppose a community of Homœopaths should spin these red lines into a red yarn, becoming visible in every shred of rope throughout the entire navy. Suppose, moreover, we had a complete edition of the entire *Materia Medica*, wherein these corroborative observations were noted, and likewise those obtained from trustworthy friends, of whom each one must have at least one or more, and then it will be something worth having. It will be gradual of course; but did not Hahnemann protract his labors over twenty years before he began to publish them? Perhaps we too may learn something in twenty years.

This then is briefly a proposition made for the purpose of securing the certainty of the *Materia Medica*, which process, though not a purification, or sifting, gradually tends to the same end.

But it must be presumed that no one will be vain enough to find a hair in the soup: indeed it is hot, and so is the work; but there are plenty of ways and means.

Ernest Wagner tells a story of a man who went about among people as a guest, with a sound stomach and wits, so that people liked to see him. Grace being said, he never failed to crumb bread into his soup, saying that he always did so because, firstly, it cooled the soup; secondly, it made more of it; and, thirdly, he liked it better that way. After that he would make such good use of his spoon, that it was a pleasure to see him.

Let that stand for us as an example. First of all, remember how many honorable men have sat at our board, to enjoy the meal with us after toil. Always labor first and come afterwards. Do not heed the imperfections of the repast, but take the bread of life and crumb it in—that is, cure your patients.

ALTERNATION OF REMEDIES.

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

(Continued from page 96.)

The conditions of a true and defensible homœopathic prescription require, in our opinion, that the symptoms of the patient, at the time of prescribing, shall be collected and compared with the provings in the *Materia Medica*, and that the drug whose symptoms correspond most closely with those of the patient shall be selected. Perhaps no Homœopathician would object to this statement. But let us see what it requires.

First. It requires that before every prescription, the symptoms of the patient shall be studied anew. In some way or other, whether it be done by the physician or by a provisional deputy specially instructed for the case (as we have explained that the nurse may be), more or less perfectly, this must be done. We have seen that in the ordinary method of alternation (*apriori*) this is not attempted to be done and cannot be done: it is not proposed to do it.

Second. It requires that the aggregate of the symptoms presented by the patient be regarded as one malady, for which an analogue is to be found in the *Materia Medica*. We have no authority in science for arbitrarily dividing this aggregate of symptoms into groups, for each of which we are to find an analogue in the *Materia Medica*, and then giving these analogues, in combination, or in alternation. This requirement is perhaps the most difficult of all to fulfil. In collecting the symptoms, our utmost sharpness of insight and our deepest and most extensive learning in every department of physiological, psychological and pathological science will be tasked to construct, from the patient's history and from his present condition, a complete picture of the morbid phenomena which he presents, from which the physiological idiosyncracies of his peculiar temperament and personality shall

all have been eliminated, and in which his symptoms shall be duly arranged with regard to their mutual relations and dependencies. Then, furthermore, inasmuch as we cannot hope to find, in the proving of any drug, a duplicate symptom for every symptom of the patient, the rarest judgement and most extensive knowledge of semeiology are required to analyse the patient's symptoms and to detect those which are truly characteristic of that individual case, and for which an analogue must be found in the proving; and to set these characteristics apart from the other symptoms, the analogue of which it may be less imperatively necessary to discover. It is here, undoubtedly, that the greatest knowledge and ability are required of the physician and here that failures are most frequently made. It is, probably, from failures in this analysis of symptoms, that the supposed necessity of alternation most frequently arises.

Third. It requires that a drug shall be selected which has produced, on the healthy subject, symptoms very similar to those of the patient. The substance given must have been proved in the *same form* (not necessarily the same *dose*) as that in which it is proposed to be given. If Hepar sulph. calcareum correspond to the case, this requirement is, by no means, fulfilled if we give Sulphur and Calcareum carb. combined or alternated, on the ground that these substances are the constituents of Hepar sulph. calcareum. For, this involves the assumption that the Sulphur and the Calc. carb. have undergone no changes during the process which made, out of them, that third substance—Hepar sulph. No! Hepar sulph. was proved *as such*. If we select it, for the reason that the symptoms which it produced correspond to those of the patient, then we must give Hepar sulph., the very substance that was proved. Otherwise we plunge into a sea of speculation and hypothesis and forfeit that certainty which it was the sole object of our science (as of every science) to attain. In like manner, if the Iodide of Mercury had been proved on the healthy subject and its symptoms were most similar to those of our patient, it would not be a compliance

with the demands of our science should we give, instead of Iodide of Mercury the very substance that produced these symptoms, the Mercurius vivus and the tincture of Iodine, assuming that, because Iodide of mercury is a compound of these two substances, therefore the conjoined or alternate action of the elements from whose union it sprang, must be identical with its own. From instances like these, it is clearly to be seen that we may not, consistently with the principles of our science, prescribe drugs in any other form or combination, than that in which they were proved. If drugs had been proved in alternation, we might then with propriety, perhaps, prescribe them in alternation. Until this is done, the method is a hap-hazard, chance operation—successful, no doubt, at times—but in such a way that success could never be foreseen or ensured, nor could the experience of the practitioner in any way serve to establish or confirm any principle of medical science.

A homœopathic prescription, as we have defined it, is a deduction from a generalization, which has been established by induction from a multitude of instances. This is the law *SIMILIA SIMILIBUS CURENTUR*, in accordance with which the remedy is selected, under the three requirements that we have specified. So well established is this law of nature, that if we are so fortunate as to be able, in any given case of disease, to comply closely with those requirements, and particularly with the second, we may with certainty predict, and in confidence await, the favorable result of our prescriptions. Such certainty of foresight and such confidence it is our great object to attain, and nothing but a scientific method can afford them.

But we have shown that alternation, as *we* use the term, and as we have described the process, is incompatible with this scientific method. It does not meet the requirements of the law. It does not take the aggregate of the symptoms as the single basis of prescription. It does not give the remedy, single and simple, such as it was used in the *proving*. But it permits itself to act on two assumptions—that the aggre-

gate of the symptoms may be arbitrarily divided and separately prescribed for; and that two or more drugs which have been proved independently of each other may be used conjointly as a sort of composite analogue to the aggregate of the symptoms; and all this with equally good and sure results. These two assumptions are not even *alleged* to be based on any collection of facts. Their introduction deprives the proceeding of all claim to a strictly scientific process.

The advocates and defenders of alternation are naturally divided into two classes. The one frankly disavow any pretension that alternation is a scientific deduction from a general principle, and defend it on the simple ground of experience. They have alternated successfully in a case or cases like the present, and therefore they do it again.

Now, obviously, with this class we cannot discuss the question on scientific grounds. There is no *reason* in their method, because there is, in it, no reference to general principle, to natural laws: it gives no means of foreseeing and providing for future results; it is the simplest form of literal empiricism. We can do nothing more than show, as has been done, its unreasonableness and the precarious and contradictory and disappointing character of its results. We can only point out how far it falls below the standard of action to which practitioners of medicine should hold themselves, and how unworthy, in our judgment, such methods are, of reasoning and conscientious men.

The second class accept our definition of the requirements of a sound prescription, and our statement of the obligation of scientific men to abide by natural laws. But they claim that alternation does *not* necessarily, as we have maintained, contravene the requirements of such a prescription: and they claim that there are certain established principles in accordance with which we may, with scientific accuracy, determine when and how to alternate. This class defend alternation "on *principle*." As the former class comprises some of our most conscientious and estimable colleagues, so does the latter embrace many of the most gifted and learned of our school.

Their opinions are worthy of the most earnest and respectful consideration.

We have, in our last number, stated that some who defend alternation on principle designate by that name methods which, we think, ought not to be so-called, and which we do not find fault with; as, for example, Dr. Coxe; likewise Dr. Drysdale, in so far as his definition is concerned. Their methods do not always, of necessity, conflict with the requirements of a sound prescription. There are still other procedures, called "alternation," but which are not always necessarily liable to the objections urged against "alternation," properly so called, as *we* have defined it (*a priori*).

The occurrence of complications, and especially of traumatic complications, such as a burn of the hand, during the course of a pneumonia—a contused vulva simultaneously with a milk fever, are mentioned by Dr. Drysdale, as instances which may require alternation; as, for example, *Urtica urens* to the burned hand, while Phos. is being given internally for the Pneumonia, and *Arnica* to the vulva, while *Aconite* is given for the milk fever.

Now, of such cases as these it might perhaps be properly said, that they do not come under the scope of our inquiry, inasmuch as the burn and the contusion might be regarded as purely local, and not at all constitutional affections, and the respective applications might be viewed in the same light, and as not capable, when thus used, of affecting the general system, and of thus being, *in fact*, alternated with the remedy which the patient is taking internally. But, waiving this reply, we may say that the teaching of our own experience is, that, in such cases as these, the best way is to follow the one great rule which governs homœopathic prescription; after the occurrence of the complication, collect and scrutinize the patient's symptoms anew. If the burn shall have been so slight as to make no impression on the general system, to produce no modification in the symptoms of the previously existing pneumonia, then there is no reason for doubting that simple protection from the atmospheric air will be all that is needed in the way of treatment for the burn.

If, on the other hand, the burn have been of a serious character, so as to produce constitutional disturbance, it will assuredly have modified the symptoms of the pneumonia, and we shall perhaps find, on taking the aggregate of the symptoms again, that some other remedy than Phos. is now indicated to meet the new state of things resulting from the pneumonia and the shock of the burn combined, and that this new remedy will meet both troubles. For it must not be hastily assumed, as Dr. Drysdale seems inclined to intimate, that *Urtica urens* locally applied is always the best (or a good) remedy for *burns*. They are often (at least) best treated, as Bœnninghausen has shown, by an internal remedy. Singularly enough, it once chanced to myself to meet the complication which Dr. Drysdale here supposes. The burn was severe, and the effect of the shock so modified the symptoms of the pneumonia, that the resulting aggregate of symptoms called unmistakably for *Arsenicum*, which was given with most gratifying results, as regards both pneumonia and burn. The same may be said of the application of *Arnica* to contused vulva. Indeed, there is too great haste among us to recur to topical applications.

The second "principle," upon which, according to Dr. Drysdale, "the practice of alternation rests," is "the maintaining the susceptibility." Dr. Drysdale says: "In disease we generally find that the susceptibility to the homœopathic remedy is present from the nature of the case, and our great object should be to manage the doses and repetitions so that it shall not be exhausted before the natural period essential for a cure. This unfortunately, however, not unfrequently happens, in spite of varying the dilutions or originally having chosen the best. In this case the plan has been adopted of interposing doses of another remedy as nearly as possible homœopathic to the case. This must of course be an antidote, but, as in the case of natural disease, it may tend to revive the susceptibility to the first remedy. * * * Without the use of occasional alternation and intermediate remedies, we should be almost deprived of the use of a large

class of serviceable remedies in chronic disease, such as Opium in constipation, *Lobelia*, *Lactuca*, etc., in asthma, *Coffea* and *Aconite* in neuralgia, etc."

This question of the propriety of alternating for the purpose of reviving the exhausted susceptibility may be treated in much the same way as the question of alternating to meet complications. When we have a case under treatment, we shall not be led to suspect an exhaustion of susceptibility, except by a change in the symptoms. Now, if the symptoms have changed, this very change furnishes us the basis for a new prescription. Why shall we not at once proceed, in accordance with the great rule of our art, to select a new remedy corresponding with these changed symptoms? Why should we prefer, to this certain method, the pathological hypothesis that the susceptibility to a remedy which we have assumed to be suited to the disease has become exhausted and needs a stimulant? This hypothesis may be correct, but can never be a certain basis for practice.

But let us take an example: Cases of dysentery not unfrequently occur in which *Nux vomica* or *Mercurius* seemed in the beginning to be very clearly indicated. The patient improves for a few days under the use of one of these remedies, and then ceases to improve. On a careful scrutiny of the case it appears that the prominent *characteristic* symptoms (most of them *subjective*, of course) have disappeared or become obscure. Even the evacuations have ceased to be characteristic of any remedy. The entire system is dull, languid, unimpressible. In such a case as this, we are told that the susceptibility of the patient has become exhausted; that a few doses of Opium will arouse it so that it will again respond to the appropriate remedy, and will be cured.

As a matter of fact we know this treatment does succeed, in many cases, but the *rationale* of the process is by no means satisfactory to us. And this is not a solitary instance of a successful practice following, through good luck, from a very faulty theory. If we analyse the case described we shall find, that when the patient ceases to improve under the *Nux*

or the Mercurius which was first given, his symptoms changed in such a way that their totality furnished a satisfactory indication for Opium, and a capable prescriber would accordingly have selected Opium and cured his case, even though the notion of "exhausted susceptibility" had never entered his head. Simple adherence to the great principle of homœopathic prescribing, viz., that each prescription is to be founded on a new collection of the symptoms, and a new comparison of them with the *Materia Medica* leads to success in all such cases, without the intervention of any pathological hypothesis whatever; at the same time it excludes all danger of appearing to sanction the bad habit of alternation.

As regards the use of Opium for constipation in chronic diseases, and Coffea in neuralgia, these being used as intermediate or alternated remedies, they, like topical applications in traumatic complications, are much abused, and often altogether needless if not hurtful. A single example will illustrate this point: A patient, not long ago, while under a friend's treatment, came under my observation. Her symptoms corresponded exceedingly well with those of Conium mac. It was a chronic disease of long standing. She had troublesome constipation, which was sometimes so bad that it seemed to completely neutralize the good effect which Conium was evidently producing. A dose or two of Opium³⁰ would relieve the constipation, and the patient would seem for a while to improve again under the Conium. This might be called an illustration of what Dr. Drysdale refers to, as the necessity for alternated or intermediate remedies in either "complications of chronic diseases," or "exhausted susceptibility." It was not, however, satisfactory to my friend, nor to myself. He could not regard the regularly recurring constipation as a foreign complication. Believing in the unity of disease, he looked upon it as an integral portion of that patient's sickness and did not rest contented until he had found a single remedy which covered both the symptoms to which Conium corresponded and the constipation besides. This remedy was Alumina, under which the

bowels became, and they have remained, perfectly regular. The patient's improvement, in other respects, was all that could be desired. In this case, as in most cases narrated of cures by alternation, the Opium and Conium, in alternation, seemed to work very well, and promised to effect or cure in the fulness of time. I doubt not that if, to all the other histories of cures by alternation, a *sequel* could be written, it would be found that each of these cases has, in the *Materia Medica* (actual or future), its own particular Alumina, which would effect a cure in as few *days*, as the most sanguine alternate would expect to accomplish it in *months*.

Having thus shown our belief that the alternation which Dr. Drysdale defends, for the purposes of "meeting complications," and of "awakening susceptibility," is *not* alternation *a priori*, not *alternation properly so called*, but is compatible with sound doctrine, although *explained* by the use of *unsound pathological hypotheses*, we shall pass, next, to the two general principles on which alternation, *properly so called*, is really based and defended.

(*To be continued.*)

TOOTHACHE.

BY DR. C. VON BENNINGHAUSEN.

(*Concluded from page 103.*)

THE same is to be said concerning the aggravation of the sufferings by external circumstances. This important branch of the homœopathic doctrine has been hitherto almost always neglected. Allopathy, likewise, has for the most part neglected it, up to the present day. It is, in truth, very rarely that, in reading ancient or modern works written by non-Homœopaths we meet positive indications under this head and when, as an exception, we encounter an isolated indication, the quantity and the diversity of the compound remedies hardly ever permit us to derive from it any in-