

Throbbing pain, with beating from every motion, causing nausea, and efforts to vomit, with painful boring in the vertex. Great congestion of the head. Heat of the head.

These are symptoms which may be met in cases of cerebral inflammation, and these will most certainly find their curative in Lachesis. It sometimes happens however, in these cases, that the head symptoms are not very definitely expressed, or are masked by the general condition of the patient, as of insensibility, or by the violence of other symptoms, as convulsions. This is not an uncommon experience in the cerebral inflammations of scarlet fever. The remedy is then to be found from a study of other and more general symptoms, less obscured by these accidents; being controlled in all cases by the resemblance of characteristic symptoms, and never by the fact that this or that remedy has cured other cases, which we believed to have been like that under treatment. It will be seen, most likely, on a careful study of the case of the variety of the fever under consideration, that where Lachesis is in place, the inflammatory state is one approaching, by its low grade, to a condition of torpor, if it does not really present positive symptoms of this state.

(To be continued.)

ALTERNATION.

BY M. D. COE, M. D., ST. CHARLES, ILL.

Much has been written of late on the subject of the alternation of remedies, and as it is a question which must be decided by experience, as must every other question of medical practice, no dogmatism will satisfy or bring together those differing in opinion. I conceive that the discussion in the February number of the REVIEW does not cover the whole ground, nor does Dr Hawley touch some reasons which have most influenced me to alternate. I purpose in

this article to give some of the principles which have governed me in my practice.

Specific action pertains to every organ and tissue of the human system. Each gland, each membrane has its specific office, selecting and discerning from the blood or the cast off elements, its own appropriate secretion. In each tissue are arrested by some elective process, just such elements as are necessary for its growth or maintenance. The avenue is closed to all other unless some toxical agent is thrown in which has power to arrest the normal process.

It is an established principle in Homœopathy, demonstrated by drug-proving and clinical experience, that each drug has its own specific sphere and manner of action, hence that each remedy acts in a particular manner, upon a particular organ or tissue, or upon a particular set of organs or tissues. Another recognized principle in Homœopathy is, that attenuated remedies act upon the system only by virtue of their homœopathicity to the disease by which the system is at the time affected; hence they are inert when taken by persons in health.

When I visit a patient, I endeavor to get a perfect impression, or image, if you please, of the disease, of its symptoms and pathology. Then applying my governing law "like cures like," I endeavor to find a pathogenetic picture which will exactly correspond to, or be a likeness of the image of the disease. If in searching my drug-provings, I find in the pathogenesis of a single remedy a picture which is a perfect likeness, I administer that remedy alone. When I lay the picture upon the image, it exactly covers it. But supposing after exhausting my pathogenetic lore, I find no single remedy that will complete the picture; some part is still defective, it either wants a head, a body or a limb, what am I to do? What I do is this, I finish out the picture with something that will complete it. If the head symptoms are unmistakably Aconite symptoms, and nothing else, the chest symptoms, unmistakably Bryonia symptoms and nothing else, and the symptoms of the lower limbs unmistakably

Rhus symptoms and nothing else, I can finish my picture in no other way, nor can anyone else. Now in this case what is to be done? If I use only one remedy, I move only one group of symptoms at a time and they must be taken in succession, while if I alternate, I act upon *all* at the same time. But the single remedy objector says, one of my medicines will modify the action of the other in such a manner that I cannot rely upon their doing what their pathogenesis would indicate. I think he is mistaken. If attenuated remedies only act homœopathically as we all hold, only act upon those organs and tissues which are affected by disease in a manner similar to the drug affection, then my Aconite, Bryonia, and Rhus each goes to its own place, and performs its own office without interfering or being interfered with by the others.

The objector may ask, "Why not then combine your remedies and administer them all at once after the manner of the old school?" Because they might chemically affect each other, and effect a change of substance, so that we should be administering something different from the original remedies. If we could be certain in any case that there was no chemical union, no modification of the substance, but simply a *mixture*, I am satisfied that we might administer combined remedies, upon the basis of their individual pathogenesis, and trust to the animal economy to do its own selecting and appropriating. But as we cannot be satisfied that there is no modification of substance, we cannot be certain of effects until we have provings of combined medicines. "But," says the objector again, "may not your remedies administered at short intervals chemically combine and produce a change of substance after they are taken?" No, for each does its part, by making its specific impression upon the nerves which it specifically affects, and this nerve force or impression is communicated to the cells specifically adapted to receive it; and that force or impression for which they have no specific affinity cannot affect them. I, therefore, have always preferred, when I could not find a drug

whose symptoms completely covered the symptoms of disease, to use two, and I have even used three in alternation. If we had a *Materia Medica* so perfect, that a perfect likeness of each abnormal condition of the animal economy could be found and in the pathogenesis of distinct drugs, then I should have no controversy with the advocates of the single remedy system, and in fact the only reason why I practise alternation, is this want of perfection.

To exemplify a little further our meaning, we will change the figure. I find my patient being preyed upon by a disease in the form of a double-headed monster, each head, as far as I can discern, possessing independent vitality. My patient asks to be delivered from its power. Being anxious to relieve him as soon as possible, I seize a club in each hand, determined to deal a blow to each head at the same time. Just as I have raised my clubs to strike, my arm is arrested and I hear a voice frantically exclaim, "Hold, Dr.! What in the name of science and the master are you about to do?" I reply: "You see that double-headed monster prying upon the vitality of my patient. He asks me to rescue him and I am taking the shortest method of doing so." "But," says my interrogator, "you make an awkward appearance with a club in each hand, you cannot strike scientifically with two clubs at once, and then the master always taught that you should only use one, and after that was used up to take another. I would use one club, on one head, until I had killed it, then I would take the other and kill the other head." In reply I tell him that by using two clubs at once, I can kill both heads in the same time that he would require to kill one, and as the relief of my patient is my only object, not caring how it is done, I shall not hesitate to use both clubs at once even if my attitude be not as graceful and my procedure as scientific as you could desire. I practise homœopathically. Feeling conscience-stricken because I have kept my patient so long in waiting, I fall to belaboring both heads of the monster by using both clubs simultaneously; and after I have despatched him, I turn round and see stand-

ing behind me one of the editors of the REVIEW, with sorrow depicted in his countenance, and exclaiming, "You are not a Homœopathician."

REMARKS.—This article very justly affirms that the question of alternation, being a practical one, "must be decided by experience;" that no dogmatism will satisfy those differing in opinion. The writer then straightway proceeds to dogmatize, on the basis of two assumptions, which he claims to be "established principles in Homœopathy," but which very few will concede in the terms in which he has expressed them.

Having referred the question to experience, he makes no appeal to experience, whether his own or his neighbors. If he have experience which can throw light on this question, it ought to be *comparative* experience. He ought to be able to say, "for a certain period of times I avoided alternation, selecting my remedies as Hahnemann directs; then, for a period, I *alternated*. My success under the latter method was the greater." Such a statement as this would carry weight. But we gather from this article that Dr. Coe has *always* practised *alternation*, deriving his ideas of its propriety and necessity from the assumed "established principles" upon which he bases his arguments, and upon the assumed imperfections of the *Materia Medica*.

If our conjecture be correct, then his experience, being confined to the practice of alternation and not bearing upon the opposite method, can have only a negative value. It merely shows that a measure of success does attend this faulty form of practice, a point which was freely conceded to Dr. Hawley. But inasmuch as no advocate of alternation claims invariable success, the question remains, "might not the success have been greater if alternation had been *avoided*?" Not having any comparative experience by the light of which to answer this question, the alternator-ab-initio, could not reply.

Our editorial note to Dr. Hawley's paper expressly referred to Hahnemann's experience, and to the experience of the writer, as being of this *comparative* character and as there-

fore bearing on this question, and as showing, so far as they go, that the results of adherence to the single remedy are more satisfactory than those of alternation.

Some of the points touched by Dr. Coe are too important to be treated in this annotation. They will be discussed in a future number of the REVIEW.

Suffice it now to say that, when he states that "the only reason why he practises alternation is the want of perfection of the *Materia Medica*,"—he concedes, if he will allow us to add one other analogous reason, viz., "want of perfection in the knowledge, possessed by practitioners, of the *Materia Medica* which we already have," all that the opponents of alternation contend for. For this position admits that alternation is wrong in *principle* and is only necessitated by a temporary emergency, we contend that the emergency instead of being *common* is *rare*, if not altogether imaginary and we appeal to our practice.

How dangerous it is to discuss a question of science with rhetorical figures!

Dr. Coe makes merry over his imagined double-headed monster, for each head of which he provides a club, and he grows happy at the thought that by his two-handed energy he will have destroyed this figurative disease much more quickly than the luckless editor could do it, whom he restricts to the use of a single club to be applied to but one head at a time.

Now we have always supposed that the efficacy of an armament depended not so much upon the *number* of efficient weapons as upon the *skill* with which the weapons existing were used, and one club in a vigorous right hand *might* do more execution even on a double-headed monster, than two clubs even in the hands of our ambidexterous correspondent. But why restrict the monster to the "two-headed" form? If we are to admit the dual or multiple independent co-existence of disease, why not liken it to a centipede, each foot "possessing independent vitality." With what armament now will our friend cope with his antagonist? Shall he call Bri-

reus in consultation and arm him with one hundred clubs? We do not believe in the multiple co-existence of disease. Leaving out of view traumatic affections which may supervene during idiopathic sickness, as Drysdale shows, we believe in the *unity* of disease and we expect to find one remedy of which the *characteristic* symptoms cover the whole case.

The figure of the two-headed monster is, therefore, in our view, defective. But, admitting the figure, why must we use *clubs* at all? In the days when brute force reigned supreme they were well enough. But surely, in this day of enlightenment "*clubs* are not trumps."

Hercules was the embodiment of brute strength as distinguished from intellectual acuteness and skill. Surely his subjugation of the Lernean Hydra should not serve us as an example in treating disease. We cannot afford to spend so much time as the club-treatment requires; for both the experience of Hercules and that of our Irish friends at Donnybrook fair, prove that the breaking of heads by clubs is a tedious and uncertain affair. We decline to enter into competition with our friend in the use of his favorite therapeutic agent, the club, whether he use it single, double or a hundred-fold. But, if he *insist* on a mechanical figure, we will suggest that, while *he* is counting the heads of the monster and is casting about in his club-room for a bludgeon adapted to each head, and is fitting his hands for the arduous effort and is so getting his balance, as to make sure that the complex wielding of his numerous weapons shall not trip him up, *we* shall humbly survey the monstrous form with the intent to study the controlling characteristics of its anatomical structure, and when we shall have learned to what type it belongs and what are its *characteristics* as an *individual*, then with one *single* weapon (a slender sword, it may be, or a bodkin, or a drop of Prussic acid) we shall touch the vital part (the heart, or the medulla, or a delicate mucous membrane), on whose integrity depends the life of *all the heads and all the rest*—and presto—before the ponderous clubs have time to fall on those devoted heads "belabouring them simultaneously"—the work is done!

Multiplicity in armament is generally inconsistent with simplicity and efficiency and is characteristic of a barbaric age or race.

Thus the double-club array is known as the "*Indian clubs*."

The Japanese wear two swords, and yet cannot stand a moment before the single rapier of the Frenchman.

The savage of the Southern States glories in his belt full of six-shooters, and his boot legs bristling with bowie-knives. Before the single purpose of the Northern farmer, he is rapidly passing into the realm of history. [Eds.]

THE PHYSIOLOGY AND PATHOLOGY OF THE NASAL PASSAGES.

BY T. F. ALLEN, M. D., NEW YORK.

(Concluded from page 398.)

Pulsatilla. Constant tickling irritation to sneeze especially at evening in sleep or in the morning while in bed; stoppage of the nose at night on going to sleep; in the morning discharge of thick yellow opaque mucus; coryza with loss of smell and taste; stopped coryza with ulcerated nostrils; chronic coryza, with discharges of yellowish-green, offensive mucus; discharge of green, offensive matter from the nose; an ulcerated condition of the nostrils.

The acute coryza of *Pulsatilla* follows the *Aconite* stage immediately, (as indeed *Nux vomica* or *Mercurius coryzas* may) it is marked by frequent sneezing and profuse discharge of thickish matter which is perfectly bland and only annoying by its great quantity; it may become dried on the nostrils and give rise to stoppage of the nose; this coryza is of daily occurrence, especially among children.

The *Chamomilla* coryza has some distinctive points, though *Pulsatilla* and *Chamomilla* are given indiscriminately for snuffles; the coryza of *Chamomilla* is not so marked by

profuseness, nor has it the excessive sneezing of Pulsatilla. The nose is stopped, and as a result, prominently calling Chamomilla to mind, is the great uneasiness and fretfulness of the child; then the child is also apt to have the hoarseness and catarrhal Chamomilla cough. Pulsatilla seems to have a chronic coryza; of course it may have; but the same Pulsatilla condition may exist in the nose that exists in the ears, eyes, etc., a superficial inflammation attended by profuse bland discharges; Mercurius discharges excoriate. Arsenicum corrode.

Case of Chronic Pharyngitis cured with Phytolacca decandra.—Patient, a man aged 45, had had chronic follicular pharyngitis for several years. No remedies had done him much good.

Symptoms, physical: Membrane lining fauces and pharynx as well as the velum pendulum and the uvula, pale, puffed, and flabby. Uvula large, almost translucent.

Rational: Distressing sensation of enlargement of the calibre of the pharynx and œsophagus from the choanæ to the epigastrium. This symptom much aggravated by exposure to damp winds. It then begins at the choanæ, and in twelve hours extends to the epigastrium. On reaching this point it provokes a cough, paroxysmal, extremely distressing, and attended by very profuse and exhausting expectoration of thick, starch-like mucus. The whole chest then feels like a big, empty cask; as if its calibre were enlarged tenfold.

Great constitutional debility along with these attacks. The patient, who is intolerant of stimulants, can take whisky to any extent and with great temporary relief.

Phyt. dec.° a dose every other night for a month, cured this condition.

I would now call attention to other drugs whose action seems more profound and lasting, so to speak the chronic drugs, which, nevertheless, are as suitable for the cure of certain acute forms of disease as Lycopodium, Mercurius, Arsen., and no more applicable in chronic forms than these or others; indeed the line is no where to be drawn. Silicea may

cure an acute form of disease as well as Belladonna a chronic form. Nor further can we any where draw the line through the Materia Medica, and say that, on this side of it, remedies may be used for the cure of catarrhs (or any local manifestations of disease), on that side no drug will cure them. In presenting the action of certain selected drugs on the nasal passages, I have selected those only whose nasal symptoms were strongest marked.

To attempt to detail the symptoms of all the drugs that cure catarrhs, I should have to read the Materia Medica from beginning to end; not only read the nasal symptoms of each drug, but detail the peculiarities of each, noting all accessory symptoms: for if a patient presents himself to us asking to be cured of the *catarrh*, he makes a great mistake; he wants to be cured as a *patient*, and we are bound to cure him as such. If he speedily dies of consumption, the catarrh disappearing, we have lost the patient even though the catarrh be cured.

Further, the local catarrhal manifestations are of the least importance in finding our remedies. Six patients may, any day, come to us with organic changes in the nasal passages; the extent of change may be equally great and yet six different remedies will have to be given. The treatment must, in the highest sense of the word, be constitutional. The treatment in the old school to-day for catarrh, acknowledged best, is general constitutional treatment.

There is another point in this connection. How should we treat catarrh with a Materia Medica constructed on a pathological basis? This and that, and a hundred drugs are called "good" for nasal catarrh, and its subdivisions into ozænas, syphilitic catarrhs; very applicable in scrofulous subjects; we should be at sea, we could only make a guess; further, a proving may have been made, giving no catarrhal symptoms, and six others may prove the same drug with more sensitive noses and give us a host of catarrhal symptoms. So as I have said, a drug without a symptom under the rubric nose may yet cure a catarrh; and to enlarge our knowledge let every one keep an accurate record of all his cases, and if any drug

removes certain groups of symptoms not down in the *Materia Medica*, by virtue of its general fitness to the case, let the world have the record, and what an advantage when we do such a thing, to know that this or that remedy did do it, and not go home wondering which, of the half a dozen, it was. Let our young practitioners begin with a broad liberal field, be careful, look on all sides, and, striking, hit the point. It is hardly safe for even an old man to generalize.

There is quite a large group of remedies that show a marked tendency to affect the deep tissues of the nose, the cartilages and bones. In some the action is unmistakable, in others only inferred from the proving, but confirmed by experience; these I propose to consider first, and as a type take

Aurum which may also be called for in catarrhs not yet involving the bones. We find the nose swollen, red, inflamed, sore to the touch, especially the right nasal bone and adjoining parts of the upper jaw are sore to the touch; there is a discharge of greenish yellow, offensive matter. The stinging biting pains in the bones are aggravated at night; jerking pains in the septum from above downwards; pains in the nose in the sunlight; pains accompanied by flow of tears; the nostrils are ulcerated, crusty, agglutinated, so as to impede respiration. Ulcers in the right nostril, covered with dry yellow crusts without pain.

We know the pains of syphilis are at night, and we may be safe in saying and practice shows that *Aurum* is useful in syphilitic ozaena and caries as in other catarrhs.

Asafœtida has intermitting tearing pains from within outward in the bones of the nose, with a greenish offensive discharge. Experience has fully shown the utility of *Asafœtida* in promptly alleviating such pains in the bones, also aggravated at night; it is an exceedingly useful remedy in all affections of the bones. Nearly allied is

Belladonna which has pressive pain in the nasal bones, worse at night and on touch; pain as if beaten from external pressure in the nose above the alæ; the left nostrils very

painful and agglutinated, mornings; the upper lip is swollen, the nostrils and corners of the mouth are ulcerated, but neither itch nor pain; offensive smell in the nose as of herring brine on blowing it.

Hepar sulph. has sore pain in the dorsum, bones are sore to the touch; heat and burning in the nose; ulcerative pain in the nostrils; drawing pain in the nose passing into the eyes, becoming a smarting there; pain lasts far into the night; pains are drawing or burning.

Mercurius we have already considered; the bones are very sore to the touch, the septum is swollen and chapped, etc., etc.

Natrum mur. Burning pains in the nasal bones, especially at the root of the nose and in the region of the malar bones. Redness, heat and swelling of the left side of the nose, with sore pain especially on blowing the nose; burning in the nose; internal soreness; soreness and swelling of the inside of the nasal wings; many pimples thereon; loss of sensibility with a feeling of deadness of the inner parts of the nose; many small burning pimples under the septum, with the sensation as if acrid matter flowed from the nose; severe fluent coryza, with complete loss of smell and taste. The symptoms of this valuable drug in relation to lachrymal fistula were previously stated.

Natrum carb. Peeling of dorsum and tip which is painful to the touch; pains in the bones of the face, worse in the open air; sensation in the left nostril as if a hard body stuck there, which is not brought away by blowing the nose; ulceration of the upper portion of the nostrils.

Silicea. Stitches, tearings and crawlings in the nose, drawing into the right malar bone; itching; sore pain in the forehead, back of the bridge; throbbing in the nasal fossæ, as if festering, radiating into the brain and causing frontal headache; the tip of the nose sensitive to pressure; sore spots on the septum; sore scurfy spots deep in the nostrils and under the alæ, which are sore to the touch; much discharge of acrid water from the nose, which makes the inner nose sore and

bleeding, with a smell of blood as of recently killed animals. Great dryness in the choanæ, the food goes into the choanæ; the patient is never free from catarrh, with an acute attack there will be swelling of the submaxillary glands; pain in the throat on swallowing; great chilliness; he must lie down, but when in bed a burning heat over the whole body; the pains are shooting, tearing or drawing.

Sulphur. Boring in the root of the nose; pressure on the right nasal bone, dryness of the inner nose; nostrils red and burning; nose inflamed and swollen, internally ulcerated and painful; cartilages inflamed and swollen; sense of congestion in the nose in the open air; yellow sticky strong smelling fluid drops from the nose; offensive smell of nasal discharge.

Zincum. Pressure on the root of the nose as if it would be pressed into the head; almost intolerable beating at the root of the nose with confusion of the head, with stitches in the jaw and drawing into the eye. Drawing and tearing in the right nostril; sore feeling high up in the nostril; tearing in the right side of the nose.

Near to *Silicea* is, I think,

Nitric acid. The malar bones become sore and painful; stitches in the nose as of a splinter on touching it; soreness and bleeding of the inner nose; nostrils are ulcerated, blood and bloody matter is blown out of them; unpleasant smell, evenings on lying down. On eating, pieces of food get into the choanæ, producing a sickening sensation; they are afterwards drawn out covered with mucus; nasal mucus goes down into the throat with inflamed and swollen alæ; acrid matter from the nose at night; blows yellow matter from the nose of a sickening smell; discharge of thick nasal mucus corroding the nostrils; severe catarrh with swelling of the upper lips and, especially, night cough; stuffed catarrh with dryness in the throat on empty swallowing. This is a very potent remedy for syphilitic catarrhs of the nose and throat. I have derived more real satisfaction in seeing the prompt and lasting effects of this drug, not only in syphilitic catarrhs but

lichen, ulcers, glandular affections, falling of hair, etc., etc., than from any other remedy. I think it is oftener indicated than any other, especially before the bones become much affected. I have occasion to use it every day in dispensary practice and invariably the report is great improvement. Next comes

Argentum nit. Pain and swelling of right alæ; the left nasal bones are painful; bleeding pimples on the septum; violent itching in the nose, compelling rubbing till it looked raw; ulcers in the nose with yellow scabs; scurfs in the nose becoming exceedingly painful, if detached they bleed; bloody and purulent discharge in the open air; stopped in the house and at night smell of pus at night; catarrh with constant chilliness, sickly look, lachrymation, sneezing and such a violent stupefying headache that she must lie down. Aching pain in the forehead going into the eyes. It seems to me to be nearly allied to *Thuja* and *Phosphorus*, they all have swelling and painfulness of the alæ. *Thuja* states swelling and hardness of the left ala. *Argentum nit.* of the right. *Argent. nit.* sore pains, bruised pain of one side of the bridge of the nose; pressure like a stone on the dorsum; stiffness and clawing in the fossæ. *Phosphorus* has severe pains in the forenoon. *Thuja* the peculiar pain drawing between the nose and mouth as if the periosteum were tightly stretched; the pain then spreads over the nasal bones as if a saddle were across it. The catarrh of *Phosphorus*, like that of *Argentum nit.*, is attended with much headache and general sick feeling, there is a dry feeling in the nose as if it would be stuck together. I do not think the action of *Phosphorus* so extensive, organically speaking, as the Nitrate of silver, it does not affect the bones as *Phosphoric acid* does, though the action of *Phosphoric acid* on the nasal bones must be inferred to a certain extent. We all know its extent on the superior maxillary bone, it probably would involve those of the nose by extension.

The number of *Nitrate of silver* catarrhs is not large, and the employment of it as a caustic, so much in vogue in the