

## Henry Clay Allen



Henry Clay Allen (1836-1909)

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## **In Memoriam Henry Clay Allen**

“Dr. Henry C. Allen was born [on February 10, 1836] in the village of Nilestown, near London, Ontario, and was the son of Hugh and Martha Billings Allen. On his paternal side, he was a descendant of that distinguished family of Vermonters of the same name, Gen. Ira Allen and Ethan Allen, both famous in the revolution. On his maternal side, the Billings' were well known among the Colonial families of Massachusetts Bay, and one of them, the great-grandfather of Dr. Allen, owned the farmlands on which the present city of Salem is built. After selling this property, the family moved to Deerfield, in the Connecticut Valley and were there at the time the Indians pillaged and ravaged that part of the country.

He received his early education in the common and grammar schools at London, where he later taught school for a time. His medical education was acquired at the Western Homeopathic College at Cleveland, Ohio (now the Cleveland Homeopathic College), where he graduated in 1861, and later from the College of Physicians and Surgeons of Canada. Shortly after graduation, he entered the Union Army, serving as a surgeon under General Grant.

After the war he was offered and accepted the professorship on Anatomy in his Alma Mater at Cleveland, and it was here that he first started practicing medicine. Later he resigned and accepted the same chair in the Hahnemann Medical College of Chicago. In 1868 he was offered the Chair of Surgery to succeed Dr. Beebe, but was unable to accept. He then located in Brantford, Ontario, where on December 24th, 1867, he married Selina Louise Goold, who, with his two children, Franklin Lyman Allen and Helen Marian Allen Aird, survives him.

In 1875 he moved to Detroit, Michigan, and in 1880, being appointed Professor of Materia Medica at the University of Michigan, he moved to Ann Arbor, where he has since resided.

In 1892 he founded the Hering Medical College and Hospital, of which he was Dean and Professor of Materia Medica until his death, January 22nd, 1909.

Dr. Allen was an honorable senior of the American Institute of Homeopathy ; a number of the International Hahnemannian Association ; of the Illinois Homeopathic Medical Association ; of the Englewood Homeopathic Medical Society ; of the Regular Homeopathic Medical Society of Chicago ; Honorary Vice-President of the Cooper Club of London, England ; and Honorary Member of the Michigan, New York, Pennsylvania and Ohio State Medical Societies and Honorary Member of the Homeopathic Society of Calcutta, India.

He was owner and editor of the *Medical Advance* for many years. Besides writing many articles in this and other magazines he wrote numerous books, among which are the following:

*Keynotes of Leading Remedies*, lately placed on the *Council List of Books* for use in the Canadian Medical Colleges;

*The Homeopathic Therapeutics of Intermittent Fever*

*The Homeopathic Therapeutics of Fevers*

*Therapeutics of Tuberculous Affections*

and recently completed the revision of Bönninghausen's *Slip Repertory*, which he brought down to date and arranged for rapid and practical work.

This, his latest work, a treatise on the Nosodes, was completed only a short time before his death, and was the result of years of study, experience, and of proving and confirming the symptomatology of many of the nosodes. His observations are here published for the first time.”

This biography was written by the son of Henry C., Franklin Lyman Allen. It was issued in the posthumous edited "Materia medica of the nosodes with provings of the X-Ray", Philadelphia: Boericke & Tafel, 1910, p. III-IV.

## 1878 - Homoeopathy illustrated - 5 Cases of Intermittent Fever

"Mrs. P., had severe chill every morning at seven o'clock, lasting an hour, with terrible bone pains in extremities and lumbar region. Thirst begins some time before the chill and continues both chill and fever. Chill terminates in bilious vomiting, and as fever passes off, she goes to sleep, during which she has profuse perspiration. Eup. perf. 200 in water, a teaspoonful every three hours while awake. Next day paroxysm much lighter; medicine continued every six hours and no return of the chill.

Mr. L., has suffered from chills and fever for over three months. Was treated heroically for seven weeks, during which time he received crude doses of various forms of Cinchona, without any apparent benefit. He then took homoeopathic medicine for a time, when he removed to this city and decided to "let the chills get well without medicine." Paroxysm occurred every other day at 11 A. M., with severe pain in limbs and small of back, and chilly stage continued nearly two hours, with no thirst during chill. Fever all the afternoon, with intense thirst for large quantities of water, and bursting headache during fever. Little or no perspiration, eats and sleeps well, and next day resumes his occupation. Paroxysm occurring *at 11. A. M., with thirst for large quantities of water during fever stage.*

Nat. mur., 30<sup>th</sup> trit., every four hours during apyrexia.

Chill light next time and then no return to date, three months since.

J. C., a young man, had fever about ten months, under different treatment from a number of medical men. Chills occasionally checked for a few days by large doses of Quinine, only to return with renewed severity in another form. No regularity in occurrence of paroxysm, assuming all types - quotidian, tertian, quartan - and coming on at all hours of day or night. Chill severe and pronounced, lasting usually about an hour, with *intense thirst ONLY during chill. Chill relieved by external heat.* As soon as chill began he would go at once to the kitchen stove, and 'over a hot fire drink the hydrant dry,' as he expresses it, although the thermometer was registering 'the nineties.' Fever always well developed, with much headache and vertigo, but no thirst. Very rarely any perspiration, and with the exception of some vertigo felt well during the apyrexia.

Thanks to the 'key-note system,' I had little difficulty in this obstinate case in selecting the remedy and securing another triumph for homoeopathy. Chill *relieved by external heat*, belongs to Arsenic. and Ignatia; and thirst *only* during the chill to Ignatia, Capsicum and Carbo veg.; but the whole case was so well covered by Ignatia that I gave it, confidently assuring him a cure. He received twelve powders of Ignatia 200, one every four hours, while awake. Had a slight chill two days after, without thirst; fever lasted about two hours without the usual headache and vertigo, and that was the last of it. Has remained well ever since, now several months.

A gentleman, over seventy years of age, never had a severe illness of any kind in his life, was attacked in July last with chills and fever, paroxysm coming on every day at 7. A. M., with aching pain in right hypochondrium, which is sensitive to pressure. Severe pain in back *before*, but not *during* chill. Chill not very severe, but heat commences before the shivering and coldness ceases. Some thirst during chill, which becomes excessive during fever. Violent headache and slight delirium during fever; falls asleep before fever ceases, during which he has profuse perspiration. During delirium tries to talk, but cannot find words with which to

express himself. Dirty, pappy, pasty tongue, with foul taste, and complete loss of appetite, even the smell of food produces loathing.

On account of pain in limbs and back, the paroxysm occurring at 7 A. M., I gave him Eup. perf. 200, without any benefit.

A closer comparison of all the symptoms revealed Podophyllum to be the similimum, of which he received twelve powders, 30<sup>th</sup> trit., one to be taken every four hours. The next chill was much lighter and he felt better in every way, and a few powders of the 200<sup>th</sup> completed the cure.

A young man was sick a week with chills and fever, during which time he took a box of cathartic pills and a six ounce vial of medicine, prepared by a druggist and 'warranted to cure ague.' Chill occurred every other day, from 9 to 12 A. M., anticipating type, and each stage of paroxysm well marked and distinct. Chill preceded by nausea and headache, languor, pain in limbs and back. Skin cold and blue, with ringing and buzzing in the ears and vertigo. Thirst before the chill and during the sweat. No thirst during chill or fever. Cannot work during his well day, he is so weak and prostrated. Has been living near a mill-pond and sleeping with his window open.

Gave him China sulph., 30<sup>th</sup> trit., a powder every four hours during apyrexia, with prompt and permanent relief.

I may add that I once thought this remedy practically useless, unless given in massive doses - ten to twenty grains Quinine during the apyrexia - in the treatment of intermittent fever. I now have more satisfactory results with the 30<sup>th</sup> trit. than I ever had with the crude drug; but must confess I find the remedy very rarely indicated when I carefully individualize each case. In any hands, the *keynote system*, the *single remedy* and the *higher dilutions*, accomplish results of which I had no conception until I tried them; nor do I think my experience differs materially from that of my medical brethren."

(Henry C. Allen, M.D., Homoeopathy illustrated, Intermittent Fever, The American Homoeopathist vol .3 (1878), p. 206-209)

### **1878 - Senega as a Remedy for Aphonia**

"Senega is very frequently indicated in acute diseases of the larynx, but as my observations go, very rarely used. Its action is analogous to that of Rumex crispus.

*Dryness is its characteristic.*

*Dry cough, aggravated by cold air, by motion, particularly by walking, is its key note.*

*"Increased short and hacking cough in the open air; continuing for about three weeks."*

(For symptoms see Allen's Materia Medica).

"Sudden hoarseness when reading aloud", is the only symptom of the voice developed in the provings; but very few of our remedies which are most efficacious in the treatment of aphonia have developed that symptom in proving.

Except in cases of poisoning, the provers rarely carry it to the extent of complete aphonia. Some brilliant cases of complete aphonia in public speakers and teachers attest its value in the treatment of that troublesome affection, and its true sphere in laryngeal therapeutics will, by a more careful clinical study, soon be mapped out.

I am indebted to Dr. Younghusband, of this city, who makes a specialty of diseases of the air-passages, for the following clinical case:

When teaching grammar school, several years ago (from severe cold and excessive use of his voice) was attacked by complete aphonia for about three months, Bell., Merc., Phos., Caust., each in turn affording temporary relief; but the dry cough soon returned as troublesome as ever, and the aphonia still continued.

Senega was accidentally used for the dry cough, with perfect success; the aphonia being promptly relieved.

The Doctor has since treated many cases of complete aphonia with Senega, with complete success, and places it among our best remedies for that troublesome affection.

I ask for a trial, and clinical verifications."

(H. C. Allen, M. D., Detroit, Mich., Senega as a Remedy for Aphonia, The American Homoeopathist vol. 3 (1878), p. 210)

### 1878 - Staphysagria vs. Pulsatilla in treatment of hordeola

"One of our latest and best text-books on ophthalmic therapeutics, has the following:

‘As a remedy for styes it (Puls.) has no equal, and by some is even considered almost specific, as in a great majority of cases it will cause them to abort before the formation of pus has taken place.’

Although (if properly selected) the above is in the main true, so far as Pulsatilla is concerned, the effect of such teaching is pernicious, because it tends to make the busy general practitioner rely on the *ipse dixit* of the author, instead of referring to his materia medica and the totality of the symptoms as his guide.

There is scarcely to be found a better illustration of routine practice than in the almost universal custom of treating every case of hordeola with Pulsatilla.

And there are a few diseases in which we meet more disappointment; not because Pulsatilla is not a good remedy in the disease, but because, give a case of hordeolum, Pulsatilla is prescribed irrespective of its indication.

This unfortunate habit of *generalising* - treating the disease instead of the individual. - which we have inherited from allopathy, results in frequent failures, and in the throwing of the blame upon the remedy, instead of placing the responsibility where it properly belongs.

My experience is that Staphysagria is a better remedy in all diseases of the glandular structure of the eyelids, both *acute and chronic*, than Pulsatilla; but it will not cure every case, for the same reason that Pulsatilla fails to cure everything.

In the comparative sphere of action of these remedies in this disease, I have endeavored to give the result of my clinical experience; in the hope that someone may derive as much benefit from it as I have done.

<b>STAPHYSAGRIA</b>	<b>PULSATILLA</b>
Affects both lids; but particularly the upper one.	Have obtained best results when lower lid was the affected one.

#### Mental Symptoms

Angry, ill-humor, chagrin, mortification, great anxiety about the future, loss of	Mild, sensitive, melancholy temperament; easily affected to tears. Light hair, blue eyes. Acts better on women, particularly if
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memory from sexual excesses. Black hair and eyes. Acts better on men.	Pulsatilla menstrual derangements are present and there are acne of the face.
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### Causes

Onanism, sexual excesses, debility from loss of vital fluids. Nervous prostration from over mental exertion, too close application to study, particularly night work.	Gastric derangements from eating too much fat, pastry, rich and indigestible food. Porkeaters, so prone to hordeola, are promptly relieved by Pulsatilla.
In the Staphysagria stye the affection is very circumscribed and confined to the tumor alone. It may be swollen, but the general lid is not much involved.	In the Pulsatilla stye there is considerable mucus secretion, the lids are agglutinated in the morning and the conjunctiva injected. The swelling is much more pronounced and the tumor much larger.

### Pain

The pain is of a darting, shooting, stinging, biting, tearing character. It is sometimes almost paroxysmal. Seldom constant. Worse from evening to morning.	The pain is of a drawing, tensive, burning character. There is a sore, bruised sensation and much itching, and all the pain is persistent. Worse in the evening, in a warm room and in a cold draught of air; better in the open air.
The Staphysagria stye after once coming on appears never to get well of itself.	The Pulsatilla stye is more apt to be occasional, and ends completely with suppuration.
Each successive crop of tarsal tumors is inclined to abort and leave little hard nodules on the borders of the lids. A succession of attacks leaves all the glandular structure of the lids much enlarged, and a constant source of annoyance by its unsightly appearance.	When suppuration takes place the lid is cleared up, and the tumefaction subsides as rapidly as it came on. Only useful in tumors of recent origin, and of an inflammatory type, with catarrhal conditions.

Both Staphysagria and Pulsatilla, if properly selected, will relieve styes before suppuration takes place; but my experience is that there is little use in giving either, particularly Staphysagria under the 30<sup>th</sup> potency, and the 200<sup>th</sup> and higher potencies will act much more promptly than the 30<sup>th</sup>.

But Staphysagria has a sphere in the treatment of steatoma, and all chronic enlargement of the meibomian and sebaceous glands, peculiarly its own; and here it is without a peer in our materia medica.

Thuja, Calc. carb. and iod., Baryta carb., Lycop., Graph., Sulph., Hepar and Silicea, may now and then be indicated in tumors of the lid; but it is only an occasional case, in which much benefit will be derived from any other remedy than Staphysagria.

I append a few cases from my note-book.

#### CASE I.

W. S. J., manager of fast freight line, Detroit, had been afflicted with a tumor of lower lid for several years. Had often been advised to have it removed by the knife, but declined. Margin of upper lid much thickened by nodules of tarsal tumors. Was frequently subject to styes, which always left an enlarged gland after it suppurred. Dark hair, and eyes blue. Did a large amount of office work at night by gas light. Gave him Staph. 30, to be taken night and morning for a week, then every morning for a week, when if any improvement was noticed medicine to be discontinued. At the end of two weeks large tumor was nearly gone, discontinued medicine, and in a month the borders of the lids were cleared up and tumor gone. Over two years ago and no appearance of a new crop of styes and no more tumors.

#### CASE II.

Mr. W -, salesman in carpet warehouse, Detroit. Steatoma of upper lid as large as a large bean. Been growing for years. Had one removed by the knife, but only to make room for the present one, much larger than the first. Staphysagria 200, ten powders, one to be taken every morning. Completely recovered in three weeks, and no appearance to date, now over two years.

I could give a large number of cases in addition to above were it necessary."

(Henry C. Allen, M.D., Staphysagria vs. Pulsatilla in treatment of Hordeola, The American Homoeopathist vol. 3 (1878), p. 73-75)

### **1879 - Arum triphyllum as a remedy in hay-asthma**

"This remedy, hitherto comparatively unknown, bids fair to become one of our sheet-anchors in this obstinate affection. The annual hegira of its victims, mark at once the inability of allopathic ('national medicine') to even palliate the malady.

A case is reported in the *Organon*, April, 1879, by Geo. H. Carr, M. D., of years standing, in which Arum triph.<sup>1100</sup> a dose every four hours, made a finish of this trouble in twenty-four hours; and as she never before, for twelve years, had the least relief from this under eight weeks, it really seems as if Arum triph., though 'shadowy', is entitled to some credit.

'Nearly four weeks have passed, and no relapse.'

Miss H. P., has suffered from an annual attack, which makes its appearance with distressing regularity about August 20<sup>th</sup>, lasting six or seven weeks. No relief, not even temporary, from anything until the first of October. Great aversion to light, either gaslight or sunlight; wants to be out doors in open air, unless the sun shines very brightly; great desire to walk; sight dim, cloudy, obscured, was compelled to get glasses to enable her to read, but without avail; nose obstructed, compelled to breathe through the mouth; profuse fluent coryza; constant sneezing; nose watery but obstructed; must have head elevated in order to sleep; lungs feel sore, and tickling cough in trachea caused by much mucus.

Arum triph.<sup>10000</sup>, afforded prompt and grateful relief, never before experienced.

Mr. McG., who has been a great sufferer for many years, was preparing for his annual hegira, when he was asked to try homoeopathic medicine.

Arum<sup>6</sup>, and afterward <sup>30</sup> has enabled him to attend to his ordinary business, and forego his usual banishment.

The following are some of the indications for Arum triph.:

- **Nose obstructed, compelled to breathe through the mouth.**

- Obstruction of the nose in the morning.

The left side of the nose obstructed.

Sneezing; much sneezing at night and constriction of the throat.

Much sneezing, with sensation as if he had taken cold, with repeated chills over the whole body, beginning at the vertex in the afternoon.

- Nose watery, but obstructed; much watery discharge from the nose.
- Watery discharge from the nose, but at the same time obstructed, especially in the morning.
- In the morning watery discharge from the nose; during the day thick, yellow mucus.
- Profuse fluent coryza.

- **Nostrils sore, the left discharges continually.**

*Burning and constriction in the throat.*

*Great heat in the face and head, afternoons, with fluent coryza.*

Heaviness and dullness in front part of the head in the morning.

*Eyes cloudy, heavy, smarting, sleepy; feel as after shedding many tears.*

- Obscured sight, as from a veil.

*Aversion to light.*

- **Voice hoarse.**

- Lungs feel sore.

Head and chest feel obstructed, full of mucus, with spitting.

Frequent coughing, with much mucus, and much spitting.

- Burning pain in the lungs when coughing.
- *Tickling cough from mucus in the trachea.*
- *Expectoration of much mucus.*
- Drowsy and sleepy in forenoon and evening.

I do not advocate the indiscriminate use of Arum triph as 'a cure-all' for hay-asthma.

If a large number of the above symptoms, which are found in the provings, are present, it will certainly modify the severity of the attack, if not wholly relieve the malady.

(Henry C. Allen, M. D., Detroit, Arum triphyllum as a Remedy in Hay-Asthma, The Medical Counselor vol. 2 (1879/1880), p. 21-24)

## **1879 - Guessing the Cause of many Failures**

"Hahnemann was in earnest; deeply impressed with the responsibilities of his profession, or he never would have written, 'When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime.'

Are we, as believers in his discoveries and followers of his practice, equally in earnest?

Would not a little more of Hahnemann's earnestness help to do away with the careless, routine, unsuccessful, 'shotgun' practice of some of his disciples?

We all know it is much easier, *at first*, to follow that practice which requires little if any mental effort, than it is to carry out the instructions laid down by Hahnemann in the Organon. It is much easier to *guess* at the remedy than to pore over a repertory and materia medica in search of a similitum.

But even *guessing*, when it becomes a habit 'is not what it seems.'

The immunity from labor which the habit necessarily begets is more than counterbalanced by the doubts, the uncertainties, and the indirectness of aim which it engenders, and the failures inseparable from its adoption.

Guessing leads directly or indirectly to *alternation, mixing*, (which is alternation in another form), *routinism, empiricism*, and the bungling crudities of allopathy; from all of which homoeopathy, practised as the Organon teaches, was intended to and will deliver us.

A case in point: Dr. B. was called in consultation; case, typhoid fever; the totality of the symptoms unmistakably pointed to Arsenicum as the remedy. The attending physician said he was giving it, and pointed to *four* goblets on the table from which the patient received a teaspoonful every half hour in rotation. Each goblet contained *four* remedies, and Ars. was *one* of the sixteen. Under such treatment of what value is clinical experience? Suppose under such treatment the patient recovers, can the doctor tell what did it?

And still this is allowed to pass as homoeopathic practice, and our system compelled to bear the opprobrium of the failures which it must of necessity leave in its wake.

Hahnemann's Organon teaches a better way. Paragraphs 83 to 104 inclusive, contain the secret. For fear some may not have a copy of the Organon, I quote the letter:

'The totality of the symptoms which characterize a give case, being once committed to writing, the most difficult part is accomplished. The physician ought ever to have this image before his eyes, to serve as a basis to the treatment, especially where the disease is chronic. \* \* \* And if, during the course of the treatment, he enquires after the effects of the remedy, and the changes that have taken place in the state of the patient, it only remains to obliterate (cancel) from the group of primitive symptoms those which have entirely disappeared, to note down those of which there are still some remains, and add the new ones which have supervened.'

If we followed this advice and *in all difficult and obscure cases, wrote out the symptoms*, very many cases would be cured, which, with our guessing method of prescribing, we now pronounce incurable, and a change of medical advisers results.

After Hahnemann had discovered the 'law of similars' to be a 'law of cure,' it required years of hard study to reduce it to practice, and some of his discoveries by which this great desideratum was obtained are of almost equal importance to the law itself.

And if he, with a more accurate knowledge of the action of our remedies - particularly the finer mental characteristics obtained by a careful and diligent personal proving - than many of his followers can hope to obtain, considered it necessary to write down the symptoms in order to make an accurate prescription, is it not a little presuming on our part to consider ourselves walking encyclopedias of materia medica, ready to prescribe for the most intricate case of chronic disease on the shortest notice.

It is true that the clinical 'keynote' system, first broached by Hahnemann, has been both perfected and extended by his followers, and this perfection has obviated the necessity of writing out the symptoms in ordinary acute cases occurring in our daily practice.

But the perfecting of the 'key-note' system has been mainly done by those who follow Hahnemann's Organon in their daily practice, and make the 'totality of the symptoms,' 'the single dose,' and 'the minimum dose' their guide.

Their clinical experience is worth recording, and their labor is growing easier, and their practice more and more satisfactory day by day.

They are aiding in building up and perfecting our school of medicine, and laying by careful and accurate observation a stone in the grand monument to the master's genius.

I venture the assertion that very many cases about to pass into other hands would be successfully treated and satisfactorily relieved if we would carefully write out the symptoms and select **the remedy**.

Instead of saying 'this remedy very nearly corresponds,' or 'has some of the symptoms as near as I can remember'; we ought to have the record on paper and then there is no chance to *guess*.

I have often been astonished at the difference between *my recollection* of the symptoms, and the *written record* of a case; and know that in the haste of a large practice I have made many careless prescriptions which the plan of Hahnemann would have avoided, had I followed it. Are we not responsible for neglecting to make ourselves masters of our profession, when that profession has to do with the saving of human life?

Can we do better than to follow Hahnemann's advice?"

(Henry C. Allen, M. D., Guessing the cause of many failures, The Medical Counselor vol. 1 (1879), p. 19-20)

### **1881 - Prejudice - The chief obstacle to the scientific investigation of posology in clinical medicine**

"Sidney Smith is quoted as saying: "Never try to reason the prejudice out of a man. It was never reasoned into him and it never can be reasoned out of him."

Notwithstanding the self-evident truth of the above quotation, prejudice may almost be considered a common birth right of the medical profession, where the most enlightened are disposed to place as much weight on a theory as on verified fact. It has affected all schools of medical belief, retarding the advancement of the dominant school as well as the perfecting of "the science of therapeutics" developed by Hahnemann. It required years of severe mental discipline ere Hahnemann himself - the most original medical investigator the world has yet produced - could completely divest himself of the prejudices of his early education. Hence, one of the first steps to take in entering upon the scientific investigation of any subject - particularly one surrounded by so many difficulties and one in which our colleagues honestly entertain so many differing opinions as on the subject of posology - is to divest our minds of prejudice. Unless this be done in a spirit of candid enquiry, our investigations will have little of scientific value and less of practical weight in the field of clinical medicine, as in the entire range of medical topics there are few on which we entertain stronger or more absurd prejudices, or cling to them with greater tenacity, than that of the materiality of drug action.

### **Our Fundamental Principles**

Hahnemann is often referred to as the discoverer of the law of the similars, and in a certain sense he no doubt was, in that his experiment with Cinchona bark was the first insight he had of it. But Hippocrates saw it centuries before, and Haller not only discovered the law but promulgated his discovery to the profession years before Hahnemann saw the dawn of a better day in medical history.

In 1738, nearly fifty years before Hahnemann's discovery, Stahl condemned the prevalent method of treating diseases by opposite remedies as completely false and absurd. On the contrary, he says, "diseases are subdued by agents which produce a similar affection. It is by

these means I have succeeded in curing a disposition to acidity of the stomach by using very small doses of Sulph. acid in cases where a multitude of absorbing powders had been administered to no purpose." But even as astute observers as Haller and Stahl, after detecting the "law of cure" and in a crude way applying it in practice, like most of their contemporaries, appear to have been content with the simple discovery, or at least not able to so far perfect it as to reduce to actual practice and make a system of medicine.

In 1761, thirty years before Hahnemann's experiments with Cinchona, Baron Stoerck made a proving of Aconite. But he, likewise, failed to connect the symptoms elicited with any natural "law of cure," or to establish upon that basis a science of therapeutics.

Such distinguished lights in the medical world as Hufeland, Sydenham, Pereira, Watson, Trousseau, Simpson, Cooper, Forbes, Holmes, Wood, and many others, although able to see "the beam in the eye" of the prevailing system of medicine, and while painfully convinced of and deeply deploring the terrible uncertainties of medical science (so-called) as taught and practised in their time, yet none have been able to cast aside their prejudices and pre-conceived opinions and honestly undertake its improvement by practical experiment, even after they had been told there was a better way.

To Hahnemann was reserved the herculean task which at once marked the genius of the man and the independence of the unprejudiced explorer. He not only pointed out the way, but he cast aside his prejudices, and led the advance; thus by reducing his discovery to practice, placing *Similia Similibus Curantur* upon an imperishable basis as "the science of therapeutics."

As a result of his labors, every homoeopath acknowledges "the law of the similars" as his guide in the selection of the remedy, whether he agree with Hahnemann's theoretical explanation of the action of the law, whether he believes it universal in its applicability or only limited in its sphere of application. He may not be able to explain its *modus operandi*. To him it is simply a fact which has been demonstrated by hundreds at the bedside in clinical experience, and he knows that "*the cure of the sick is most easily, mildly and permanently effected by medicines that are themselves capable of producing in a healthy person morbid symptoms similar to those of the sick.*"

He also acknowledges that "*the only proper way to ascertain the unknown curative power of drugs is to prove them on the healthy.*" "And finally, *all homoeopaths concur in giving but one medicine at a time*, never mixing different drugs together, under the absurd expectation that each will act according to their dictum." Hering says: "This is the glorious tri-color of our school, which will make the circuit of the world, and in these we are as the heart of one man." There is no doubt that on these principles the profession is united in theory at least, but that the single remedy is not adhered to in actual practice there is as little doubt.

These cardinal principles bequeathed us by Hahnemann are the sheet anchors of our system, on which all ought not only to agree in theory but by which all ought to be guided in practice. But, unfortunately, there is a vast difference between theory and practice, and the first material divergence is to be found in

### **The Selection of the Remedy**

In paragraph 18 of the Organon, Hahnemann lays down the fundamental principle that "*the totality of the symptoms* (objective and subjective) *is the sole indication in the choice of the remedy,*" and continues: "From this incontrovertible truth, that/ beyond the totality of the symptoms there is nothing discoverable in diseases by which they could make known the nature of the medicines they stand in need of, we ought naturally to conclude that there can be *no other indication* whatever than the *ensemble* of the symptoms in each individual case to guide us in the choice of the remedy."

Evidently there is a diversity of opinion as to what constitutes "the totality of the symptoms," or how are we to obtain "the totality of the symptoms" in order to make the appropriate selection? Every practitioner who accepts the law of the similars as his guide in therapeutics, should also accept the corollaries, as they necessarily form a part of the law in its practical application in clinical medicine, and the "single remedy" and "totality of the symptoms" are the two chief corollaries, and on their proper acceptance and application depends our best success. Every one admits the necessity of selecting the *similar* remedy, and the question may reasonably be asked, similar to what, "the totality of the symptoms" of which the patient complains, or the "pathological conditions" which go to make up what the diagnostician terms the "pathognomonic symptoms" of the disease? The basis of a prescription, all will admit, is to be found in the similarity of the characteristic symptoms of the patient on the one hand, and those of the selected drug on the other.

The symptoms of our patient may be those commonly found in a case which we diagnose as pneumonia, for instance. But all cases of pneumonia are not alike; in fact, no two cases are alike; still we may find in every case enough symptoms pathognomonic of the affection to nosologically arrange it under pneumonia. Aconite, Bryonia, Phosphorus, have actually produced in cases of poisoning, uncomplicated pneumonia, and many other remedies may do so in future. But we would not, for no better reason than the above, give one or all of these remedies in every case of pneumonia, without reference to anything but our diagnosis. Dunham says, "That those symptoms which the prescriber regards as characteristic symptoms, are not at all the same which the diagnostician regards as pathognomonic symptoms; they are not the phenomena from which the malady gets its name, those which depend upon, and indeed constitute its pathological anatomy." It is chiefly the subjective symptoms presented by the patient that form our safest guide in the selection of the remedy. It is these principally from which we obtain the data for a successful prescription.

Very few of our remedies have ever been known to produce the pathognomonic or diagnostic symptoms of disease, unless in cases of accidental poisoning, and if we were deprived of the subjective symptoms of our provings we would be no worse off than when we discard the subjective phenomena of our patient in obtaining "the totality of the symptoms."

"Cases still further illustrating this fact are to be found in the clinical records. It happens sometimes that cases of disease are cured by drugs that had not, at the time they were so used, been known to produce the pathognomonic symptom of the malady they seemed to have cured, whereas subsequent more extensive provings or observations in cases of poisoning, have shown that these drugs are capable of producing and do produce these organic changes, these pathognomonic objective symptoms." - (Dunham.) In fact, Dr. Dunham might have said

that it is to this kind of accidental clinical experience we are indebted for the introduction of many of our best remedies into our Materia Medica - Apium virus and Arnica in particular.

Hahnemann cured a case of haemorrhoidal tumors with Chamomilla<sup>30</sup>; J. B. Bell a case of pneumonia with Podophyllum; and many cases of albuminuria have been cured by Apium virus, although as yet we have no record that Chamomilla ever produced the pathognomonic tumor, Podophyllum pneumonia, or Apium virus albuminous urine. How, then, it may be asked, were these remedies ever selected, if they were selected on "the totality of the symptoms?" By the general subjective symptoms presented by the patient. Many of our most brilliant cures could be made in no other way. And Hahnemann also says that in order to obtain an exact similimum "the totality of the symptoms" must be made to include all the ailments of which the patient complained from the commencement of his illness, some of which may have occurred months or years previously. The previous history of the case, the anamnesis to which Hahnemann, Boenninghausen and Dunham attach so much importance, must often be carefully studied in order to obtain "the totality of the symptoms" in their entire similarity. Dunham says that " During the winter season, a gentleman about seventy years of age applied for relief from a dull, heavy, frontal headache, which incapacitated him from mental labor. He could give me no more definite nor characteristic description of his ailment. It was felt as soon as he waked, and lasted all day. It had annoyed him for years, more during winter, whereas during summer he was comparatively free from it. But during the summer he was frequently attacked with an 'Aloes' diarrhoea. I regarded the headache which predominated in winter and the diarrhoea which predominated in summer, as in some sort complementary symptoms, and as making up, both together, 'the totality of the symptoms,' for which I was to seek in the Materia Medica the *similimum*. I prescribed Aloes<sup>200</sup> which cured the headache, nor did the diarrhoea return as it used formerly to do whenever the headache ceased to prevail." The totality in this case meant the aggregate of the patient's sufferings, and it would have been almost impossible to have found the similimum from the peculiar "dull, heavy, frontal headache" for the relief of which he consulted Dr. Dunham - because that is a headache common to many drugs - had the characteristic diarrhoea not been taken into consideration. He must take not only each individual symptom as a fact, but by a careful analysis ascertain, if possible, its cause, history, and the complex phenomena of which it is an exponent, such as the time of its daily occurrence, or greatest intensity; its aggravation or amelioration; how it is affected by position, motion, rest, eating, drinking, the process of digestion, mental emotions or atmospheric changes, etc., etc. Hence we see that each prominent symptom of which the patient complains is, by a careful analysis, found to consist of a "totality" of lesser symptoms or modalities, without a perfect knowledge of which the prescriber will find it difficult to select his similimum. This is all to be ascertained in examining the case when the first record is made - the " taking of the case," as it is called - before he is prepared to fit the similar remedy to it.

The proper record of a case is by far the most difficult part of the duty of the prescriber, and in severe or complicated cases should invariably be written down. Hahnemann says, "The totality of the symptoms which characterize a given case - or, in other terms, the image of the disease - being once committed to writing, the most difficult part is accomplished. He can then study it in all its parts, and draw from it the characteristic marks, in order to oppose to these symptoms - that is to say, to the disease itself - a remedy that is perfectly homoeopathic." Dunham says, "To select the remedy after a masterly examination and record of the case is comparatively easy. But to *take* the case requires great knowledge of human

nature, of the history of disease, and, as we shall see, of the *Materia Medica*." The recording of the "totality of the symptoms" is not only the most difficult, but it is the first part of the duty of the prescriber. The symptoms of the patient are to be removed by selecting a drug having similar symptoms. These two facts must be fitted to each other as a glove is fitted to the hand. Of the "pathological conditions" we can never obtain an accurate knowledge without a post-mortem examination. They must always exist to a great extent in the imagination of the prescriber; and different minds may find different "pathological conditions" in the same disease. The "group" or "totality of symptoms" - the diseased condition presented by the patient is a *fact*, for which we are to find a similar *fact* in the *Materia Medica*. The "pathological condition" is largely *theoretical*, for which it would be difficult to present anything similar but a *theory* of the action of a drug. This never would meet the requirements of a law of cure, and therapeutics as a science would be an impossibility.

The case is admirably summed up by Dunham in three propositions, viz.:

- "1. The point of view from which the pathologist and diagnostician regard a case of disease, and that from which the therapist or prescriber regards it, are radically different. And inasmuch as therapeutics, as a science, have hardly received any systematic cultivation, while great and successful attention has been paid to pathology and diagnosis, it has happened that the manner in which disease has been studied, discussed and described by medical authors - contemplating it rather as a natural phenomenon to be studied and classified, than as a condition of the individual patient, for which an individual specific is to be found - has been unfavorable to the purposes of the prescriber, obscuring rather than elucidating those points which are to be his chief guides, and exalting into a position of prominence features which are to him only of subordinate value.
2. The arrangement of a *Materia Medica* on the basis of a pathologico-anatomical schema, as is desired by some, would be, first, impossible; second, useless; third, sure to mislead.
3. It is probable that while to the diagnostician, the pathological anatomy of a case is the fact of prime value, to the prescriber, the diathesis, general and special, is that to which he is chiefly to look for his indications."

### **The Single Remedy**

is the remaining corollary of vital importance to a successful application of the law of cure in scientific medicine. Polypharmacy lays it down as a rule that we must select our remedies according to the effect which each produces singly, and then combine them with reference to the effect which we wish to produce in a given case, which is usually a modification of the action of one or the other. Hydrargyrum cum creta, Calomel and Opium, and Dover's powder, are familiar examples of the prevailing practice. But this does not always work well. The scientific objection is that there is a theory at both ends; the practical objection - the bed-side objection - is that it is a failure in practice. It lacks all the elements of *scientific prevision* of which a system based on a law of cure can boast. Our *Materia Medica* is the record of the symptoms obtained in the proving of each drug individually, not in alternation or in rotation, or of two or more drugs mixed together, (not a chemical union). We have no pathogenesis of Arsenic and Nux vomica, of Aconite and Belladonna, of Rhus tox. and Bryonia in alternation, nor do the demands of science require it. Dr. Sarge says, " The practice of alternation as it

exists among homoeopaths is only another form of mixing remedies with the intention of getting an effect compounded of the action of the two or more drugs that are alternated." Given, the "totality of the symptoms" of a properly recorded case, two or more drugs cannot be the *similimum*. We have no such record in our *Materia Medica*. Suppose the case to be one of intermittent fever, where pathology can afford us no aid, some remedy is more similar to the aggregate of symptoms than any other, for the best of all reasons, that no two drugs are alike in their action. It may be Arsenic or *Natr. muriaticum*, but it cannot be both. If one be *like* the array of symptoms presented the other cannot be, as no two remedies are *identical* in their action.

Our law of the similars is a *universal guide* for the selection of the remedy, and it is the universal application which constitutes homoeopathy the "science of therapeutics." On the other hand it is absolutely impossible to formulate a rule or rules for the selection of remedies to be given in alternation. The practice leads directly to polypharmacy, routinism and theorizing; but an imperfect knowledge of our *Materia Medica* and the underlying principles of our science, combine to keep it alive.

To diagnose a case of intermittent fever and prescribe Quinine as an "anti-periodic," whether indicated or not, or to give two or more remedies in alternation, does not require either a very extensive knowledge of the history of disease or of *Materia Medica*. But to properly "take the case," obtain the individual peculiarities of the prodrome, chill, heat, sweat and *apyrexia*, so as to distinguish it from his neighbor's case in the same or the adjoining dwelling, is a very different matter. The latter may be done with scientific accuracy; the former, to say the most, is but a system of guessing.

The argument so frequently advanced by alternationists (and I have used it myself) is that of expediency, viz.: "That where I use two remedies in a given case, some other man, better posted in his *Materia Medica*, might have found one that would have covered the symptoms and cured the patient. It is not a question of what might have been; the case was mine, and I did the best I could." This answer will, no doubt, exonerate any man, both in conscience and in the eye of the law. But will not a similar remonstrance receive from the allopath and eclectic a similar reply? "I am doing the best I can according to the light I have," may justify the prescriber, but it is begging the question. What about the demands of science, or the perfecting of the noble superstructure bequeathed us by the Master? An alternating practice can never aid us to improve our present system, or guide us to a more successful application of our remedial agents in disease. On the contrary it often defeats its own aim not only in theory but practice. It is not necessary to study the antagonisms of drugs in an alternation practice, and hence we find it an every-day custom to give *Pulsatilla* and *Nux vomica* in alternation, in both acute and chronic disease, where the latter is the antidote of the former, thus preventing a cure which either remedy might effect if permitted to do its work in its own way.

*Pulsatilla* and *Lachesis* are always incompatible, and yet many an M.D. is no doubt sorely puzzled after he has carefully selected and prescribed these in alternation to find his patient worse instead of better. *Cinchona* is frequently given in alternation with Arsenic or *Ipecac*, and yet Arsenic and *Ipecac* are both antidotes of *Cinchona*. *Bryonia* is antidoted by *Nux vomica*, *Pulsatilla* and *Rhus tox.*, and yet daily, if not hourly, each of these remedies is given in alternation with *Bryonia*. *Belladonna* is complementary to *Calcarea ostr.*, *Arnica* to

Aconite, Apium virus to Natrum mur., Ferrum to Cinchona, and yet they are alternated daily without any reference to the complement. Coffea is inimical to Ignatia, Nitric acid to Lachesis; and when a case is not relieved or suddenly becomes worse under their alternate use, some other explanation is found or sought after than the real one.

The modalities of a remedy often serve to distinguish it from others very nearly allied, and it is on these that its chief value depends. In typhus, typhoid, cholera, cholera morbus, gangrene, etc., the amelioration or aggravation by heat serving to individualize Arsenic from Secale cornutum; the sufferings of the former being relieved, while the latter are made unbearable by heat. But this is of no service to the alternationist; he prescribes them in the old way and at the same time, never heeding the admonition of Hahnemann that in order to obtain the highest possibilities of the law we must *individualize*, not generalize in our practice. We should select the remedy for the sick man; not turn loose several remedies in the system at the same time, trusting the selection to nature and ignoring the injury done by the non-indicated. It is not the Materia Medica that is at fault - imperfect or unreliable - so much as the manner of using it. Neither is it the number of works of Materia Medica we study, so much as the manner of studying them, that will enable us to become accurate prescribers with a single remedy. The provings are sufficiently reliable, if we will accept their simple data, and apply them after Hahnemann's method, instead of searching for some theory of action, on which to base a theory of cure.

It is child's play for a practitioner to appeal to "the imperfect condition of the Materia Medica," as his excuse for adhering to or continuing in the practice of the demoralizing routinism of alternation. It would be far more manly and honest for him to say frankly, that it is a want of knowledge of the remedies which have been verified in practice for more than half a century, and with which other practitioners of no greater attainments in their profession succeed. Whatever the excuse may be, the real reason is to be found in the significance we attach to the technical term *disease*. Whether, with Hahnemann, we mean by *disease* "the aggregate of the symptoms" presented by the patient which are characteristic of his particular affection, or whether with the dominant school we apply to it a definite pathological change of the function and tissues of some organ or organs, will depend the prescription of a single remedy or the alternation of several.

### **The Minimum Dose**

May be defined as the least quantity of the drug required to cure a case. The cure of the case is the object for which the drug is given, and as there is force enough in the drug to eradicate the disease for which it is given, more than enough to cure is not only unnecessary, illogical and superfluous, but may be, and Hahnemann assures us, often is a source of positive mischief to the patient. The curative effect of the drug is all that science demands. Hence it was that Hahnemann in his search for some method of applying the similimum without the inevitable aggravation, made his greatest discovery, *potentization*. No matter how many claimants to the honor of the discovery of the law of cure time may bring forth, to Hahnemann alone belongs the honor of the discovery of potentization. The crowning glory of his life-work is the successful application of attenuated remedies to the law of the similars; and the much abused and derided "infinitesimal dose" of the past, whose action we have as yet been unable to explain, (and for that matter we cannot yet explain the action of the crude dose) now bids fair to take a front rank in the scientific discoveries of the century.

To the practitioner, the value of this discovery in his daily labors is priceless. How incomplete would be our armamentarium, especially in the treatment of chronic diseases, without such agents as Alumina, Calcareo, Carbo. veg., Graphites, Lycopodium, Natrum mur., Sepia, Silicea - and we might include almost the entire list of the metals - for whose curative power we are indebted to Hahnemann's discovery of attenuation! It is to this discovery, more than to any other, Hahnemann was indebted for the successful application of the law of cure in the field of clinical medicine, and which many of his professed followers are slow to adopt. To our brethren of the dominant school it has not only been an "unknown quantity," but a stumbling block to investigation; and it may seem strange that if this discovery is all that is claimed for it, why it has not been more generally adopted by the homoeopathic school. While it is an undoubted fact that it has been neither universally accepted in theory nor adopted in practice, it is at the same time susceptible of a reasonable explanation. Our school, from its rapid growth, has necessarily been largely made up by accretion. Converts from the dominant and other schools of practice being first attracted by the comparative success at the bedside, have accepted the law of cure and begun the practice of homoeopathy as Hahnemann began it, with crude drugs. Bringing with them not only their prejudices against any innovation in therapeutics, and fortified by the teachings of some of "the disciples" that the dose has "nothing to do with the acceptance of and belief in the law of the similars," but also the erroneous method of selecting the remedy, it has been not only a slow but difficult process to abandon the partial manner of selecting the remedy for Hahnemann's inductive method. The school in which they had been educated knows no law, no guide. Faith in the authority of teachers, the recommendations of textbooks, or the traditions of the school, is with them the substitutes for a law of nature; and they look for no other or better motive for the use of a remedy. The experiments (so-called) which they undertake lack all the vital elements of science, and the absurdities into which these experiments betray them are not calculated to foster a repetition. And yet the entire question of the dose, in all its details, is the result of observation and experience; and it can be settled in no other way than by actual experiment. Theory, or belief, or logic, or reason has no more to do with it than with the experiments in practical chemistry. Experiment demonstrates that the union of oxygen and hydrogen - the supporter of combustion and the most combustible of known substances - produces water; and yet by what process of reasoning could we arrive at such a result? The efficacy of the potentized drug is vouched for by innumerable witnesses who have put it to the test of actual experiment, and the large majority of these witnesses have used the crude drug as well.

After having given both kinds a fair trial in practice, their testimony is certainly worthy of as much weight as those who have tried but one. Wurmb and the Vienna provers were honest in their objections to the efficacy of the potentized drug; and prejudiced as they were, not only proved Nat. mur. in the 30th attenuation, but testified to its superior efficacy in the treatment of the sick. Wurmb, himself, after ten years of experimentation, declared in favor of the superior results obtained by attenuated remedies. His patients recovered in a shorter time, the convalescence was likewise shortened, and the entire results much more perfect and satisfactory. Wurmb's mode of proceeding is the only scientific and safe one for any investigator, viz., to test by actual experiment the question under dispute. It is by this crucial test only that differences may be reconciled and true progress made. It is to this method that we are indebted for the *Materia Medica Pura*, which might still have been an incongruous mass but for the experiments of Hahnemann. After two thousand years of theory and discussion the thinking minds of the medical profession are beginning to unite in the

settlement of this mooted question, on the basis of experiment. But every experiment is as yet flanked by prejudice.

Hahnemann says, " It is of little import whether the attenuation goes so far as to appear almost impossible to ordinary physicians, whose minds feed on no other ideas but what are gross and material." Molecular physics informs us that in whatever number of parts we may divide a body, each portion still retains a small part of the original substance, and the most inconceivably diminutive portion never ceases to be something, and can never be reduced to nothing. With our present methods of investigation, the ultimate structure of the atom is beyond the "ken" of the most learned scientist. In theory, by way of illustration, we divide the mass into molecules, and the molecule into atoms: but the limit of the divisibility of matter is bounded by our standards of measurement. An improved lens has recently enabled the microscopist to detect particles of Aurum met. in the tenth decimal trituration, where a few years ago he could only see it in the sixth. But this does not in the slightest degree increase the efficacy of the tenth trituration in the field of clinical medicine, nor render it one whit easier to prescribe Aurum in a given case of disease. Seeing is, in some instances, supposed to be believing; yet how many believe in the curative power of Aurum met. <sup>30x</sup> in disease, who never have been and never may be able to see an atom of the drug in that trituration? Our senses of sight and hearing are constantly misleading us, and unless aided in their work by artificial means, nature's arcana will long remain a mystery. Under the test of Mitscherlich, Phosphorus is visible to the naked eye in a quantity less than the 1/100000 of a grain; "yet this gave a luminosity many times greater than would have sufficed to recognize its presence with absolute certainty." (Wormley, p. 203.) Yet this is only the fifth decimal, and many have seen prompt curative results from the 30th attenuation of Phosphorus, although as yet chemistry may not be able to reveal to our vision any luminosity from this attenuation.

By Reinsch's test, the 1/1000000 of a grain of metallic Arsenic may be recognized by its angular measurements, under a power of 150 diameters. (Wormley, p. 273.) This is the ninth decimal attenuation, and yet the 1/1000 of a grain would be invisible to the naked eye.

Under the Copper test, with an eighth inch objective, a globule of metallic Mercury may be distinctly made out, "measuring only the 1/25000 an inch in diameter, and weighing about the 1/9000000000 of a grain." (Wormley, p. 341.) Nearly the 10th decimal attenuation.

By the means of spectral analysis, Kirchoff and Bunsen estimate that they distinguished the 1/200000000 of a grain of Sodium. Both Marshall Hall and Wormley found that 1/15000 of a grain of Strychnine, would produce the physiological effects of Strychnine upon healthy frogs, but it required favorable circumstances, that is, the spring of the year.

In order to obtain the best practical results in the application of the law of similars to the cure of the sick, many of the best thinkers and best practitioners which our school has yet produced, from the time of Hahnemann to the time of Hering, have considered it necessary to administer the remedy in a dose at least as minute and imponderable as the quantity of the original disease producing cause. Has the finest balance, the most powerful microscopic lens, or the most searching chemical test, ever been able to ascertain the least quantity of the morbid agent which produces scarlet fever, rubeola, variola, intermittent fever, typhus, cholera, &c.? Some years ago M. Chaveau presented the French Academy with the results of his experiments with Vaccine virus, in the dilutions, in which he says: "I inoculated the same

subject simultaneously, upon the skin by the ordinary methods, in one place with pure vaccine matter of good quality, and in another with several vaccinal dilutions, formed with the same virus, diluted in a quantity of water gradually increasing. Care was taken with each series of inoculations, to make the same number of punctures and always to charge the lancet with the same quantity of liquid. These experiments have been very often repeated, in such a manner as to test the activity of the vaccinal humors, diluted to the greatest number of degrees possible. Thus, I have come in my last series to inoculate the vaccine fluid diluted in 150 times its weight of water. In general, the first dilutions manifested as much activity as the pure vaccine matter. The vaccinations made with matter diluted in from two to fifteen times its weight of water, were, in fact, successful nearly every time. Setting out from the 50th dilution, however, the inoculations failed pretty generally. I have, however, in one case, obtained a pustule upon ten punctures made with vaccine matter diluted in 150 times its weight of water." He, however, accounts for his many failures under the use of the highly diluted virus, by the fact that no "virulent corpuscles" happened to be on the point of the instrument in these cases, but does not for a moment doubt the efficacy of diluted virus to inoculate, because he adds, "in injecting the vaccine virus, diluted to no matter what degree, into the circulatory apparatus, the subject of the experiment is infected, without fail (a coup sur). One of the most beautiful artificial specimens of horse pox which I have obtained, was produced by the intravenous injection of 8 milligrammes of vaccinal serum, diluted in 400 times its volume of water."

Thus we see, that in the dominant school of practice imponderable quantities of matter are used in vaccination, to check the spread of the small pox virus, in combination with the organism; but they cannot be prevailed upon to put to the test of actual experiment, the same imponderable quantities for the cure of disease. This experiment is only an empirical accident; they cannot be induced to see the underlying law of the lower stratum. To the dominant school empiricism is easily comprehended; but a law of nature, an infallible guide in therapeutics, is totally incomprehensible.

Hahnemann says: "Mathematicians will inform them that, in whatever number of parts they may divide a substance, each portion still retains a *small share* of the material; that, consequently, the most diminutive part that can be conceived never ceases to be something, and can, in no instance, be reduced to nothing. Physicians may learn from them that there exist immense powers which have no weight, such as light, heat, electricity, magnetism, attraction of gravitation, and which are consequently infinitely lighter than the medicinal contents of the smallest homoeopathic doses. Let them weigh, if they can, the injurious words which excite a bilious fever or the afflicting news of the death of a son, which terminates the existence of an affectionate mother." Is it not true that Hahnemann "builded wiser than he knew" when he discovered the process of potentization? And now, after nearly a century of dispute, assertions on the one hand and denials on the other, science, by means of Hip's Chronoscope, bids fair to demonstrate the truth of Hahnemann's posology by Neural Analysis. Prof. Jaeger, of Stuttgart, has been conducting, for a year past, a series of experiments which he calls Neural Analysis. He was a non-believer in the efficacy of the attenuated remedy, hence unbiased in its favor. He reports his observations as facts, and leaves others to draw their conclusions. He says, "Each individual has a peculiar something about him which distinguishes him from all other individuals; and that this Neural Analysis measures." All his homoeopathic experiments were conducted by inhalation of the remedy. He selected Aconite as one of the most frequently used of homoeopathic remedies, in potencies from the mother

tincture to the 200th; Thuja, because it had the reputation of having peculiar strength in the higher potencies up to the 1000th; Natrum mur., because the alleged action of the potencies was the most incomprehensible up to the 200th; and Aurum, because regarded as insoluble in alcohol up to the 500th.

In all these experiments the most marked results were obtained from the higher attenuations; in Aurum from the 500th, Natrum mur. from the 2000th, and Thuja from the 1000th. "An allopathic physician, Renz, affirmed that he was able to distinguish not only between Aurum<sup>500</sup> and Natrum mur.<sup>2000</sup> and pure alcohol, but even between the two medicines, the former affecting his lachrymal apparatus, the latter the organ of taste."

The chronoscope promises to do for the nervous system what the microscope and spectroscope do for the eye in the field of science. Thus we progress in scientific knowledge, each year giving us positive knowledge of what we only previously surmised, and clearly demonstrating that we must lay aside our prejudices and by actual experiment try if we can settle the vexed question of the divisibility of matter, or arrive at a definite conclusion as to the action of the attenuated remedy. Every advance in science only serves to make more intelligible the posology of Hahnemann, while it scatters to the winds the speculative theories of the dominant school. While the increased perfection of the instruments we use in our investigations may render a previously supposed atom a molecule, or a molecule a mass, and change entirely our ideas of the "infinitesimal," it will not render it one whit easier to prescribe Aconite, Aurum, or Nat. mur. We may be able scientifically to demonstrate the power or the action of the attenuated remedial agent, which with an imperfect means has hitherto been undemonstrable, but it only serves to brighten the lance with which Hahnemann pricked the bubble of empiricism.

No man ever criticised reports of the action of attenuated remedies more keenly and ably than Dr. Watzke; but he had both the courage to lay aside his prejudices, and the honesty to subject the attenuations to the test of experience, and died substantially a believer in the efficacy of the attenuated remedies.

So, also, the Vienna provers, putting aside their prejudices, found that the 30th attenuation of Natrum mur. had the power to produce and to remove symptoms which the crude substance and the lower attenuations did not exhibit. More than twenty years ago, Hering said, "There will always be a large number of physicians who either do not understand, or will not learn how to select for each particular case the one only proper medicine, and such will always find it more comfortable to employ massive doses. There will always be, perhaps, as large a number on the other hand, who will by and by know how to hit the nail upon the head, and they will learn to prefer the high potencies. Even Hahnemann himself required more than a score of years to learn this. As through war we come to the possession of peace, so in the world of science through conflict and trial we come to the possession of truth."

The only remaining question pertaining to posology is intimately related to the highest development of the science of therapeutics. It is also one to which very little attention has been given by the followers of Hahnemann, viz.:

### **The Repetition of the Remedy**

Hahnemann's attention was first called to the repetition of the remedy while he was engaged in drug proving, but it was not until many years afterwards that this most astute observer, with his unrivalled powers of observation, saw the necessity of adopting it in practice. On page 199 of the Organon, he gives us our best rules of repetition, and they are just as correct and just as reliable in clinical medicine to-day as they were the day they were written.

He says, " I have recommended that a single dose of a well-chosen remedy be permitted to complete its operation before a repetition of the same or an administration of another remedy - a doctrine which was the result of certain experience, it being ascertained that too large a dose, even of a well-selected remedy, or what is the same thing, numerous small doses repeated in quick succession, rarely ever effected the greatest possible benefit in the cure of diseases, and particularly of the chronic."

So long as improvement continues, *the dose should not be repeated*. This is our best guide in practice, whether the disease be acute or chronic. Moreover, every practitioner knows that the susceptibility of the system becomes lessened by a too frequent repetition of the drug. This is illustrated every day by the habit of using Morphine, Arsenic, Tobacco, by Malarial influence, etc., etc., in which the system becomes accommodated to the changed condition.

In practice, the repetition of the dose, like the truth of the law of cure, or the superiority of the single remedy, must be a question of experience. Those who have never put the law or any of its corollaries to the test of practical experience, must know just as little of one as of the other. Either of them may appear to be opposed to all our preconceived theories of drug action, and yet be true. We may be unable to solve their modus operandi by any process of reasoning, and still each may remain a fact. Should we allow our prejudices to prevent a practical test? On the other hand, those who have verified the law by the crucial test of experience, but have carried their investigations no farther, can have no actual knowledge of the efficacy or the truth of the corollaries, hence their testimony is worthless in a scientific point of view. Such men as Hahnemann, Gross, Boenninghausen, Dunham, whose varied acquirements and venerable experience give weight to their testimony, assure us that the best attainable success is to be had without a too frequent repetition of the drug.

From the well-known action of morbid forces in the production of diseased conditions, we may reason that the repetition of the antidote (the similitimum) may likewise be unnecessary. A single dose of Variola, Scarlatina, Rubeola, Diphtheria, Yellow fever, Pertussis, etc., we believe to be efficient in the production of its kind. Neither do we require to vaccinate our patients every three hours to secure the effect.

Puerperal fever may be conveyed to the patient by a single visit, and so may Typhoid or Intermittent be obtained at "a single sitting." If disease be capable of propagation by a single dose, why may not the remedy for its eradication be exhibited in the same manner? The frequent repetition of our remedies in practice is an inheritance bequeathed us by allopathy, and in many cases retained in deference to the prejudices of our patients. A more thorough knowledge of our Materia Medica, and a more extensive experience, may, in the future, enable us to abandon many of the inconsistencies which we have inherited from our allopathic brethren, and follow more closely the strict demands of our law of cure, the "science of therapeutics." Meanwhile may not the portrait of Hahnemann, suspended against the walls of our offices, which, whether in light or sombre coloring, looks down upon us with a pathetic plea against a hasty or severe judgment of any fellow practitioner for his interpretation of the

law of cure or its mode of application in clinical medicine, until, in the great illumination of the eternities, we may know more of how the elements have mixed and mingled to make those on whom we are tempted to sit in severe judgment, *such as they are?* It bids us remember, in judging of many things, that now we see as "through a glass darkly," and inculcates a lesson of patient waiting until the *then*, when we may perhaps see face to face."

(Henry C. Allen, M. D., Prejudice - The chief obstacle to the scientific investigation of posology in clinical medicine, Transactions of the thirty-fourth session of the American Institute of Homoeopathy (1881), p. 211-230)

## 1890 - Pyrogen

### Case 1

"In August, 1888, N. B., a child of four years spent a few weeks at his grandmother's in Detroit, in whose residence the sewer pipes and plumbing were being repaired. September 3d, a few days after his return, he was attacked at 2 A. M. I was called at 5 A. M. and found the following :

Vomiting and purging; stools profuse and watery. Cold extremities, cold ears and nose ; forehead bathed in cold perspiration. Tongue heavily coated, yellowish gray fur ; edges and tip very red. Great prostration. No pain or cramps.

Veratrum, 1 m., in water, a teaspoonful after every attack of vomiting, which would average about ten minutes.

Saw him again at 8 A. M. Could not take the medicine in water < the vomiting. Vomiting and purging no better, though the stool was not so profuse. The coldness and prostration were marked and the pale face was bathed in cold sweat. Great restlessness, mental and physical. Pulse 140, feeble and wiry; temp. 99. Great thirst for small quantities, but the smallest quantity was instantly rejected by the stomach.

Arsenicum, cm., three powders, one every half hour, then Sac. lac. until I saw him.

12:30. No improvement. Pulse 160, weak and thready. Nausea and vomiting persistent, and the stool though not so profuse as in early morning was now horribly offensive - a carrion-like odor. Face pale and sunken, and bathed in cold perspiration. The tongue was dark red, and devoid of the heavy coating of the early morning. Intense thirst, but water < both vomiting and purging. No pain.

Carbo V. 1 m. every 15 minutes for four doses, then placebo.

4 P. M. No improvement. Patient evidently sinking, impossible to count the pulse. The symptoms being unchanged, except for the worse, especially the odor of the stool, I gave him Baptisia 200, in solution of alcohol and water, every half hour, but at 8 P. M. there was still no reaction from the evidently downward course.

Thinking perhaps that sewer gas poison may have been a factor in the cause and the clean, fiery red tongue, persistent vomiting and purging and the horribly offensive odor of the stool with entire absence of pain, called my attention to the report of a case in the Homoeopathic World, by Dr. Burnett, cured with Pyrogen.

Pyrogen cm., two doses, dry on the tongue, and placebo gave prompt and permanent relief."

## Case 2

April 24, 1890. Elsie B., age 14, could not go to school.

Had complained for a week of feeling tired, but in every other respect was well, she said. Her father on application of thermometer found the temperature 102, pulse 108, and was alarmed.

I found her tongue abnormally red, with a very thin white fur at base, but no symptoms.

As she had had a slight epistaxis in the morning and the genus epidemicus at the time being Bryonia, I gave her a dose of the 1 m. and left Sac. lac.

There was no further nasal hemorrhage and a conspicuous absence of symptoms ; yet pulse and temperature continued to rise each day reaching 120 and 104 ½ respectively, while the tongue was dark red and very dry, but without thirst.

She took Sac. lac. for a few days, waiting for symptoms on which to hang a prescription.

As they declined to appear and suspecting sewer gas as a cause, Pyrogen, one dose, was given and she rapidly recovered.

An examination revealed a defective pipe in the basement."

(Henry C. Allen, M. D., Pyrogen, Proceedings of the International Hahnemannian Association 1890, p.360-361)

## 1894 - Cholera infantum hints

"In my experience the two points of chief importance in the management of this dreaded affection of childhood are, First: *The hygiene of the patient*. Second: *The psoric diathesis*.

If the child has been fed on artificial food, and the majority of cases have been, remove the source, or one source of irritation by substituting for the food hot water for twelve, twenty-four or even thirty-six hours. Give the irritated mucous membrane of the digestive tract, a rest, *absolute rest*, for a time to be determined by the reactive power of the vital force of the patient. No danger of exhaustion or loss of strength. When feeding is resumed, change the food for one adapted to the changed conditions of the patient.

The chief difficulty in the medical treatment consists in the fact that the selection of the remedy is necessarily confined to the objective symptoms alone. The indicated remedy should be carefully chosen and a dose given. If no marked improvement occurs in a few hours and the symptoms remain unchanged it may be repeated, or given in water after every stool. But if the indicated remedy fails a resort should at once be had to the antipsoric - Calcareo, Sulphur, Iodine, Psorinum, Silicea, etc. - according to constitutional indications. When the indicated remedy fails the cause is generally in some constitutional miasm present in the patient."

(Henry C. Allen, M. D., Chicago, Dean Hering Medical College and Hospital, Cholera infantum hints, The Medical Century vol. 2 (1894), p. 391

## 1894 - Salpingitis

"The above term designates an affection that is not uncommon, and is chiefly of interest to the true follower of Hahnemann, because considered by the other schools of medicine, and by the large majority of homoeopaths, as incurable by constitutional methods. It is consequently relegated to the *dernier* resort, surgery.

CASE I. - The following case is of interest only because of the diagnosis of one of the leading gynecologists of New York, a professor in the New York Post Graduate School, and after a consultation, a fatal prognosis without an operation. This was verified by two of the leading gynecologists of this city, to whom the patient was sent on her removal to Chicago. She was

preparing for an operation when sent to me. The tumor was diagnosed "a pus pocket in the left ovarian tube as large as a lemon," and "liable to rupture at any time."

October. 1892. Mrs. L., aged 37, black hair and eyes, dark complexion, and a well-developed though slight figure. Married nine years; two children. Had suppurative tonsillitis all her life; each attack would last three weeks, and all but one terminated in suppuration. When menstruation occurred at 14, took cold when bathing, which terminated in typhoid; under allopathic treatment made a slow recovery. Menses irregular; too early or too late; profuse, protracted, *offensive*, acrid, > bathing. Terrible nausea during entire pregnancy. Had uterus curetted for a dead foetus a year ago. This was followed by abscess in right thigh. Blowing in right ear > in open air. Sleepless after midnight. Letters blur when reading; has hypermetropic astigmatism.

Psorinum 42m., one dose, was followed by marked improvement.

In January 1893, had her first attack of tonsillitis, a short, mild attack without suppuration. Treated by Dr. King. Has had no trouble in left ovarian region for last month; menses more normal than for years, and has been quite regular.

February 21. The menstrual flow at last period was more profuse, *offensive*, and acrid. She does not feel so well generally.

Psorinum c. m., one dose.

Improvement began at once and continued until warm weather of May, when she was greatly prostrated by the change of weather. Was weary, languid, sleepless; tongue heavily coated; no appetite. But menses remained normal and there was no return of the ovarian pain nor the tonsillitis.

May 3. Psorinum c. m.

June 3. Reported in good health. No return of ovarian irritation, and the fatal prognosis has been indefinitely postponed. What has become of the pus pocket?

CASE II. - Mrs. F., of St. Paul, aged 37, tall, graceful woman, fair complexion, active and energetic. Grandmother died of cancer. Mother died of some stomach disease. Menses appeared at 11; has always suffered at the period; pain generally so severe as to cause nausea and vomiting; lips and nose cold and blue; bathed in cold perspiration. Flow profuse, dark, clotted, in gushes, protracted, hot in passing over parts. Weak and exhausted for days after the effort. Backache before and during [menses] < by mental excitement. *Grief* from loss of husband and sister, from which she has suffered for years. Suppressed leucorrhoea. Left ovary enlarged, size of orange, prolapsed, sensitive to touch and pressure; burning pain; pricking, like pins. Breast sore and painful before menses. Constipation: inactivity of bowel; large quantities of flatus; long lasting pain after stool. Wakens early in morning. Despondent on waking. Cold: suffers from it; head cold at night, must be covered; feet and hands cold. Gastric pain < after eating, belching, air comes up with a rush. Easily worried, < mental emotion.

One homoeopathic and two allopathic specialists in St. Paul, and two homoeopathic specialists in Chicago advised removal of the ovaries as the only hope of a cure, but she is improving very rapidly and bids fair to carry her appendages with her for years to come.

The case worked out by Guernsey's Bönninghausen showed this result. Nux 52, Lyc. 40, Sep. 37, Ign. 38, Phos. 36, Bry 32., Calc. 32.

January 26. She received Nux [vomica] m. m. (Tafel) one dose dry.

February 21. Reported that she had passed a comparatively painless menstrual period, the first in many years. But on taking a new photograph of the case, instead of the remaining symptoms calling for Lyc., Sep. or Ign., the remedies standing highest in value after Nux at the first prescription, they now called for Sulphur, the complement of Nux. The patient was greatly discouraged because of a return of many of her old symptoms, from which she had suffered before her marriage and which she had been assured would never return after childbirth.

March 31. Has passed a painless period and was not conscious of the existence of an ovary.

May 8. Has much gastric and abdominal flatulence for last two weeks with at times severe on in right iliac region, sensitive to touch, < by pressure. Lyc. c. m., one dose.

She is now attending to her ordinary duties without inconvenience and the dreaded laparotomy has been postponed.

CASE III. - March 31, 1893, Mrs. A., aged 34, was sent to me by Dr Winans of Mexico, Mo., for examination and treatment. She had all her life been under allopathic treatment until she came under his care six months ago and, despite careful prescribing on his part, she failed to improve. About ten years previous she was married and had one child, now living. But she soon became infected with syphilis, and later with gonorrhoea, cured by allopathic methods, and followed by the usual complications. Menstruation became so painful as frequently to simulate convulsions, for which she received morphine, chloral and the usual palliatives. My colleague, Dr. Boynton, examined her with me and unhesitatingly pronounced it a spoiled case, for which in his opinion nothing but the knife held out any hope of relief.

The pains in the ovaries were severe all the time, but greatly < at the menstrual nismus. Pains burning, cutting, stabbing, migrating to chest, head and especially the heels, which were numb and excessively painful. She was despondent, suicidal, changeable. Could not bear to be alone. Haughty, commanding; at other times apprehensive, weeping, dreading the recurrence of the period. Constant burning in uterus. Menstrual flow black and scanty. Blue leucorrhoea. Suddenly waking up from sleep. Bladder irritable; frequent micturition. Headache and gastric symptoms alternate. Wakeful after midnight; unrefreshing sleep.

For this condition the principal remedies were. Acon. 19, Puls. 20, Ign. 22, Lyc. 27, Plat. 31.

Platinum 1 m and c. m. gave some relief for two or three weeks; then a relapse to the old condition from which I was never able to give any relief, although I "took the case" again and again. For three weeks she insisted on having the ovaries removed, and "if it could not be done in this hospital, it would be in some other." I had, after two months of careful treatment, utterly failed to afford even temporary relief. It was, in my opinion, "a spoiled case." Syphilis, sycosis and years of drugging engrafted on a psoric base. I looked upon it as a spoiled case, entirely beyond immediate relief. Her stay was limited, she was under considerable expense, was anxious to return home, and had been assured in other hospitals in Chicago and St. Louis that an operation would give her relief. Towards the end of May Dr. Boynton performed laparotomy. He can explain the result.

Dr. Boynton: The woman was thoroughly poisoned, both from a syphilitic standpoint and from a drug standpoint. She had been salivated and had lived for months on opiates. I found the left ovary enlarged and otherwise abnormal. The Fallopian tubes were also badly diseased. The left tube and ligament were very much shorter than the right, so that it was very

embarrassing to reach them and ligate the stump. The tissues were tender so that the cord cut through and had to be placed lower. In the lower part of the broad ligament there were extensive adhesions so vascular that any attempt to break them up would be attended with serious hemorrhage. This it was not deemed advisable to do. The wound was sewed up, and the patient put to bed. She did nicely at first, the temperature averaged about 101°, and did not go higher than 101 2/5°. I had to be absent on the fifth day after the operation, and when I came back found a remarkable change for the worse. Temperature high and delirium. The second night after my return she died. The afternoon before the aggravation her brother came in to see her; whether that had anything to do with it is a question I cannot answer. The patient was thoroughly poisoned from beginning to end from mercury, opiates, syphilis and gonorrhoea.

### DISCUSSION

Dr. C. W. Day: I should like to ask, is an operation rendered extra hazardous by the patient's being addicted to opium.

Dr. Boynton: Yes, sir. Dr. Tait will not operate upon a patient who has been addicted to the opium habit, nor will he allow the use of opium after an operation. Dr. S. took his wife to Birmingham, England, to the home of Dr. Tait, for an operation. After the operation Dr. Tait said, I have only one request to make, and that is that you give no opium. No promise was made, and Dr. S. persisted in giving opium, and on the seventh day the woman died. Dr. Tait said that such a result had been traced by him many times to opiates.

Dr. J. B. S. King: In regard to the first case reported in Dr. H. C. Allen's paper, I think Dr. Allen forgot to mention that during this treatment, a rash developed on the face, identical with one that the patient had had twelve years before, also that she had been subject to recurrent attacks of local peritonitis.

Dr. Tomhagen: Was there any discharge of pus during the treatment?

Dr. H. C. Allen: Not that I know of.

Dr. Hawkes: I had a very similar case, that had been under a distinguished homoeopathic surgeon's treatment in New York. She came home no better, and was put under my care. She got well enough to ride around and be pretty comfortable, which was a great improvement over her previous condition. I heard recently that her husband took her to a couple of specialists, who made a diagnosis of pus in the fallopian tubes and removed one or both ovaries. I am sure her condition was curable, and that there was no good reason for such an operation.

Dr. H. C. Allen: When I get a patient with a history of suppurative tonsillitis frequently recurring, or when I get a patient who has had typhoid fever under allopathic treatment, I always consider Psorinum.

Dr. Hawkes: I think it is the doctor's fault, or an evidence of bad prescribing, when a case of tonsillitis goes on to suppuration. It can always be stopped, according to my experience, with the indicated remedy.

Dr. Waddell: I cured a case with Sepia, that probably would have been considered by most physicians as a surgical one. It was not of so serious a nature as those just spoken of, nor was a diagnosis made by old-school specialists. The woman came to me complaining of a lump or tumor on the labia. She had been confined about a year before, and she had first noticed the

tumor about three or four months after confinement. She was very positive in her diagnosis. Two doses of *Sepia* cured her.

Dr. H. C. Allen: Last February I treated a case of ordinary measles, apparently. The eruption was well developed, lasted five days, with the usual symptoms, and under *Bryonia* made a good recovery. The child was up and well for ten days. Then the cough and coryza of measles began again, followed by another eruption of measles, lasting as before for five days. This terminated in an abscess at the inner angle of the left eye, which under remedies discharged itself, leaving no scar. About three weeks after the left parotid gland began to swell, it got as large as a goose egg, very hard and dense. I could make nothing out of it except an enlarged gland. After a little it pointed as large as a hickory nut, and I gave the child a dose of *Hepar*, quite certain it would rupture a few hours after. After a few days I called again and was astonished to find the whole thing had gradually disappeared but the child's tongue was red, smooth, and shining, marking the absorption of pus. A dose of *Pyrogen* brought the patient to a normal condition.

Dr. Waddell: I had a case of *crusta lactea* in an infant for which I prescribed *Rhus*. The child was very restless, and I found the mother during pregnancy had been thoroughly soaked in rain. The eruption went away and a severe attack of cholera set in, which threatened to be fatal. A dose of sulphur cured the diarrhoea and the eruption both.

Dr. Pease: A young lady, very thin, of dark complexion, had scarlet fever in her thirteenth year. She had been very sick during the eruptive stage, had severe throat involvement and a tedious convalescence, including post-scarlatina dropsy. Since that time she had been troubled with obstinate constipation, back ache, and a dry scaly skin. I prescribed *Graphites*. Three days after I was sent for in great haste, and found that the night before she had been taken with severe sore throat, beginning on the left side. A rash had appeared on her neck, and spread rapidly to face, shoulders, and back. She passed right through a typical case of scarlet fever, followed by swelling of feet and ankles. The temperature was not above a hundred at any time. Since then the constipation and back ache have disappeared."

(Materia Medica Club of Chicago, Henry C. Allen, *Salpingitis*, *The Medical Advance* vol. 30 (1894), p. 136-142)

### **1894 - *Symphytum* and analogues**

"Owing to meagre provings and an almost entire absence of clinical data in our current literature very little is known of the wonderful remedial virtues of *Symphytum* in certain forms of traumatism.

It is to the bones, periosteum and dense and fibrous tissue what *Arnica* is to the soft parts. *Arnica* is frequently disappointing because indiscriminately given for *injuries*, irrespective of symptomatic indications.

The following symptoms appear to be guiding:

Pain - pricking, sticking, jaggling, as if the rough or sharp ends of bone were sticking into the soft tissues.

Pain remaining in periosteum after soft parts have healed.

Irritable stump after amputation.

Irritability of bone at point of fracture.

Non-union of fracture, when trouble is of nervous origin; periosteum sensitive, painful.

Severe pain in globe of eye after an injury by an obtuse body or blunt instrument; a snowball strikes her eye; a cane or point of umbrella injures the globe; an infant thrusts its fist into his mother's eye, the soft part remaining intact.

I have long since ceased the use of *Arnica* in injuries of the eye, *Symphytum* having given such prompt and permanent relief.

The characteristic pains are guiding.

'When the bone or periosteum has been injured and the soft parts have recovered from the bruised soreness under *Arnica*, the remaining pain and soreness of periosteum may be promptly relieved by *Symphytum*.' (Lippe)

I call attention to the fact that in traumatic injuries of the bone or periosteum, e. g., a blow on the face by a snow-ball or anything else, the only remedy I have ever seen efficient is *Symphytum officinale*.

I have had bad cases where Homoeopaths have tried *Arnica* and everything else; and despite all remedies used the inflammation and pain continued.

In every instance I have cured them with a single dose of *Symphytum*.

I have used it these many long years, with complete success.' (Lippe)

'Mrs. I - , while crossing her yard one evening in the dark, stepped on the edge of a piece of scantling, which rolled and she turned her ankle.

In a few minutes the ankle began to swell and became painful, which rapidly increased so that in an hour or two she was in great agony; she declared her leg was broken; was certain she could feel the rough ends of the broken bones jutting into the flesh; could not bear to have anyone approach her for fear of being hurt (*Arnica*).

There was no discoloration whatever.

*Symphytum* promptly relieved, so that she went about her usual duties in forty-eight hours.' (Fowler)

The following comparisons may aid in differentiating traumatic remedies:

<b>Arnica</b>	<b>Hypericum</b>
Injuries to the soft tissue	Injuries to periosteum, bone, nervous, or fibrous tissue
Painful swellings with discoloration of parts	Painful swellings without discoloration of parts
Pain - sore, bruised, lame	Pain - pricking, sticking, jutting, as if into soft parts
Fears being touched by persons coming near him	Fears being touched by persons coming near him

### **Staphysagria**

Mechanical injuries: from sharp, cutting instruments; incised wounds, after surgical operations, especially of abdomen; laparotomy; ovariectomy; lithotomy; glass.

### **Calendula**

Lacerated wounds, with or without loss of substance; wounds of articulating surfaces, or clean, surgical incisions; to promote healthy union and prevent suppuration or arrest gangrene; extensive loss of soft parts where wound must be unite by granulation.

### **Ledum**

Punctured wounds by sharp-pointed instruments, as awls, nails, rat bites, insect stings; pain or other symptoms appear remote from seat of injury; spasms and trismus; parts cold, objectively and subjectively.

### **Rhus toxicodendron**

Sprains of single muscles, or groups of muscles, from sudden, violent effort; lifting heavy weights; stretching arms high up to reach things.

Pain as if muscles were torn from bones, or as if bones were being scraped, worse at rest and on beginning to move; better by continued motion.

### **Hypericum**

Punctured, incised, contused or lacerated wounds, by nails or splinters in feet, slivers or needles under nails; squeezing, mashing or hammering of toes or fingers; injured parts rich in sentient nerves, as fingers, toes, matrices of nails; where nerves have been torn or lacerated, with excruciating pains which spread to distant parts or extend up the limb.

Great nervous depression following wounds.

Prevents lockjaw; preserves vitality of lacerated members when almost torn from body; always modifies if it does not arrest sloughing; concussion of brain or cord."

(Henry C. Allen, M.D., *Symphytum and analogues*, in: *The Medical Century* vol. 2 (1894), p. 476-477)

## **1896 - The Pictures of the Materia Medica**

"The pictures of the materia medica - this is the class of pictures needed by the student, and which the practitioner should carry with him - showing the idiosyncrasies, the peculiarities of the patient, his type and disposition.

The one who can distinguish these types and apply to them the peculiar similar type of the remedy is the one who will do rapid and successful work.

It has been found true in practice, or largely so, that there are certain remedies peculiarly adapted to certain nationalities, as well as types of physiognomy.

Bryonia is nearly always the remedy for a majority of certain diseases in the negro; it corresponds to the diseases of the climate to which they are indigenous.

This anecdote is told of the late J. F. Gray, M.D., of New York, a close and accurate observer. A patient came from Cuba to consult him; the doctor saw him while passing through the reception-room, and said to his clerk: "Prepare some *Argentum nitricum* for him; I am in a hurry."

This did not suit the patient, who said: "Doctor, I have come from Cuba to see you, and I prefer having a complete examination; I am willing to pay for it and want it thoroughly done."

It came out, from the examination which followed, that his face was the correct indicator of his remedy.

It is so with many patients.

The face indicates the remedy, and the totality of the symptoms will confirm it.

It is a rapid method of prescribing, which, however, may be relied upon only after years of close observation and study."

(H. C. Allen, Discussion on Materia Medica Pictures, Transactions of the fifty-second session of the American Institute of Homoeopathy, held at Detroit, Michigan, June 17, 1896, p. 315)

## 1900 - Some neglected remedies

### **BELLIS PERENNIS: THE DAISY BRUEISWORT**

This member of our traumatic armamentarium holds the same place in domestic practice in England, that Arnica did in Germany before it was placed in the list of our polychrests by Hahnemann and his drug-proving pioneers.

Like Arnica, Hamamelis, Ruta and others it has in a marked degree:

*Bruised soreness of affected parts.* (Arn. Ham.)

*Lameness as if sprained,* of parts affected. (Rhus-t.)

Blueness and soreness of boils on nape. (Arn.)

Sprains of joints with great soreness, *sensitive to touch*, ecchymosis and swelling. (Led.)

Venous congestion due to mechanical causes.

During pregnancy, inability to walk; lame, stiff, bruised sensation in abdominal muscles and pelvic organs, extending down the thighs.

*The uterus feels sore, bruised;* conscious of a womb; it is sore and sensitive (Helon., Lyss.) when Arnica fails to relieve.

For the traumatism after labor when Arnica though apparently well selected fails to relieve the intolerable sensitiveness to touch.

Bruised, sore pelvic nerves, and inability to walk after a difficult or instrumental labor.

Ailments from getting wet when overheated. (Rhus-t.)

### **PYROGEN**

I have found this remedy invaluable in fevers of septic origin, all forms, when the best selected remedy fails to relieve or permanently improve.

The bed feels hard, (Arn.) parts lain on feel sore and bruised, (Bapt.) rapid decubitus (Carb-ac.) of septic origin.

CHILL - begins in the back between scapula, severe, general coldness of bones and extremities.

HEAT - sudden, skin dry and burning; pulse rapid, small, wiry, 140-170; temp. 103-106.

SWEAT - cold, clammy, profuse, often offensive.

Pulse abnormally rapid, out of all proportion to temperature, (Lil-t.)

In septic fevers, especially puerperal, where foetus or secundines have been retained, decomposed; foetus dead for days, black; horribly offensive discharge.

When patient says, "have never been well" since septic fever, or abortion, or since confinement.

To arouse vital activity of uterus and enable it to expel its contents.

## **MALARIA OFFICINALIS**

This new candidate for febrile honors bids fair to become the most valuable addition to our Materia Medica which the present decade has furnished.

So far as the provings and verifications go, it seems to hold the same relation to suppressed chronic malaria that Cinchona does to acute.

It is in the constitution impregnated with miasms of psora, sycosis, tuberculosis or syphilis that drug suppression is so fatal, and here the records show this remedy to be very effective.

Where hitherto we have had to zigzag a cure with Sulphur and other anti-psoric remedies this appears to go to the bottom and remove the cause *de nora* Psoric or tubercular chills and fever - outbursts of psoric or tuberculosis under the so-called popular name La Grippe, when the attendant is hard pressed for a diagnosis - may here find its similar.

Also those occasional epidemics of fever in dry seasons, where as in Kansas and Missouri in 1898, this remedy appeared to be the genus epidemicus.

The symptomatology may be found in previous volumes of our transactions.

## **PSORINUM**

Hahnemann calls this remedy "a homoeopathic antipsoric."

From many years of study and use of it in both acute and chronic diseases, I think from my experience it justly takes the rank of King of antipsorics.

There are many cases of psora, scrofula, or other forms of constitutional dyscrasia - which can never be cured without this great constitutional remedy; and yet there are hundreds of homoeopathic physicians who have never used it.

I have found the following indications guiding, when patient reveals a personal or family history of:

Suppressed eruptions, especially when Sulphur fails to develop.

The patient or some member of the family has, or has had eczema.

Quinsy in the patient or some other member of the family.

Patient had typhoid or continued fever years ago from which has never fully recovered; never sick before, always ailing since.

Hay fever or asthma, appearing regularly every year, same day of month.

Feels unusually well the day before attack.

Body has a filthy smell, even after bathing.

All excretions have a carrion-like odor.

Want of vital reaction after an acute disease; tongue is clean, but is weak and appetite will not return.

General debility and weakness, without any apparent cause or any organic lesion.

Severe ailments, from slight exertion or trifling emotions, without any apparent cause; joints easily sprained or injured.

When the best selected remedy fails to relieve or permanently improves; when Sulphur, Calcarea or Iodine seems well indicated but fails to act.

A CASE. Miss I, aged 30. Brown hair, dark eyes. Had continued fever when young; never well since. Hopeless; sad; weeping mood. Dislikes to have illness known. Has never seen with right eye since she can remember. Frequent attacks of severe pain in sound teeth. Large ringworm-like moth patch on forehead. Fats or rich food disagree; breath very offensive at times. Always chilly; wet or changeable weather aggravates. Extremes of heat or cold aggravate. Menses at 11; very painful; ABDOMEN VERY SENSITIVE. Flow always LATE; intermittent; clotted; OFFENSIVE.

April 3, 1900. Psorinum M, one dose daily for a week and placebo.

May 12th, reports: menses one week late, less pain than for years; feels better in every way; was greatly astonished, at first could not believe it; can see with the right eye.

### **ONOSMODIUM VIRGINIANUM**

The valuable proving of this remedy by Dr. W. E. Green furnishes one of the best pictures to be found in the *Materia Medica* of the general outlines of depraved or lost sexual life in women; and the consequent nervous wrecks, mentally, morally and physically of this age of one child or childless families.

The supposed imperious demands of society and the Malthusian determination on the part of the modern woman to comply with the requirements of wife-hood without assuming the joys and responsibilities of motherhood, has led to all kinds of preventive measures.

The practice of the genesaic fraud and kindred devices soon destroy all sexual desire and enjoyment on the part of the woman, break the silken bond of wedded life, ruin the nervous system and end in the divorce court or suicide.

After a careful study of the case, compare these guiding symptoms:

Loss of memory; she cannot remember what is said.

Mentally dull, drowsy, contused; cannot concentrate her thoughts; complete apathy and listlessness.

Dull heavy pain in occiput and cervical spine.

Eyes dull, heavy, sore; lids are heavy as from loss of sleep.

Bearing down pains in the uterine region.

Soreness in region of uterus worse by pressure.

Sexual desire completely destroyed.

Leucorrhoea, yellow, offensive, acrid, profuse, running down the legs (Alum., Lyss.).

Tired, weary and numb feeling in the legs.

Sensation of numbness, mostly below the knees.

The legs feel tired, as though they would not support weight of body.

Staggering gait in walking; cannot keep in the path.

Dull aching pain in lumbar region.

The arms and hands feel tired and weak.

Great muscular weakness, prostration and weariness over entire body.

The muscles treacherous and unsteady, as though one did not dare to trust them.

### **LYSSIN**

For the change of name from Hydrophobinum to Lyssin which has been adopted by Hering, we are indebted to Ziemsens. Yet under the old and clumsy name the remedy did its work just as well. The guiding symptoms are:

The sight or sound of running or pouring water aggravates all complaints.

Cannot bear heat of sun (Gels., Glon., Lach., Nat-m.).

Mental emotion, exertion or mortifying news aggravates (Gels.).

Complaints resulting from abnormal sexual desire (opposite of Con.)

Vagina sensitive, renders coition painful or even impossible (Plat.)

Prolapsus or other displacements of uterus; many cases of years standing cured.

It is in these cases especially that the value of this remedy often lies, and has been overlooked very often.

I have been frequently gratified by its prompt curative action when the aggravation from heat of sun, mental emotion or pouring water were the prominent guides, and Lachesis, Natrum or Sepia did not fully correspond.

### **LATRODECTUS MACTANS**

From a number of cases of bites by this spider reported from Virginia and Kentucky the following symptoms are obtained, and the similitude to angina pectoris would warrant a proving and clinical verification of a promising remedy in an affection where one remedial agents are few, where help is often needed and needed very badly.

The following toxic symptoms are significant:

Nausea copious black vomiting.

Severe abdominal pain.

Great anxiety.

Violent precordial pains extending to the axilla and down the left arm and forearm to finger tips, with numbness of the extremity.

Pain extending up arm to shoulder and back,

Pain up arm to shoulder thence to praecordia.

Left arm numb, almost paralyzed.

Apnoe extreme, exclaiming she would lose her breath and die.

Pulse feeble, thready; could not be felt in 1. radial.

Skin cold as marble.

Copious black evacuations.

Sinking sensation at epigastrium.

### **EUPHORBIIUM**

The factor in Euphorbium that has not been fully developed in the provings or in the clinic is *the terrible burning pain*.

A few cases are reported in some of the following conditions or diseases, where it has greatly modified the differing or cured the patient.

Intense burning pains as if a live coal were on, or in the part, and Arsenicum or Anthracine fail.

In the burning of uterine or mammary cancer.

In the bones, in caries and necrosis.

In erysipelas bullosa, or facial erysipelas, vesicles as large as peas filled with yellow liquid.

In carbuncle or eruptions on covered or hairy parts.

In gangrene of old persons, bloodboils.

In old torpid, indolent ulcers with lancinating, biting, lacerating pains worse in morning, on becoming heated near fire, lying down, changing position, beginning to move, when sitting, from touch, better from motion and walking.

Here Rhus is often given with at best but partial relief.

Then when Rhus fails to cure and the burning of Euphorbium begins it is generally followed by Arsenicum or Carbo veg.

We zigzag a cure with Rhus, Arsenicum or Carbo veg. when Euphorbium alone might do the work and do it better and quicker.

### **SEDUM ACRE**

As the acute parturient of Count Mattei, Sedum Acre has obtained a reputation in Italy equal to Actea rac. and Caulophyllum in America.

But the symptomatology of the latter has verified their domestic use, while Sedum Acre is still waiting a reliable proving from some enthusiastic disciple of Hahnemann.

### **SEDUM TELEPHIUM**

Has cured hemorrhages of uterus, bowels and rectum.

It is a popular remedy in Switzerland for all forms of uterine hemorrhage.

The late Dr. Swan once wrote to me;

“If you have an obstinate case of uterine hemorrhage, menorrhagia, or metrorrhagia especially at the climacteric, think of Sedum telph. when your best selected remedy fails.

An old physician in Switzerland wrote me that Sedum telph. was a wonderful remedy for hemorrhage of bowels, rectum or uterus.

I had at the time two severe cases on hand and I gave it with wonderful success.

I know nothing more of the drug; but I would not throw away that little knowledge for it may some day help me where I need help.”

### **COCHLEARIA**

I once had a patient suffering for months with an annoying bronchial cough, for which many remedies, well selected, had not afforded even temporary relief.

I finally ascertained that he ate large quantities of horse radish in his soup, on his meat, in fact on every article of food.

The cough stopped in a few days when the cause was removed.

Here are a few symptoms:

Pressing, boring headache in forehead and root of nose.

Dry, hacking, irritating, laryngeal cough.

Cough, constant, hacking, bronchial; dry or loose, with some mucous sputa, worse from lying down.

As a sequel to influenza or when it occurs during an epidemic of la grippe, I have found it very helpful and often almost specific.

### **HELODERMA HORRIDUS**

If a comparative estimate of the value of a remedy may be made by the completeness of its provings, all that is required to place Heloderma among the polychrests with Lachesis and Naja is an extended proving with the potencies.

Its action on the cerebro-spinal nervous system is profound and it promises to be one of our most useful remedies in myelitis or spinal meningitis, with tendency to progressive paralysis or locomotor ataxia.

Gelsemium and Natrum sulph. are similar but have heat and sweat following chills.

Chill; with intense internal coldness.

Coldness of heart and lungs.

Cold band around head (without coldness, Anac., Carb-ac., Sulph.)

Cold waves from occiput to feet, or ascend from feet.

Intense aching in bones and all parts of body.

Coldness of single parts, hands, feet, penis, testicles.

Intense weariness and profound prostration of every part of the body; numbness of extremities.

Temperature, persistently subnormal: 96-97; pulse 56-65; urine sp. g. 1008-1010, greenish-yellow, fetid, decomposes rapidly; flow intermits.

It may prove an antidote to Phenacetin and the coal tar products.

### **CARBO VEGETABILIS**

In epidemic measles nearly every homoeopath at once thinks of Pulsatilla as the genus epidemicus; but how few ever study carbo vegetabilis in search of the genus epidemicus for whooping cough.

Belladonna, Drosera, Coccus, Cuprum, Kali, Ipecac, etc., are at once studied when the case is not clear, or does not call loudly for one of the above mentioned.

Compare this long list of spasmodic cough symptoms found under Carbo Vegetabilis.

*Cough:* caused by *itching* in larynx (in trachea Con., Iod.) in evening on going to sleep and in the morning on waking (with viscid, salty sputa.)

*Cough:* Half involuntary, from roughness and crawling in throat. Spasmodic, hollow, in short, hard paroxysms; caused by sensation of vapor of sulphur. The cough is mostly hard and dry, or hard and rough sounding, most apt to occur after a full meal and ends in vomiting.

*Cough:* Spasmodic, in three or four paroxysms daily. Every coughing spell either brings up a lump of mucus, which relieves, or it is followed by retching, gagging and waterbrash.

Continual mucous expectoration, or gagging and vomiting of mucus; great exhaustion after every coughing spell, blueness of skin, better from hard fanning. Cough and vomiting after every symptoms of whooping cough are gone.

Pain in chest after cough; soreness and rawness; burning like glowing coals of fire.

It is the typical remedy with which to begin the treatment of whooping cough in an otherwise healthy person.

Like Pulsatilla it is a good remedy in every case, acute or chronic, with which to begin the treatment, especially when the symptoms as so often in this disease are objective.

It will more frequently cover the totality of symptoms in sporadic whooping cough than Drosera or any other remedy and will frequently alone suffice to eradicate it.

### **DISCUSSION**

W. M. James, M. D.: I would like to ask whether there are any provings Bellis perennis.?

H. C. Allen, M. D.: There are no provings of it as far as I know.

C. M. Boger, M. D.: That is the best paper that I have heard in a long time. There is a lady physician in a neighboring town, who happened to mention to me that a patient of hers had been injured by a blow on the abdomen, and had been slowly sinking for a month and a half; there was persistent vomiting with special intolerance of cold water. She had prescribed Arnica without result. I gave her some of the mother tincture of Bellis and he rapidly improved. I presume that she made the 3rd dec. and gave him that. It has been recommended in uterine tumors and in a bruised and battered condition of the uterus. I can hardly mention Pyrogen without becoming enthusiastic, on account of the wonderful effects that I have had from it in blood-poisoning. In any kind of septic infection, either puerperal or traumatic, Pyrogen will do wonders. It is very similar to anthrax in some respects.

An old woman dying of gangrene, infected one of her nurses with blood poisoning; the nurse had fever, chills, and red streaks running up her arm. Pyrogen removed the whole process.

A syphilitic patient came to me, with a cut from a glass bottle. He had the characteristic symptoms of blood-poisoning. He was relieved entirely in five days by Pyrogen.

Onosmodium in depressed sexual instinct I believe to be an indispensable remedy.

At our meeting at Atlantic City I spoke on that subject and only wish to say further that we run across cases very frequently where there is only one child in a family and a depressed

sexual instinct on the part of the mother. Such a state of affairs is generally the result of sycotic poison and Onosmodium will prove very valuable.

I have this to say of Heloderma: Two weeks ago one of my patients had a severe hemorrhage from the lungs; notwithstanding the hot weather, she complained of being tremendously cold; there was no reason for her not being warm enough that I could discover. Under B & T's Heloderma 200th she was soon all right.

Lyssin; the well verified key-note of this remedy, is incontinence of urine and all other symptoms aggravated by the sound of running water.

B & T's Phosphorus 200th has also served me well in a similar aggravation.

C. W. Butler, M. D.: I have used Onosmodium a good deal in eye-strain; I have used it in the higher potencies for such cases and have had a great deal of good from it. Orbital headache and mild astigmatism are indications for it.

F. Powel, M. D.: I have had a little experience with Pyrogen in Grippe that pleased me highly. Some years ago during an epidemic of it, it helped me in almost every case.

Flora M. Watson, M. D.: One thing that Dr. Allen did not mention about Onosmodium, and that is the help it gives in cases of masturbation and perverted sexual instinct. I have it from several people, who have used it for that purpose, that it is a remarkable success. It is a difficult task to build up the moral instinct and Onosmodium will help you wonderfully in that respect.

A. B. Carr, M. D.: I would like to add my testimony to the value of Pyrogen in blood poisoning or septic conditions. In January of this year I delivered a child at nearly full term that showed evidence of having been dead for a considerable time: while the baby's frame was a large one, the body was much emaciated. The woman had been well up to the time of delivery. The placenta was adherent to such an extent that I had to remove it and it did not come very readily. In fact after 24 hours trial I found it impossible, I could get small pieces only by force: it felt as much as possible like a piece of hardened liver.

I relied upon the remedy rather than surgery and around the fifth day, the discharge having become very offensive, there came on the characteristic symptoms of sepsis, chill, rapid pulse and low temperature, also the feeling of soreness all over so that the bed seemed very hard, all of these symptoms are found under Pyrogen.

I gave one dose of the C M potency and in a very short time there was marked improvement. The single dose was enough to bring on a satisfactory convalescence. The patient came down to the dining room in a few days and was able in five weeks to take a sleigh ride.

D. C. McLaren, M. D.: A couple of years ago up in Ottawa, the leading allopathic physician was a man of fine physique and powerful magnetic temperament but an ignoramus as far as therapeutics went. He was a man whose presence did more good in the sickroom than any knowledge he had. He was sadly overworked and tired out, and feeling the necessity of going on with his work, he forced himself to sleep with anodynes when he was too tired to get any natural sleep, which often occurred. He also took them for severe headaches which he had. The medicine which he took very frequently was phenacetine, a drug that is very much in vogue in Canada. They do not dose so much with quinine, as they do in the States, but they do use a great deal of phenacetine. He was steadily taking this phenacetine and recommending it to his patients. He had had a series of engagements one evening after losing a lot of sleep, and about four o'clock in the morning took a big dose of his favorite drug. About seven in the evening he went to a large dinner party, and was very well apparently and cheerful. He left there about ten and went to another supper of medical men at midnight. The physician next to

him happened to touch his hand and said it was as cold as that of a corpse. He went home at two o'clock in the morning and died in a few minutes after lying down. Overwork and phenacetine caused the fatal result.

Some of his patients came to me, and one of them, a lady, told me that she had been in the habit of taking these phenacetine powders for headache. She said that those powders made her so cold all over; that it was like death; she would seem to be cold to the very marrow's. I told her she would die the way her doctor did, if she kept up the practice. I have long sought for an antidote to the cold-tar products, which are so much in vogue in my part of the country.

You speak of giving bryonia, gelsemium, and other similar remedies for grippe; these remedies are never indicated in the type of grippe which prevails in Canada. The disease is modified by the climate, prevailing especially in cold weather or in March, when it is both cold and damp. The attack is so sudden and violent that you can hardly ever give anything but Belladonna or sometimes Rhus. Those belladonna cases are the ones that they give the coal-tar products to: the result is a paralyzed condition of the nervous system and of the heart. I am very glad to get an antidote to this horrible cold and chill of the coal-tar preparations such as heloderma seems to be by the symptoms spoken of in Dr. Allen's paper. It promises to cure these cases.

J. H. Allen, M. D.: I want to correct the term la grippe that is used so frequently and so ambiguously. We have no Russian influenza or at least, we have little of it.

Hahnemann saw that these cases were dependent upon psora or tuberculosis and nine-tenths of them are tubercular. Our anti-psoric remedies used carefully would prevent these attacks in the cold weather and also the attack of hay-fever in the summer.

In regard to Pyrogen I wish that our surgeons would learn to use this valuable remedy. If they and the gynecologists would stop their everlasting daubing and mechanical treatment and use Pyrogen in appropriate cases, it would save many a life.

Belladonna is the acute of Tuberculinum as well as of Calc carb; and if you have had an acute case of grippe in which Belladonna was the remedy, it is ten to one that Tuberculinum is needed by the constitution of that patient and will prevent the recurrence of the acute attacks and nothing else will.

I. Dever, M. D: The character of the grippe is not different in my country, from what it is in other countries as far as I know. The people who have the grippe are psoric people, and when they do have it the anti-psoric remedies are the ones to give, but no class of remedies will cure every case. Some cases demand Sulphur and some Tuberculinum and some Psorinum. We have to hunt for the remedy guided only by the symptoms.

I have just been treating a young lady, an organist in a catholic church. She had a great deal of exacting work during lent; I told her that she would have to give up her constant playing but she would not. I told her she would play herself out. She overworked and soon came down with symptoms of grippe and was unable to leave her room. At first I made a mistake, I make lots of them, but then I got right down to business and I found that it was psora and gave her one dose of Sulphur CM and she has been on that for three weeks. She was of a Tuberculous build and habit.

(Henry C. Allen, M. D., Some neglected remedies, Proceedings of the International Hahnemannian Association 1900, p. 88-100)

## **1900 - Tuberculinum - its value in eradicating constitutional dyscrasia**

This remedy deserves better treatment at the hands of a grateful profession.

By its wonderful clinical record it has earned a thorough proving with the potency, for I venture the assertion that there is not a proved remedy, the proving of which would yield a more bountiful harvest in the eradication of deep-seated constitutional diseases affecting every tissue and organ - the hydra-headed so-called tubercular affections - than the remedy under consideration.

Thus far it has chiefly been prescribed on its clinical record aided by such generalizations as experience has proved common to all nosodes.

Hering College students have made a partial proving; who will aid in its completion?

The following partial symptomatology has been my guide in its use:

Adapted to persons of light complexion; blue eyes, blonde in preference to brunette; tall, slim, flat, narrow chest; active and precocious mentally, weak physically; the tubercular diathesis. When with a family history of tubercular affections **THE BEST SELECTED REMEDY FAILS TO RELIEVE OR PERMANENTLY IMPROVE**, without reference to name of disease.

Symptoms every changing; ailments affecting one organ, then another - the lungs, brain, kidneys, liver, stomach, nervous system - beginning suddenly, ceasing suddenly.

Takes cold easily without knowing how or where; seems to take cold "every time he takes a breath of fresh air" (Hep.).

Emaciation rapid and pronounced; losing flesh while eating well (Abrot., Calc., Con., Iod., Nat-m.),

Melancholy, despondent; morose, irritable, fretful, peevish; taciturn, sulky; naturally of a sweet disposition, now on the borderland of insanity.

Everything in the room seemed strange, as though in a strange place.

Headache: chronic, tubercular; pain intense, sharp, cutting, from above r. eye to occiput; as of an iron hoop around head (Anac., Sulph.); when the best selected remedy only palliates.

School girl's headache; < by study or even slight mental exertion; when using eyes in close work and glasses fail to >; with a tubercular history.

Acute cerebral or basilar meningitis, with threatened effusion; nocturnal hallucinations; wakes from sleep frightened, screaming, when Apis, Hell., or Sulph., though well selected, fail to improve. In tubercular meningitis it has already made some brilliant cures and deserves a more careful study in cases apparently hopeless.

Crops of small boils, intensely painful, successively appear in the nose; **GREEN, FETID PUS** (Sec.).

Plica polonica; several bad cases permanently cured after Borx. and Psor. failed.

Diarrhoea: early morning, sudden, imperative (Sulph.); emaciating though eating well (Iod., Nat-m.); stool dark, brown, watery, offensive; discharged with great force; great weakness and profuse night sweats.

Menses: too early; too profuse; too long lasting; tardy in starting; with frightful dysmenorrhoea; in patients with a tubercular history.

Tubercular deposit begins in apex of lungs, usually the left (Phos., Sulph., Ther.).

Eczema: tubercular over entire body; itching intense, worse at night when undressing, from bathing; immense quantities of white bran-like scales; oozing behind the ears, in the hair, in folds of skin with rawness and soreness; fiery red skin. Ringworm.

Carbuncles: indolent on various parts of the body when Lachesis, Anthracine, Tarentula, Silicea or Arsenicum, apparently the best selected remedy, fails to cure.

Relations. - Complementary: Psor., Sulph.

When Psor., Sulph., or the best selected remedy fails to relieve or permanently improve.

Belladonna, for acute attacks, congestive or inflammatory, occurring in tubercular diseases.

Hydrastis to fatten patients cured with Tuberculinum.

### **CASE I**

Baby B -, nearly a year old, had suffered with an eczema, which completely covered the face and at times the scalp. Several members of the family of both father and mother have died of tuberculosis, and two children at about the same age, after suffering for months with eczema of scalp and face, had died from a tubercular affection of the brain, said to have been tubercular meningitis. Was called in consultation with Dr. Waddell, Professor of Diseases of Children in Hering Medical College, and Dr. Woodward of the Chicago Homoeopathic College, to see the baby that for 48 hours had been thought to be dying.

The eruption was pale and had to a large extent disappeared, the scalp being nearly free.

Extremities were cold and at times bathed in cold perspiration. Boring of the occiput into the pillow. Head in almost constant motion. Complete unconsciousness. Eyes everted or staring and glassy. Pupils contracted and insensible to light. Constant twitching of the right arm and leg. Dark, involuntary and offensive, discharge from bowels. Face white, pale, distorted.

Pulse thready, scarcely able to count it. Brain symptoms appeared as eruption faded. Marked svmptoms of effusion.

This formed a very fair picture of diffuse tubercular meningitis. The prognosis was grave.

The family history and the death of two children from similar conditions at about the same age rendered the outlook very dark, and the consensus of opinion was the child could scarcely recover.

The totality of the acute symptoms, after a careful comparison, was found to be covered by Zincum which was given in the C M potency, and within an hour the child was asleep and passed the best night for weeks. The reaction was prompt, but it did not continue. The following day the old symptoms began to return.

On the second day Zincum was repeated in the same and in different potencies, but no improvement followed; in fact, the symptoms of effusion were more pronounced.

At my suggestion and as a dernier resort Tuberculinum M. [Fincke] was given dry on the tongue. Improvement began at once and continued for four days, when a return of the symptoms called for a repetition. This was followed by further improvement and the same remedy in various potencies was repeated at intervals on return of the brain symptoms for four months. Then every three or four weeks when the mental irritability marked the onset of an attack it was repeated in the C M potency until complete recovery took place. The eruption returned on the face for a few weeks in a mild form with much itching and then permanently disappeared. The patient suffered at intervals from severe attacks of mental irritability for two or three years when a dose of Tuberculinum promptly restored the equilibrium and the child is now the picture of a healthy boy.

### **CASE II**

Miss B -, aged 17, has for years been a victim of chronic headache, especially when in school. Her father died of pulmonary tuberculosis and her elder sister is very anaemic and of a strongly marked tubercular diathesis. A number of oculists have diagnosed eye strain as the

cause of the headache, as the pain was invariably brought on or aggravated by study ever since she first attended school, a school girl's headache. The pain is very severe.

A bursting, hammering, throbbing headache; < by moving head or eyes; < by mental exertion, reading or talking; < by warmth, by setting or lying and in the open air. It is generally semi-lateral at first, begins in forehead or over eye, preceded sometimes by blindness or lightning-like zig-zag flashes which are so dazzling as to compel cessation from study. The attacks last from 24 to 48 hours and leave her greatly prostrated. The light attacks are not confined to any particular locality, and are aggravated at any time by using the eyes in study.

Natrum mur., Ruta, Carboic acid, Iris and Psorinum according to predominant symptoms at various times, completely failed to give more than temporary relief.

Tuberculinum M, one dose, brought prompt relief for three weeks, when she had a mild attack following a school examination.

Another dose in the C M potency relieved as promptly as the first, and for over a year, while still engaged in school work, she has had only "a suggestion" at times when a single dose gave relief. She does not wear glasses and uses her eyes at all kinds of work.

### **Case III**

Dorothy R -, aged 6, dark hair and eyes, mother died of pulmonary consumption before she was six months old. Has always taken cold easily; could not tell how or where. Profuse perspiration when she sleeps, especially of head, neck and shoulders. Each cold begins with sneezing and coryza and ends with croup or croupy cough. She no sooner gets rid of one cold, before another begins, is housed up all winter.

Hepar, Kali bi., and other remedies, would modify cough and shorten attacks, but would not prevent a return.

Tuberculinum m and cm, a dose every two weeks in summer so improved the patient that she had but two or three colds the following winter, and the repetition of the remedy at intervals of one or two months has effected a cure.

Not a cold or cough last winter; can, go anywhere or do anything that any healthy child ought to do.

### **CASE IV**

Tuberculous Eczema. Patient about 50 years old, black hair, blue eyes and fair complexion. Had severe attack of hemorrhagic typhoid when a young man at college. One brother died of pulmonary tuberculosis. Has had eczema more or less severely for 10 years. First began behind right ear, involved scalp and face completely and extended over entire trunk, worse on right side. Profuse oozing of a clear, viscid fluid, which on drying forms large quantities of white fish like scales, with intense itching. Compelled to bathe to > the dryness and itching, when oozing again begins. Intolerable itching followed by long lasting burning and smarting after scratching or rubbing. Fiery erysipelatous redness of skin, with ringworm-like border adjoining healthy skin. "Handfuls of scales" from scalp and body when brushing hair or undressing. The eruption is > in hot weather; cannot bear a warm close room; must have open air. A warm close room will produce itching, yet must have a warm room in cold weather. The parts always > when covered, while exposure to open air produces itching. Better: by warm bathing; lying down, sleeps well at night; wrapping up. Worse: in a close room; when undressing; when skin is exposed to the air.

This patient had most careful prescribing, remedy selected by the repertory, for more than a year, with at most, temporary relief for a week or two.

Among the apparently indicated remedies were: Ars., Graph., Rhus rad., Clem., Lyc., Sulph., Psor., Mez., Phos., Petr., with no permanent relief, nothing like a cure.

Finally guided by the tubercular history and the characteristic for the nosode. "When the best selected remedy fails to relieve or permanently improve" I gave him Tuberculinum m, cm and M. repeating the remedy and changing the potency when improvement ceased.

He began first to improve in his general health, then the eczema disappeared in the inverse order of its onset, the scalp being the last to get well. It was a typical case and one of the most obstinate I ever attempted to cure.

#### DISCUSSION.

C. M. Boger, M. D: The doctor mentioned membranous croup. I believe we had some discussion on that subject at Atlantic City; but there are only a few present here who were at that meeting. Almost any physician will have a picture of horrors before him when he talks of membranous croup. I believe that our remedies as mentioned in Johnson's Key and Raue's Pathology are well nigh useless; as long as I stuck to that treatment I lost nearly every case. The last three years I have been using Lachesis almost exclusively and I have lost no case in that time. That is the remedy in almost all cases of this disease; not all of course. Often the parents of the child will say, "Why doctor, I do not see how so much matter can come from that child's throat." I usually give the 200th and repeat it frequently until the wheezing becomes loose, and you hear mucus rattling in the throat. Then the case comes to a standstill: now give Lachesis 2000th and that will start it moving again in the right direction. I believe that in Lachesis we have a remedy that will cover more cases than any five remedies put together.

B. Le B. Baylies, M. D: - I have used with entire success Kali bichromicum, Mercurius, and Lac caninum in appropriate cases of membranous croup.

C- M. Boger, M. D: - I do not doubt that, but I say that Lachesis alone covers more cases than any other remedy.

A. B. Carr, M. D: - I remember several cases of membranous croup cured by Lachesis: the chief indication was that the child awakened with an aggravation, and was worse generally after sleep. A single dose of the cm has cured a case completely for me.

S. L. Guild-Leggett. M. D: - I had a child to prescribe for, a very healthy-looking child, too. It began to develop an eczema upon the buttocks and then upon the hands; Apis, seemed to be the remedy, and it did relieve for a time, but it came back again. Apis did not help the second time. I finally gave it Tuberculinum with the result that it has made a complete recovery. I cannot say that I had any symptoms for it, as far as the eruption went.

H. C. Allen, M. D: - I believe that Dr. Boger would get a quicker result if he were to give the 50,000 or higher in his cases of membranous croup. You find very few cases of membranous croup except in deep seated constitutional dyscrasia. Tuberculinum is not unfrequently needed in this disease. Whatever remedy I use I generally give the 1000th or cm in water, a dose every few minutes or every half-hour and then wait as soon as improvement begins.

J. H. Allen, M. D: - We have to depend much upon our clinical experience in actual practice. I think as we learn more about acute diseases, such as typhoid fever, pneumonia and so on if we are close observers, we will find that these diseases oftentimes depend upon the tubercular diathesis. The same is true of severe cases of membranous croup, and of such severe diseases as malignant or phlegmonous erysipelas. In typhoid fever, rheumatism and disorders lasting

five or six weeks, it is well to take into consideration that many of them are on a tubercular basis; to know this may help us to get the proper remedy. This is especially true of the malignant skin diseases. We have only a few remedies that help us but it is a good thing to have no routine remedies. It is especially difficult to cure malignant skin disease when it occurs on the malar bone or about the lips. Large fissures in the lower lip often call for Tuberculinum. Where they are dry and bleeding we have to differentiate sharply between Graphites and Tuberculinum.

D. C. Mc Laren. M. D. - A keynote for Tuberculinum is fear of dogs. This fear is a part of the general physical condition; the patients are not strong and hearty. Ordinarily a well man is not afraid of holding his own against dogs; they are the delicate nervous people who are chronically afraid of dogs. That is a striking indication for Tuberculinum.

(Henry C. Allen, M. D., Tuberculinum - its value in eradicating constitutional dyscrasia, Proceedings of the International Hahnemannian Association 1900, p. 147-154)

### **1901 - Discussion at the annual session of the AIH**

"I cannot agree with Dr. Price. I do not believe we have any too many symptoms in Materia Medica now. Let us keep what we have, and probably later experience may verify what we now think to be worthless.

Several years ago a banker, a friend of mine, was visiting a friend in Indiana, and while out riding one day he pointed out something in a field, and he noticed that this friend, the banker, when he attempted to look at it, turned his body around in the buggy. The visitor asked him what was the matter, to which the host replied: "I could not turn my head without turning my body to save my life. I have not been able to do so for years. If I should turn my head suddenly to the left in this carriage, or in walking on the street, I would fall as if I had been shot." My friend wrote me, stating this strange thing. He told me that the man had been treated for years, and that he could find nothing to give him relief. He asked me to send him some medicine for him. I sent him a dose of colocynth 200<sup>th</sup>, and it cured that man completely, so that he could turn his head in any direction.

Another case in Iowa, a case of asthma, had been under treatment for years, and I had it under my charge for about a year. The asthma would come on about two o'clock in the morning and drive the patient out of bed, forcing him to sit in an erect position, and he would have to sit up all the morning, until about noon. Kali carbonicum gave him relief, so that he slept pretty well. The symptoms then changed, and he had some sulphur, and, finally, after some months, he was pretty well cured, with the exception that he was perfectly well during the week, but that on Saturday night he would go to bed as well as he ever was to wake up about 12 o'clock at night, or Sunday morning, with a bad attack of asthma. This would last until Sunday evening, about 10 or 11 o'clock, and then he could lie down and sleep all the other nights in the week. Here was an attack of asthma coming on every Sunday morning regularly, and lasting all day. And the peculiar thing about it was, he said, "As soon as I can begin to expectorate the asthma vanishes at once." That required a study of the repertories and of the Materia Medica, but I found it under a remedy I least expected - Hypericum. This symptom has been again verified, hence increased in value.

W. R. Andrews: What did you find?

H. C. Allen: "Relieved by expectoration."

The Chairman: What repertory?

H. C. Allen: The repertory of the Guiding Symptoms.

W. R. Andrews: How does it act?

H. C. Allen: As an aggravation on awaking. This says nothing about whether it is midday or midnight. As soon as he can expectorate "the asthmatic attack vanishes."

W. R. Andrews: But he waked up with the attack at 11 o'clock at night?

H. C. Allen: Yes; he was awakened with it, and it lasted him all day and all night. I could not find the symptom under Lachesis, which has the < in waking, but not the > from expectoration. So we have nursed the symptoms for years, which we are verifying every day, and by and by, if we have new provings, we may verify many of these so-called worthless symptoms, and they will become valuable. Let us keep all we have; no man knows which to cut out or which to retain if we begin to abbreviate."

(Transactions of the Fifty-Seventh Session of the American Institute of Homoeopathy, held at Richfield Springs, N. Y., June 18, 1901. Edited by Eugene H. Porter, New York (1902). Discussion: Henry C. Allen, p. 640-641)

## 1904 - Clinical cases

### An obstinate intermittent: Tuberculinum

The following case is fairly illustrative of a type, the successful treatment of which depends upon a knowledge of Hahnemann's psoric theory, and its application in the anamnesis of the patient. In our practice they are quite common and have usually run the gauntlet of all methods of treatment in which the cure of the disease instead of the patient is the sine qua non of the physician.

In the Organon § 73, Hahnemann says: "Acute febrile affections, in reality, are generally only a transient explosion of latent psora, which spontaneously returns to its dormant state, if the acute diseases were not of too violent a character and were soon relieved."

This definition of an acute disease is so rare and yet so far reaching in its effect if overlooked in the anamnesis of both acute and chronic ailments, that its study will well repay the time expended.

In the following case we give the correspondence, as it explains perhaps much better than we can write, the history of the patient and the tortuous course of the disease and its treatment. This "transient explosion" of the latent constitutional miasm, suppressed year after year by crude drugs, is the factor so generally overlooked because unknown and unappreciated.

Washington, D. C., September 2, 1903.

H. C. Allen, M. D.,

My Dear Doctor: - I have been studying your monograph on intermittent fever, but I do not find in it a remedy for my case. Twice a week I have a malarial day. The day before it occurs I feel uncommonly well. The night before it occurs I am wakeful and pass large quantities of colorless urine, having to urinate three, four or five times profusely. The next morning and all day I have a dull headache, slight qualmsiness, cold feet and a general malaise with a feeling of mental incompetency, that is, weak headed. In the afternoon a slight sense of heat in my head and hands, but no real fever by the thermometer.

This condition has existed for years and I have never found anything that would cure it, nor have I ever seen a similar case either in medical literature or in practice.

Twenty years ago, in Fremont, Ohio, I had very severe daily and anticipating chills, which caused me to remove from that city.

Here my environment is apparently non-malarious.  
If this interests you, please tell me if you know the remedy.  
Very truly yours,

To this letter I addressed the following inquiry:

My Dear Doctor: - Yes, your case is of interest to me, and to science; but please give me your family heredity, and the symptoms - the time, character and peculiarity of the attack - as it originally appeared in Fremont.

I infer you were cured (?) by Cinchona or its alkaloids.

What was peculiar about the attack when it first appeared ?

What, if any, assignable cause?

Where had you lived before coming to Fremont?

Have you the last edition of my work for I think it has your remedy?

Yours very truly,

H. C. Allen.

September 10, 1903.

Dear Doctor: - In reply to your questions:

First. My family heredity: Both my parents were Vermonters and both died of consumption at the age of sixty. One brother died of consumption at twenty-eight, and a sister at fifty-eight.

Have two brothers living and none of us are consumptive, though none of us are robust.

Second. In Fremont, where my chills began, they were at first regular every other day, chill, fever and sweat, in due order and proportion. Later they became daily anticipating chills.

The Cleveland faculty, and Dr. Tritch, of Findlay, a very straight homeopath at that time, tried to cure me homeopathically, but failed. I became desperate and took Osgood's Indian Cholagogue, and I shall always feel grateful to it. It stopped the chills and I sold out my business and came here. I have never taken Cholagogue since, but I have never found a homeopathic remedy, unless it be quinine, that has seemed to have the slightest influence on my malarial cachexia. When hard pressed I take a few three grain capsules. Fremont was fearfully malarial then. My well was contaminated with surface water. After a hard rain we pumped up angle worms. There was a great deal of typhoid in and about Fremont.

Third. From the first chills in Fremont to this day the dominant symptoms of my paroxysm have been frequent and profuse urination preceding and during the chill; thirst in the chill, but not afterward. Dull headache and a particularly weak feeling in my head for two days after.

General malaise and a faint all-gone feeling in my stomach; not a nausea but a qualmishness. I am troubled more in September than in any other month.

Fourth. Before living in Fremont, I lived in Hudson and Cleveland, Ohio, both non-malarial.

When two years old I had, it was supposed, typhoid fever, and I have been told was treated by an old-fashioned allopath, who gave me calomel, nitre and Dover's powders.

I was a tall, slender young man, with a thick growth of stiff black hair and rather weak stomach, imaginative, fond of staying up nights to read or study, drowsy in the morning and took cold easily. Had considerable trouble in a quiet way with my sexual organs, but I presume not more than young men usually have. Was married early, at twenty-three, and I have three sons, all of whom have better health than I ever had at their ages.

Fifth. I have read the last edition of your work. I am now fifty-four, and were it not for the weekly recurrence of this malarial phenomena, should be enjoying excellent health.

Weight 150, height five feet ten.

On page 368 of my work on fevers, Tuberculinum is found, the key which, apparently unlocked this obstinate case. This is the guiding symptom: When with a family history of tuberculous affections, the best selected remedy fails to relieve or permanently improve, without reference to name of disease.

I have often found this remedy very helpful. In this case the exposure was evidently malarial in character, and developed chronic intermittent, while with another constitution, similarly affected, it might have been pulmonary tuberculosis. In this case the weekly paroxysm calls for a deep seated antipsoric.

The following remedies have the weekly paroxysm:

Am-m., Canth., Cinch., Lyc., Meny., Plant., Rhus-t., Sulph., Tub.

Of these the only remedy which has the pronounced autumnal aggravation and urine; profuse before and during chill, not after, is Tuberculinum.

This remedy also corresponds with the constitutional diathesis, so well marked in this case. We sent him Tuberculinum cm., a powder to be taken once or twice a week during the intermission.

The first report from the patient was dated:

Washington, Sept. 29, 1903.

My Dear Doctor: - I began to take the medicine a week ago last Friday, repeated on the following Thursday, and again last Sunday. Saturday and Sunday are usually my bad days; have been ever since I left Fremont, and were while there. The Saturday and Sunday following the Friday when I began passed without malarial phenomena, and I had no symptoms that amounted to anything until Thursday, when I felt somewhat malarial, and therefore, prepared and took another powder. The feeling passed off and I felt all right until Saturday afternoon about four o'clock, when I realized that I was having the old, dull ache and weak feeling in my head. That night I ached and stretched and urinated until morning. Had the dull ache and incompetent head all day. And ached, stretched, squirmed and urinated again Sunday night, and was inclined to chilliness, but no chills. Bowels did not move Sunday; by the way, they always intermit on my malarial day. Monday I felt rather dull and weak in the morning, bowels moved and I felt all right in the afternoon. Slept without waking all last night and feel well to-day. Sunday afternoon I prepared and took another powder. I will report again in about a week.

October 8, 1903.

My malarial spell did not come on Saturday or Sunday last as usual, and I thought perhaps I should escape, but I awoke with a severe headache Monday morning, with my usual concomitant symptoms in a somewhat modified degree. They continued until this Thursday afternoon, when they are abating. My head still has a dull ache all through it, with a ringing in my ears, as though I had taken a stiff dose of quinine, and there is the sense of mental incompetency. I have taken no medicine since a week ago Sunday. The prominent symptoms this time have been in my head; bodily disturbance less marked.

October 17, 1903.

My malaria did not come on this week until Thursday afternoon, having passed from Saturday or Sunday to Wednesday, and now till Thursday, much lighter in degree and more brief in duration. The headache and head weakness were considerable less, notwithstanding that I

attended the unveiling ceremonies of the Sherman statue in the afternoon and a reception in the evening. Yesterday, Friday and today I am in my usual health. I took the last of the first powders last Sunday. The second package, Tuberculinum M., came Monday, but I have not begun on them, thinking I would let the first series have full time to demonstrate and complete their action.

October 28, 1903.

Just a few lines to say that owing to cold, and other distracting cares, I have just begun on the second powders. I tried to get along with my cold without taking anything for it, but had to surrender to Bryonia for two or three days last week. Whether or not I had any appreciable malarial phenomena I hardly know. The cold might have accounted for everything. The family think me decidedly better.

December 4, 1903.

Tuesday, Nov. 24th, I had some general aching, but not serious, and this week Tuesday my head was rather weak, not aching, and there was a copious ejection of bile two or three times with some qualms of the stomach. I took the last powder two or three weeks ago. Have taken no medicine since. Perhaps you had better send me more. Have been remiss about reporting, probably nothing to report about my health. The family say I am better, look better, but I usually do feel and look better after cold weather sets in. I had another cold through which I got along without taking any medicine.

My experience in the treatment of chronic malarial affections for many years has been that it is impossible to eradicate some of these old troubles without the aid of the constitutional antipsoric remedy. Often Sulphur, Calcareo, Lycopodium, Psorinum and Tuberculinum are called for, in order to correct the underlying diathesis, the constitutional dyscrasia upon which these troubles depend. Also I have found that a single dose in any potency I have ever used is not sufficient to effect a cure. The remedy requires to be repeated, as well as the diet to be corrected, until permanent improvement takes place, and the time required depends very often on the age of the patient and the malignant type of the chronic miasm. The remedy is always stopped when improvement begins. A case of so many years duration and such long-continued suppression is liable to have an annual autumnal return in some form more or less marked for some time, perhaps for years, but will eventually regain health not known for many years.

#### **Abscess of Antrum**

The following case is another example of this type of chronic diseases, many of whom are advised to change climate in a vain attempt to escape the results of heredity. A climatic change very often will remove an exciting cause of a constitutional ailment, but rarely, if ever, has any effect in eradicating the constitutional diathesis. Patients threatened with pulmonary tuberculosis in the Northern or Eastern states may remove to the elevated plateaus of the West, where the dryer and more rarified atmosphere may remove the irritating causes of pulmonary troubles, but the disease is pretty certain to crop out in some other form, affecting other organs. Such patients may never die with pulmonary consumption, but some other organs may be affected with an equally fatal disease, for they carry the diathesis with them.

Mrs. E. L. C, aged 44, - father had psoric troubles for many years, mother died of cancer of the uterus, one sister died of consumption. Nine years ago, patient had a suspicious fibroid

removed from right mammary gland by the paste treatment. Has had tubercular abscesses in lymphatic glands and other parts of the system since she was nine years old, menses early in coming on; flow profuse, every three weeks: protracted, offensive; very painful, breast sore, swollen, painful before and during menses. For the last three years menses late, with occasional intermission of one or two months, due perhaps to her age, all her ailments are left sided, and all symptoms worse after midnight, urine scanty, red sandy deposit adhering firmly to vessel. Twelve years ago removed to Arizona, and has resided there and in New Mexico since. More or less severe attacks of La Grippe every winter, ending in a bronchial cough, which, at times, has been very obstinate, hands and feet swelling in evening, stomach and abdomen bloated; constipation > by laxatives, cannot sleep without covering head at night. Covering relieves pain in face.

About a year ago trouble began in the left antrum of Highmore, which has terminated in suppuration. A tooth was extracted and the antrum perforated for drainage, pus yellow scanty, and not offensive. It had been treated surgically with Hydrogen Peroxide, Carbolic Acid and Bichloride solution.

Last May she ate some asparagus that had been sprayed with paris green to kill insects. She was attacked that night with as pretty a case of arsenic poisoning as one could wish to see. For twenty- four hours it was feared she would not live. After recovery, other acute symptoms: complained of a brassy metallic taste in the mouth, the mucous membrane of which smarted and burned, and if she swallowed saliva, this burning extended to the throat and stomach.

Several teeth on the left side had been filled with mercurial amalgam. These were thought to have been a possible exciting cause, and were removed. Since the antrum trouble began, temperature has been persistently sub-normal in the forenoon, and the heart beat slow 40 or 42.

In organon, § 81, Hahnemann, thus writes of psora.

"The fact that this extremely ancient infecting agent has gradually passed, in some hundreds of generations, through many millions of human organisms and has thus attained an incredible development, renders it in some measure conceivable how it can now display such innumerable morbid forms in the great family of mankind, particularly when we consider what a number of circumstances contribute to the production of these great varieties of chronic diseases (secondary symptoms of psora), besides the indescribable diversity of men in respect of their congenital corporeal constitution, so that it is no wonder if such a variety of injurious agencies, acting from within and without and sometimes continually, on such a variety of organisms permeated with the psoric miasm, should produce an innumerable variety of defects, injuries, derangements and sufferings, which have hitherto been treated of in the old pathological works, under a number of special names, as diseases of an independent character."

This case is not yet cured.

### **Nervous prostration: Tuberculinum**

Miss Mary E. A., aged 29, a University student, mother, several aunts and rest of family died before thirty of pulmonary tuberculosis, one brother living but in very poor health.

In July when eleven years old, was severely poisoned with Rhus Radicans, and has had annual summer attacks ever since (18 years); menstruation at thirteen; flow early but scanty, dribbles on for a week or more, omits in June, July, August every year; stomach and abdomen bloated all the time, but much worse in summer; perspires easily, on single parts only: axilla, over

sternum, groins, palms and soles; hands and feet edematous, < in afternoon. Occiput and nape of neck heavy and painful; relieved by retracting head on some support. Mental labor - college work - can only be done with great effort, and is exhausting, sleep dreamful, restless and unrefreshing, feet and hands cold and damp, but not offensive, summer heat exhausts her.

May 6, 1900. she received Tuberculinum cm, a powder dry on the tongue every Sunday morning for a month, at the end of which time she reported: sleep better, can do her work much easier, occipital headache troubles her no more, perspires less, abdominal bloating relieved, and the most normal menstruation she ever had in her life. Placebo.

June 15th: Old symptoms returning, especially the mental exhaustion after work.

Tuberculinum m. twice a week for two weeks, then every Sunday.

Improvement began and continued steadily, and menstrual function was resumed during summer months. She graduated with honors.

But the remedy in the M. or the dmm potency has been continued once or twice a month for the last year, with steady and gradual constitutional improvement. She is now in apparently good health, three years from the commencement of the treatment. No return of Rhus symptoms for two years.

#### **Chronic morning diarrhoea: Tuberculinum**

Mrs. S., aged 27, Denver: A family history of tubercular affections, catarrh of nose, throat and larynx for many years, cough severe, worse when lying down; coughs ten or fifteen minutes on going to bed, mucus so viscid it can neither be raised nor swallowed, night sweats if warmly covered, morning diarrhoea; coming on at 6:30; watery, profuse, brownish color, aggravated by slight motion, turning in bed necessitates getting up in a hurry - must go out with a rush. Rumbling as if quarts of water in the stomach and bowels. By careful eating she can go the rest of the day without a movement; going without dinner the day movement is natural, but would not affect the morning diarrhoea, in the morning is weak, exhausted; better in the afternoon. Nervous during menses; the last three periods have been ten or fifteen days late, and more scanty than usual.

She has had Aloe, Gamboge, Podophyllum, Rumex, Arsenicum, Sulphur, by some of the best prescribers in Denver, the peculiarities of this case hinges upon the apparently relieved cough by change of climate and a gastric and intestinal trouble taking its place.

But a careful examination of the symptoms, so many of which are peculiar and unusual were not to be found under the remedies she had already taken.

I gave her Tuberculinum cm., a powder daily on retiring until relieved; then once a week for a month, or until symptoms changed.

I received a monthly report, and complete recovery, not only from the diarrhoea, but from the catarrhal and cough trouble as well was the result.

#### **Seminal emissions: Tuberculinum**

Mr. George A. T., aged 28, salesman; light complexion and mental-motive temperament; active, wiry, well nourished and a hard working man, father and three uncles died with consumption; he being the only male member of the family left, is strictly temperate; uses no coffee, tea, beer or tobacco; suffers from involuntary emissions, with or without dreams, and with or without erections; weak and exhausted for the next three days; has had from seven to ten per month for the last nine of ten years; has been under treatment of some of the best men of both schools in Chicago.

For the last six years homeopathic treatment, and for three years under one of our ablest members.

Knowing that the last prescriber could make as good a prescription as any man living, I paid little attention to the complaint for which he sought relief, but prescribed wholly and solely on the constitutional symptoms presented by the patient.

Tuberculinum cm. within six months made a permanent cure.

### **Dermatitis exfoliata: Rhus radicans**

Mr. E. E. A., about forty years of age, of Norfolk, Neb., in early life was a great sufferer from functional derangements of the liver, stomach and spleen; but it was not until the year 1890 or 1891 that he first obtained relief, when he began taking homeopathic remedies, and since that time has been a firm believer in our system of treatment. In August, 1902, he first noticed the palms of the hands and soles of the feet began to burn and itch. This lasted for some weeks, slowly but surely becoming worse, when vesicles began to appear which gradually extended over the whole body. The vesicles were very small, almost rash-like; burning and itching intensely, which after rubbing or scratching would ooze a clear sticky fluid and gradually spread to new tissue. The vesicles gradually increased in size, and as they increased exfoliation became very marked. The scales dry, white, were bran-like, and soon the entire body became involved, from the crown of the head to the soles of the feet. It was a marked case of dermatitis exfoliata.

He consulted me first in July, 1902. The disease had been running for some years and gradually increasing in severity. The exfoliation was so profuse that in the morning from a pint to a quart of dry bran-like scales could be gathered from the bed.

The characteristic on-set of the disease, its gradual extension from the extremities of the body, the intense itching and burning by scratching or rubbing "the more I scratch the more I must," and the extensive exfoliation decided me to give him Rhus Radicans, which he received in the M. potency one dose dry on the tongue.

He began to improve promptly, and in three or four months the skin was normal and perfect health restored. In that time he received four doses of medicine.

It was one of the worst cases I ever met and one of the best cures I ever made, and it bids fair to be permanent.

Dr. A. L. Macomber who referred the case to me wrote:

"This patient has been in the midst of the eruptions, boils and desquamation on head, face, forearms, hands, legs and every part of the body. There were boils discharging yellow, bloody exudate; patches of skin peeling off; underneath loose skin looked red, raw angry; and no end to the silvery white scales, large and small, stiff and dry from all parts of the body. Some looked like fish scales in thickness; nails of fingers and toes came off. I saw the finger nails when the line of demarcation was about half down the nail. It is one of the worst cases I have ever seen; in fact I never saw anything like it.

April 6, 1904.

In a subsequent letter received from the doctor, he says "It seems to me the most wonderful cure, and I shall watch with much interest for the report of the case, that I may also know the treatment."

Mr. A. is now fully recovered, and is apparently a well man."

### **Chorea: Psorinum**

Miss L. S., aged 23, a history of suppressed eczema in the family; had measles when seven years old, since which her eyes have always been weak; had typhoid four years ago, when in college, for ten weeks. Convalescence tedious, and has never been well since.

Menses appeared at fourteen, irregular, suspended for two to four months at a time; flow scanty, dark, offensive; has sporadic La Grippe every winter - severe attack two months ago. Had been engaged in study of Kindergarten work for three years. Two months ago went into the class room, fainted, and on recovering had a clonic spasm which lasted for some hours. Since then, well marked case of chorea.

Falling of upper eyelids for several days; then inability to close the left eye. Lids open, staring and eyeball turned inwards; well marked strabismus, cannot see when looking with both eyes; can read with either eye alone, keeps fingers on upper eyelid to keep it closed; twitching of muscles of face when she laughs, speaks or attempts to eat; tongue burning on left side as if scalded, unable to speak correctly; cannot control the tongue; easy perspiration all her life, wants to be well covered at night. Extremely sensitive to cold air, or drafts of air hot or cold, craves fresh air but a draft chills her.

She had been under homeopathic treatment for six weeks, and then was advised to take static electricity which she followed scrupulously for a month, with the result at the end of the time, of being worse instead of better.

April 30: - Psorinum cm in water, every hour a dose for six hours, repeated daily until improvement was noted. At the end of the first week felt better generally, but the nervous twitching and strabismus trouble of the left eye not improved. The remedy was repeated for another week, a single dose every morning, at the end of which time the twitching had practically disappeared, and she began to have control of the upper eyelid. Placebo for a week.

Improvement ceased, and facial twitching and contortion resumed when laughing or speaking. Psorinum M, a dose every morning for three days. Placebo for a week. The improvement now became rapid, and the Placebo was continued. At the end of two weeks menstruation appeared more normal than for years.

Psorinum cmm was now given, a dose twice a week for two weeks, then every Sunday for a month. Eye has resumed its normal condition. She has perfect control of the lids, the tongue and facial muscles; feels better than she has since the attack of typhoid four years ago.

Yet, she may require a dose of Psorinum once or twice a month for a year.

### **DISCUSSION**

C. B. Gilbert, M. D: - I recognize the case, first coming from the same city, but the doctor left out one item from his paper and that was the family history. His eldest brother is in vigorous health; but this one was born after his father had a severe fit of sickness and was always delicate, so that if he died at 60 of consumption it was probably on account of that attack. He describes himself pretty well; he would rather write verses than practice medicine; he turns his toes in; walks slow.

G. P. Waring, M. D: - I frequently give Tuberculinum but not in repeated doses. I am not sure but what that way is not the best way, but there seems to be a number who have used it who makes an exception to our general rule about repetition. I would like to know which is the better way. If it is better to repeat or to give frequent doses of the nosodes, I should like to hear the experience of those who are familiar with the use of them; especially of those who

have tried both ways and have found a difference. In one paper a case was related in which the high potency was put in water and six doses given two hours apart. In three weeks that would make 18 doses. I wonder if that is necessary, I am inclined to doubt it.

C. E. Alliaume, M. D: - It seems to me that there can be no general rule for dosage. In many instances I have given single doses with excellent results; in other cases I have no results from the single dose when sure that I had the right remedy, which fact was proved, for on giving repeated doses excellent results followed again. I believe in Hahnemann's rule which is to give sufficient to secure the result but no more. That is a safe rule and I do not believe that we can get any nearer to it than the rule expresses.

W. H. Morgan, M. D: - I have a case that has been in my charge for five years. When I first saw him he had suppuration of the right kidney. In three weeks under Silicea, and in that time three doses, the suppuration entirely ceased, leaving a tumor about the size of a hen's egg in the abdomen in front of the kidney. Six weeks later that opened into the intestines and passed off a quantity of pus for several days. Then another tumor formed lower down in the region of the appendix, obstructed more or less the action of the bowels. It seemed stationary and was very painful. Under the action of Tuberculinum, the tumor disappeared in a few days with a little pus in the stools. This patient was and had been in bed for four years and could not dress himself so helpless was he. He began to walk about the house. He now gets out every clear day and if he does not, he complains of going backward. He has been taking one dose of Tuberculinum every two months; the potencies have varied by wide limits namely from the 30th to the cm. Whether I handled that Tuberculinum right or not I do not know, but the results were marvelous. He considers himself well.

President. - I would like to ask one question about the administration of Tuberculinum. Has anyone here ever noticed as I have, that a dose of it is frequently followed by colicky pains or diarrhea? I look upon those symptoms as a bad prognostic sign. Another point in the same connection is this; there is a close analogy between Tuberculinum and the Iodide of Arsenic; they run very close together and frequently complement one another in the conduct of a case. I had a valuable experience with the Iodide of arsenic last winter. A father brought his son to me with the history of tubercular tendencies. Ten years previous I had apparently cured the mother of hemorrhage of the lungs. Last fall this hemoptysis returned; this time it was impracticable to bring her to me and a rapid tuberculosis supervened, she succumbed under allopathic treatment. During this illness, the son slept with his mother and contracted the disease. When he came to me both lungs were in a state of partial consolidation and the temperature was 103°, pulse 120, dyspnea was great, expectoration scanty, showing that suppuration had not fully set in. Weakness was extreme, no appetite and colliquative sweats at night. Taking all things into consideration I gave a bad prognosis and advised him to be taken to the southwest. But that the father said was impossible. I gave him Iodide of Arsenic, 6x, three doses a day. In six weeks I saw the patient again and found the pulse full and normal, the temperature one quarter subnormal, the skin moist and normal, and he walked with an erect carriage. No dyspnea, was eating well. To all intents and purposes he seemed to be cured. Now there was the characteristic Sepia strip across his nose and I gave him Sepia.

J. B. S. King, M. D: - A friend of mine in Chicago told me that he had cured two cases of Hodgkin's disease with the Iodide of Arsenic in the 30th. potency. This is considered an incurable disease and makes a remarkable record for the Iodide of Arsenic.

Frank Patch, M. D: - I have had some experience in tubercular troubles with the Iodide of Arsenic with excellent results, in several cases I have used the 200th and can remember two cases that were cured in the incipient stage.

B. LeBaron Baylies, M. D: - I had a young man under treatment for several months for tuberculosis. Two-thirds of the right lung was consolidated and there was prolonged expiration perceptible in the left lung, fever and night sweats. These symptoms disappeared satisfactorily under the action of Tuberculinum, a dose once a week. He had toward the latter part of the treatment, the symptom of dragging pain in the right hypochondrium, with soreness over the lower rib. For this he received Carbo veg. 45m, at intervals of a week. His health is now excellent and he has returned to work.

R. F. Rabe, M. D. - This discussion has astonished me considerably, because it runs so contrary to what I have been taught, in regard to the repetition of the remedy. I had occasion to read a paper on the repetition of the remedy but this discussion reduces me to confusion. We have heard of Tuberculinum given once a week, once an hour, and of Iodide of Arsenic three times a day for some weeks, and I am astonished.

C. E. Alliaume; M. D: - It is all right to employ repetition until you get an improvement, then wait. That is what was done in the cases related here as I understand them.

H. C. Allen, M. D: - Hahnemann says that it may be necessary to give a dose of medicine every five or ten minutes. The doctor is the judge of the necessity for the repetition of the dose, under the general working rule that you are to stop when you get results. As to whether we are to repeat the dose of the nosodes more than other remedies, that would be the matter of experience. It is my experience, working with them under the general rule spoken of above, that they do not have to be repeated oftener than other remedies. Another thing to be considered is this; they can be given in serious chronic diseases without danger of getting up too strong a reaction. I would not give Sulphur or any mineral or metallic remedy in the suppurative stage of tuberculosis under any consideration whatever. In such cases, it is my experience that it is better to select a vegetable remedy or a nosode as near the similimum as possible. Acute tuberculosis is proportionally like pneumonia or cholera a very rapid disease and you must repeat the remedy until you get improvement or results. You can give Tuberculinum in water every four hours for three or four days with good results in acute tuberculosis, if the symptoms indicate it. There will not be an aggravation as there may be with the mineral remedies. In such, the metallic remedies are not safe; I do not give them. The nosode corresponding to the symptoms is safe and is the best palliative in incurable cases. This is the results of my experience. I began to give them the nosodes in the infrequent dose and have gradually from observation been brought round to the more frequent doses. Why not use Tuberculinum as we do every other remedy when the symptoms call for it?

E. B. Nash, M. D: - It seems to me that if Hahnemann's law is true when the remedy excites the action of the system in the direction of cure, it starts a process, and any repetition beyond what is required to do this, runs the risk of either prolonging the sickness unduly or of spoiling the cure entirely. You run that danger but it is a fact nevertheless, owing to the reactive power of the vital force that repetition does not always act deleteriously for if it did the homeopathic physicians all over the country would lose most of their cases. The safe way is to stop giving medicine as soon as the symptoms are decidedly improved and then to repeat the medicine when they, show signs of coming back again. Dr. Lippe prescribed for a case of pleuropneumonia, giving Kali carb. The patient improved for a few hours and then dropped back. Another dose with a similar result. Then Dr. Lippe gave repeated doses until the

improvement, that resulted, staid. That is the rule applied properly to an exceptional case. There is no exception to the working of the law when it is understood. Repeat until reaction occurs, then wait until the reaction ceases.

E. P. Hussey, M. D: - There is one point mentioned by Dr. Allen that nearly always comes up and yet is never settled; that is the question of giving Sulphur and other mineral remedies to such cases. I would not dare to give Sulphur to a far-gone case of consumption; but I do not believe that it is ever really indicated in an unsuitable case. I cannot conceive that the really indicated remedy could ever injure anyone and I do not like the idea to be broached here.

H. C. Allen, M. D: - I believe the only thing we can do is to leave the repetition of the dose to the judgment and experience of the individual prescriber, guided by the rules of the Organon. There are no better rules to be found anywhere. Now, it is my experience that it is not wise to give mineral remedies in the suppurative stages of tuberculosis, and I fully agree with Dr. Hussey. They are rarely if ever called for or indicated in such cases. If we took the case properly the totality of symptoms would not call for Sulphur. When I have such a case, it is my invariable rule to give a vegetable remedy that agrees as well as possible with the symptoms of the patient and it has been satisfactory. My choice is very apt to fall on the nosodes. I avoid the mineral acids and the metals.”

(Henry C. Allen, M. D., Chicago, Clinical Cases, Proceedings of the International Hahnemannian Association 1904, p. 161-178)