

coexistent, distinct forms of disease, do not, by their coexistence, modify each other and blend into one harmonious aggregate of symptoms, the characteristic ones of which may be covered by a single remedy. In our experience this has always seemed to be the case, and we shall adduce other evidence to the same effect.

But before citing authorities, let us point out how far Dr. Russell's argument, even allowing it full force, comes short of being a defence of alternation, as it is actually practised here and in England! Dr. Russell allows it where "two distinct, specific forms of disease" coexist, such as scarlet fever or small pox and typhus—a phenomenon that no physician in ordinary family practice is likely to observe more than once a week! Yet how *many times a day* do a majority of our colleagues alternate? It is safe to say that, with very many, the *giving a single remedy* is the *infrequent exception!* Their case is exactly met by the following remarks of Dr. Russell, one of the *champions* of alternation:

"The objection usually urged against alternation, is that it leads to laxity of practice. True, if we give two medicines instead of one and let the system take its choice, as it were, to which it shall submit—if, in a given case, for example, we find two medicines pretty nearly indicated, and, instead of ourselves selecting the one and rejecting the other, we toss them both in, trusting that the right one will act, and the other be a nonentity or negative quantity. NO ONE WHO DEALS CONSCIENTIOUSLY WITH HIMSELF WILL DELIBERATELY APPROVE OF SO SIMPLE A METHOD OF EVADING THE DIFFICULTY OF CHOICE."

A few instances and citations may serve to recall to the minds of practitioners of medicine, the frequent instances in which two varieties of disease, coexisting, modify each other. A young person whose parents died of consumption, and who has himself had abscesses of the cervical glands and eruptions of the face and who takes cold readily—is feeble and pale—who, in short, has scrofulosis and is a predestined victim of consumption, gets an attack of enteritis or of

pneumonia. Is it not notorious that the joint action and reaction upon each other, of this chronic scrofulosis and the acute enteritis or pneumonia, will be such that instead of the acute affections running the short and sharp course which they would follow in a robust subject, they will almost surely degenerate into tuberculosis of the mesenteric glands with colliquative diarrhoea, and of the lungs, respectively? And would any one dream of treating these acute affections in such a subject, just as they would treat them in a subject otherwise and previously healthy?

But why not? Because the previously existing disease, modified and (so far as symptoms are concerned) blended with the acute attacks. No doubt *one single remedy* will cover this blended case.

When a patient has suffered from paroxysms of intermittent fever, and on the cessation of their regular recurrence he is still sallow, feeble, dyspeptic and full of malaise, there can be no question that he still suffers from the disease—the result of marsh miasm. If now this patient get a pneumonia or a neuralgia, here will be a second and a distinct and dissimilar disease coexisting with the former. So different, however, will be its course from what it would have been in a patient not laboring under miasmatic disease—so blended will it be, from the beginning, with the latter—that, though a wholly distinct "pathological form" of disease, it will require the identical treatment of miasmatic disease and will yield to nothing else. The same thing is eminently true of *syphilis* in the system.

Bonchut says (*Pathologie Generale*, p. 269):

"Syphilis, herpetism, scrofula, the marsh-miasmatic disease, etc., often appear under forms not habitual. * * * * We imagine that we are dealing with acute or chronic inflammations, and we treat them as such until, some day, changing our method, we see them recover, one under Mercury, another under Sulphur, another under Sulphate of quinine, another under Iodine, etc. Is there anything stranger than those observations in marshy countries, where pneumonias,

fever, encephalo-meningitis, are cured by Quinine rather than by bloodlettings and by antiphlogistics?"

Another instance of the modifying power of two morbid influences, cooperating on the same individual, is furnished by the fact that when an epidemic prevails not only are almost all healthy persons, to some extent, affected by the epidemic influence, but the maladies of all sick persons, whatever their nature may be, are modified and changed into a greater or less conformity with the epidemic, whatever it may be.

Dr. David Hosack uses these words (*Copland's Dict. Prac. Med.*, 2, 404, Note.): "The fact stated by Sydenham and other writers on epidemics, that the prevailing disease swallows up all other disorders; that is, that during the prevalence of an epidemic plague, typhus, dysentery or other diseases of this class, every indisposition of a febrile sort readily assumes the character of the prevailing disorder. We know this to be experienced in the diseases of other countries, and we see it daily exemplified in our own." * * *

Homœopaths especially, since their observations are finer and are less exposed to fallacy from drug poisonings, have opportunity to make observations of this kind, and they have often noticed how, at one season and under one epidemic, a single drug or group of drugs corresponds to the most diverse pathological forms of disease, while at other seasons and under other epidemic influences, very different groups of remedies are indicated by the same pathological forms of disease.

And we believe that most Homœopaths who have dealt much with chronic cases, must have fallen in with patients who labor under such a constitutional affection as herpes or cancer, and which, under favorable circumstances, is kept in a latent condition by the occasional use of some clearly indicated remedy. If these patients get an acute disease of whatever kind, this disease is almost sure to present, at an early period, symptoms which indicate this same remedy, that suits their *chronic* malady. Does not this argument *a posteriori* show that these two independent, coexistent

maladies blend and modify each other, at least in the view of the *therapeutist*?

The entire homœopathic doctrine of chronic diseases, and the use and necessity of so-called antipsoric remedies, are based upon this same idea of the mutually modifying influence of two coexistent maladies.

Hahnemann says he found that in some persons acute disorders did not yield promptly to remedies which seemed indicated and which quickly cured them in others. On examining closely he found these patients presented, in the present or in the past, symptoms indicating their infection by certain miasms which he reduced (whether rightly or not is immaterial) to three miasms—psora, syphilis and sycosis. He sought for remedies which would meet the indications of these chronic miasms and the acute affections combined, and this led him to prove and use the remedies known as the antipsorics. Our success with those remedies might be taken as another *a posteriori* proof of the blending of two coexisting diseases.

Dr. Drysdale, apologizing for the practice of alternation, says:

"We have not a few examples where the patient has, through ignorance or design, unknown to us, taken large doses of heterogeneous drugs, such as Quinine or Opium or purgatives, and yet our higher dilutions have taken effect notwithstanding. On this subject Trinks confirms Kampf's remark, that, in chronic diseases which have been long treated with excessive doses of allopathic medicines, we often find a great susceptibility to the action of homœopathic medicine."

Are these writers to be understood as maintaining that chronic drug poisonings, such as the mercurial, the sulphur, the iodine, the quinine, the iron or the opium cachexy, do not cause acute disease to be most difficult of cure? The contrary is notoriously the case, as the literature of physicians of every school abundantly shows. How can this be, unless the *artificial* chronic disease, viz., the cachexy, blend with and modify the supervening acute, *natural* disease!

These remarks might be extended to great length by multiplied instances. They suffice, however, to show distinctly the practical conclusions to which, what we conceive to be sound principles, as well as accurate observation, have led us. With them we conclude what we have to say concerning the alternation of remedies, taking our leave of the subject in the spirit of Bishop Chillingworth's declaration:

"I will take no man's liberty of judgment from him; neither shall any man take mine from me. I will think no man the worse man, * * I will love no man the less for differing in opinion from me. And what measure I mete to others I expect from them again."

DYSENTERY.

BY C. SCHAEFER, M. D., SOUTH BEND, IND.

Dysentery has always been considered one of the diseases Homœopathy has perfect control over; at least I could never have supposed that such remedies as Merc. corr., Colocynth, Nux. v., Ars., Carbo veg., &c., could leave anything to be desired by reasonable patients and intelligent practitioners; yet inflammatory dysentery is anything but easily combated by the usual treatment.

Of a family of seven, four were attacked simultaneously and presented the following symptoms: after frontal headache, aching in back and extremities, disagreeable feeling with nausea about the stomach had continued several days, the patient was suddenly taken with violent, cutting, griping pains in the umbilical and epigastric regions, extending finally over the abdomen, with small discharges of bloody mucus in some and large quantities of a frothy, pitch-like substance; alternating with small discharges of bloody mucus; in others offensive at times only, taking place every five, ten, fifteen minutes; tenesmus and, in one case, a young man of twenty, bilious temperament, prolapsus ani with severe pain in the

rectum, tenderness of the abdomen to the slightest touch—coated tongue, dry and red on the edges, in two cases brownish dirty-looking, bitter taste, great thirst with aggravation from drinking, craving for acids; pulse small, hard, frequent in the forepart of the day—full, hard, increased frequency in the afternoon and night; increased pain and frequency of discharges in the afternoon and forepart of the night. All the symptoms were variable but the pulse (120–140), and tenderness of the abdomen, remained throughout.

Belladonna and the above named remedies produced no effect; especially was I disagreeably surprised to find Colocynth of so little benefit against the agonizing pains. To look for other means appeared urgent, as one of my patients, a little girl of 7–8 was sinking—the young man of twenty delirious at night and frantic for fear of being left alone.

I had studied Dr. Hering's provings of Aloes, and it was Aloes that came to my rescue. Not having the remedy in my possession, I obtained some from a drug store and made a tincture in proportion of 1–10, and dropped from two to three drops into a tumbler of water, a teaspoonful to be taken from one to two hours. The third dilution, a few pellets in water, is preferable, as experience taught me. There is no remedy I know of to remove the the distressing pains as promptly as Aloes. One of these cases, a girl of fourteen, menstruating at the time, was brought to a close by Sulph.* I have treated cases from report only, and they recovered in a remarkably short time under these agents.

DYSENTERY.*

BY AD. LIPPE, M. D., PHILADELPHIA, PA.

Dysentery has prevailed to a great degree in this city and its vicinity, as well as in other parts of this continent.

Again, has true Homœopathy been successful in quickly

* Read before the Hom. Med. Society of Cayuga Co., October, 1865.

curing most of the cases whenever the selection of the remedy was made accurately; the individualization of each single case was quickly rewarded by a speedy cure.

The remedy most frequently indicated was *Mercurius corr.* The violent tenesmus continuing after the evacuation, the discharges of blood and mucus, and the aggravation during the night, were its indications, many cases were cured by *one* single dose administered in the 200 and higher potencies. In former years *Nux vom.* and *Colocynth* were the remedies most called for; the first was indicated by the frequent small discharges of blood and mucus, with violent pains about the navel, and much fever and thirst; the latter by violent cutting pains in the abdomen, compelling one to bend double. Other remedies were at times called for, according to the characteristic symptoms of the patient.

If the pain in the intestines was increased or provoked by the least motion of the body, *Bryonia* was the remedy; but if the discharges and pains were more frequent during the night or when lying down and at rest, *Rhus. tox.* cured rapidly, but especially when the tongue became very red and dry.

In a protracted and desperate case the patient suffered much from tenesmus vesicæ; the desire to pass urine was urgent and continuous but unsuccessful, except during an evacuation from the bowels; also accompanied by violent tenesmus. *Cantharides*, *Camphor*, *Aconite*, *Mercurius corr.*, *Capsicum* and *Sulphur* had been given without any good result. *Alumina* has the following symptoms (vide *Hahnemann's Chronic Diseases*):

Sympt. 567. While pressing to stool, which is passed with much difficulty, the urine escapes involuntarily. 792. Loose evacuations with tenesmus in the rectum, e. o. *Alumina*²⁰⁰ relieved the patient at once, and confirmed former observations, when under similar circumstances *Alum.* had been the curative remedy.

*Trombidium mus. dom.*¹⁰⁰⁰⁰ one dose (of Dr. Fincke's preparation) cured two cases. First, a consumptive old lady

who was suddenly attacked with great tenesmus, straining to stool, prolapsus ani, discharges of mucus and soft fœces, was soon relieved.

An old gentleman, about seventy-five years old, much emaciated but of nervous temperament, had dysentery for three weeks. The aggravation was from 4 p. m. to 4 a. m.; the straining and tenesmus violent, rectum and hæmorrhoidal tumors protruded constantly when he was urged to evacuate; discharges consisted principally of pus, blood and mucus, with occasional very small pieces of fœces. The skin was dry, tongue coated, thirst moderate, pains in the bowels very moderate.

The most carefully selected remedies had but a very short effect in relieving him. *Mercurius corr.* had been given in a single dose in various potencies and in water, but it did no permanent good. *Trombidium mus. dom.*¹⁰⁰⁰⁰ (Dr. Fincke's preparation) dissolved in water, and a spoonful administered every few hours, at once removed all symptoms of dysentery. There was a profuse discharge of fœcal matter without straining, tenesmus or prolapsus ani.

CLINICAL CONTRIBUTIONS.

BY WILLIAM GALLUPE, M. D., BANGOR, MAINE.

Case 3.—Miss H. M., aged twenty-four years, of slender form, lymphatic temperament, called on me for advice Dec. 5th, 1864. She stated that she was never of robust health, but able to keep about in comfortable health most of the time, by exercising care, up to a little more than four years since, when she received an injury from which she has suffered much ever since. She is now of a very pale and sickly countenance and quite feeble—scarcely able to sit up much. About a year since she was taken more unwell—supposed from a cold and over-exertion, was confined to her bed mostly for five months, and attended by an allopathic physician—

the same who prescribed for her after the injury. She has been quite feeble since.

A little more than four years ago she was thrown from a wagon, in such a manner as to fall mostly upon the hip and side; the wagon-seat fell upon the other hip. She was injured very much, low down across the hips and the small of the back; was very lame and unable to move much or to sit up, for some time, and has suffered more or less, and been in feeble health ever since. It has affected her very much to stand or walk since that injury. She thinks she has not been able to bear her weight on her limbs since, without more or less suffering through the hips. She has made much effort to exercise, as it has been urgently recommended by her friends and her physician, but cannot endure walking, even for a short distance, without suffering from it more or less for a week or more. At times she is confined to her bed for some days in consequence. Riding, or any jarring, affects her in much the same way.

Her general health had suffered much for the want of exercise, and yet she had suffered from striving to take it; mostly through the hips and lower part of the back, is obliged to keep in a horizontal position to get much rest.

Since the illness a year since, has suffered from difficulties at the stomach, in addition to former troubles—faint, *gone* feeling, fullness and flatulence from taking food, bowels more constipated, and suffered much more from hæmorrhoidal irritation—has been troubled with the latter affection ever since the injury, and is not able to sit on a hard seat, from the tenderness about the coccyx and pressure on the hip sockets, producing a constant uneasiness there while sitting.

On examination much tenderness to pressure about the heads of both femora and the edges of the acetabulum, joint of the coccyx and sacrum; pressing the head of the femor against the acetabulum produces much pain and aching sensation, and she feels it so constantly while bearing any weight upon the limbs; migrating pains about the chest and much irritation to cough from slight causes; most about the left

side; shooting and stitching pains; has had them more or less since the injury, but much more since the last sickness; head feels much of dizziness and of light aching feeling through the temples and to upper part of head; dull, languid, weak feeling much of the time; bowels constipated or variable mostly.

Sleep is restless and unquiet—most first part of night, and has been more or less so since the injury. Had what was called a salt rheum on left hand formerly and was much troubled with it; does not recollect having it much since the injury. Mother had it and died with it.

Prescription: Four powders of *Nux vom.*,³⁰ each containing four pellets; a powder to be taken every other night, by dissolving a powder in six spoonfuls of water, and taking a part of it at evening, remainder in the morning; after this to wait a week for the general effect on the system. Then to use five powders of *Sulph.*, each $\frac{4}{30}$ in the same manner as the above, and to report after a week or ten days.

Jan. 26. Reports a decided relief of state of stomach and bowels, and quite regulated from the first course. From the second course, the pains and irritation about the chest and left side, and the shooting or lancinating pains are about gone; she feels much better generally; head quite well—rests very much better at night—sleep is more refreshing, pain and soreness about hips and through rather less—can lie with more quietness, but it affects her to stand or bear any weight upon them, and to press with the hand about the joints. Stomach and bowels, in quite a healthful state and hæmorrhoidal irritation very much relieved; while taking second course a fine rash came out on chest and neck with much itching and burning sensation.

Four powders of *Rhus. tox.*³⁰ Nos. 1, 3, 5, 7. *Sac. lac.* Nos. 2, 4, 6, 8. to take as of the others, and repeat a powder every other night, and to take in the order as numbered.

Reports, March 8th, very much improved; can stand and walk about quite comfortably—can sit in a common chair without feeling any uneasiness, which had been constant be-

fore ever since the injury from the wagon. After walking awhile began to feel some of the old uneasiness at the hips and some soreness for a few days, but on keeping still awhile subsides and feels easy again. Slight tenderness to firm pressure about the edges of the acetabulum, and if pressed on trochanter firmly, is felt at the acetabulum, but is slight to what it had been; general health is much improved—countenance becoming healthful.

Three powders *Rhus. tox.* $\frac{5}{30}$, Nos. 1, 2, 3. Two powders *Rhus. tox.* $\frac{5}{30}$ Nos. 4, 5. Take as before, and repeat a powder twice per week for three powders and once per week after.

I did not see the patient again for five years after, as she resided about thirty miles from me. She states that she soon got well from the last prescription, and could walk with ease two or three miles with any of her neighbors, and had been quite well of her former difficulties.

Case 4.—Mr. L——, aged about forty years, of sandy complexion, strong, athletic and vigorous constitution, stated to me that he had met with a sad accident for him, eight or nine days before; that he strained the middle joint of his right thumb, and quite severely; that it had been very sore and painful, and with much heat, and painful nights; that he was making arrangements to get his timber together to build him a house; but as this had occurred, thought he should be obliged to give it up till next season.

I remarked that I thought it could be relieved so as not to be of much detriment to him.

Replied that he had lost all confidence in physicians for such difficulties—that he strained his left thumb in the same place and manner six years before, though he thought not quite so bad as this one appeared to be—that he followed the advice and prescriptions of a prominent surgeon, for nearly a year, without any sensible benefit—that he was unable to use it much for three or four years—would often pain him severely from trying to use it, and that even now it would have a catching pain in it from using it in certain ways.

On examining the thumb, it had evidently received a bad strain about the middle joint—was quite tender and painful to move the joint, and swollen some. I think it was the ninth day from the accident.

I replied to him that I could give him some medicine to take, so as to relieve his thumb in the course of three weeks, so that it would be no further detriment to him.

He thought it was rather a laughable idea to take medicine to relieve the joint of the thumb, but thought he would try the experiment, as he called it; but that his faith was very small.

I prepared for him six powders of *Rhus. t.* $\frac{4}{30}$, to take by dissolving a powder in six spoonfuls of water, and take a part of it at evening and remainder in the morning, and repeat a powder every other night for three powders, and for the remainder a powder once in three to five days, as felt required to keep up a gradual improvement; to keep the part cool by bathing it in fresh, cool water, and if not quite well in three weeks to call and report, as he resides some miles from me. I did not see him again for eight weeks, when he stated that the thumb was quite well at the expiration of three weeks, and he could use it freely since.

He asked if it was possible that he could have been deceived in calling it a strain of the joint.

I replied that I thought he could decide pretty well from former experience—that I considered it a pretty bad strain of the joint, and in all probability would have taken him as long to have cured it by any other practice, as it did of the left one.

The above cases I submit for the pages of your REVIEW—hoping they may be of some benefit to some of your readers—not now recollecting to have seen cases reported under the use of *Rhus. tox.*, and having seen some who have been in the practice of Homœopathy, who had not been aware of such curative action from it.

BROKEN BREAST.

BY MERCY B. JACKSON, M. D., BOSTON, MASS.

Having read with interest DR. WESSELHOEFT'S article on *Diseases during Lactation*, I was surprised to find him saying: "But it has often appeared to me that treating a patient for an individual case of broken breast has many features in common with the treatment of a patient suffering from periodical convulsions, the least benefit can be afforded during the attack; more might perhaps be done previously or subsequently by proper homœopathic medicines." Also, that "the majority of cases, particularly in scrofulous patients, have terminated in suppuration, many without indicating any effect from the remedies."

My own experience, in twenty-four years of practice, has differed so widely from this, that I am at a loss how to account for such a statement from so skilful a physician. During my early practice cases often came under my care, which had been attended by allopathic physicians, and poulticed until the suffering had become so intolerable that anything that promised relief was hailed with joy, and the universal result was that the patient was delighted with the change, and the relief experienced by the substitution of a few spoonfuls of water, medicated with the little pellets, for the disagreeable poultice and increasing pain up to the period of opening the abscess which, under the homœopathic treatment, could be left to nature, thereby preventing the injury to milk vessels that arises from the use of the lancet. The sufferings were so much lessened by the medicine that the patient willingly awaited nature's process.

I have never seen a case of inflammation in the mammæ that I thought called for Aconite. Perhaps Aconite might be useful at the first moment of disturbance in the system, but the physician is not called until the trouble is located in the breast, and then it is too late for benefit from Aconite, and valuable time is lost in using it. It will lower the circula-

tion, but the local trouble will go on increasing, and if the doctor sees his patient but once a day, by the time he returns, all possibility of preventing suppuration may have passed, whereas had he commenced with Bryonia, if the breast was only hard and painful, without redness, or Belladonna if with, by the time of his next visit, if the nurse has faithfully done her duty, and kept the milk as much as possible out of the breast, the doctor may find his further services unneeded.

If in consequence of the scrofulous character of the patient, or the neglect of the nurse, the inflammation still goes on, the pain and enlargement may be kept in check, and oftentimes very greatly lessened—in some cases almost wholly removed—during the formation of the abscess, and the milk preserved by the action of the medicine, whereas the milk is generally lost in the breast affected or in both, if nothing but poultices are used.

After Bryonia and Belladonna have each done all they will, Phosphorus is generally all the medicine needed, unless Hepar sulph. may be, if the other medicines do not keep down the pain, or when rapid closing of the abscess does not follow the discharge of pus.

In a few cases, Mercurius sol. has appeared to hasten the opening and relieve the pain in the breast. In the cases when Merc. sol. did good there was profuse perspiration or other symptoms for Mercurius.

I should think that nineteen out of twenty cases which I have seen, had been dissipated by the above course without suppuration, and I do not remember a case where the discharge continued more than a week, generally not more than two or three days.

In my opinion, the use of Aconite in the early stages of inflamed breast renders suppuration inevitable, by the loss of time, and its depressing influence on the economy, as is the case in threatened typhoid fever; it is almost sure to develop the fever, although it seems for a few hours to make the patient more comfortable, whereas Bryonia used at first might have prevented its development.