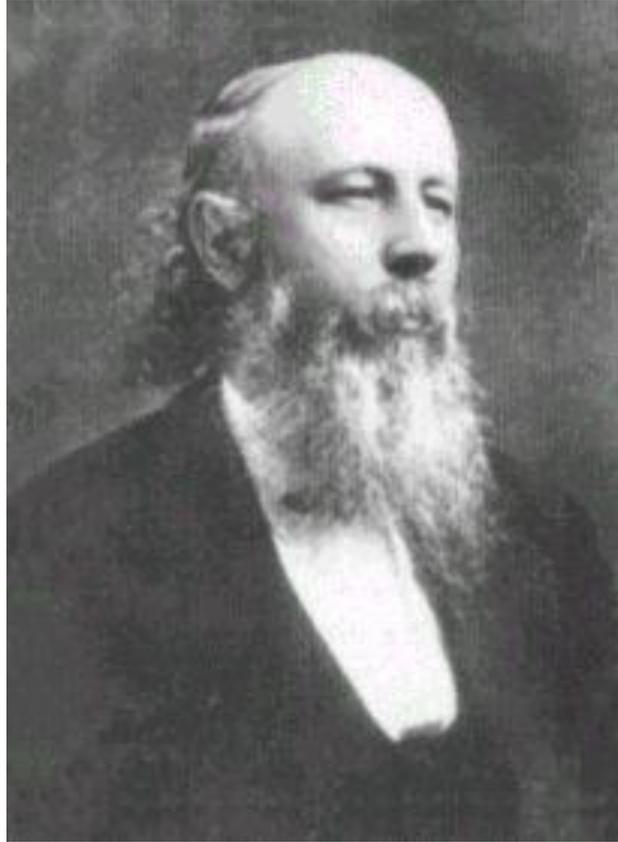


## **Carroll Dunham**



Carroll Dunham (1828-1877)

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### **1859 - Deafness**

"G. W. W., aged 17 years, small, but well-proportioned and of good constitution, healthy since his 9th year, has been deaf since he was 4 years old. When 3 years of age, he had an eruptive disease of the whole scalp, which, after resisting for a year all the milder methods of allopathic treatment was finally caused to disappear, in the following manner:

A tar-cap was placed upon the head, and, when firmly adherent to the scabs, was violently torn off. The scabs came with it, leaving the whole scalp raw. This raw surface was moistened with a saturated solution of nitrate of silver. The eruption did not reappear; but from that time, the child was deaf.

The condition of the youth now excites the earnest solicitude of his friends. His inability to move in society, or to get a situation in business, on account of his deafness, has produced a morbid state of mind. He broods over his infirmity, and secludes himself even from his own family.

Under these circumstances, he applied to me to be cured of his deafness. His present condition is as follows:

He is quite unable to hear ordinary conversation, and has never heard a sermon in his life. A loud-ticking lever watch can be heard at a distance of 3 1-2 inches from either ear. On application of the watch to his forehead, or to the teeth, he hears it distinctly. Occasional buzzing noises in front of the ears. A physical examination of his ears reveals the following condition: The external meatus is abundantly supplied with soft, normal wax. The membrana tympani is white, opaque, and evidently thickened. When the patient attempts to inflate the middle ear, (which he accomplishes, with great difficulty, by closing both mouth and nose and making a forcible expiration,) the membrana tympani becomes but very slightly convex, and it is impossible to distinguish its distended blood vessels. There has evidently been a deposit in the substance of the membrane. On examination of the throat, it appears that the orifice of the eustachian tube is free.

*Feb. 3, 1857.* Patient received a powder containing 3 globules of Mezereum 30, to be taken on retiring.

*Feb. 24.* Thinks he hears better - "every sound seems much louder than before."  
Hears my watch at a distance of 4 1-2 inches from the right ear, and 4 1-4 from the left ear.  
Sac. lactis.

*March 1.* Has not improved during the last week. Mez. 30, 3 gl.

*March 27.* Hears my watch, with the right ear, 6 1-2 inches, and with the left ear, 7 inches.  
Sac. lactis.

*April 20.* Hears my watch, with the right ear, at a distance of 10 inches, and with the left, at a distance of 14 inches.

Hears ordinary conversation easily, with attention.

Sac. lactis.

*Sept. 28.* Has been steadily improving until three weeks ago, when he became more deaf again, without apparent cause. Mez. 30, 3 gl., on retiring.

*Jan. 26, 1858.* Hears my watch at a distance of 14 inches from the right ear, and 24 inches from the left ear.

Deafness returns when he takes cold, but disappears with the cold. Mez. 30, 3 gl., on retiring.

*March 19.* To his surprise, on going to church, although seated at the extreme end of a very large building, he distinctly heard the whole sermon - for the first time in his life.

On physical examination, the opacity of the membrana tympani is found to have disappeared, and its elasticity to have sensibly increased.

*May 24.* Patient writes me that he has obtained, without difficulty, a situation in a store, and that he is no longer conscious of being deaf.

His sole difficulty is that, as he has the reputation of being deaf, everybody shouts at him.

His father writes, that the son's hearing is "perfectly restored."

*Remarks.* - The success of the treatment resorted to in this case, warrants a few remarks upon its rationale. Here was a case which presented to the practitioner apparently nothing on which to base a prescription. There was a thickened membrana tympani - nothing more. The work of thickening had probably been accomplished years ago. Here was a *pathologico-anatomical condition*, but no *pathological process* and, consequently, there were no abnormally performed functions - or, in other words, no symptoms of disease - from which to draw indications for treatment. The pathologico-anatomical *condition* threw no certain light on the pathological *process* which had produced it - just as a knowledge of the town, at which a traveler has arrived, gives no certain clue to the road by which he reached it.

But, as Hahnemann advised his disciples, the *history of a case* is often of the utmost importance in determining the treatment. In the case before us, the coincidence between the violent removal of the tinea capitis, by nitrate of silver and the appearance of the deafness, was too marked to escape notice. It could not fail to occur to the practitioner that the scalp disease was one phase of a *psoric* affection, as Hahnemann would have called it - or of a dyscrasia, as the modern school of German pathologists would say (for the doctrine of the dyscrasias is but a re-hash of Hahnemann's psora theory,) and that this affection, disturbed in its localization upon the scalp, had transferred itself to the tissues of the ear. It further occurred to me that, since in this latter localization there were no sufficient indications for a prescription, I might find such indications in the phenomena of the former localization upon the scalp. I accordingly addressed myself to the task of getting a complete picture of this affection, which had disappeared thirteen years before. By good fortune, the mother of the patient was possessed of a good memory, and of very excellent powers of description, and from her I learned that "thick, whitish scabs, hard and almost horny, covered the whole scalp. There were fissures in the scales, through which, on pressure, there exuded a thick, yellowish pus, often very offensive. There was great itching, and a disposition to tear off the scabs with the fingernails - especially troublesome at night."

The remedy which corresponds most closely, in its pathogenesis, with the above group of symptoms, is undoubtedly *Mezereum*. In the introduction to the proving of that drug, in the Chronic Diseases, Vol. IV, Hahnemann recommends it for moist eruptions of the scalp. In the proving, in the Archiv, Vol. IV, many symptoms point to a similar eruption - itching, especially, at night; but the conclusive group of pathogenetic symptoms, is the following, from a new proving of *Mezereum*, by the late Dr. Wahle, of Rome, of which the manuscript was shown me by his son, the present Dr. Wahle:

"Head covered over with a thick leather-like crust, under which thick white pus collects here and there and the hair is glued together; on the head, great elevated irregular white scabs under which pus collects in quantity and becomes offensive and breeds vermin. The child keeps scratching its face and head at night, and continually tears off the scabs."

The resemblance between these groups of symptoms was so striking that *Mezereum* was at once selected, as the remedy for this case of *deafness*, just as if the scalp affection had been still in its original form, and had been the immediate object of the prescription.

It not unfrequently occurs that we are called upon to prescribe for what seem rather *results*, of morbid actions, than active diseases. In such cases, it would seem that we may often successfully base a prescription upon the symptoms of a diseased condition which no longer exists but which form in reality a part of the case. It may not be amiss to call attention to the completeness of the corroboration which this case affords, (were any needed,) of Hahnemann's *psora theory*. It is hardly necessary to say that Hahnemann had no idea of restricting the appellation *psora* to itch, as we understand that term, that is to the disease caused by the *acarus*. On the contrary in his Chronic Diseases Vol. IV, he expressly includes under it *various forms*; as "*Itch, Tinea Capitis, Herpes, etc.*"

(Carroll Dunham, M. D., Newburgh, N. Y., Deafness, The American Homoeopathic Review vol. 1 (1859), p. 23-26)

### 1859 - Chlorine and Spasmus Glottidis

"In the year 1850, after submitting to the manipulations of a dentist, I was advised to wash the mouth with a solution of chlorine. A weak solution of chlorine gas in cold water was accordingly prepared, and I proceeded to rinse the mouth with it. Scarcely had the liquid been received into my mouth, when I became sensible of a spasmodic action of some part of the respiratory organs of the following character: *Inspiration* was unimpeded, and could be effected in the natural manner, but *expiration* was absolutely impossible, and this impossibility arose, if I might trust my sensations, not from any inability of the muscles of expiration, but from a closure of the rima glottidis. *Expiration* being felt to be impossible, *inspiration* was again attempted, and was accomplished, fully and easily, although the act was attended by a slight *crowing* noise. Expiration which was again attempted, was impossible as before. By these successive operations, the lungs became inflated to a moist painful degree, but, so firmly did the glottis appear to be closed, that it seemed as though air might pass through any part of the thoracic walls more readily than by the way of the larynx. This arrest of respiration having endured for about a minute, the face becoming turpid and livid, partial coma supervened, the spasm relaxed, and respiration became free again.

In 1852, I had an opportunity of witnessing the effect of a strong accidental inhalation of chlorine gas by an adult. The same phenomena of comparatively free, but *crowing* inspiration, and of absolutely obstructed *expiration* presented themselves, the face became extremely livid, convulsive movements of the extremities began, and the patient became partially comatose. I administered ammonia by olfaction, the spasm relaxed, and consciousness returned along with normal respiration.

These experiments show a power in chlorine, to produce the following condition, "Spasm of the glottis, which interferes but little with inspiration, giving to it a crowing sound, but which prevents expiration. During the continuance of the spasm, the respiratory act consists of a succession of crowing *inspirations*, each followed by an ineffectual effort at *expiration*, the whole serving to inflate the chest to a most painful extent, and attended at last, by turgescence of the face, and more or less complete coma, with or without convulsive movements of the extremities, and during which the spasm relaxes."

In the proving of chlorine, in Vol. II., of the *Neues Archiv*, a similar effect is indistinctly indicated. Pareira says "if an attempt to be made to inhale undiluted chlorine gas, it produces *spasm of the glottis*. Twice I had suffered severely from the accidental inhalation of it; and each time it gave the sensation of constriction of the air tubes, such as might be produced by a spasmodic condition of the muscular fibres of the bronchial tubes." The peculiar nature of the chlorine spasm, viz., that it affects expiration almost exclusively, is not mentioned by Pareira.

Bearing in mind the odium, which has been attempted to be cast upon some of our colleagues, for flooding our literature with "fragmentary provings," which serve no purpose but to "cumber the *materia medica*," and to annoy our practitioners with and "*embarras de richesses*," (as if it were not worth while to publish and to study anything, however "fragmentary," if it furnish us the means of curing, were it but a single case!) I might have abstained from publishing the above symptoms of chlorine, had not the following case demonstrated their practical value.

June 24<sup>th</sup>. A female infant, seven months old, well developed and large, the fourth child of healthy parents, was brought to me with the following history: Having been previously in perfect health, she was seized three weeks ago, with a spasmodic affection of the respiratory organs. Suddenly and without any warning, she would make a long inspiration, with a slight crowing noise; an attempt to exhale would be made, but without success; another crowing inspiration followed by a forcible, but ineffectual effort to exhale; and this would be repeated until the child became blue around the mouth, and sank into partial unconsciousness, when free respiration would take place, and the child would generally sink into a deep sleep. Frequently toward the close of an attack, convulsive movements of the extremities would be noticed, and once general spasm occurred. At first, these attacks came on after some excitement, or on the child being startled. They frequently occurred during sleep, arousing the child suddenly, and they were most frequent from midnight to 7 a. m. Within the week before I saw her, they had become very frequent - as many as 30 to 40, occurring during the 24 hours.

The child had begun to emaciate, rapidly, had lost appetite, strength and playfulness, the face was pale and bloated, and the eyes had a dull and glassy expression. The child had been under most skilful homoeopathic treatment since the commencement of the attacks, and as she failed to improve, change of air was recommended, and she was brought to Newburgh. The climate failing to benefit her, the child was placed under my care. The case seemed all the more serious from the fact that, last year, the parents had lost an older child, a boy, with the same affection. In the fourth week of the disease, of which the course had been in every respect similar to that of the infant above narrated, convulsions supervened, and the child died at the end of the sixth week. This child was under enlightened allopathic care. It may be interesting to note, that the autopsy revealed no malformation, and no organic lesion; simply emaciation and atrophy.

On careful examination of my little patient, I could discover nothing abnormal in the condition of the heart or lungs, and no sign of disease that was not fairly attributed to the frequent recurrence of these spasms, with the venous congestion consequent upon them. It was evidently a case of Spasmus Glottidis (*Asthma thymicum*, *Asthma millari*, *Asthma*

laryngeum infantum, laryngismus stridulus), and had advanced almost to the second or convulsive stage in which the prognosis is decidedly unfavorable.

The remedy which is recommended before all others for this disease, in our hand-books and repertories is *Sambucus*. The symptom on which this recommendation is based, is the following: "Slumber with half open eyes and mouth; on awaking from it, he could not draw a breath, and was compelled to sit up, whereupon respiration was very hurried with wheezing in the chest, as if he should suffocate; he lashed about with his hands; the head and face were bloated and bluish; he was hot without thirst; weeping at the approach of a paroxysm; all this without cough, and especially at night, from twelve to four o'clock." On comparing this picture with the case under consideration, we find correspondences in the general characters of the affection. The spasmodic embarrassment of respiration, the absence of fever, and of cough, the occurrence of the paroxysms *suddenly*, chiefly at night, and on awaking, show a general appropriateness of *Sambucus* to spasms of the larynx and bronchial tubes. But we seek in vain for the unequal disturbance of the *inspiratory* and the *expiratory* act, which are the *individual* and therefore the *characteristic* peculiarity of the case under consideration. And failing to find this, we should as a matter of course expect that *Sambucus* would fail to cure, or in any way to affect the case. And this had been the fact. So too of *Lachesis* and several other remedies which, as well as *Sambucus* had already been tried before the case came under my care. In this very peculiarity, which was characteristic of the case, the similarity of chlorine was most striking. And it was with the utmost confidence of happy result, that I determined, after a careful examination of the case, to administer chlorine. I accordingly prepared a saturated solution of chlorine gas in water at 60° Fahrenheit, and made from this the first centesimal dilution in which the odor of the chlorine could be faintly perceived.

Of this I ordered twenty drops to be dissolved in four tablespoonfuls of water, and a teaspoonful to be given to the child, every three hours. (A porcelain spoon was used.) I also directed a few drops to be placed in the child's mouth at the beginning of each paroxysm, if this should be possible.

The first dose was given at 4 p. m., June 24<sup>th</sup>. During the preceding twenty-four hours, the child had had forty paroxysms. During the succeeding twenty-four hours, there occurred but four paroxysms; only one of which began with any severity, and this one was instantly arrested midway by a few drops of the solution placed upon the child's tongue. During the night of the 26<sup>th</sup>, not a single paroxysm. Improvement in the general condition of the patient now became apparent, appetite and playfulness returned; the bloated aspect of the face, and the dulness of the eye disappeared. On the 27<sup>th</sup>, the paroxysms increased in number and severity. On examining the solution, I found that it had changed in character, and no longer contained chlorine. A fresh solution was prepared, and henceforward it was prepared afresh every second day. From this time July 1<sup>st</sup>, the remedy was continued; a dose every four hours - when the spasms having wholly ceased, the child appearing well, it was finally discontinued. On the 2<sup>nd</sup> July, a slight spasm occurred, and the child appeared feverish and excited - with greenish diarrhoea. I found a lower incisor pressing strongly upon the gum which was hot and swollen, and which I forthwith lanced. In two hours the child had lost every trace of illness. Since this date, she had continued in good health, with the exception of some trifling disorder attendant upon dentition. \* There has been no sign of a recurrence of the spasm of the Glottis.

\* Marshall Hall advises, that in this disease, special attention should be paid to the state of the gums, if, as is generally the case, it occur during dentition, and he advises frequent, even daily scarifications of the gums. Until the 2<sup>nd</sup> of July, there was no sign of irritation of the gums which had been carefully examined by me every day.

I am aware that children who are subjects of this disease have occasionally periods of exemption from its attacks, though this is not the case when the attacks are so frequent and also violent as in the above case, and it is possible that this child may be again attacked under provocation of difficult dentition or of some equal powerful exciting cause. As there can be

no doubt however of the controlling power of chlorine over the first attack, I should have no misgivings about its success in subsequent attacks, should the condition be the same as before.

In connection with the above remarks upon chlorine, it may not be amiss to call attention to a kind of spasm of the glottis occasionally produced by *chloroform*, and which strikingly resembles the spasms produced by chlorine. Now, by the presence of an alkaline solution, chloroform is readily decomposed, and chlorine set free. The question at once suggests itself whether in these cases of spasms such a decomposition has been induced by the reaction of the alkaline saliva upon the vapor of chloroform, and whether the spasm is caused by the chlorine thus set free.

In this case, the spasm of the glottis constituted the whole of the morbid condition. But sometimes spasm of the glottis occurs as a complication of some affection of the throat or of the respiratory apparatus, and in such cases chlorine may be of great service. In the winter of 1853, I visited in consultation a case of Scarlatina in which sloughing of the pharynx to a great extent had taken place and in which spasm of the glottis had set in, threatening to cause a speedily fatal termination. The attacks of spasm were almost constant; the child, a boy of eight years, scarcely rallying from one paroxysm before another came on. The character of the spasm was precisely such as I had seen produced by chlorine. Chlorine water was administered, and the spasms ceased instantly, with but one or two slight recurrences." (Carroll Dunham, M.D., Newburgh, N.Y., Chlorine and Spasmus Glottidis, The American Homoeopathic Review vol. 2 (1859-1860), p. 18-24)

### **1860 - Chronic Diarrhoea cured by a single dose of a high potency**

"Charles C, aged 10 years, has had diarrhoea ever since he was 4 years old - has been subjected to various modes of treatment, including the Homoeopathic, but without any material benefit. He is of good height for his age, but is emaciated to an extraordinary degree, not only are his tissues utterly devoid of fat, but the muscles are wonderfully attenuated; my thumb and finger meet with ease around the middle of his arm. Nevertheless he is active and full of fun. His appetite is prodigious - thirst very great - he complains of distress in the epigastric region, which is much greater just before a stool, compelling him to press his hand upon that region and bend forward, this is relieved to some extent by a movement of the bowels. The epigastrium is sensitive when touched. The abdomen is greatly distended: this is habitual; it is hard, and tympanitic; by forcible manipulation, one can detect hard ovoid bodies, deep in the abdomen, as large as a pigeon's egg. The number of stools in twenty-four hours varies from five to twenty. They are copious, pappy, of a dark greenish brown color, quite offensive. They occur chiefly during a period from 4 a.m. to noon - seldom after noon or before midnight. Though so copious they do not produce faintness or a sense of weakness, nor does the boy complain of debility although aware that he is not so strong as other boys of his age. On the contrary he is lively, and full of mischief, his chief complaint being of the very frequent pain in the upper part of the abdomen, which he describes as a "grumbling pain," and sometimes a "very sharp squeeze."

Of the particulars of his previous treatment, I could learn but little. During the summer preceding my first visit to him he had been under homoeopathic treatment, (not in this village) and I was told that he had taken a good deal of Arsenicum which, however, to the great surprise of his physician had done him no good.

And, indeed, on a hasty review of the symptoms, it might seem extraordinary that Arsenicum should have failed to cure the case. The dark, pappy, offensive stools, preceded by tolerably acute pain in the abdomen, with great and excessive emaciation, comprehend, to speak with the pathologists of *our* school, the *essential* features of this present disease of the alimentary

canal and moreover present a fair simile to the Arsenicum-disease. A careful examination, however, will show that some even of these symptoms vary in important aspects from the corresponding symptoms of Arsenicum, while other symptoms which betray the diathesis of the patient are quite at variance with those of Arsenicum. *For example*, in the first place, the thirst although very great, is *not* satisfied by a small quantity of water, as in the Arsenicum-disease; the stool though similar in color, consistency, and odor to that of Arsenicum is *copious*, that of Arsenicum being, like all the secretions under that drug, *scanty*. It is not attended by as great a sense of exhaustion as one would expect to find. Indeed the debility and muscular weakness are *much less* than one would suppose must result from a diarrhoea so copious and of so long duration, whereas in the Arsenicum disease, the general prostration is much greater that can be accounted for by the actual drain upon the system. In the second place, the aggravations occur in the *mornings*, while in the Arsenicum disease they occur almost exclusively in the *evenings*. The abdomen is distended and hard, making the child quite pot-bellied, whereas Arsenicum produces retraction of the abdominal walls and concavity of the abdomen. The appetite is very great, a symptom which is not characteristic of Arsenicum.

Then it appears although the symptoms, to which my attention was first called, as being the symptom of chief importance, seemed to point to Arsenicum as its remedy, yet the conditions and concomitants of that symptom and the general symptoms of the patient did not at all demand but decidedly contra-indicated that remedy.

But with what propriety can the diarrhoea, the frequent liquid stool, be regarded as the symptom of chief importance, the primary symptom, so to speak? It is that symptom which would first strike the observation of the patient's friends because so decidedly objective in its character; but it is obviously a secondary phenomenon, depending on the diseased state of the alimentary canal and of the Mesenteric Glands; and this diseased state depended unquestionably upon a general depressed state of the vascular and nervous systems, or upon a modified vital action, which is manifested in those *general symptoms*, upon which we predicate distinctions of dyscrasia and diathesis. Taking this view of the case, it is evident that to assign the chief place in our scheme of symptoms to the *diarrhoea*, would be to prescribe for *symptoms* (and secondary ones at that) rather than for the *whole morbid state* of the patient. But if in accordance with the view I have indicated we give but a secondary place to the diarrhoea, it becomes easy to find a remedy for our case. The distended, prominent abdomen, the indurated and enlarged glands, the excessive appetite, the great thirst demanding large draughts of water, the pain in the upper part of the abdomen just before the stool, the tender epigastrium, the copious and long continued diarrhoea, *without corresponding exhaustion*, all these symptoms combine to exhibit a condition which finds its exact simile in Calcarea carbonica. Moreover, although Calcarea does not produce stools of the color met with in this case, yet the *conditions* of stool produced by Calcarea correspond to those of the case in hand. The aggravations of Calcarea are frequently in the morning, and the pain in the abdomen is relieved by warmth as in this case.

Calcarea carbonica therefore was selected as the appropriate remedy, and the propriety of giving it being so obvious that I could not suppose it had been overlooked by the physicians who had previously attended the lad, and there being every probability that if they gave it at all, they gave it in low potencies; I concluded to give the 200. Two globules were according dissolved in four ounces of water, and a teaspoonful of the solution ordered to be given every four hours. For the week preceding this prescription the boy had had twenty stools daily, and very great pain.

On the third day after the remedy was administered, I called again. The lad had had but one stool daily, since the day after my visit, and during the ten months which have since elapsed his bowels have moved regularly, but once daily, the stool being in all respects normal.

In the space of one month, the lad became so ruddy and plump, having gained twenty-two pounds in weight that I should not have known him. As he gained flesh and strength, the rotundity of the abdomen disappeared and at the end of the third month, the indurated abdominal glands were no longer to be felt. He received no medicine besides the single dose of Calc. carb. 200, above mentioned.

It may seem incredible, and I confess I cannot explain it, that a drain so long established and so copious could be instantaneously checked without producing at least temporary disturbance of some other character. The fact, however, does not admit of dispute.

In a review of this case, two points seem worthy of notice.

1. The prompt and enduring action of the high potency. I would not venture to say that a low potency would not have acted as promptly - certainly, however, nothing *better* could be imagined or desired.

2. The great importance of paying careful regard in the selection of a remedy to the *general* symptoms of the patient, as denoting the dyscrasia, and to the *conditions* (time and character of aggravation, &c.) of every symptom."

(Carroll Dunham, M. D., Newburgh, N. Y., Chronic Diarrhoea cured by a single dose of a high potency, The American Homoeopathic Review vol. 2 (1860), p. 471-474)

## **1863 - Address, delivered at the semi-annual meeting of the Homoeopathic Medical Society of the State of New York**

*"Gentlemen of the Society :*

By the request of your president and other officers, I appear before you to perform that duty which, on such an occasion as this, devolves upon the president of the Society, but which the special engagements of that officer, at this season of the year, in New York, have prevented his fulfilling.

The session of this evening brings to a close the first regular meeting of the Homoeopathic Medical Society of the State of New York.

The object of this Society is declared to be "the advancement of the science of medicine."

In these days, when the value of associated labor is so well understood, one might certainly ask, with surprise, " Can it be that, prior to this year, there has existed in the State of New York no central organization for the advancement of the science of medicine ?"

The fact is, there *has* been a State Medical Society in active operation since 1806. Its *object* is the same as that of our Society; its organization and its mode of operation are identical with ours.

What, then, is the necessity for a second Society ? Why should men of the same profession, engaged in similar labors, for a common object, divide their forces, and thereby diminish their efficiency ? What is the nature of the *antagonism* which this division implies, and what is the necessity for its perpetuation ? Candid and exhaustive replies to these questions will explain and justify our position of separation from the Old School of medicine. They will, at the same time, sharply define the outlines of that branch of medical science to which we have especially devoted ourselves, and will give us a clear view of the labors which devolve upon us for its advancement and development.

I propose, therefore, to discuss this antagonism, first from a historic and then from a philosophical point of view.

Samuel Hahnemann, the great reformer of medicine, was a regularly educated physician, of great learning and very uncommon general culture and literary attainments. In the words of Sir John Forbes, who surely cannot be accused of any partiality for the founder of Homoeopathy: "No candid observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, as ingenious as many that preceded it, and destined, probably, to be the remote, if not the immediate cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself; \* \* \* he was undoubtedly a man of genius and a scholar; a man of indefatigable industry and of dauntless energy." (British and Foreign Med. Review, XLI, 1846.)

Hufeland, the Nestor of orthodox medicine in Germany, in calling attention to an essay published by Hahnemann, in his Journal, in 1801, speaks of him as "one of the most distinguished physicians in Germany."

This being the estimate in which Hahnemann was held by his most distinguished contemporary (Hufeland) and by his most learned critic, (Forbes,) both of whom, be it observed, were opposed to the medical reform which he had instituted, let us glance at his professional career.

After practicing in various localities and positions, with such success and acceptance as to acquire the reputation which Hufeland records, of being "one of the most distinguished physicians in Germany," Hahnemann tells the profession, in several essays on medical subjects, that he has become so deeply convinced of the uncertainty of medical practice; and of the positive injurious effects of many methods in common use among physicians at that day, that, at length he really "doubts whether his patients would not, in many cases, have thriven as well, or better, *without* his aid as *with* it."

This conviction of the uncertainty of medicine, this suspicion of the injury which it sometimes inflicts on the patients, were not peculiar to Hahnemann. Girtanner and several others, before his day, expressed them. Sir John Forbes, from whom we have already quoted, says, in 1846, of the medical methods of our own time, "in a considerable proportion of diseases it would fare as well, or better, with patients, in the actual condition of the medical art, as more generally practiced, if all remedies, at least all active remedies, especially drugs, were abandoned." " Things [in medicine] have arrived at such a pitch, that they cannot be worse; they must mend or end." (B. and F. Med. Rev., XLI, 1846.) Such views have been repeatedly expressed by members of the medical profession in this country.

Hahnemann has said nothing more severe nor more sweeping than this condemnation of practical medicine, by the late head of the profession in England.

But what did Hahnemann do when he had become convinced of the inutility and mischievousness of the current medical methods? Did he continue a routine practice for the sake of " making a living?" No! like a noble, honest man, he refused to make a pretense of curing where he *believed* he did *not* cure. He relinquished the practice of medicine and devoted himself to the collateral science of chemistry and to literary labors. But his mind was ever at work on the great question of the improvement of the practice of medicine, for he was "sure that the Creator had not left His creatures without a means of succor from the pangs and ravages of disease."

Thus intent on this subject, he could not fail to remark that although the prevailing treatment of diseases was, in general, blind and at least *ineffectual* to cure, yet there were certain remedies which were used in the case of certain diseases with almost uniformly happy results - or at least with such results as left no room for doubting that in *these* cases, at least, *real*

cures were effected. This he had observed to be the result of the use of mercury in certain cases, not unfrequently encountered by medical men ; but his attention was especially called to the fact in connection with Peruvian bark, the febrifuge properties of which had, during the latter part of the preceding century, become well established and highly prized on the continent.

"If," he thought to himself, "if the number of these specific remedies could be vastly increased, and if some system could be discovered in accordance with which we could ascertain their exact properties and could know beforehand in what cases of disease they would be applicable, then indeed would the uncertainties of medical practice be removed, then might we anticipate as great success in the treatment of all diseases as we now attain in the treatment of a few for which we have specifics."

This desire for specifics was not original with Hahnemann. It had been expressed before his day by Bacon and by Boyle. Sydenham had longed for them in expressions almost pathetic in their hopelessness. But Hahnemann, with his "undaunted energy and indefatigable industry," went to work to *discover* this system.

A casual observation in Cullen's *Materia Medica* gave him the clue to his discovery, as the falling apple did to Newton and the swinging chandelier in the church at Pisa to Galileo. From this observation it occurred to him that provings of drugs upon healthy persons might furnish a knowledge of their specific properties, and that the administration of drugs, in cases presenting symptoms similar to those which the drug produces in the healthy subject, might be the law of the application of specifics.

He sought throughout the whole medical literature of ancient and modern times for instances bearing upon this subject, and he collected a large mass of evidence corroborating his speculations.

He then proceeded to verify his theory by actual experiment. First upon himself and then upon all healthy persons who would join him in these self-sacrificing labors, he proved the effects of a number of drugs. Then, cautiously, first in his own family, and then, little by little, in his general practice, which he had now resumed, he gave, as occasion offered, the drugs which he had proved, in cases of disease that presented symptoms similar to those produced by the drugs.

From 1790 to 1805, fifteen years of the prime of his life, were devoted to constant, exhausting labors of this nature, during which time he proved on his own person more than sixty drugs; "for," said he, "when we have to do with an art whose end is the saving of human life, any neglect to make ourselves masters of it becomes a crime!" (Dudgeon, *Hahnemann's Lesser Writings*.) At the end of this period, sure of the truth of the great principle he had discovered - with all the incidental testimony of history to support it - with the positive results of a long experience to confirm it - he presented his views and the results of his labors to the profession in an essay of wonderful logical power, of the utmost moderation in expression, full of almost tender persuasion and of the noblest enthusiasm; <sup>(1)</sup> and he published at the same time the first part of his *Materia Medica*. <sup>(2)</sup> Five years later appeared the more elaborate exposition, the "*Organon*."

(1) *Medicine of Experience*. (2) *Frag. de Vir. Med. pos.*

This was the turning point of Hahnemann's career. Let us see what was his relation to the profession at this time.

He had, by universal consent, attained a position in the profession which justified him in assuming to criticise prevailing methods and to suggest improvements. He had shown the need of improvements, and he had borne testimony to his honesty in this exposition, by retiring from a lucrative practice. He now came before the profession, saying, "I believe I

have discovered a system which will render the practice of medicine certain, and its success brilliant. I have labored fifteen years to test my discovery. My own experiments, and the testimony furnished by the records of medicine, convince me of its truth. I lay it and them before you, my colleagues, and I conjure you, in the name of truth, by the interests of humanity, to investigate it candidly and without prejudice."

"If," he says in his letter to Hufeland on this occasion, "if experience should show you that my method is the best, then make use of it for the benefit of mankind, and give God the glory!"

How were this exposition and appeal received by the medical men of the day ?

In 1811, appeared the Anti-Organon of Prof. Hecker - a work full of the most bitter aspersions upon Hahnemann's personal character, whereas, in fact, the question had relation to *principles* and not to *persons*; abounding in the most concentrated contempt and scorn of the system which Hahnemann had unfolded ; and without a single suggestion to investigate, by *practical* experiment, the *practical* method which Hahnemann had stated to have been attended, in his hands, with such brilliant *practical success* !

And from that day to the present, all the utterances of the Old School, whether from the press, the council, the professor's chair, or in the forum of the academy, have been bitter personal denunciations and aspersions of the character and motives of Hahnemann, and of all who have adopted or have even shown a disposition to investigate his method !

But many a scientific discoverer has met with opposition and calumny at the hands of his colleagues. Not to go beyond the ranks of medicine, Harvey was denounced as a quack, because he demonstrated the circulation of the blood ! Jenner was scandalized with most persistent violence because he introduced vaccination.

To Hahnemann, however, persecution came nearer home. After he had satisfied himself of the value of his discovery of the true method of medical practice, he resumed the exercise of his profession. His success was more brilliant than it had ever been. His fame as a practitioner grew rapidly, and patients began to come to him from considerable distances. This good fortune excited the envy of his colleagues in Konigslutter, where he then resided. At their instigation, the apothecaries of the place brought a prosecution against him for infringement of the law which forbids to practitioners of medicine the compounding and sale of the remedies they prescribe. For, it must be observed, that, as an inevitable corollary to his new system of practice, Hahnemann had come to prescribe only a single drug at a time, and that he used simple preparations such as could not be obtained in the requisite purity at the apothecaries. In vain it was urged that the spirit of the law was not infringed, since Hahnemann was himself an expert apothecary and chemist, and since his remedies were not "*compounded*," but *simples*, and not "sold," but dispensed gratuitously. The opposition was too strong. He was forbidden to practice, save in accordance with the law alluded to.

Rather than yield in a matter which he considered essential to the freedom of the physician and to the purity and certainty of his practice, Hahnemann determined to leave Konigslutter ; and accordingly, to the delight of his colleagues and of the apothecaries, and to the regret of the citizens, who were loath to lose their benefactor, and a cortege of whom attended his carriage far beyond the gates of the town, he removed to Hamburg.

Here, as he became known and appreciated, the same persecution was revived, and with the same result. He removed to Altona.

In this way, during a period of twenty-two years, from 1799 to 1821, Hahnemann was constrained, by the persecution of his colleagues, under cover of the law, to change his abode at least eleven times. The last place from which he was driven in this manner was Leipsic - a city for which he had a peculiar affection. Here he had pursued his earliest medical studies

and met with his first successes. Here he had, in later years, established a college of Homoeopathy, and had lectured to large audiences. In the shady walks and groves that surround the city he had been wont to spend the evening of each day in social converse with his family and with the students whom he had gathered about him and who took part in his labors of proving drugs.

From this city of his love, the scientific capital of his fatherland, he was now, in the sixty-sixth year of his laborious life, driven away, to an asylum offered him in the tiny capital of the tiny Duchy of Anhalt-Coethen !

No wonder that he who for so many years had followed the injunction, "When they persecute you in one city, flee ye to another," - that he who like the Divine Healer had gone "about from place to place doing good and healing all manner of sicknesses and diseases among the people" - no wonder that he forgot, under the pressure of this last indignity, that other injunction of the Divine Teacher, to "love them that hate you, and pray for them that despitefully use you and persecute you," and that, like Luther, he now bared his hitherto sheathed weapons of satire and invective against those who had striven to hinder his usefulness - who had so cruelly marred his peace and happiness - all save that peace which can never be taken from the man who has within himself the "mens sibi conscia recti !" If in this he erred and came short of the Divine example, let him among men who is "*pure*," cast the first stone at him.

Time brings its sweet revenges. After a career of honor and usefulness at Coethen, where his ever-increasing fame brought him throngs of patients from all parts of Europe, and a subsequent residence in Paris, where his reputation extorted from the government a license to practice as he pleased, Hahnemann died at Paris in 1843, full of years and honors. Eight years afterwards, in 1851, the town council of Leipsic appropriated a beautiful plot of ground as a site for his monument, and the council celebrated officially the uncovering of a costly and beautiful bronze statue of that man, as one of Saxony's most illustrious sons, whom thirty years before the same council had ignominiously chased from their borders as an unauthorized and illegal prescriber !

Before we leave this branch of our subject, let us draw one lesson from the story of Hahnemann's persecutions. All his sufferings might have been avoided, he might have lived in peace and affluence, enjoying consideration among his colleagues and making *plenty of money*, had he been willing to "yield a little," to waive the right of dispensing his own medicines, to accommodate his system in various points to suit the notions of his time. The temptation to do this might, by some, be supposed to have been great, for Hahnemann's family was large, he suffered during his wanderings from the pinchings of cruel poverty, and this took from him the leisure so necessary for his studies,

But Hahnemann was not made of the stuff that could compromise, for personal ease and prosperity, the charter that God had given him for the benefit of the race. He refused to give up one particle of anything which he deemed essential to the purity and perfectness of his system, and so he has left it to us, pure and perfect !

Let us remember his example when prospects of ease and consideration, and of the cessation of strife for the truth, tempt us to compromise unworthily with any portion of the Old School of medicine.

For there are those among us, as there are men in other walks of life, who for the sake of what they call peace and union, would join hands with what they know to be false ! aye, even though to do it, they should have to "cut off the fanatics," who adhere strictly to Hahnemann - to leave the "brains" of their system "*out in the cold*."

This is the origin and the personal history of the *antagonism* between Homoeopathy and the dominant school of medicine. Hahnemann showed the imperfections of the current methods. Nobody disproved what he said. Everybody agreed with him and everybody sighed for something better. He *discovered* something better and offered it to his colleagues, with demonstrations of its value ; he begged them to investigate it ; and in case they should find it better than the old method, to use it for the good of mankind, and give God the glory ! Then, with one accord, they denounced him as a vile impostor, and chased him from their midst, nor have they yet ceased to heap ignominy on his name !

It may be objected that I have not stated the whole grounds of the opposition of the Old School to Homoeopathy, inasmuch as I have said nothing about the "little doses."

If this were true, it would not alter the bearings of the case, because the doctrine of the "little doses," like all the rest of Hahnemann's method, was offered to the profession to be by them submitted to the test of experience, by which, like all the rest, it should stand or fall. But, in point of fact, Hahnemann came very slowly to see the necessity of giving small doses when he prescribed according to the law of Homoeopathy, and he did not express himself authoritatively upon this subject until long after the opposition to him, and the persecutions in the name of the apothecaries, were in full blast ! Therefore, this opposition could not have originated in the doctrine of the *dose*.

Nor is the question of the dose at all essential to the experiments which Hahnemann invited his professional brethren to make for the purpose of testing his system. Intelligent experiments with doses of ordinary size would convince any physician of the truth of the Homoeopathic law; and if he continued the experiments, the inconveniences that he would find to result from the use of such doses would inevitably lead the experimenter, as they led Hahnemann, to continually diminish the dose, until he should become convinced of the truth of Hahnemann's dogma on this subject also.

This has been the uniform experience of all physicians who have become convinced through experiment of the truth of Homoeopathy and have adopted the method in practice. And the more strictly they conform to Hahnemann's method in prescribing, the more exactly do they agree with him respecting the dose. The number of these witnesses amounts to-day to many thousands, and their concurrent testimony does not admit of dispute.

II. Let us now consider this antagonism from a philosophical point of view.

As I have already said, Hahnemann perceived that the prevailing method of treating disease comprised two processes.

One of these processes was what was then, and is still called the "Rational." It involves a theory of the cause and essential nature of the disease, and the resort to some expedient which would be likely to remove this supposed cause of the disease and to bring about a contrary state, and so conduce to health. Of this kind was Galen's method, which divided diseases into *hot, cold, moist* and *dry* ; made a similar classification of remedies, and applied to each disease a remedy from a class of the contrary nature. Less glaringly absurd, but in no way different in nature, are the theories which hold that certain diseases, for example, are caused by accumulation of the blood in certain organs, and are to be cured by abstraction of blood ; that others depend upon what is imagined to be *want of tone*, and are to be cured by remedies which are assumed to be *tonics*; that others are due to a languid state of the "*animal spirits*," and are to be encountered by the administration of "*stimulants*," &c.

That these were the grounds upon which the prevalent methods, in the generation preceding Hahnemann, were based, is shown by Cullen's theory of the action of bark, and also by the following passage from Sydenham on Pleurisy : "After attentively considering the various phenomena of this disease, I think it is a fever originating in a proper and peculiar

inflammation of the blood - an inflammation by means of which nature deposits the peccant matter in the pleuras. In my treatment I have the following aim in view, to repress the inflammation of the blood, and to divert those inflamed particles which have made an onset on the lining membrane of the ribs (and which have lit up so much mischief) into their proper outlets. For this reason my sheet-anchor is *blood-letting*."

A modification of this process is that which is known as the Hippocratic method of observing and following the indications of nature ; in the words of Sydenham, "watching what method nature might take, with the intention of subduing symptoms by following in her footsteps." According to this method, if, in any disease, recovery was preceded by a critical evacuation, such as a copious sweat, this was assumed to be nature's method, and sudorifics were accordingly resorted to in similar cases.

Now, independently of the fatal objection, that this method would confine our curative power to such diseases as nature *herself* is wont to cure by critical discharges, &c. - the very diseases, therefore, in which medical aid could be best *dispensed* with - while it makes no provision at all for such diseases as rarely or never get well of themselves, such as nature never cures by critical discharges - the very cases, therefore, in which there is most need of the intervention of art - Sydenham tells us that he "found that spontaneous sweats often did good." " But these," he says, " were very different things from *forced ones*." And Hahnemann showed that " in such cases the critical discharges and the recovery were *simultaneous* ; that the discharge was the *consequence* and *announcement* rather than the *cause* of the *recovery*; and that to infer from such a state of things that we could bring about a cure by inducing an *artificial* sweat, would be like ringing bells and lighting bonfires to *secure* a *victory* instead of to *announce* one." (Russell, Hist. and Heroes of Art of Med. - Sydenham.)

The other process, which Hahnemann perceived to be comprised in the prevailing methods of treatment, was - administering, in the case of a very few diseases, of which fever from marsh miasma may be taken as the most illustrious example, certain remedies which had been discovered to possess, in some unexplained way, a power to cure these diseases. Such remedies had been discovered by the merest accident. No method was known by which others could be discovered : no method had been suggested by which it could be more clearly ascertained and defined for what particular varieties of the diseases in question these "specifics," as they were called, were especially appropriate.

Hahnemann showed the fallacy of the philosophy on which the "Rational" method was based. He showed that, even admitting that accumulations of blood do exist as the "proximate cause" in certain diseased conditions, yet these accumulations cannot be regarded as the *essential cause* of the disease. On the contrary, that cause must be sought in that force which regulates the circulation and preserves its equilibrium. This force must have been set into abnormal action, in order that an accumulation could take place in any particular organs ; and, therefore, in the accumulations we see, not the *essential cause* of the disease, but only one of the *results* of that *cause*. To undertake, then, by abstraction of blood to remove a result of the cause, is not to cure the disease by removing the *cause*, but only to seek to *palliate* it by carrying away some of its *products*. He showed, further, that this abnormal condition of one of the dynamic forces, the action of which constitutes the life of the body, is beyond the sphere of our observation. Like the healthy action of these same forces - in a word, like life, it is an ultimate fact, behind which we cannot penetrate, and which, therefore, we cannot study as a *cause* of disease and seek to remove by direct rational means.

But Hahnemann went farther, and showed that, although we cannot investigate the ultimate nature and causes of those modifications of the dynamic forces of the organism, which are the essential causes of diseased action, and then remove them, as a "rational" method would propose to do, yet that if, while a disease is in full vigor, we administer a remedy which

causes a sudden cessation of the morbid action without any abstraction of the fluids or any derivative action whatever, we are then justified in concluding that the remedy we have given has, in some way or other peculiar to itself, reached that force which was in a state of abnormal action, and has so modified it as to bring it back to a condition of normal action; that this remedy has a "specific" effect upon that force under certain conditions; and we draw this conclusion upon the general principle that when an *effect* ceases we may conclude that the *cause* has ceased to act.

And Hahnemann showed, farther, that if we could discover substances having such a specific action, and a law by which we should know just when to apply them, we should have accomplished the much-needed reform in medical science.

He appreciated so highly the value of the *specifics* of which medicine was already in possession, that he consecrated his life to the task of discovering a method of increasing their number and of reducing their use to a system.

In this appreciation of the direction in which alone improvement in the curing of diseases was to be looked for, Hahnemann was anticipated, as I have said, by Bacon, Boyle and Sydenham.

Thus Bacon, in the "Advancement of Learning," after a sweeping condemnation of the unphilosophical method of Galen, says : "A work is wanting upon the cures of reputedly incurable diseases, that physicians of eminence and resolution may be excited and encouraged to pursue the matter as far as the nature of things will permit; since to pronounce diseases to be incurable is to exhibit ignorance and carelessness, as it were, and to screen ignorance from reproach." And again, "I find a deficiency in the receipts of propriety respecting the cure of particular diseases." Again, " They have no particular medicines which, by a specific property, are adapted to particular diseases. I remember a learned Jew. physician who used to say, 'Your European physicians are like bishops ; they have the keys of binding and loosing - nothing more !' It would be of great consequence if physicians, eminent for learning and practical skill, would compile a work of approved and experienced medicines in particular diseases."

The learned Boyle, the father of chemistry, and who had devoted much time to the study of medicine, says: "I cannot forbear to wish that divers learned physicians were more concerned than they seem to be to advance the *curative* part of their profession, without which, three at least, of four other parts, may prove indeed delightful and beneficial to the *physician*, but will be of very little use to the *patient*, whose relief is yet the *principal end of physic*. I had much rather that the physician of any friend of mine should keep his patient, by powerful medicines, from dying, than tell me punctually *when* he shall die, or show me in the opened carcass *why*, it is supposed, he lived no longer."

Again he says, when speaking of the need of specifics : "Finding at every turn that the main thing which does prevail with learned physicians to reject specifics is, that they cannot conceive the distinct manner of the specifics' working, and think it utterly improbable that such a medicine, which must pass through digestions in the body and be whirled about by the mass of the blood to all the parts, should, respecting the rest, show itself friendly to the brain, for instance, or the kidneys, or fall upon this or that juice or humor rather than any other,

"First, I would demand of these objectors a clear and satisfactory, or at least an intelligible explication, of the manner of working of divers other medicaments that do not pass for specifics. For I confess that to me, even many of the vulgar operations of common drugs seem not to have been hitherto intelligibly explained by physicians, who have yet, for aught I have observed, to seek for an account of the manner of how diuretics, sudorifics, &c., perform their operations," &c.

"The same objection that is urged to prove that a specific cannot befriend the kidneys, for example, or the throat rather than any other parts of the body, lies against the obnoxiousness of poisons to this or that determinate part; yet experience manifests that some poisons do respect particular parts of the body without equally or at all sensibly offending the rest ; and we see that cantharides, in a certain dose, are noxious to the kidneys and bladder, and quicksilver to the throat and glandules thereabout, stramonium to the brain and opium to the animal spirits and genus nervosum." (Vol. II, 101, Russell - op. cit. art. Robert Boyle.)

Sydenham expresses himself on this subject with his accustomed brevity and directness. Speaking of intermittent fever, he says, "We must do one of two things ; we must, by careful and anxious observation of *the process by which nature relieves herself of this disease*, draw indications as to the manner by which the incipient fermentation may be promoted and the patient restored to health, or else we must *discover a specific*. By the latter method, we shall attack the malady directly."

It may be observed that Sydenham did not hesitate to choose the latter method so soon as the specific virtues of Peruvian bark in intermittent fever were recognized, and that he was the chief means of making the value of this great specific known in England ; nor have the profession generally, since his day, been disposed to hesitate in their choice between the Hippocratic and the specific methods of treating this disease - the two alternatives which Sydenham so clearly lays down.

He continues - "By no means do I wish to express myself as if wise and learned physicians were to despair ; as if they were to think out no better modes of treatment, and as if they were to throw away the hope of discovering nobler and more potent medicines for accelerating the cure of diseases. So far am I from this that I do not despair of finding out, even myself, some *such medicines* and some *such method of curing*."

These things which Bacon, Boyle and Sydenham point out so forcibly as the desiderata of medicine, which Sydenham did not despair of finding out, yet died without discovering - these "specific medicines," and this "*methodus medendi*," were offered to the profession one hundred years later by Hahnemann.

Dr. Lettsom tells us, "the great Sydenham, for all his labors, only gained the sad and unjust recompense of calumny and ignominy, and that from emulation of some of his collegiate brethren and others, whose indignation at length arose to that height that they endeavored to banish him from that illustrious society, (the Royal College of Physicians,) as guilty of medicinal heresy."

And yet Sydenham only longed for, and looked forward to the discovery of specifics and of the law of their employment. He was the Moses of the specific method. It was, therefore, in the regular course of historic sequence that Hahnemann, the Joshua of that method, who led the hosts of Aesculapius into the promised land of which the Moses had had a glorious vision, should be unsparingly denounced as a heretic and actually banished from every well regulated society !

This, then, is the *antagonism*. Hahnemann shows that specifics are to be discovered by ascertaining the effects of drugs upon healthy persons ; that they are to be applied by giving to a sick person such a drug as would produce, in the healthy subject, symptoms similar to those of the sick person. He presents this discovery to the profession as something in advance of present knowledge. They refuse to accept or even to test it, and they denounce him for offering it. On which side lies the onus of the antagonism ?

But it may be said, however true these statements are, as regards the age for which Hahnemann wrote, the scientific progress of the last fifty years has changed all that. It *has* changed the *names* of things and little besides in therapeutics. We hear no more, it is true, of

"temperaments" and "humors," of the "animal spirits," of the "*Archaeus*," but instead, the talk is now of "the dyscrasias," of "diatheses," of the "cellular pathology," of "analogies" and "heterologies."

There is the same endeavor to draw from a theory of the *essential nature* of the disease a rational indication of cure, of which Hahnemann exposed the fallacy and impossibility. Indeed, Sir John Forbes affirms, in 1846, "The progress of therapeutics (the cure of diseases) during all the centuries that have elapsed since the days of Hippocrates, has been less than that achieved by the elementary sciences of medicine during the last fifty years. This department of medicine must indeed be regarded as yet in its merest infancy."

It should be clearly understood, and I state it most emphatically, that all expositions of the insufficiency and the chaotic state of the prevalent system of medicine - whether by the outspoken leaders of the Old School, like Forbes, or by Hahnemann and his followers - refer exclusively to the department of therapeutics, the science and art of curing diseases by medicines. In the development of the natural history of the healthy and of the diseased body, that is to say, in the sciences of physiology and physiological anatomy, and of pathology and pathological anatomy, as well as in the departments of hygiene, surgery, obstetrics and medical chemistry, medicine has fully kept pace with the wonderful progress of scientific knowledge in our day. We profit by the labors of our colleagues in these branches, and accord them full recognition and admiration. But the great *end* and *object* of all these things is to *cure* diseases. If they afford no facilities for this they are profitless to mankind. Now if the same men who have brought these collateral sciences to such perfection have been unable to bring therapeutics out of what Forbes calls its present chaos of "merest infancy," is not the conclusion irresistible that they have not yet got hold of the right clue - of the true philosophy of the science ?

There is even a greater indisposition in our day, than in the time of Boyle, to admit the value and to stimulate the discovery of specifics. Nor is this wonderful ; for specifics obstinately refuse to range themselves under any rational hypothesis. They exert a peculiar, inscrutable action upon certain organs when in certain conditions, and more than this nobody can say of them. And yet, notwithstanding their philosophical aversion to them, the practical sagacity of our colleagues, with which they keep their philosophy strangely at variance, leads them to seize eagerly upon specifics whenever these are presented to their notice. Witness the avidity with which they have availed themselves of iodine, ergot, cod liver oil, the hypophosphites, iron, veratrum viride, as well as of nickel and oxalate of cerium which the Houdin of orthodox medicine has lately introduced to them. Nay, people do say that our learned friends of the Old School make frequent use, "upon the sly," of aconite as a specific in fever, and of nux vomica and of pulsatilla as specifics in gastrodynia and dysmenorrhoea, &c., &c., remedies of the specific properties of which their only knowledge is derived from the labors of Hahnemann.

It is true, they undertake to give a "rational " theory of the action of these specific remedies, but with as little success as Cullen met with when he attempted to explain the febrifuge action of Peruvian bark. It is all comprised in the doggerel explication that Moliere gives of the hypnotic effects of opium :

"Domandatur causam et rationem quare  
Opium facit dormire.  
A quoi respondeo.  
Quia est in eo  
Virtus dormitiva,  
Cujus est natura  
Sensus assoupire." ,

Now, as in the days of Hahnemann, there is an *antagonism* between the Homoeopaths and the Old School. The former hold out to the latter what they believe to be that method which has ever been a desideratum in medicine. The latter refuse even to examine it, and expel the Homoeopaths from all associations over which they hold control. We cannot unite with them in any associated labors, without ignoring and disavowing what we believe to be the true theory and practice of the all-important part of medical science - the science of therapeutics. *They will not unite with us* in associated labors for the development of this science.

Had Hahnemann done nothing more than devise a method of discovering and using specifics in the gross and wholesale sense in which the term was and is understood and used by the Old School of medicine, he would still have been entitled to the gratitude of mankind. He did far more.

He perceived that, in the dominant school, a specific was set apart as adapted to any individual member, indiscriminately, of a large nosological group [of diseases] ; that bark, for example, was held to be the specific for malarious fevers in general ; and that no account was taken of individual *deviations* within the limits of this group. Whereas, in point of fact, he perceived, what is well known within the profession and without it, that although bark is really the specific for many, indeed for the majority of malarious fevers, it is not so for *all*; since many cases cannot be cured or even improved by its use.

Now, this wholesale way of regarding diseases in groups, was the logical and inevitable consequence of the Old School theories of disease and of the method of cure. When Galen propounded the doctrine that all diseases depend upon one of four conditions, heat, cold, dryness, moisture, it was an inevitable consequence that he should disregard every phenomenon presented by his patients, except such as served to indicate that the case belonged to one of the above categories, and that he should have but four classes of remedial agents appropriate to these categories.

And when, in our day, physicians assume to ascribe diseases to certain pathologico-anatomical states as their essential causes, it is manifest that whatever varieties the case of each one of a dozen patients may present, must be disregarded, provided the pathologico-anatomical condition be the same in all, for they are grouped on the basis of this condition, and the indication for the cure is drawn from the existence of this condition, and must *necessarily* be the same for all.

Now, just as any spot upon the surface of the globe may be approached by an almost infinite number of roads, and yet, when the traveler has reached the spot, there shall be nothing in the mere fact of his presence there to indicate with certainty the road by which he has come thither, so the same *pathologico-anatomical result* may issue from the most multifarious *pathological processes*, which processes, however, leave no sign in the *result*. If, then, the mode of treatment be based on the *result*, it can take no account of this variety in the *processes*.

A wholesale generalization, then, of diseases and of remedies is inevitable from the philosophy of the "Rational" method.

The common experience of the community teaches men that diseases to which the same name is given may present in different persons an entirely different aspect. John Doe and Richard Roe both have rheumatism, but their symptoms and whole condition are so entirely different that no one would have imagined them to have the same disease, if the doctor had not said so. The pathologico-anatomical condition, however, is the same in both (*viz.*, the altered condition of the blood), and consequently the rational indications for the cure are identical in the two cases. If the doctor be true to the philosophy of his method, he treats them alike, notwithstanding the difference in their symptoms and apparent condition. But I call your

attention to the fact which is familiar to everyone, that every sagacious and long-headed physician of the Old School pays the less regard to the rules of his art the more experience he acquires at the bedside.

In treating disease he "feels his way," as the saying is ; he relies on his "practical tact and experience," and often deviates widely from the rules of practice as they are deduced in the books from the theory of the art ; he trusts less and less implicitly to a pathologico-anatomical basis of treatment, and more and more to "general indications," by which he means the sum of the *symptoms* of each individual case. In truth, experience has taught him the fallacy of the science of therapeutics, as founded on the "Rational" basis.

Now, if this were a *true* science, would not experience rather *confirm* the practitioner's faith in it, and add to his skill in applying it ?

When, on the other hand, we cast aside all endeavors to base a method of treatment upon a theory of disease ; when we give over all attempts to discover the inscrutable, essential nature and cause of diseases, and confine our observations to the phenomena of morbid action, whether these be *material* or *functional*, then we can take into account the *pathological processes* as well as the pathologico-anatomical *results*. We are then in condition to give due weight to the peculiarities of each individual case of disease, to study it, as under other circumstances groups are studied, and to give due attention to the modifying *idiosyncrasies* of the *individual*.

Hence, under our method alone is an absolute individualization of disease possible. Such a method of studying disease, however, would be barren under the Old School method of treatment, even with *specifics*. For the properties of specifics were known to the Old School only with reference to large and ill-defined groups of diseases. By us, on the other hand, specifics are studied in the effects which they produce upon the healthy subject precisely as diseases are studied, in the effects which morbid causes produce upon the sick. The same strict individualization, then, is practicable with regard to specifics that we have seen to be necessary in the study of diseases. It is not only practicable - it is fruitful of the *richest returns*.

The case, therefore, is not half stated when we say that Hahnemann discovered the *method of specifics*. He taught us how to discover and apply, and showed us the *necessity* of applying an *individual specific* to each individual case of disease, as studied in the totality of its phenomena and without regard to the nosological group to which, for purposes of classification, the case might be assignable.

As a necessary consequence of this individualization, Hahnemann taught the value of *subjective symptoms*. By these, we mean those symptoms of which the physician becomes cognizant through the sensibilities of the patient. Among them are all the varieties of pains and abnormal sensations which accompany disease. These symptoms were previously disregarded and are still considered as of no value by the "rational" or "physiological" school of medicine. Thus, Professor Bock, of Leipsic, in his work on Diagnosis, (1853) says : "Only the *objective* symptoms - of which the practitioner derives a knowledge by the use of his own five senses, by sight, touch, hearing, mensuration, percussion, and by microscopic and chemical examinations - are of any value to the physician. The *subjective* symptoms are in *the highest degree uncertain* and treacherous." In other words, the disease is to be studied in all cases just as the phenomena of an inanimate plant or mineral are studied ; the case of an intelligent and self-possessed patient, just as that of a patient whose intelligence is dormant under the cloud of a typhoid fever !

Now, everybody knows that pains and various sensations different from those of health, make up a large and important part in every case of illness. And what are these sensations ?

Unquestionably they are the results of abnormal action of the sentient nerves, or else they are evidences conveyed by the sentient nerves of abnormal action in some of the organs of the body.

It is in the highest degree unphilosophical to arbitrarily disregard and cast aside any of the phenomena of disease. If they find no place in our system of medicine, why, so much the worse for our system ! If they cannot be made available under our method of treating disease, this fact is *prima facie* evidence that our method is defective ! Furthermore, every physician and every intelligent person knows, by observation and experience, that pains and abnormal sensations almost always precede any material or organic evidence of disease. Common sense teaches every man the value, in medical treatment, of the maxim, "obsta principiis !" Diseases should come under treatment at the earliest possible moment. Some that are curable at an early period are well known to be incurable by our present resources, if allowed to establish themselves firmly. But the first evidences of nearly all diseases consist of *subjective symptoms*. A method, therefore, which does not provide for the employment of these symptoms in the determination of the treatment, cannot furnish means for encountering disease at the very outset.

And, appealing again to the experience of the community to bear me out, I say that honest and candid practitioners of the Old School often say to their patients, "wait a little until your disease shall have become developed - at present I know not what to do." Why does he not know what to do ? This question touches the weak point in the philosophy of the physiological school. It is because the patient, as yet, presents only "subjective symptoms," which are evidence of "dynamic changes" only - because he cannot form a theory of the *cause of the disease* until the disease has progressed far enough to furnish him with some material results of these *dynamic changes* - in a word, with *objective symptoms*. This instance is another evidence of the insufficiency of the Old School philosophy of medicine, while at the same time it shows that, so long as they accept this philosophy, the physiological school are consistent and logical in excluding subjective symptoms from consideration.

Not a few diseases, the neuroses, for example, consist almost entirely of subjective symptoms. In these, the physiological physician admits his inability to institute a rational treatment and he resorts at once to specifics. But if the specific method of treatment is available against diseases for which the physiological method fails, as well as for all other cases, is it not confessedly the universal method ?

Hahnemann's method, which avails itself of *all* the phenomena which the patient presents - holding that all, together, make up the disease - sets a true value upon subjective symptoms. Not requiring a theory of the *nature and cause* of the disease as a preliminary to the treatment, but basing the treatment directly upon the phenomena which the patient presents, it can proceed to cure a patient who presents only *subjective* symptoms as readily and as surely as one in whom these have given place to *objective* symptoms.

More than this, Hahnemann showed the value of subjective symptoms in the aid which they afford us in individualizing cases of disease, and thereby enabling us to select a specific for each individual case with more absolute precision. Indeed, he showed that it is only by means of subjective symptoms that the application of individual specifics is *possible*. It has been already remarked that the material or organic changes in the tissues of the body, which furnish the *objective* symptoms, may have resulted from any one of a number of *pathological processes or abnormal alterations of function*, and that they give us in *themselves* no means of knowing from what particular abnormal process they resulted. Now, unless we know this, we cannot apply specifics with exactness. The physiological school have no means of knowing it, and therefore they, very logically, do not *undertake* to apply specifics with exactness, to individualize cases of disease. But the *subjective* symptoms enable us to take

cognizance of these pathological processes, these abnormal changes of function, and hence the value of these symptoms. To Hahnemann belongs the honor of having demonstrated this value, and of having shown us how to avail ourselves of it.

To Hahnemann, again, belongs the credit of having insisted upon the propriety of using only one remedy at a time. As this, however, was clearly expressed by Boyle, and is admitted by Sir John Forbes, I shall content myself with quoting their words. Boyle says (1654) : "It seems a great impediment to the further discovery of the virtues of simples, to confound so many of them in compositions ; for in a mixture of a great number of ingredients, it is hard to know what is the operation of each or any of them, so that I fear there will scarce, in a long time, be any progress made in the discovery of the virtues of simple drugs, till they either be oftener employed singly or be but few of them employed in a single remedy." And Forbes says, in 1846, "Our system here is greatly and radically wrong. Our officinal formulæ are already most absurdly complex, and our fashion is to double and redouble the existing complexities. This system is a most serious impediment in the way of ascertaining the precise and peculiar powers (if any) of the individual drugs, and thus interferes in the most important manner with the progress of therapeutics."

And, finally, Hahnemann demonstrated these facts :

1st. That the *curative power* of a specific remedy is not in the *direct* ratio of its *material quantity*. This had been suspected by his predecessor Sydenham, with respect to bark.

2d. That a drug exerts a more powerful effect on those organs for which it has a specific affinity when these organs are *sick* than when they are *healthy*; whence it follows that *smaller doses* of the same drug are required to *cure* diseases for which it is the specific remedy, than would be needed to produce their symptoms in the healthy person.

3d. That not only are smaller doses of specifics required to *cure* diseases than to produce their symptoms in the healthy, but that, when the symptoms of the diseased organism are *similar* to those produced in the healthy subject by a given drug, then this drug will act curatively on that organism in doses so small that they would hardly produce any effect whatever on the healthy organism.

But *how* small ? This is the practical question. *A priori*, Hahnemann said, "the smaller the better, provided they only cure the disease in the quickest and surest manner." He experimented for the purpose of reaching definite conclusions, and out of these facts and experiments came the doctrine and practice of the little doses. And I repeat that those who follow Hahnemann most closely, individualize their cases most strictly, and select the individual specific with most exactness, will surely arrive, as all such have done, at the conclusion, on this subject, to which Hahnemann came.

It is remarkable that the first and second facts I mentioned respecting the dose of specifics did not escape the acute mind of Robert Boyle. He says : "To show you that a distempered body is an engine disposed to receive alterations under such impressions as will make none upon a sound body, let me put you in mind that those subtle streams that wander through the air before considerable changes of weather disclose themselves, are wont to be painfully felt by many sickly persons, and more constantly by men that have had great bruises or wounds, in the parts that have been so hurt - though neither are healthy men at all incommoded thereby, nor do those themselves that have been hurt feel anything in their sound parts whose tone or texture has not been altered or enfeebled by outward violence."

If *quantity* be accepted as the measure of *power*, then the question of the dose must be resolved by the well-known laws of physics.

But so soon as it is admitted that the *power* of a drug is not determined by its *quantity* alone, but also by its form, and still more by the *condition of the patient* and by the relation of the specific properties of the drug to the diseased condition against which it is administered, then the whole question is withdrawn from the domain of *physics* and is left open to be settled by *experiment*.

Now, it is admitted by all medical men, that some drugs, at least, exert their *specific* influence more speedily and more powerfully when given in *small doses* than when given in *large doses*, as, for example, mercury, and, according to Dr. Christison, oxalic acid, which shows that there is not *always* a direct ratio between power and quantity.

Moreover, all medical men agree that in certain morbid states the body is much more sensitive to the specific action of certain remedies than it is, in certain other morbid states, to the same remedies. The phrase that "such or such a disease does not bear mercury well," is familiar to the professional ear. This shows that the condition of the patient has something to do in determining the power with which a certain dose of a specific shall manifest its action, and conversely that this condition should be taken into consideration in determining the dose.

These two facts show that the whole question of the dose was, at the time of Hahnemann's writing, an open one, to be settled by experiment alone.

And, as Hahnemann showed that those morbid conditions of the system in which a specific exerts the most power in small doses - in which, in other words, the susceptibility of the system to the specific is the greatest - are precisely those in which the symptoms are similar to those which the same drug would produce in a healthy person - it follows that no experiment can be valid on the subject of the dose which does not take into consideration the condition of the patient at the time, and which does not require, as preliminary conditions, first, that the subject of the experiment shall be sick, and second, that the symptoms of the sickness shall be similar to those which the drug with which the experiment is made would produce on the healthy subject.

In none of the experiments on which our opponents base their objections to the dose of Homoeopathy have these conditions been observed.

In no case in which they have been observed has the result been adverse to that at which Hahnemann arrived.

But, in truth, these objections depend in general not so much on the result of experiments as on what is called the a priori improbability, and upon the seeming simplicity and triviality of the means employed in proportion to the end sought to be attained.

The improbability exists only in the minds of those who reckon respecting the living organism as they reckon respecting an inanimate machine, employing the rules of physics. Let me quote again from Boyle: "Whereas," he says, "it is objected that so small a quantity of the matter of a specific as is able to retain its nature, when it arrives at the part it should work on, must have little or no power to relieve it ; this difficulty will not stagger those who know how unsafe it is to measure the power that natural agents may have to work upon such an engine as the human body by their bulk, rather than by their subtlety and activity."

And as concerns the relative simplicity and triviality of the dose, listen to the practical Sydenham.

Speaking of the success of his new plan of treating rheumatism with whey, instead of by blood-letting, he says : "Should any one despise this method for its *simplicity*, I would have him to know that *weak minds only scorn things for being clear and plain*. \* \* \* The usual pomp of medicine exhibited over dying patients is like the garlands of a beast at the sacrifice." (Russell op. cit.)

Gentlemen of the Society - In the torch-races of ancient Greece, the participants ran with lighted torches, each striving to preserve the flame alive and to hand his torch unextinguished to his successor. If the light went out in his hands he was dishonored. This was done in memory of Prometheus, who first brought fire from heaven for the benefit of men.

We have received from the generation of the pupils and successors of Hahnemann the blazing torch which the Prometheus of our system lighted at the altar of Eternal Truth. Our honor depends on the care with which we cherish it, and the state in which we, in turn, transmit it to those who shall follow us.

The especial direction which our labors should take is determined by the peculiarities of our method.

We are to increase the number of specific remedies. We are to labor diligently, as our predecessors have done, to increase our materia medica, until we shall have ascertained the specific remedial properties of all substances capable of being used in treating diseases.

But more especially are we to labor to mate the knowledge we thus acquire of new specifics, and the knowledge we already possess of such as we now use, more exact and definite; until we shall possess an exhaustive knowledge of each remedy, and also such a differential knowledge as shall put us in possession of all the points of resemblance and difference between each of our remedies and all the rest.

And it is in this particular province that there is the greatest present need of labor. Our materia medica is being filled with the names of drugs of which a few general properties are loosely recorded, but respecting which no exact or exhaustive knowledge has been attempted to be gained. All this must be changed if we would establish and maintain a reputation at all commensurate with the demands of modern science.

Finally, we must bring to bear upon our study of materia medica and of symptomatology all that is useful in the labors of the physiological school of medicine, in the department of the collateral medical sciences of physiology, pathology, chemistry and physical diagnosis.

For, chaotic as are the therapeutics of this school, and based on a false philosophy, we must not suffer this fact to blind us to the wonderful progress made by it in these collateral sciences, and which are as valuable to us as to them.

They supply the means of exact observation. We need, then, in part to reprove our materia medica, availing ourselves of these improved means of observation ; and we must employ the same in our examination of the sick.

We are called also to give ourselves to the study of *subjective symptoms*. This is our especial province, because the physiological school discards these symptoms. Prof. Bock says, they are "*difficult to understand* and apt to deceive."

I have yet to learn that a study is to be avoided because it is difficult ! or that a precious tool should be cast aside because it requires a skillful hand to use it.

The import of subjective symptoms, their connection with each other, their physiological and pathological significance, are all matters which it is indispensably necessary for us to elaborate and master.

And, last of all, the still open question of the dose, demands our earnest study.

Conscientious, untiring labor in these departments will enable us to hold with honor our place in the great race, and to hand our torch, still blazing, to our successors.

We shall thus do our part towards making good the confident expectations of our master respecting his system.

"Our art," says he, "needs no political lever, no worldly badges of honor, in order to become something. Amid all the rank and unsightly weeds that flourish round about it, it grows gradually from a small acorn to a slender tree ; already its lofty summit overtops the rank vegetation around it. Only have patience ! It strikes its roots deep underground, gains strength imperceptibly, but all the more certainly, and in due time it will grow up to a lofty God's oak, stretching its great arms, that no longer bend to the storm, far away into all the regions of the earth ; and mankind, who have hitherto been tormented, will be refreshed under its beneficent shadows." - (Dudgeon Lectures - Intro.)

(Address, delivered at the semi-annual meeting of the Homoeopathic Medical Society of the State of New York, Albany, February 10, 1863. By Carroll Dunham, M. D., New York. Transactions of the Homoeopathic Medical Society of the State of New York vol. 1 (1863), p. 50-73)

### **1863 - Chlorine in Spasm of the Glottis**

"In Vol. II. of the American Homoeopathic Review, 1859, I published an account of the effects of the inhalation of Chlorine gas in two instances, with the record of a case in which the symptoms of the disease were so similar to the effects which I had witnessed and experienced from the inhalation of Chlorine, that I was induced to administer a solution of Chlorine gas in water. The case was rapidly cured. The following case furnishes additional evidence of the value of Chlorine in certain spasmodic affections of the Glottis:

December 12<sup>th</sup>, 1862. J. S., aged 52 years, has suffered, from follicular pharyngitis; has had the larynx and fauces swabbed, burned and pencilled with Nitrate of silver until he could endure it no longer. For two years he has not been under medical treatment. He now suffers from pain in the throat, and has a habitual cough and expectoration of glairy mucus. Within three days the cough has assumed a spasmodic character, with the following peculiarities:

The desire to cough results from a tickling and a sensation of rawness behind the thyroid cartilage. When the patient seeks to yield to this desire, he finds it impossible to expel the air from the chest, as is required in the act of coughing. The cough is therefore abortive, although the desire grows more and more intense. The obstruction to the free and sudden expulsion of air, which would constitute a cough, he describes as resulting from an apparent constriction just below the larynx. At the same time he can *draw air into* the lungs quite freely.

This freedom of inhalation and impeded exhalation, together with the constantly increasing tickling in the larynx which compelled the patient to make very energetic but unavailing efforts to cough, continue until he sinks, exhausted and covered with sweat, upon a couch, when the spasm seems to relax and he can cough and exhale with comparative freedom. These paroxysms recur about every two hours.

I prepared immediately a weak solution of Chlorine gas in cool water, so weak that the odor of the gas could scarcely be detected, and when one of the paroxysms was at its height, administered a teaspoonful. The effect was magical. The spasm relaxed immediately and the tickling was allayed. The dose was repeated every two or three hours, as the tickling recurred, and in the course of twenty-four hours the disposition to a recurrence of the paroxysms had ceased.

Several days afterwards the patient applied to me for a quantity of "that solution," stating that since he had taken it, his throat had been more comfortable and his voice better than they had been since the day when he was unhappily persuaded to allow caustic to be applied to his throat."

(Carroll Dunham, M.D., New York, Chlorine in Spasm of the Glottis, The American Homoeopathic Review vol. III, February 1863, p. 370-371)

## 1863 - Homoeopathy the Science of Therapeutics

“Homoeopathy claims to be "the Science of Therapeutics." This claim involves the assumption that prior to the establishment of Homoeopathy on a scientific basis, Therapeutics, as a science, had no existence. It is incumbent on Homoeopaths to show the justice of this assumption. To accomplish this it will be necessary to prove that such a science is possible, to demonstrate what its nature and conditions must be, and to show that medicine hitherto has not furnished the means for the construction of a science which fulfils these conditions.

It is the object of this paper, first, to discuss the nature and conditions of the only possible science of Therapeutics, to show that these conditions are not fulfilled by what is called rational medicine, and to inquire in what degree they are fulfilled by Homoeopathy. And, second, to examine the methods by which this science may be most successfully studied and made subservient to the practical art of medicine.

But on the threshold of the discussion we are met by the necessity of defining the term Therapeutics. It will be found that, though still sufficiently comprehensive, it is used by us in a much more restricted sense than that which, in popular thought, is attached to it.

Therapeutics being etymologically the science of curing diseases, it would seem to comprise the entire function of the physician. It is evident, however, on slight consideration, that the medical man in general practice brings into requisition too great a variety of scientific knowledge to admit of comprehension under a single term. To show how great this variety is and at the same time to give an indirect definition and limitation to the term Therapeutics, let us analyze a series of cases which shall not be *ideal* cases, but drawn from records of actual practice.

The physician is called in haste to an elderly person whose only intelligible complaint is of great anguish in the praecordia, and which appears by its violence to endanger his life. If he be in immediate danger of death, the state of his affairs renders it desirable that his family should be informed of the fact and how long he will probably live. The *prognosis* is demanded and its correctness is a matter of great importance. The medical man must rely on his knowledge of Pathology<sup>(1)</sup> for a conclusion respecting the nature, cause and probable termination of the disease. With this, if it be a fatal case, the function of the physician ends. Yet how important may this function be to the survivors! Here is as yet no question of Therapeutics. It is merely a problem in the natural history of disease which the physician regards just as a Naturalist would a problem in Physics, and just as if the idea of curing disease had never entered the head of man.

(1) Throughout this paper, as always by its author *Pathology* is used with a meaning totally distinct from that of *Pathological Anatomy*. The former is the science of morbid processes and *functions* and is *abstract*; the latter is the science of *morbid organs* and *tissues* and is concrete. A corresponding distinction obtains between Physiology which is the science of *healthy processes* and functions and Physiological Anatomy, which is the science of healthy *organs* and *tissues*.

Again, he is called to a man who lies in an epileptiform convulsion. It is well known that convulsions may arise from the most various proximate causes. They may result from physical irritation of the nervous centres or of the extremities of the nerve-filaments, and in this case they will cease to recur so soon as the cause of irritation is removed; or, on the other hand, from modifications of the vital functions, such as are beyond our observation and which we can rectify only indirectly by the action of specific agents. The first problem before the physician is to determine by a study of the phenomena which the patient presents, to which of these great classes the case before him belongs. It is indispensable to determine this question, because the treatment of the case must depend directly upon it - in the former case it may be mechanical or hygienic ; in the latter it must be therapeutic. He determines, we will suppose, in the case before us, that the convulsion is eccentric in its origin and reflex in its nature, and

he sees reason for suspecting that it depends on some cause of irritation in a nerve-filament of the lower extremity. He seeks, in the history of the case, and by a physical examination for this irritating cause, and discovers that the patient had, years ago, received a gunshot wound in the thigh. There is no evidence that the ball was ever extracted. A close examination seems to confirm the conjecture that it still lies embedded in the muscles of the thigh. An exploratory operation is performed and the ball is actually found lying upon a branch of the sciatic nerve. It is removed and the patient has no more convulsions. <sup>(2)</sup>

(2) This occurred in the practice of a distinguished Surgeon of Massachusetts.

In this case the physician's knowledge of pathology enabled him to discriminate between the varieties of convulsion as to their proximate causes; his acquaintance with physiology familiarized him with the phenomena of reflex-nervous action and enabled him to detect the seat of the irritation, and finally his dexterity in practical surgery placed it in his power to cure the patient of a dreadful malady. But, in this case from beginning to end, Therapeutics were not called into play.

Again, the patient, a child of two and a half years, is subject to epileptiform convulsions, which occur daily, often twice a day. They first appeared when the child was fourteen months old and soon after it was weaned. They are now producing a very sad effect upon the child's intelligence. The same question of proximate cause, which the last case gave rise to, suggests itself, first of all, to the mind of the physician. Careful investigation satisfies him that there is probably a constant or a frequently repeated source of irritation in the digestive apparatus. What so probable cause of irritation in these organs as improper food? The question is put at once, "What food does your child take? Nothing whatever, except molasses cake and milk. How do you make molasses cake? Three cups of flour, one of butter, one of milk, one of molasses, one egg and a teaspoonful of pearl ash! Very bad for your child! Give it good wheat bread and milk and nothing else, except this powder" (of sugar of milk as a placebo). The diet of the child is thus reformed, but no medicine is administered and the case is carefully watched. For one week the spasms steadily decrease in frequency and in violence, at the end of that period they cease and they never recur. <sup>(3)</sup> Thus an abnormal state of things, which would certainly have had a fatal issue, is rectified by the application of a knowledge of Physiology, Pathology and Hygiene; but Therapeutics has no part in it.

(3) This case occurred in 1857. There has been no recurrence of spasms. The child on good diet is healthy.

Errors in diet being perhaps the most numerous of all of which the community are guilty, instances like this might be accumulated to an indefinite extent. It is clear that a large part of a medical man's practice is made up of similar cases, and consequently that a great many serious cases may be successfully treated without recourse to medicine - without the aid of *Therapeutics*.

Again, a patient presents herself with the following history: Within three months she has rapidly emaciated; her sleep is disturbed, her appetite gone; she has night-sweats, is prone to diarrhoea; takes frequent deep inspirations, which fatigue her; has a dry, hacking cough; complains of extreme weakness and despondency. A careful physical examination fails to discover organic disease of thoracic or abdominal organs, nor does an investigation of her domestic or social relations disclose any source of mental or affectional anxiety. The case is perplexing as to its inducing cause, and the physician inclines to ascribe it to dynamic causes and to have recourse primarily to specific remedies for its cure - in other words to call Therapeutics to his aid - when he discovers that the patient is nursing an infant of twelve months. Her milk is very abundant, but a microscopic examination shows that it is extremely deficient in oily matter. It is now clear that the patient is unequal to the drain to which nursing subjects her; she is suffering from consequent anaemia. It is ordered that she wean her babe at once. As soon as she does so, appetite returns, the cough and night-sweats disappear, and

strength and flesh are restored. Now it is true that, in such a case, the decline of vigor may be *retarded* and after weaning, the restoration may be *accelerated* by a judicious application of Therapeutics; but it is unquestionably true that Therapeutics would play a very subordinate part, since no administration of medicines could be an offset to the drain which is exhausting the patient.

In cases of similar exhaustion, facial Neuralgia of a regularly intermitting character sometimes occurs and bids defiance to Therapeutics, the patient meanwhile declining rapidly in strength and health until, medicine being perhaps altogether discarded, but the patient induced to wean her infant and thereby enabled to take hearty food, strength and flesh return, and the Neuralgic pains cease. In this case, also, the restoration may be *accelerated* by a judicious recourse to Therapeutics, but here too Therapeutics must be subordinate to Hygiene.

Once more, a patient, who exhibits signs of depraved nutrition, complains of a burning pain under the angle of the right scapula, with a tight aching across the back between the scapulae. I fear that repeated prescriptions will fail to relieve this burning pain unless the physician's knowledge of pathology shall have suggested to him that the symptoms result ultimately from a too steady use of the needle with too rapid a motion, and unless his skill in Hygiene shall have enabled him so to order her mode of life as to combine due recreation and exercise in the open air with her necessary labor. Here, as in other cases, Therapeutics may of course come in and play a subordinate part.

Finally, a patient has severe darting and aching in the shin, especially at evening, with coldness of the extremity, and, after the pain has lasted an hour, great sensibility to touch, relieved by warmth and by continued motion. This case has been treated by a variety of Therapeutic agents in the hands of several learned practitioners, but with no success. It is noticed that the patient, in the course of his business, incurs great exposure to dampness and cold. A woolen stocking is advised, and he enjoys ever after adopting it almost complete freedom from suffering, and which is rendered absolutely complete by a few doses of Rhus tox. It must be remarked that this remedy had been previously administered in every variety of potency and dose.

Instances of a similar character to these might be indefinitely multiplied. They go to show - not that medicines are vain or unnecessary - but that very many cases of severe suffering and even of what threatens to become fatal disease occur in general practice, which call for and are successfully met by the application of scientific knowledge apart from Therapeutics. They show that an extensive and thorough knowledge of Physiology, Pathology and Hygiene are indispensable to the physician, to enable him to make that preliminary analysis of a case by which he shall determine under what category the case belongs, and whether or not it calls for treatment by medicines in part or entirely, whether it comes under the domain of Therapeutics or not. They show, moreover, that, in as much as Homoeopathy directly involves the science of Therapeutics alone, there is a large field which is occupied and cultivated in common by Homoeopaths and practitioners of the old school. They serve in part, also, to mark the boundaries of that field in which "Rational Medicine" may legitimately claim dominion, in which her chief honors have been won, and in which the great advances which she boasts of having made in the treatment of diseases within the last thirty years have almost exclusively been achieved - the field of Hygiene. It is fitting that we study for a few moments this territory of Hygiene which is common to practitioners of all the varieties of Therapeutic faith and practice; this science on which, together with the science of Therapeutics, the whole art of medicine is based; its subjects, limits, conditions and mode of growth.

**The Nature and Limits of the Science of Hygiene and Therapeutics.** - The living organism possesses a susceptibility to the action of certain general stimuli such as light, heat, electricity, aliment, atmospheric air, etc. The action and reaction of these stimuli and this susceptibility

are the conditions of life. So long as they act upon it in a due relative proportion as regards intensity and quantity, the equilibrium of the functions is preserved and the organism continues in healthy action. The absolute withdrawal of one of the stimuli for any considerable length of time results in death. A disturbance of their due proportion in respect of intensity or quantity produces an abnormal performance of function in the organism - a deviation from health - disease. But these stimuli are continually varying in proportion, or, in other words the relative susceptibility of the organism is continually changing. Why does not disease constantly exist! Because the organism is endowed with either a faculty of provisionally supplementing to a limited extent one stimulus by another or with a kind of elasticity, a power of enduring for a certain time a disturbance of the equilibrium of these stimuli, and of rebounding to a normal performance of functions again so soon as the natural proportion of the stimuli is restored or the deficiency made up. In this respect the living organism differs from an inorganic machine which cannot, in the nature of things, possess any power to endure a disturbance of that equilibrium of forces which is the condition of its normal working, without a disorganization from which it has no inherent power to recover.

But, in the organism this elasticity has its limits. This "*vis medicatrix naturae*" is not inexhaustible. If the due proportion of the stimuli remain too long disturbed, the functions of the organism become permanently deranged - at least to such an extent that no restoration of the balance of the stimuli will cause a return to their normal performance. The functions are and remain deranged - disease has occurred; or, if we choose to call *every* deviation from a state of equilibrium disease, then we may say that now disease ensues which has no tendency to revert to health, without the intervention of some extraneous influence foreign to the organism and different from the general stimuli aforesaid. Since, then, the general stimuli will not bring back the organism to a healthy action, a new element must be sought for and introduced, the action of which upon the susceptibilities of the organism may cause a restoration to health. This new element will be a special stimulus. Being foreign to the organism and different from the general stimuli, not only must it act upon susceptibilities in the organism which the latter do not awaken - but the formula which shall express its relations to those susceptibilities, and which shall furnish the rule for its employment, can never be discovered by a study of Physiology, for Physiology concerns herself with the relations of the *general* stimuli aforesaid and the *general* susceptibilities of the organism. This formula of the relations of *special* stimuli and *special* susceptibilities can be discovered only by the application of induction to a multitude of instances of the action and reaction of *such stimuli* and *susceptibilities* and confirmed by subsequent deductive verifications. This formula will constitute an empirical law, which will be the law or fundamental principle of *Therapeutics*. For the application of *special* stimuli to the *diseased* organism is the domain of the *science of Therapeutics*, while all that concerns the *restoration and maintenance of a proper equilibrium of the general stimuli* appertains to the *science of Hygiene*.

These propositions may be more intelligible if illustrated by a reference to daily experience. A healthy man is exposed to an unusual degree of cold; in other words, there exists for him a deficit of heat, one of the *general stimuli* which are necessary to maintain life. Nature has anticipated variations in the supply of this stimulus from external sources by her liberal provisions of calorific apparatus within the organism. Despite the operation of this provision, he is chilled and suffers from rigors, etc. After a time he seeks shelter, sits by a fire, takes a warm drink; in other words receives from external sources an excess of that general stimulus from deficiency of which he has been suffering. His functions resume their normal play. He is in perfect health. Here the equilibrium of the functions has been disturbed and (if we use terms with extreme rigor) disease has been produced, but not to a degree beyond the provision of the *vis medicatrix naturae*, the natural tendency to a restoration of the balance of the functions. The case was treated upon "general principles" in accordance the maxim *causa*

*sublata tollitur effectus*. And this maxim represents, in fact, the great law of Hygiene, viz.: that it be ascertained what stimulus has been deficient or excessive in quantity or abnormal in quality and that the equilibrium of the stimuli be restored.

But let us suppose that the same man has again been exposed to cold, perhaps to a greater degree. He seeks shelter and essays to restore the lost heat, but without avail. Despite the fire and warm drinks, the rigors continue and are succeeded by fever and quickened respiration, cough, etc., or by rheumatic pains, redness and swelling, etc. Why this difference between the cases? This case too has been treated on "general principles." The cause has been removed, why has not the effect ceased? The equilibrium of the general stimuli has been restored and the loss made good, why is not the normal equilibrium of the functions re-established?

The normal proportion of the general stimuli, it is true, has been restored, but during the disturbance a *new element* had been introduced into the problem. The organism had suffered a dynamic and then an organic change. The functions are permanently modified. The general stimuli may henceforth be balanced never so carefully, and in strictest accordance with the rules of Hygiene; the organism will not respond.

Its functions are performed after a new fashion. The organs are not susceptible to the wonted stimuli applied according to the laws of Hygiene. The organism has passed from a state of health into one of permanent disease. The general stimuli which, modified and balanced under the laws of Hygiene, sufficed to steady it as it rocked and swayed in its rapid course along the rough and crooked railway of life, will no longer answer the purpose, for in its rocking it has run off the track and is now bumping along over the cross-ties, making headway it is true, but towards its own destruction. It needs now the intervention of some new agent acting under a new law - of a jack-screw and levers operated by forces from without - to reinstate it on the road of healthy action. The wonted general stimuli under the laws of Hygiene being insufficient, *new* stimuli of a *special* character must be applied according to a *new* law. This new law, whatever it be, is the Therapeutic law, and these new stimuli are Therapeutic agents and the study of the law, and of the agents constitutes the science of Therapeutics.

Having thus marked out its *limits*, we have next to inquire what the *nature* of any possible science of Therapeutics must be. Its subject is the modified functions and organs of the body. Its agents are *special stimuli* drawn from what ever region of the external world. By what sort of a formula can these agents be applied to that subject? Can the Therapist act on "general principles" as the Hygienist does? Can he act on the maxim *causa sublata tollitur effectus*? Obviously he cannot. In so far as the cause of disease can be discovered in external influences, the treatment falls within the limits of the science of Hygiene as already discussed. In so far, however, as the cause of disease is identical with the essential cause of the modification of function or organ which we recognize as the disease, it can never be discovered for it is the same, in its nature, as the cause of healthy functional or organic action; in other words, it is life itself, the nature of which, as of every first cause is inscrutable. It being impossible then to ascertain the essential cause of disease, and to apply a remedy according to the *rational* method - as the Hygienist does - the Therapist is necessarily thrown back from an attempt to investigate *first causes*, to the study of *phenomena* and to the adoption of the *empirical* method. In accordance with this method the subject of his researches will be respectively the phenomena manifested by the patient, and the phenomena produced by the special stimulus, and his endeavor must be to discover a general formula which shall express a constant relation between these two series of phenomena and shall serve as the Therapeutic law. In thus acting, and upon this method, he will do precisely what the student of every branch of Natural Science does and has done. For in his inability to find out the essential cause of the phenomena that form the subject of his study, the physician finds himself in the very same predicament as the Naturalist who likewise has vainly sought to discover the essential causes of the phenomena of gravitation, of light, of chemical action, and

of electricity. As the physician is unable to discover the essential nature of life and organism, whether normal or modified, to ascertain the cause, of health or of disease, and is therefore unable to treat disease upon the principle "tolle causam" (except in matters of Hygiene as before stated), or "on general principles;" so the Naturalist has been compelled to abandon the rational method such as Aristotle proposed and philosophers elaborated up to the time of Bacon and Newton, and to adopt an empirical method in which the fundamental principle is an empirical law or generalization expressing the relation between two series of phenomena. The science of Physics, for example, consists of the phenomena respectively of two bodies, or series of bodies, so far as density and volume are concerned, and of the law of gravitation which expresses the relation between these respective phenomena.

The Therapeutist, then, abandoning all idea of constructing a science of Therapeutics on the rational method, must have recourse to the empirical as the elaborators of other natural sciences have done. The elements of his science will be as follows: He has to deal with a subject known by its phenomena - the sick body; with an agent known also by its phenomena - the drug; and with a law which shall tell how to apply the agent to the subject for the accomplishment of a cure - a law which shall express the general relation between the drug and the morbid organism.

The following tabular statement will show more clearly the nature of Therapeutics as a science and its harmony with other Natural Sciences; for every Inductive Natural Science (except those of classification) consists *elementarily of two series of independent phenomena, connected by the formula of their general relation:*

<b>THERAPEUTICS.</b>		
<b>Morbid Functions &amp; Organs Or, Pathology and Patho- logical Anatomy, Or, Sick-Phenomena,</b>	<b>Therapeutic Law.</b>	<b>Toxic Functions &amp; Organs, Or, Pathogenesis &amp; Patho- genetic Anatomy. Or, Drug-Phenomena.</b>
<b>PHYSICS.</b>		
<b>Phenomena of the Sun, as regards Volume and Density,</b>	<b>Law of Attraction,</b>	<b>Phenomena of the Earth, as regards Volume and Density.</b>
<b>CHEMISTRY.</b>		
<b>Properties of Potassa,</b>	<b>Law of Chemical Affinity and Defi- nite Proportion.</b>	<b>Properties of Sulphuric acid</b>
<b>OPTICS.</b>		
<b>Properties of the Luminous Body,</b>	<b>Law of the Diffusion of Light.</b>	<b>Properties of the light-re- ceiving body.</b>

Though thus simple in theory, Therapeutics is in reality the most complex of all the natural sciences. Each of the classes of phenomena requires for its study the aid of several auxiliary sciences. Thus, in order to know thoroughly the phenomena of disease, we must call to our aid Anatomy and Physiology, Chemistry, Physics and Psychology. To know and understand thoroughly the phenomena of artificial disease or pathogenesis, we must avail ourselves of the same auxiliary sciences. The more imperfect our knowledge of these sciences, the less complete will be our acquaintance respectively with the phenomena of Pathology and Pathogenesis and the converse. But, however complete or partial may be our knowledge of these two classes of phenomena, the relation between them, as known, remains the same and

is always expressed by the therapeutic law. The same is true of Physics and of all the natural sciences. Our knowledge of the physical properties of matter is continually increasing. The more complete it is the more exact will be our application of the law of attraction. But complete or incomplete the law is equally applicable and *pro tanto* available.

**The Conditions of a Science of Therapeutics.** - We come now to consider two conditions to which every natural science must be subject, and which may therefore serve as tests of its fitness to be regarded as a "Science." The first of these is a capability of infinite progress in each of its elements without detriment to its integrity as a whole. - We have already seen that the science of Physics is capable of such progress in the phenomena with which it deals. Our knowledge of these phenomena is continually growing more comprehensive and more minute, and new elements of knowledge are continually coming into our possession with regard to them; yet their relation to each other through the law of attraction remains the same, and the science in its nature and structure receives no modification. But not only are its subjects, the phenomena, capable of progress; the law itself may advance from a minor to a grander generalization, as it was advanced step by step, by Newton, and still without destruction of the previous steps. The same is true of Chemistry. As our means of investigation become more exact and extensive, our knowledge of the properties of bodies increases; yet the law of Chemical Affinity in definite proportions remains undisturbed. Furthermore, this law itself becomes the subject of more extended generalizations. The law as established by Black and Cavendish was suspended, yet not overthrown (nor the science disturbed) by the wider generalization of Dalton's Atomic Theory; and this again forms but a part of Faraday's Theory of the Identity of Chemical Affinity and Electrical Attraction, and amid all these revolutions in abstract theory, the science of practical Chemistry has held an even way.

In the science of Optics, again, the phenomena of the luminous body and those of the light-receiving body are connected by the law of the transmission and diffusion of light. This structure of the science and all that is based upon it, rests undisturbed through all the mighty changes which recent discoveries have wrought in our knowledge of Optics - enriched but not revolutionized by them. But while the progress of the science has been thus rapid and uninterrupted, philosophers have been and remain at variance respecting the very nature of light and its mode of propagation. One school holds to the theory of emission; another to the undulatory theory. Now, let us suppose that the science of Optics instead of being based upon an empirical law, the result of induction, and which expresses the relation between two series of observed phenomena had been based upon *a theory of the essential nature of light* and its mode of transmission. It is very evident that the whole structure that might be built upon the theory of emission would be toppled over so soon as the theory of undulation should be established. And should subsequent observation again lend countenance to the theory of emission, down would go, of necessity, the whole science as built upon the undulatory theory. And, thus, inasmuch as experience and sound philosophy render it tolerably certain that we shall never attain absolute knowledge on this subject, we should have, through all time, an endless succession of half completed fabrics and hopeless ruins, but no infinitely progressive science of Optics.

This furnishes an exact illustration of what would be the history of any science of Therapeutics not constructed upon the empirical plan already elaborated. Let us suppose that instead of taking as the subject of action, the *phenomena of disease* as derived from observation with all the aid which auxiliary sciences can afford, we should take a theory of disease - its *essential nature and mode of development* - and upon this theory should construct a science. All would go well, until facts should show that our theory was insufficient and untenable (and facts would show this since, as we have already seen, the essential nature of disease is inscrutable). Now our whole structure would be overthrown, nor would the fragments even be available for the construction of another science on another theory, for they

would consist of observations made, not independently, but on the basis of a theory and with reference to it. There could thus be no possibility of steady, uninterrupted, infinite progress in the science. There would be a succession of dynasties of theory, each based on the overthrow of a former, and each in turn demolished by its successor. That this is the history of the Therapeutics of the old school of medicine up to the present day is admitted by common consent. It will continue until attempts to erect a rational science of Therapeutics upon a theory of disease, confounding the law with the phenomena, shall give place to the construction of an empirical inductive science.

"What then!" it may be asked, "shall we not investigate and theorize upon the nature of disease in general, or of diseases in particular?" By all means investigate and theorize just as physicists do upon the nature, properties and transmission of light - but do it as studying the science of Pathology, not that of Therapeutics - and avoid most carefully, making these theories which can be at best no more than temporary aids to the observation and grouping of phenomena, the basis of a practical science. If, however, they throw light on the study of phenomena, render our observations of them more keen and more exact, or afford no connecting links between isolated groups of phenomena - and they will do all this - they will render valuable indirect aid to the science of Therapeutics, just as similar investigations of light have advanced our knowledge of Optics.

A second condition or test of a natural science, and therefore of any proposed science of Therapeutics, is that it shall provide for the prediction of future events within its own domain. It must furnish means of *prevision*. The problem must be as follows: Given the law and one series of phenomena, to state the corresponding series of phenomena on the other side. This condition is admirably stated by Whewell: "Men cannot help believing that the laws laid down by discoverers must be in a great measure identical with the real laws of nature, when the discoverers thus determine effects beforehand, in the same manner in which nature herself determines them when the occasion occurs. Those who can do this must to a great extent have detected nature's secret - must have fixed upon the conditions to which she attends and must have seized the rules by which she applies them. Such a coincidence of untried facts with speculative assertions cannot be the work of chance, but implies some large portion of truth in the principles on which the reasoning is founded. To trace order and law in that which has been observed, may be considered as interpreting what nature has written down for us and will commonly prove that we understand her alphabet. *But to predict what has not been observed*, is to attempt ourselves to use the legislative phrases of nature; and when she responds plainly and precisely to that which we thus utter, we cannot but suppose that we have in a great measure made ourselves masters of the meaning and structure of her language. The prediction of results even of the same kind as those which have been observed, in new cases, is a proof of real success in our inductive processes." *Whewell, Philosophy of the Inductive Sciences*, Vol. II, pp. 64, 65.

The discovery of the planet Neptune by Leverrier and Adams affords an instance of this prevision, in Astronomy, the details of which are familiar to all. The problem was: Given the law of attraction and a series of phenomena, consisting of certain unexplained perturbations of Jupiter - to find the other and corresponding series of phenomena. The calculations were made; the resulting phenomena were stated to be those of an undiscovered planet of a given size and orbit and a definite location, the existence of which was accordingly affirmed and its discovery predicted. Physical investigation confirmed the induction.

This condition applies to all natural sciences, and of course to Therapeutics. The problem would be: Given the Therapeutic law and a certain series of phenomena of natural or drug-disease, to find the corresponding series of phenomena of drug or natural disease.

**Does "Rational Medicine" Fulfil these Conditions?** - This being the nature and these the conditions and tests of the only possible science of Therapeutics, we come now to inquire whether the old-school Therapeutics are of this nature or will sustain these tests. The works of the foremost men of the old school abound in admissions of their lack of a Therapeutic law and of the chaotic state of their practice. See Forbes, Bennett, Tod, Holmes and others. But the efforts of these men to remedy this sad state of things show a constant misapprehension of the philosophy of the science they are striving to construct.

We may divide old school Therapeutics into two methods. The one bases the plan of cure upon a theory of the nature of the disease, <sup>(4)</sup> endeavors so to study the pathology of the disease as to form a sound hypothesis of its *modus operandi* and then essays the cure upon "general principles." It undertakes in fact to act in Therapeutics upon what we have seen to be the true method in Hygiene. There are three objections to this method, any one of which would be conclusive were there not a prior difficulty in the *simple impossibility* of arriving at a knowledge of the nature of disease, which is *modified life*. A simple example will show this impossibility. In Pneumonia, the blood contains an excess of fibrine. How happens this? Why, either the elimination of fibrine has been retarded or its fabrication has been accelerated. What are the agents of these respective processes? Cells - which are essentially similar in all parts of the body - and yet whose structureless walls possess the power of separating from the circumambient fluids the most diverse substances in different organs, nay, even of manufacturing new substances. Now, until we can learn the secret of this mysterious power of the cell-wall, which begins and ends with life, which we can neither comprehend nor imitate nor simulate, we shall not arrive at an understanding of the *nature* of any disease.

(4) Thus Prof. Geo. T. Elliott in his recent Valedictory to the Graduating class at Bellevue College Hospital says: "In these wards, by those bedsides, have you seen the patient application of the searching analytical laws by which we seek to discover the essentiality of disease."

Of the other objections to this method the first two are somewhat paradoxical. The method constitutes rather a congeries of sciences of Therapeutics based on theories of isolated groups or types of disease, than a single, all embracing science founded on one comprehensive theory of disease. Hence a new science must be formed for every new type. It is too *special*. On the other hand, it is too *general* to embrace all *the phenomena of each individual case*. For observation shows incontestably that, so great are the varieties of temperament and relative organization and condition among men, that no two cases of the same disease, so to speak, are exactly alike.

Such a Therapeutics must be necessarily based on a theory which is a generalization and which therefore overlooks those phenomena of a given case which are peculiar to the individual patient and takes cognizance only of those phenomena which are *common* to a great number of cases. Now a method which requires such generalization and makes no provision for the strictest individualization is radically vicious.

The eye of science regards natural phenomena with the most absolute impartiality. In her view there are no *trifles*, no events, subjective or objective, which are "irrelevant" and "of no moment." A method of Therapeutics, however, which selects a few symptoms, calls them pathognomonic of Pneumonia, constructs upon them a theory of the disease and from this deduces a mode of cure, must disregard many phenomena of every individual case. It arbitrarily pronounces them "accidental" - but Nature knows no *accidents*.

So far is this method from meeting the requirements of inductive science, that it is not too much to say that this process of generalization actually leads to the treatment of cases which have no real existence and never had any, in fact, to the *treatment of abstractions*. For who ever saw a case in which none but the pathognomonic symptoms of Pneumonia were present - or of Rheumatism or Dysentery? Who ever saw ideal cases of these diseases? We all see cases

which present the pathognomonic symptoms *plus certain others* peculiar to the individual, but these vary with the individual and thus make each case different from every other. We see and treat the Pneumonia or Rheumatism of John Doe or Richard Roe, each of which presents, in addition to the pathognomonic signs of the disease, certain peculiar modifications impressed upon these signs by the temperament and idiosyncrasies of these persons, along with other symptoms peculiar to each. For such an individualization of disease as would give equal (or, as they deserve higher) rank to these peculiarities of the individual patient, the method under consideration makes no provision. This fallacy was perceived and well exposed by the Leipsic Professor, who recently exclaimed to his class: "Gentlemen, we have to do with *patients* and not with *diseases*."

The next objection to this method is that it does not fulfill the first condition of a physical science. It is not capable of infinite progress. This point needs no elaboration. It was fully considered when the condition was stated. In confirmation of what was then said, I need only refer to the successive rise and decline of Brunonism, Broussaisism, the humoral and solid pathology, the theory of the dyscrasias and the reign and decadence of Iron, Iodine, Cod Liver Oil, etc.

The second method of Old School Therapeutics is the Methodical which discards theory and founds its rules for treating disease upon numerical data obtained from observation or by experience upon the sick.

Given records of three series of cases, 1000 in each, and under three modes of treatment. Under treatment A 500 recovered; under B, 300; under C, 200. A is adopted as the established mode of treatment for the disease - "Risum teneatis, Amici?" An elaborate criticism of this method is unnecessary. It is enough to say that it does not fulfill either condition of a physical science. It is incapable of infinite progress. The addition of 500 cases to the 1000 above named might modify all conclusions and place treatment C in advance of A or B. There would result a complete revolution in practice and in the direction of investigation.

But it utterly fails to enable us to foresee and provide against new forms of disease. If a thousand or two of cases must be seen and experimented upon, in all conceivable ways, before definite and trust-worthy conclusions as to the best treatment can be arrived at, who would not pray that his turn might come among the third or fourth thousand? Who would not pity the victims among the first thousands?

Notwithstanding these obvious objections, this method of constructing a science of Therapeutics upon observation, whether at random or based on experimentation upon the sick, has the sanction of some of the highest names in the profession - among which it is sufficient to name Louis and Forbes. It demands therefore a more extended consideration. As it involves the application of both Mathematics and Logic, the opinion of the highest authorities in these respective sciences should be conclusive as to the soundness of the method and we content ourselves with quoting two of them:

M. Auguste Comte, one of the first living mathematicians and who would therefore be disposed to apply mathematical methods to the natural sciences wherever this were possible, expresses himself in the following manner concerning the numerical method in medicine:

"Indeed, the spirit of calculation tends in our day to introduce itself into this study (Physiology), especially into that part of it which relates to medical questions by a far less direct method under a far more deceptive form and with infinitely more humble pretensions. I wish to speak of that assumed application of it which is called the Statistics of Medicine, from which so many savants expect great things and which, from its very nature, can lead only to profound and direct degradation of the medical art (which would be reduced by it to a method of blind enumeration). Such a method, if we may be allowed to call it by the name of method

at all, cannot in reality be anything else than absolute empiricism, disguised under the frivolous garb of mathematics. Pushed to its extreme logical consequences, it will tend to make all rational medication radically disappear from medicine, by conducting the practitioner to make random trials of certain therapeutic measures with the object of noting down, with minute precision, the numerical results of their application. It is evident, on principle, that the continued variations to which all organism is subject, are necessarily more pronounced in pathological than in a normal state, and as a consequence of this fact, the cases must be even less exactly similar, whence results the manifest impossibility of making a judicious comparison between two curative methods derived from data, furnished by statistical tables alone, independent of some sound medical theory. No doubt some direct experimentation, restrained under proper limits, might be of great importance to medicine as well as to Physiology, but it is precisely under the strict condition that it shall never be merely empirical, but shall always attach itself either in institution or in its interpretation to an entire system of corresponding positive doctrines. Notwithstanding the imposing aspect of the forms of exactness, it would be difficult to conceive of an opinion in Therapeutics more superficial and more uncertain than that which rests solely on the easy computation of fatal and favorable cases, to say nothing of the pernicious practical consequences of such a manner of proceeding, when one could not before hand exclude any kind of attempt.

It is really deplorable that geometricians have sometimes honored with some kind of encouragement, such a profoundly irrational aberration by making vain and puerile efforts to determine by their illusory theories of chances, the number of cases sufficient to make these statistical results legitimate." - *Cours de Philosophie positive par M. Auguste Comte*, Tom. III, pp. 418, 420.

And with a direct reference to the method of obtaining a correct system of Therapeutics by experimenting with individual medicines and individual cases of diseases, and forming of the results statistical tables from which deductions are to be drawn by the numerical method, the highest modern authority in philosophy, John Stuart Mill, speaks in his *System of Logic* (Harper's edition, 1848, p. 260). "Let the subject of inquiry be the conditions of health and disease in the human body; or (for greater simplicity) the conditions of recovery from a given disease; and in order to narrow the question still more, let it be limited, in the first instance, to this one inquiry - Is or is not a particular medicament (Mercury for instance) a remedy for that disease?"

The experimental method would simply administer Mercury in as many cases as possible, noting the age, sex, temperament and other peculiarities of bodily constitution, the particular form and variety of the disease, the particular stage of its progress. etc., remarking in which of these cases it produced a salutary effect and with what circumstances it was on those occasions combined. \* \* \*

When we devise an experiment to ascertain the effect of a given agent, there are certain precautions which we never if we can help it, omit. In the first place, we introduce the agent into the midst of a set of circumstances, which we have exactly ascertained. It need hardly be remarked how far this condition is from being realized in any case connected with the phenomena of life; how far we are from knowing what are all the circumstances which pre-exist in any instance in which Mercury is administered to a living being. This difficulty, however, though insuperable, in most cases, may not be so in all; these are sometimes (though I should think never in Physiology) concurrences of many causes in which we yet know accurately what the causes are. But when we have got rid of this obstacle, we encounter another still more serious. In other cases, when we intend to try an experiment, we do not reckon it enough that there be no circumstances in the case, the presence of which is unknown to us. We require also that none of the circumstances which we do know of, shall have effects susceptible of being con founded with those of the agent whose properties we wish to study.

We take the utmost pains to exclude all causes capable of composition with the given cause; or if forced to let in any such causes, we take care to make them such that we can compute and allow for their influence, so that the effect of the given cause may, after the subduction of those other effects, be apparent as a residual phenomenon.

These precautions are inapplicable to such cases as we are now considering. The Mercury of our experiment being tried with an unknown multitude (or let it be a known multitude) of other influencing circumstances, the mere fact of their being influencing circumstances implies that they disguise the effect of the Mercury, and preclude us from knowing whether it has any effect or no. \* \* \*

In phenomena so complicated it is questionable if *two cases similar in all respects but one ever occurred*; and were they to occur we could not possibly know that they were so exactly similar.

Anything like a scientific use of the method of experiment in these complicated cases is therefore out of the question. We can in the most favorable cases, only discover, by a succession of trials, that a certain cause is very often followed by a certain effect."

**Has "Rational Medicine " Accomplished Nothing?** - But it may reasonably be asked, can it be possible that a large number of men of every generation since Hippocrates, and among them some of the brightest intellects the world has known should have been engaged in the study and practice of medicine, with no better result than this - a simple vacuity? I admit the rare intelligence and devotion of the laborers. But, in the first place, the task is mightier than any other essayed by man; may it not reasonably require ages to complete its plan? Again, labor however intelligent and devoted, if misdirected, must fail of its end. If one generation of intellectual giants erect a towering fabric and their equally lusty successors demolish it, what does the third inherit save a heap of rubbish which it may require the best years of its life to clear away. Generation after generation of wise men labored to construct the physical theory of the universe, yet not until the recent day of Newton did we learn how to begin aright. True, Newton's predecessors from the earliest ages observed and stored away a mass of isolated facts of the greatest value, but they knew not the magic word wherewith to charm them into order. In like manner, it is not denied that we are indebted to our predecessors for a vast number of isolated facts of incontestable value as materials to be used in the construction of a science of Therapeutics. We are indebted to them also for the elaboration of those subsidiary sciences - Anatomy, Physiology, Pathology, Chemistry and the like, in which, indeed, the great glories of the medicine of to-day have been won, and without which, we cheerfully admit, Therapeutics as a Science could not exist.

But it is said that Therapeutics *must* have advanced in as much as the rates of mortality have steadily diminished. *One* sort of improvement we gladly acknowledge. Simultaneously with the spread of Homoeopathy, old school physicians began to learn to abstain from mischievous modes of treatment formerly pursued, and which terribly enhanced the natural fatality of diseases. Professor Bennett in the introduction to his work on Clinical Medicine, specifies following diseases in treating which he says: "Great improvements have been made, and he adduces this as a proof of the advancement of medicine, Apoplexy, Pneumonia and Pleurisy, Syphilis, Small Pox, Phthisis, Bright's disease and Favus." A reference to the chapters in which he treats of these diseases shows that he conceives the improvement in their treatment to consist in abstinence from methods which were formerly employed and which he clearly proves were very mischievous. For example, Blood-letting in Apoplexy, Pneumonia, Pleurisy, Phthisis and Bright's disease - the immoderate use of Mercury in Syphilis - heroic medication and external warmth in Small Pox, and avoidance of all internal medication for Favus which he conceives to be a vegetable parasite. This improvement then is purely negative, a very poor ground on which to claim positive advancement in the construction of a science, however

deserving of the gratitude of suffering humanity. The formula for improvement of all kinds is, "Cease to do evil; learn to do well." We admit that the old school are learning to obey the former, the negative clause. We invite them to advance and join us in the latter, the positive.

Again, an extended knowledge of the remote causes of disease and of the principles of Hygiene have enabled medical men to prevent the occurrence or the spread of many forms of disease. And far be it from us to undervalue, through any love of a newly constructed science of Therapeutics, this branch of a physician's function, the forestalling or arrest of maladies by Hygienic means. As increased knowledge in this department of science has enabled us to dispense with therapeutic agents in many cases in which they were formerly resorted to, so we firmly believe that, with the advancement of learning, Hygiene will more and more curtail the boundaries of Therapeutics until the day shall come when the physician shall be prized as the *preserver* rather than solely the *restorer* of health, and shall be consulted respecting the means of *preventing* rather than solely of *curing* disease, and the "family doctor" shall be regarded as the confidential adviser, valuable in proportion as he *keeps* his client *out* of bed, just as the family lawyer is confided in, for the purpose of keeping his clients out of court! In that day there will be fewer apothecaries.

**Does Homoeopathy Fulfil the Conditions of a Science of Therapeutics?** - Returning now to our argument, we find that the field is open for a science of Therapeutics. In the light of what has been said we proceed to examine the claims of Homoeopathy to the honor of being that science.

In its structure as a science, Homoeopathy conforms to the model we have delineated. It consists of a law or formula which expresses the relation between two series of phenomena, those of a given case of disease on the one hand and those of a given drug-proving on the other. The elaboration of each of these series is the province of various subsidiary sciences, and they are analogous in their mode of elaboration. Each series, however, is entirely independent of the other. Each may be pursued independently, as a branch of Natural Science and under the heads of Pathology and Pathogenesis respectively, researches may be made in each without any view to a practical application in the cure of the sick. It is only when connected by the law of their relation (the formula of similarities) that they constitute the science of Therapeutics.

Their application moreover, in obedience to this law is based upon no hypothesis respecting the essential nature of either variety of phenomena or of their modus operandi where brought into operation. This may surprise some who know how earnestly Hahnemann argued on these very points in his *Organon*. But these arguments were no essential parts of his system. They were the results of an endeavor to commend his discovery to the prevalent way of thinking. They constitute the only controvertible part of his writings and are the only positions of his which have not triumphantly withstood the assaults of his critics.

Coming now to apply to Homoeopathy as tests the condition to which we have shown that every inductive science must conform, we find in the first place that it is capable of infinite progress in each of its elements, without such progress involving the destruction or denial of what has been previously constructed or received. The study of the phenomena (whether of disease or of drug-action) was limited at first to the observation of external manifestations and subjective sensations as these might present themselves to our senses unassisted by any of the aids by which modern science has sharpened them, or to our minds unaided by that knowledge of the connection and mutual relations and dependences of symptoms for which we are indebted to modern discoveries in Chemistry and Pathology. But these advances in Pathology, great as they have been, have not altered the relation which the phenomena of natural disease bear to those of drug-disease. These phenomena respectively, whether rudely apprehended or clearly and fully understood in all their relations and inter-dependencies still

bear the same relation to each other - expressed by the law *Similia Similibus Curantur*. And we can imagine no possible development of the sciences of Pathology and Pathogenesis which could alter this relation.

And then the law itself may be but a stepping-stone to a still wider generalization which shall one day embrace both it and something beside, and which shall make clear some things which we now see darkly. But should this occur, as the like has occurred in other Natural Sciences, there will be, there can be, no revolutionary action in it. It may be that the edifice, as we now occupy it, is still unfinished - it may be that other stories are one day to be added - but assuredly, as the tower is to the spire, as the buttress to the pinnacle, so will this generalization be to that which may be constructed upon it - a basis - an indispensable first step in the construction of the science.

The complete manner in which the second condition, that of *prevision*, is fulfilled by Homoeopathy is a source of inexpressible benefit to the race. It follows from the very terms of the science that if the phenomena of a given case of disease be known, the law of relation will at once point to the appropriate remedy (if this be contained in the *Materia Medica*) and this indication may be relied upon with implicit confidence, even though no such case of disease have ever heretofore been subjected to treatment. Conversely, when the properties of a given drug have been investigated and its toxic phenomena well ascertained, the physician is able to pronounce with certainty what form of disease it will cure, even though no such disease has ever been witnessed or treated by himself or by anybody. An illustrious example of this *prevision* was afforded by Hahnemann. The terrible fatality of Asiatic Cholera on its first invasion of Europe is well known. In extenuation of their lack of success, physicians of the old school pleaded that the disease was new to them - they had had no opportunities to study it and to ascertain by experiment the effects of remedies upon it. The plea was plausible, but fatal to the pretensions of their science. In fact it was good for nothing. For surely the first thousand cases should have afforded means enough for learning the pathology of the disease and how to cure it, if this were to be learned from Pathology. But hundreds of thousands perished and yet the per centage of mortality remained the same.

While the disease was still on the confines of Europe - before it had invaded Germany - long before either he or any of his disciples had ever seen a case of it, "Hahnemann guided by the unerring therapeutic rule he had discovered, at once fixed upon the remedies which should prove specific for it and caused directions to be printed and distributed over the country by thousands, so that on its actual invasion the Homoeopaths and those who had received Hahnemann's directions were fully prepared for its treatment and prophylaxis, and thus there is no doubt many lives were saved and many victims rescued from the pestilence. On all sides statements were published testifying to the immense comparative success that had attended the employment of the means recommended by Hahnemann before he had seen or treated a single case. This one fact speaks more for Homoeopathy and the truth of the law of nature on which the system is founded than almost any other I could offer, viz.: that Hahnemann from merely reading a description of one of the most appallingly rapid and fatal diseases could confidently and dogmatically say such and such a medicine will do good in this stage of the disease, such and such other medicines in that; and that the united testimony of hundreds of practitioners in all parts of Europe should bear practical testimony to the accuracy of Hahnemann's conclusions." - *Dudgeon's Lectures on Homoeopathy*, p. 37.

We may add that in the second Epidemic of Cholera in 1849, the old school, despite their experience in 1831-34, had but little better success, while again the justice of Hahnemann's conclusions and the claim of Homoeopathy to that *prevision* which characterizes a *true science* were vindicated by the splendid success of the homoeopathic treatment.

John Stuart Mill, in the portion of his work on Logic from which we have already quoted, in speaking of the three methods of investigation - that of observation, that of experimentation and that of deduction - after showing conclusively that the two former are inapplicable to medicine, speaks of the deductive method in terms which are (unintentionally of course, and for this very reason they are the more conclusive) a description of the philosophy of Homoeopathy. "If, for instance, we try experiments with Mercury on a person *in health*, in order to ascertain the general laws of its action upon the human body, and then reason from these laws to determine how it will act upon persons affected with a particular disease, *this* may be a *really effectual method*, but *this is deduction*."

**How to Study the Science of Therapeutics.** - The method of studying the two series of phenomena which, together with the law of relation, constitute the science of Therapeutics, follows from what has been said.

When first brought into the presence of a concrete case of disease, the business of the physician is to ascertain what branch of medical science he is called upon to exercise. Is the case one which requires Hygienic management or Therapeutic, or both, or is the patient beyond the reach of art? To answer these questions a diagnosis and prognosis must be made and to make these a knowledge of the remote and proximate causes, and of the course and termination of diseases is required. In a word a knowledge of Physiology and Pathology is indispensable on the very threshold of medical practice and before any question of Therapeutics has arisen.

'When these preliminary questions have been settled and the case has been found to come within the domain of Therapeutics, its phenomena are to be studied in such a way that *all deviations from a normal state* may be perceived as well those which are *common* to a *number of similar cases*, as more particularly those which seem to be peculiar to the individual case in hand, and which therefore serve to give it individuality and to distinguish it from all other and similar cases. The case is to be then individualized as sharply as possible, and a complete picture of the morbid phenomena obtained in their natural groups and connections.

Now *morbid phenomena* are deviations from healthy phenomena. How can we recognize the *deviations* unless we are familiar with the *standard*? How can we appreciate *morbid phenomena* save through a knowledge of *Physiology* which is the science of *healthy phenomena*?

In like manner, we are able to get a complete picture of the morbid symptoms only by an orderly and methodical investigation; and such an investigation is possible to those alone who are familiar with the relations and sequences of morbid phenomena - that is to say with *Pathology*. A simple reference to practical experience will prove this. A patient complains of pain in her left hypochondrium, distress and faintness in the epigastrium, vertigo and various symptoms of dyspepsia but never thinks of mentioning - perhaps is unconscious of - certain evidences of uterine disease to which the attention of the physician is instantly directed through his knowledge of the connection and sequence of symptoms. So of the connection of certain forms of vomiting with disease of the brain or of the kidneys, etc., etc.

Clearly then Physiology and Pathology are quite indispensable to the physician, and they speak with little thought who affirm that these sciences are of no value to the Homoeopathist and are disregarded by him. They are the sciences respectively of healthy and morbid phenomena. He cannot take the first step in the study of disease or of *Materia Medica* save by their aid. But, he restricts them to their legitimate function. Pathology is for him *not a guide in Therapeutics*, but an *instrument which he uses in studying those phenomena which are to be respectively the subject and the agents of his therapeutic operations*.

Having, by the aid of Pathology, arrived at a complete and comprehensive knowledge of the morbid phenomena, he passes on beyond the confines of that science to a higher and more complex science, whose domain is the relation of the phenomena of which he has thus acquired a knowledge, with other phenomena. Through Pathology he learns to know disease, but it is through Therapeutics alone that he can cure it! And it is quite time that it were well understood not only by the profession but also by the public, that to know the nature and course of a disease is not of necessity to know how to cure it! It may be a necessary preliminary step - but it is nothing more. Nor is this true of medicine alone. My carriage breaks down, I well know where it has broken and why and how, yet this knowledge does not involve the knowledge how to forge and weld the iron that has broken and so to mend it. For that I require knowledge of another sort. The nature of Pneumonia, of Cholera, or Rheumatism is as well known as those of any disease can be; "their Pathology," as Doctors say, "is well understood," yet this gives no clue to their therapeutic treatment - it is no guide to the special stimulus which must be brought to bear on the diseased organs to lead them back to healthy action. This stimulus must be discovered by quite another method; its discovery is the object of a distinct process.

Thus Pathology restricted to its proper sphere is an indispensable auxiliary to the study of the subject of Therapeutics. It may be further subservient in enabling the physician to group the symptoms of a case in such a way as more readily to marshal and retain them in memory. Nor is generalization of this kind at all repugnant to the letter or spirit of Hahnemann's method or of homoeopathic science.

The generalization to which Hahnemann objected was to that of disease in general upon nosological hypotheses made on theoretical grounds, and then applied *a priori* to individual cases. That to which we refer is a generalization made specially in each case, consisting of a grouping of connected symptoms under one general term and extending only to such pathological states as are well defined and constant, such, for example, as Anaemia, Plethora, the proportion between the affections of different parts of the nervous system, etc., under which we may group a number of *generic* symptoms to the great relief of our memory, while at the same time the individual or characteristic symptoms are not only not obscured by the process but are even brought more sharply into view, as will be evident when we consider this matter more at length under the head of the Study of the Materia Medica.

**The Study of the Materia Medica.** - The method by which any subject may be most successfully studied must depend on the use which is to be made of the knowledge thus gained. It is proper then to enquire at the outset in what way the knowledge of Materia Medica is to be made subservient to the treatment of disease.

In accordance with the homoeopathic law we select for the cure of each individual case of disease, that remedy of which the pathogenetic effects are *most similar* to the symptoms of the case. In the process of making this selection we must pass in mental review the various drugs which compose the Materia Medica, take a comprehensive view of the pure effects of each and institute a comparison between each in turn and the case for which we are prescribing. This is the theory of the process.

Now it is evident that, in order to select from a number of candidates one which most nearly resembles a given standard, we must be familiar, not merely with the general properties of all the candidates or of certain classes into which they may be divided, but also with certain properties more or less peculiar to each one of the candidates, and which shall serve to distinguish each of them from all the others. In fact our method requires the strictest individualization of both disease and remedy. We are so to study Materia Medica as, above all, to bring into strong relief and fix firmly in memory those peculiarities of each drug which are not met with in any other, and which therefore serve to individualize and give *character to*

*the drug* that produces them and which are called its "*characteristic symptoms*." This term having been much and loosely used of late, it may not be unprofitable to devote a few words to the subject of characteristic symptoms.

By some writers the leading and most obvious and most frequently recurring symptoms are called characteristic. - Thus Bennett calls fever a characteristic of the Exanthemata. By others the pathognomonic symptoms of a class of diseases are called characteristic. By others the Pathologico- Anatomical.

Now the signification of such a word as characteristic is not absolute. It depends on the connection in which you please to use it and which is determined by the question "*Characteristic of what?*" In the instances just adduced, the varieties of symptoms cited may indeed be called characteristic but - characteristic of *what?* Of classes (the Exanthemata) of groups (nosological) - but not of *individuals*. But the only sense in which Homoeopaths can use the term is in its application to *individuals*. Hence a characteristic symptom must mean one which is possessed by none other than the individual drug of which it is predicated, and to which therefore it *gives character* as an *individual*. In this sense it corresponds precisely to those features of a man by which his friends are enabled to distinguish him from other persons and to recognize him at a glance.

It is obvious that these characteristic symptoms so precious to the Therapeutist may seem to be of little or no pathological value - may even seem accidental to those who forget that there are no accidents in Nature. They would be value less if we did not need to *individualize* but could be content with grouping our diseases and remedies.

To the Naturalist whose object it is to *group* his specimens, it is sufficient to know that John Doe has a vertebral column is a mammal, has two hands and is a Caucasian - because this enables him at once to place John Doe in the variety Caucasian of the species man, and his analysis goes no farther. From this his whole physiological status follows. But these items of *general* knowledge would hardly enable the *sheriff* to recognize John Doe in Broadway. It is of no importance to the Naturalist that he has such "accidental" peculiarities as an aquiline nose, black eyes and hair, and a brown mole on the left ala nasi; but these very peculiarities are all important to the sheriff, for they give him the means of detecting the object of his search upon the crowded street. It must not be forgotten, however, that the points on which the Naturalist laid stress are equally important to the sheriff; for if the latter should bear in mind only the *individual* peculiarities of the object of his quest and should *forget* that he is a Caucasian, he might find the former in the person of an Indian or if he should forget that he is a bimanous creature, he might arrest a monkey!

To drop the figure, then, it is evident that we must seek to discover among the symptoms of every drug certain ones that are produced by no other drug, and which shall serve to distinguish it from all other drugs similar in other respects; that these symptoms will often be unimportant and trivial in a physiological point of view; furthermore, that we must, for convenience sake, when the number of drugs in our Materia Medica has become considerable, endeavor so to group them, on the basis of certain clearly defined symptoms or collections of symptoms, that for the purpose of preliminary examination and comparison, these groups may be regarded and compared as though they were individual drugs.

Let us suppose a case of uterine haemorrhage. As many as forty drugs probably produce uterine haemorrhage. On the basis of this symptom they form a group isolated from the three hundred and forty remaining drugs of the Materia Medica. We select this group from the Materia Medica and now we must select a remedy from the group. It were a tedious task to consider and compare them one by one. But we group them again; ten of them produce dark colored and ten florid haemorrhage, ten a limpid and ten a clotted discharge. Our case has a dark colored discharge. Our choice is now restricted to ten drugs. But of the ten which

produce a dark discharge only five produce simultaneously a congestive headache. Thus we are limited to five drugs. Thus far the distinctions on which our grouping has been based (or which have been characteristic of the *groups*) have had a pathological significance and importance. We can find no such basis for any further sub-division into groups. But we observe in the case a peculiar subjective symptom. The patient complains "as though a living body were moving through the abdomen." This may seem trivial. It is equally however a symptom produced by Crocus which is one of the five remedies to which our choice had been restricted, and it is produced by no other drug in the *Materia Medica*. It is, then, a *characteristic* symptom of Crocus, enabling us to *individualize* Crocus and to distinguish it from all the other drugs which in many other respects agree with it.

It will be observed that dark colored uterine haemorrhage though produced by Crocus cannot be said to be *characteristic* of it. It is a characteristic symptom of a group to which Crocus belongs, but not of Crocus, for it is produced by the other members of this group as well as by Crocus.

Characteristic symptoms must of necessity be for the most part subjective and seemingly trivial phenomena. A list of them alone, if presented as the pathogenesis of a drug would be as meaningless and at first sight as ridiculous, as a list of the colors and marks, and angles and curves by which friends recognize each other would be if presented alone as the sum total of the properties of certain genera and species of the *Animate Creation*. As a background to the latter, there must be a series of phenomena capable of morphological and organic arrangement, and as the basis of the former we must have a series of objective and organic symptoms capable of physiological and pathological arrangement and of approximate explanation. But it must never be forgotten that *without the characteristics*, as we have described them, there can be no *individualization* and without *this* there can be no *accurate homoeopathic prescription*.

The truth of this is made apparent by a glance at the history of Homoeopathy. Certain of Hahnemann's followers discarded the apparently trivial subjective phenomena from the provings of drugs, retaining only the objective, organic symptoms. They thus lost the means of distinguishing between the individual members of the groups of remedies. It was thenceforward useless for them to discriminate closely between individual cases of any one type of disease. Hence inevitably arose the fashion of prescribing a *specific* remedy for a disease - as the phrase went - putting the leading members of respective groups of drugs and diseases to represent the whole groups. These were the so-called "specifiers" who had one or two remedies for dysentery, one for hooping cough, one or two for scarlatina, etc., "of whom the world is weary."

But the characteristic is not always a *definite symptom*. Sometimes it is so as in the case of Crocus and as in the peculiar diplopia of Stramonium. But sometimes it resides in a peculiar condition which attaches to some symptom common to two or more drugs. This condition may be of time, or circumstance or concomitance. Thus if two drugs have the symptom "dry cough from tickling in the supra sternal fossa" - but to one is added the condition "occurring only in the evening" - this condition of time is the characteristic of that drug in so far as the dry cough is concerned - or if one have this condition of circumstance that "the cough is aggravated by inspiring cold air" - *this condition* is the characteristic - or if one have the *concomitant* that the cough is attended by retching - this condition of concomitance is the characteristic.

Sometimes the characteristic resides in the *conditions collectively*. We borrow examples from Dr. Drysdale's admirable Introduction to *The British Repertory*:

"Pain in the stomach with nausea occurs under twenty-eight medicines.  
Pain in the stomach in the morning under thirty-seven.

Pain in the stomach with nausea in the morning under four only.

Or it may reside in a concomitant.

Dry retching occurs under forty-five drugs.

Dry retching in the morning under five.

Dry retching with eructation under one only - *Ledum*."

Every drug-proving then is to be studied in a two-fold way. On the one hand, so as to enable us to attach it in our memory to certain groups of drugs to which it shows marked general resemblances; and on the other hand, so as to bring out clearly into view those characteristics which distinguish it from all the other drugs of these groups in particular and of the *Materia Medica* in general. Our study will be at once synthetic and analytic.

Such a study is of necessity *comparative* in its nature. Each positive step in the study of a drug involves a question of the correspondence or difference of other drugs in respect of that step. An isolated study of all the remedies would not give us an available knowledge of the *Materia Medica*. It is not enough to know that *Pulsatilla*, *Nux vomica* and *Chamomilla* each produce diarrhoea of a certain kind. We must also know and fix in our minds the similarities and differences of each of these diarrhoeas to those of the two other and of all other drugs. The study of one drug is, in fact, then the study of the whole *Materia Medica*. One is never so competent to thoroughly master a proving as when he has already mastered all other provings. The first effort must necessarily be the least satisfactory, the most imperfect.

This is the task to which the student of *Materia Medica* is invited and at which his predecessors have been laboring for fifty years. Why, he may ask, has not this been wrought out and systematized by those who have gone before? Why is the *Materia Medica* left in the same state in which Hahnemann placed it fifty years ago?

Our *Materia Medica* consists of the provings of drugs upon the healthy, made by Hahnemann and his disciples. These provings, as we have them, are, for the most part, a formal arrangement of the symptoms subjective and objective observed by the prover or his friends. No attempt is made, with but few exceptions, to trace any pathological connection between symptoms, or to give any physiological explanations or to distinguish between characteristic and generic symptoms. The symptoms alone are given, just as the symptoms of a case of disease would be given by an intelligent but uninstructed patient who unfolds his case, to us in as plain untechnical words as he can, leaving to us the task of tracing connections and contriving explanations. There they stand, records of facts made in the plain vernacular, intelligible so long as the language shall endure.

But Hahnemann had a much higher idea of the kind of knowledge of *Materia Medica* which a physician requires than this statement would imply. In an Essay on "The Power of Small Doses," in *Hufeland's Journal*, he describes this knowledge as follows: "What organs it (the drug) deranges functionally, what it modifies in other ways, what nerves it principally benumbs or excites, what alterations it effects in the circulation and digestive operations, how it affects the mind, how the disposition, what influence it exerts over some secretions, what modification the muscular fibre receives from it, how long its action lasts, and by what means it is rendered powerless, etc., etc." Why then did he not construct his *Materia Medica* on this model? Unquestionably because, with a wonderful sagacity which together with his brilliant genius and his prodigious learning made him the "double-headed prodigy," which Jean Paul Richter called him, Hahnemann clearly perceived the following truths: that the *positive facts* with which a physician has to deal in *constructing* a *Materia Medica* are the *observations* of the *prover* recorded in plain, unfigurative, non-hypothetical language. That the construction which he saw to be so desirable must be the result of the *application* of the sciences of *Physiology* and *Pathology* to these *facts*. That the *facts* of the proving being of the nature of *positive observation* are *enduring* and *unchangeable*. But that the *sciences* of *Physiology* and

*Pathology*, being *incomplete* and *progressive*, are *continually undergoing change* and that their *terms* must therefore be ever *varying* in significance as the theories on which the sciences are based vary. That, consequently, a *Materia Medica* constructed by him out of these two elements, one constant and the other variable, would of necessity be transient - could not be enduring - would soon grow obsolete and in its decline would carry out of sight the constant element also, and thus the labor of the provers would soon be lost to the world. Such a structure would have involved an *intermingling* of the *current physiological theories* with the *facts* derived from *observation*. The precise point and extent of the intermingling would soon become undistinguishable and thus a vitiated record would be transmitted to posterity such as the advance of science would soon render useless. A comparison of the present state of Physiology with that of 1800, of which the very terms are almost obsolete, makes the great wisdom of this view apparent. On the other hand the pure records of observed facts, untainted by theoretical speculations, come to us from the Master's hand as pure, as intelligible, as available as when first recorded.

We have the same material for the construction of a physiological theory of the drug-action that Hahnemann had, and we can construct it with the advantage in our favor of the great advances which Physiology and Pathology have made since Hahnemann's day. This is the work which each of us must do for himself. No other can do it for him. The result of his labor may and will differ somewhat from that of every other student - for with the light of the auxiliary sciences he forms a judgment concerning observed facts - and *the significance of a fact is measured by the capacity of the observer*.<sup>(5)</sup>

(5) Lest by an omission I expose myself to misconstruction, I may say that inasmuch as advances in collateral medical sciences are affording continually new aids to observation, it is incumbent on each generation to reprove to a certain extent the remedies of the *Materia Medica* so as to bring these aids to bear on the study of Pathogenesis.

**A Scheme for the Study of the *Materia Medica*.** - In the hope that what has been written may serve not only to explain the method in which I have thought the study of *Materia Medica* may be best pursued, but also to assist those who are entering upon that arduous study, I publish here with a schedule drawn up originally for my own guidance and which, I think, was a great assistance to me.

#### **A.- GENERAL ANALYSIS.**

- 1. Action on the Vital Power** - as exhibited in the action of the remedy upon - a. The sensorium; b. The special senses; c. The sphincters; d. The other involuntary muscles; e. The power of locomotion.
- 2. Action on the Organic Substance;** as exhibited in a. The complexion (showing, viz.: the state of vessels and the nature of their contents); b. The evacuations; c. Ulcers, if any which previously existed are modified by the remedy or if any are produced by the remedy; d. Eruptions; e. General affections of a dyscrasic nature, such as dropsy, tuberculosis, etc., etc.
- 3. The Sphere of Action of the Remedy.** What organs or systems of the body are affected in a general way and in what order they are affected.
- 4. Sensations.** What kind of sensations predominate among those ascribed to the remedy in the proving and what relation, if any, appears to exist between certain varieties of sensation and certain classes of organs or tissues.
- 5. Periodicity.** If there be any periodicity in the symptoms it is to be particularly noted and its character defined.
- 6. Peculiarities.** There are few good provings which do not ascribe to the remedy certain peculiarities of action which are incapable of classification, which run through the whole

action of the remedy and which are peculiar to one remedy and are therefore important characteristics.

These *peculiarities* constitute the *conditions of time, circumstance, aggravation and concomitance*, which are attached to the symptoms and often give individual character to them as belonging to one remedy in particular, and as incapable of being ascribed in mass to any other drug. A symptom being recorded as produced, for example, by Pulsatilla, the questions "When did it occur?" "When was it aggravated?" "When was it ameliorated?" "When did it cease?" give the conditions of time which attach to that symptom. In like manner the questions "Under what circumstances (viz., of rest or motion, of heat or cold, etc., etc.) did it occur, was it aggravated, was it ameliorated," give the conditions of *circumstance* and *aggravation* which attach to the symptom.

It will be observed of almost every remedy that certain symptoms or series of symptoms are accompanied by one or several other symptoms. This fact is the condition of *concomitance* to which we refer. For example, many symptoms of Pulsatilla are accompanied by a disposition to weep, of Nux vom. by fugitive chills, of Arsenicum by inordinate weakness, of Veratrum by cold sweat of the forehead, etc.

It is further noticeable that in the provings of some drugs this concomitance of symptoms by other symptoms is strongly marked, and almost universal as in the case of Arsenicum.

**7. Resume of the Characteristics of the Remedy.** This will include everything in the above analysis which is shown by a comparative study of other drugs, to be peculiar to it. It will comprise in particular the conditions of time, circumstance, aggravation and concomitance, and the periods of the day at which the action of the drug is most marked.

## **B.- SPECIAL ANALYSIS.**

### **1. Head**

- a. *Sensorium*, comprising the subdivisions: 1. Vertigo; 2. Intelligence; 3. Memory; 4. Illusions. Each of these subdivisions is to be studied in respect of *sensations* in so far as they can be predicated of it; of periodicity; of *conditions of time, circumstance, aggravation and amelioration; and of concomitance*. And under the latter rubric it is to be especially inquired what symptoms affecting other organs, or systems, occur simultaneously in evident physiological connection with the symptom under consideration.
- b. *Headache*. The points to be investigated are: 1. The location of the pain if it be stationary - its *course* if it move, 2. The sensation; 3. The conditions of time, circumstance, aggravation and amelioration, as above explained in detail; 4. Concomitance.
- c. *Organic changes*. These affect the material substances and tissues of the head, and comprise all deviations from a normal material condition of which we can in any way become cognizant - affections, for example, of the skin, glands, vessels, organs of special sense, etc.

### **2. Eyes**

- a. *The Orbit*. 1. Location; 2. Sensations; 3. Conditions; 4. Concomitance; 5. Organic changes. These subdivisions here and throughout the scheme, wherever used, are to be understood and studied as already explained in the general analysis and under the title "Head."
- b. *Lids*. 1. Location; 2. Sensation; 3. Conditions; 4. Concomitance; 5. Organic changes.
- c. *Conjunctiva*. 1. Location; 2. Sensations; 3. Conditions; 4. Concomitance; 5. Organic changes.
- d. *Globe*. 1. Location; 2. Sensations; 3. Conditions; 4. Concomitance; 5. Organic changes.
- e. *Secretions*. 1. Character, as regards color, acidity, quantity, etc.; 2. Conditions; 3. Concomitance.
- f. *Special sense*. 1. Vision, altered, intensified, diminished, or perverted; 2. Conditions attached to such alteration; 3. Concomitance.

N.B. After each such study of a single organ, a physiological estimate should be made of the significance of the symptoms. For this purpose a faithful study of the concomitance is of inestimable value. For example the proving of Pulsatilla gives sudden loss of vision. Is this Amaurosis? The concomitance shows that the loss of vision is accompanied by loss of hearing, by syncope, and occurs at a period of menstrual irregularities. The symptom is at once explained. This is only a very obvious instance of what is not always an easy though always a most necessary task.

### **3. Ears**

**a. External Ear.** 1. Location; 2. Sensations; 3. Conditions; 4. Concomitance; 5. Organic changes.

**b. Internal Ear.** 1. Location; 2. Sensations; 3. Conditions; 4. Concomitance; 5. Organic changes (as secretions, etc.,) and their conditions.

**c. Special sense.** 1. Deviations, whether intensified, diminished or perverted; 2. Conditions; 3. Concomitance.

**4. Nose,** 1. Location; 2. Sensations; 3. Organic changes, including secretions. With reference to each of the above, observe, a. The conditions; b. The concomitance.

*Special sense of smell.* 1. Deviations from a normal condition; 2. Conditions; 3. Concomitance.

**5. Face,** 1. Location; 2. Complexion; 3. Sensations; 4. Temperature; 5. Organic changes. As regards each of these subdivisions, study, a. The conditions; b. The concomitance.

**6. Lips,** 1. Location; 2. Aspect; 3. Sensations; 4. Temperature; 5. Organic changes. Respecting each subdivision note, a. The conditions; b. The concomitance.

**7. Gums and Teeth,** 1. Location; 2. Sensations; 3. Organic changes. In reference to each subdivision note, a. The conditions; b. The concomitance.

**8. Mouth,** 1. Location; 2. Sensations; 3. Organic changes. Of these, a. The conditions; b. Concomitance.

**9. Taste,** 1. Deviation from normal state, a. Conditions; b. Concomitance.

**10. Tongue,** 1. Location; 2. Sensations; 3. Aspect; 4. Organic changes. Of these, a. The conditions; b. The concomitance.

**11. Throat and Fauces,** 1. Location; 2. Sensations; 3. Aspect; 4. Organic changes (including tumefaction, secretion, deposits, etc.). Respecting these divisions, a. The conditions; b. The concomitance.

**12. Oesophagus,** 1. Location; 2. Sensations; 3. Organic changes; 4. Special function. Of these, a. The conditions; b. The concomitance.

**13. Stomach,** 1. Location; 2. Sensations; 3. Organic changes; 4. Special function modified, as respects, a. *Appetite*; b. *Thirst*, and these modifications may be exaltation, diminution or perversion; c. *Nausea*; d. *Vomiting*. Respecting these divisions and subdivision, observe, a. The conditions; b. The concomitance.

**14. Hypochondria,** 1. Right, 2. Left. As regards each, study 1. Location; 2. Sensations; 3. Organic changes. As regards each subdivision observe, a. The conditions; b. The concomitance.

(Here and wherever the rubric comprises a region which contains a number of organs, endeavor to make by the aid of the sciences of Physiology and Pathology a rational appreciation of the organs involved, and in this study, pay especial regard to the concomitance, in order to gain the full physiological significance of the symptoms. For example, in affections of the right hypochondrium where the liver may be supposed to be

implicated, the concomitance will justify the supposition if it show simultaneous and corresponding symptoms of the tongue, stomach, head, stool, skin, back, etc., etc. So of the left hypochondrium and the uterine system.)

**15. Abdomen**, 1. Location with appreciation of the organs involved; 2. Sensations; 3. Organic changes. - Respecting these divisions note, a. The conditions; b. The concomitance.

**16. Stool**, 1. Sensations, their character, location and course, a. *Before* stool; b. *During* stool; c. *After* stool. As regards these three subdivisions note, a. The conditions; b. The concomitance. 2. *Organic phenomena*, viz., color, odor, consistence, composition, e. g. - digested or not - consisting of feces alone or combined, etc.

**17. Anus and Rectum**, 1. Location; 2. Sensations; 3. Organic changes (including secretions, tumors, condylomata, etc., etc.) Respecting all of these divisions note, a. The conditions; b. The concomitance.

### **18. Urinary Organs**

**a. Bladder**. 1. Location; 2. Sensations; 3. Organic changes.

**b. Urethra**. 1. Location; 2. Sensations; 3. Organic changes.

**c. Kidneys**. 1. Location; 2. Sensations; 3. Organic changes.

**d. Ureters**. 1. Location; 2. Sensations; 3. Organic changes.

With regard to all of these divisions, under each of these organs, study, a. The conditions; b. The concomitance.

**e. Urine**. 1. Quantity; 2. Color - physical properties; 3. Odor; 4. Deposits.

**f. Micturition**. 1. Frequency; 2. Sensations. Note, a. Conditions; b. Concomitance.

### **19. Genital Organs- Male**

**a. Penis**. 1. Location; 2. Sensations; 3. Organic changes.

**b. Testes**. 1. Location; 2. Sensations; 3. Organic changes.

**c. Special function**. 1. Modifications, - as regards exaltations, diminution, or perversion; 2. Sensations.

Respecting these divisions and subdivisions study under each, a. The conditions; b. The concomitance.

**d. Secretion**. 1. Quantity; 2. Quality, admixture, etc.; 3. Mode of evacuations. a. Conditions; b. Concomitance.

### **20. Genital Organs- Female**

**a. Vulva**. 1. Location; 2. Sensations; 3. Organic changes.

**b. Vagina**. 1. Location; 2. Sensations; 3. Organic changes; 4. Secretion, considered as regards, a. Character; b. Quantity; c. Color.

**c. Uterus**. 1. Location; 2. Sensations; 3. Organic changes; 4. Secretions considered as above.

**d. Ovaries**, 1. Sensations; 2. Organic changes. Under these divisions and subdivisions note, a. The conditions; b. The concomitance, attaching to each.

**e. Menstruation**. 1. Sensation; 2. Periodicity; 3. Quantity; 4. Color; 5. Consistence; 6. Duration. Under these, a. The condition; b. The concomitants.

### **21. Respiratory Organs**

**a. Nasal Mucous Membrane**. 1. Location; 2. Sensations; 3. Organic changes; 4. Secretions, as regards quantity and quality. Respecting all these, a. The conditions; b. The concomitance.

**b. Larynx and Trachea**. 1. Location; 2. Sensations; 3. Organic changes; 4. Secretions as above. Respecting all these, a. The conditions; b. The concomitance.

1. *Cough*; a. Its sound; b. Its character, as paroxysmal or otherwise, dry or loose; c. Location of the sensation which provokes it; d. Conditions; e. Concomitance.

2. *Sputa*. 1. Character; 2. Consistence; 3. Color; 4. Smell; 5. Taste; 6. Locality from which it appears to come; 7. Mode of evacuation; 8. Sensations which precede and follow its evacuation; 9. Conditions; 10. Concomitance.

c. *Thorax - Internal*. 1. Location; 2. Sensation; 3. Organic changes. a. Conditions; b. Concomitance.

- *External*. 1. Location; 2. Sensation; 3. Organic changes (including mammae and nipples); 4. Secretions. Respecting the above, a. Conditions; b. Concomitance.

d. *Respiration*. 1. Sensations; 2. Organic action; 3. Breath, its odor, temperature, volume. Regarding these, a. The conditions; b. Concomitance.

## **22. Heart**

a. *Subjective*. 1. Location; 2. Sensations.

b. *Objective*. 1. Location; 2. Organic changes as shown by position, sounds, magnitude and by rational signs; 3. Pulsation. Respecting these divisions, a. The conditions; b. The concomitance.

**23. Back**, 1. Location, dividing the back into regions from below upwards and appreciating the organs and tissues involved, as well as the concomitance will admit; 2. Sensations; 3. Organic changes. Under these, a. Conditions; b. Concomitance.

**24. Upper Extremities** - Right and Left. Respecting each study,  
1. *Articulations*. 1. Location; 2. Sensations; 3. Organic changes.

2. *Interarticular Region*. 1. Locations; 2. Sensations;

3. Organic changes. Respecting all of these, a. Conditions; b. Concomitance.

**25. Lower Extremities** - Right and Left. Studied in all respects as the Upper Extremities.

As regards the Extremities generally, note Sensations with their course (and Duration) if they be wandering, e. g., from a right upper, to a left lower extremity, etc.

**26. Sleep**, 1. Character; 2. Periods; 3. Preceded by;  
4. Succeeded by; 6. Concomitance.

a. *Dreams*. 1. Conditions; 2. Concomitance.

**27. Fever**, as a paroxysm made up of stages:

1. *Incomplete Paroxysm*, consisting of only one or of two stages. 1. Their order; 2. Relative severity and duration; 3. Antecedents; 4. Sequelae; 5. Conditions; and, 6. Concomitance.

2. *Complete Paroxysm*. 1. Order of the stages; 2. Their relation to each other. Then consider the separate stages, e.g.,

a. *Chill*. 1. Character; 2. Precursor; 3. Succeeded by; a. Conditions; b. Concomitance.

b. *Fever*, as a single stage, or *Heat*. 1. Character; 2. Precursors; 3. Sequelae, a. Condition; b. Concomitance.

c. *Sweat*. 1. Character; 2. Precursors; 3. Sequelae.

a. Conditions; b. Concomitance.

Between chill and heat and heat and sweat, study the

*Interval*. 1. Character; 2. Sensations; 3. Conditions; 4. Concomitance. Also the time

*After the Paroxysm*. 1. Sensations; 2. Conditions; 3. Concomitance.

*Pulse*. 1. Quality; 2. Frequency; 3. Conditions.

## **28. Skin**

1. *General*. 1. Sensations; 2. Organic changes; 3. Conditions; 4. Concomitance.

2. *Special*. 1. Localities affected; 2. Sensations; 3. Organic changes; 4. Conditions; 5. Concomitance.

3. *Organic Changes*. Under this head are comprised

1. *Eruptions*. 1. Aspect; 2. Color; 3. Sensations; 4. Secretions, a. Their color; b. Consistence; c. Odor; d. Quality, e. g., acrid or bland, etc.; 5. Scabs. a. Quality; b. Tenacity; c. Color; d. Odor; e. Conditions of subjacent tissues or secretions.
2. *Ulcers*. To be studied as Eruptions.
3. *Warts*. To be studied as Eruptions.
4. *Tumors*. 1. Physical properties; 2. Sensations; 3. Conditions; 4. Concomitance.

### **29. Mind**

1. *Faculties Modified*. 1. Exalted; 2. Depressed; 3. Perverted. Under these, a. Conditions; b. Concomitance.
2. *Memory*. As under Faculties.

### **30. Disposition**, 1. Quality; 2. Conditions; 3. Concomitance.

(Carroll Dunham, M.D., Newburgh, N. Y., *Homoeopathy the Science of Therapeutics*, The American Homoeopathic Review vol. 3 (1863), p. 9-15, 61-71, 103-111, 156-162, 203-210, 305-313)

## **1864 - Dr. C. von Boenninghausen**

"With deep sorrow we record the death of this distinguished physician. For many years a warm personal friend of Hahnemann - associated with Hahnemann's immediate pupils, Stapf, Gross, Mühlenbein, Hartmann and Rückert, in those labors which placed Homoeopathy on an immovable foundation as a practical method - he survived, an indefatigable laborer in the good cause, long after Hahnemann and his pupils had all passed away.

To the day of his death he was in constant intercourse, by correspondence or through the journals, with all the earnest hard working younger homoeopathic practitioners. He was, therefore, the link connecting the past generation of the Master, and the active generation of to-day - at once the venerable relic of the former and trusted leader of the latter.

And now this link is broken. The last 'Veteran of the Old Guard' has gone to his rest. The genial voice is hushed forever. The clear, serene and honest eye is closed. The sagacious judgment which so rarely erred - the ever active brain - have ceased from their labors on earth. The kindly heart, whose even beat no selfish impulse ever quickened, pulsates no longer.

For us remain - for those who were his personal friends - a deep and abiding sense of a great loss - for the profession in general, the ripe fruits of his experience and scholarship in his published works, and the bright example of his busy life.

Clemens Maria Franz, Baron von Boenninghausen, Doctor of Civil and Criminal Laws and of Medicine, was born March 12<sup>th</sup>, 1785, on the ancestral estate of Heringhaven in Overysse, a province of the Netherlands. His ancestors, whose names and arms may be traced back into the thirteenth century and one of whom was made an Austrian Field-Marshal by Ferdinand II., in 1632, belonged to the oldest nobility of Westphalia and the Rhine. Inasmuch, however, as for three hundred years past, they had devoted themselves exclusively to the profession of the arms, their property always remained quite moderate in amount.

Von Boenninghausen's early youth was passed in the country, where his bodily vigor was fostered by riding, swimming, hunting and other manly exercises, while his mental faculties were but sparingly cultivated. When, therefore, in his twelfth year, he entered the high school in Munster he found his place at the foot of his classes. But his diligence during the first half year was so great that, at the end of that period, he had reached the head, a position he always retained.

After remaining six years at this school, von Boenninghausen went to the University of Groningen, where he spent three years, devoting himself not only to the studies proper to the

profession of the law, to which he intended to devote himself but also, and with great zest, to the study of Natural History and of Medicine.

On the 30<sup>th</sup> of August, 1806, he received the degree of Doctor of Civil and Criminal Laws, and about the 1<sup>st</sup> of October in the same year he began his career as advocate.

This career was destined to be brief. In August, 1807, von Boenninghausen accompanied his father to Utrecht, whither the latter was sent as delegate from the Electorate Committee of Overijssel to the then king of Holland, Louis Bonaparte (father of Napoleon III), who at that time resided at Utrecht. Being more familiar with the French language than his companions, the young von Boenninghausen was admitted to the audience to act as interpreter. In consequence of this circumstance he soon received the quite unexpected appointment of Auditor of the State Council. From this time on, his career, at the Court of Holland was a remarkably rapid one. Within a year, he was promoted, over the heads of some colleagues much older than himself, to the post of Auditor to the King, and a fortnight afterwards to that of *Secrétaire générale des requêtes*. This laborious but influential office, to which were subsequently added the duties of royal librarian and chief of the topographical bureau, he continued to hold until the abdication of the King of Holland, July 1<sup>st</sup>, 1810.

After the loss of his very kind and benevolent chief, of whose council he was the youngest member, under circumstances so very painful to him, von Boenninghausen declined every position that was offered him in the service of Holland and returned in 1810 to the paternal estate to devote himself to the study of Agriculture and of the auxiliary sciences, especially that of Botany which gradually became his favorite pursuit.

He married in 1812, and in 1814 removed to his inherited estate of Darop. Here he gradually entered into correspondence with the most prominent Agriculturists of Germany, especially with Thaer and Schwerz. Several essays from his pen appeared in the *Moglischen Annalen*.

He endeavored by advice and example to improve the agriculture of Westphalia. Among his efforts of this kind, was the founding of the Agricultural Society for the district of Munster, which still exists in a more extended form and which was the first association of this kind in the Western part of the Prussian Monarchy. On the organization of the Prussian provinces of the Rhine and Westphalia in 1816, the position of Landrath for circle of Coesfeld, in which his estate of Darop lies, was offered to von Boenninghausen. He accepted it and filled it until 1822.

During this period, the necessity of an appraisalment of the two above named provinces of the Rhine and Westphalia was recognized and von Boenninghausen, being the only Landrath, was summoned to the conferences held on the subject at Godesberg, near Bonn, in order that he might testify, as both a theoretically and practically educated agriculturist, on the technology of the appraisements. He was subsequently, in 1822, appointed General Commissioner of Appraisements for the two provinces.

This new office involved almost constant traveling about in these provinces; but this, again, gave him increased opportunities for the study of their flora. He published, in 1824, a 'Prodromus Florae Monasteriensis,' which contained much that was new, and which showed the similarity between the Westphalian flora and the English. At this time, also, was entrusted to him the direction of the Royal Botanical Gardens at Munster, which he conducted for many years and through which he came into relations with many of the first Botanists of Europe. In consequences of his agricultural and botanical writings, he received many diplomas from learned societies, and C. Sprugel (*Syst. veg.* III, 245) and Reichenbach (*Ubers. des Gewachsreich*, 197) awarded him the highest honor known as a botanist, by each naming a genus of plants after him.

In the autumn of 1827, his health, which had hitherto been very robust, became seriously impaired and his disease, which was pronounced by two most distinguished physicians, to be purulent consumption, grew so rapidly worse that in the spring of 1828 all hope of his recovery was abandoned. This was the first occasion of his acquiring a knowledge of Homoeopathy. Having given up all hope of recovery, he wrote a farewell letter to his old and cherished botanical friend Dr. A. Weihe, of Herford, who was a homoeopathic physician, the first in the whole of Westphalia and the Rhine, a fact, however, of which von Boenninghausen was not aware, inasmuch as their frequent correspondence had treated only of botanical subjects.

Weihe, much concerned at the intelligence of Boenninghausen's illness, requested an accurate description of the case, expressing the hope that he might be the means of saving his valuable friend through the aid of the newly discovered method of cure. Boenninghausen complied with his request, followed implicitly the directions he received, and gradually recovered, so that, by the end of the summer, he was regarded as cured.

From this period he was not only a decided adherent, but an active and earnest advocate of Homoeopathy. After ineffectual endeavors to arouse an interest on the subject among the physicians of Munster with whom he came into frequent intercourse as member and one of the founders of the Medical Society, he put his own hand to the work, revived the half forgotten knowledge of medicine acquired at the University of Groningen, and had the good fortune to be of service to many who sought his aid.

He had not, however, a license to practice as a physician, a fact which might have subjected him to many impediments and disamenities had he undertaken to engage in a general medical practice. For this reason, for a few years he expended his energies to a great extent upon literary labors which had for their object to study thoroughly the practical part of Homoeopathy and to facilitate and extend its application. At length, so generally were his learning and success acknowledged that, by a cabinet order of His Majesty King Wilhelm IV, dated July 11<sup>th</sup>, 1843, all the rights and immunities of a practising physician were bestowed to him.

It was during the former period, from 1828 to 1843, that most of the systematic works, for which we are indebted to Boenninghausen, were composed and published. These were of a practical nature, designed to aid the student of *Materia Medica* and the physician at the bedside. They were cordially received, were preferred by Hahnemann to all others, and were used by him to the time of his death. They have served as models, originals, or *points of departure* for most of the manuals, guides and repertories that have been published. During this period too, Boenninghausen was a constant and prolific contributor to the *Archiv*, of the new series of which, the *Neues Archiv*, he became associate editor with Stapf, after the death of Gross; to the *Allgemeine Homoeopathische Zeitung* and to the *Homoeopathe Belge*.

In these labors and in the discharge of his functions as a practitioner, his days were filled with honorable toil. His fame as a successful practitioner and as the acknowledged master of our *Materia Medica*, brought him many visitors among professional men. These his genial cordiality converted into warm and steadfast friends. Advancing years dealt with him tenderly and death has at last overtaken him at his post of duty, still earnest in his labors, warm in his friendships and at peace with God and man.

Boenninghausen was in constant correspondence with Hahnemann from 1830 until the death of the old master, and he more than once permitted the writer to examine a large volume of letters from Hahnemann, the last of which was written six weeks before Hahnemann's death.

In 1848 he founded the society of the Homoeopathic Physicians of Westphalia and the Rhine, the yearly meetings of which still continue. Almost every homoeopathic society has elected

him as a member. The Homoeopathic Medical College of Cleveland, in 1854, conferred upon him the honorary degree of Doctor of Medicine, and, on the 20<sup>th</sup> of April, 1861, the Emperor of the French, Napoleon III, whom, when a boy, Boenninghausen then, Councillor to Louis of Holland, had known, made him knight of the Legion of Honor.

Of Boenninghausen's seven sons two have chosen the profession of medicine. The elder (Karl, born November 5<sup>th</sup>, 1826) after practising for a year or more in Westphalia, in his father's neighborhood, where his success in treating a severe epidemic of typhus demonstrated his possession of rare endowments and great knowledge, is now settled in Paris under most fortunate circumstances. He married the amiable adopted daughter of Hahnemann's venerable widow. He resides with Madame Hahnemann and has access to the literary relics of our illustrious master. From these we may hope that, 'in the fullness of time,' much that is most valuable and interesting will be made public.

The second son Frederick (born April 14<sup>th</sup>, 1828) had at first determined to study law, and had actually made considerable progress therein. The example of his brother however induced him to abandon his profession for that of medicine. He repaired at the University of Berlin, where after the usual period of study, he graduated as his brother had done, with great distinction, and received the degree of Doctor of Medicine with a licence to practice. Having up to this time paid little or no attention to Homoeopathy, he now returned to the paternal roof for the purpose of watching the results of his father's practice, and of comparing these results with those with which he had become familiar in the allopathic hospitals in Berlin. He proposed after sufficient comparative observations of this kind, to make his choice between Homoeopathy and Allopathy. The nature of the choice could not be doubtful. His unqualified and enthusiastic preference was given to Homoeopathy. After one year of careful study he engaged in general practice near Munster, where, we believe, he still resides.

It will be perceived, from the above sketch, that the life of our friend and colleague was full of diversified activity. In his official employments, as well as in his agricultural and botanical studies, he had always in view some well defined practical object, and this was generally something of a beneficent character. And when he began to labor in the field of homoeopathic medicine, his energies were exerted in a corresponding direction. Although deeply learned in ancient and modern philosophy, his mind was essentially of a practical turn. Those subjects had most attractions for him which presented the problem of *definite labor* for *definite results*. The theories and speculations and system making which have charm for many Homoeopaths, seemed to Boenninghausen to have but a secondary importance.

He perceived that the matter of prime necessity was such a study of *Materia Medica* as should bring out into bold relief the characteristic peculiarities of each individual remedy, so that the practitioner might *easily* and *surely* single out that remedy which might be most similar in its symptoms to the disease under treatment.

To such a study he devoted himself. The success of his practice is the measure of the success of these studies as well as an indication of Boenninghausen's sagacity in selecting this as the most important subject of study.

As a result of these studies he published a small work containing the 'Characteristics of Homoeopathic Remedies' and also a 'Concordance of the Relations of the Remedies to each other.' About the same time he published his 'Therapeutic Pocket Book, or manual for the student of the *Materia Medica* and for the physician at the bedside,' a work designed chiefly to aid the student of *Materia Medica* in following the course which Boenninghausen had found so successful. He published also a 'Repertory of the *Materia Medica*,' and which is on the whole the best yet constructed.

In these works Boenninghausen brings prominently into view, the great importance of the characteristic symptoms and the value of the conditions and concomitants of the symptoms, as marks of individualization.

It may be remarked that the work on 'Characteristics' has never been translated into English, a similar but immeasurably inferior book of Jahr's having been unhappily preferred by the publishers. The 'Therapeutic Pocket Book' was translated into French and into English. But Boenninghausen pointed out to the writer the fact that the French translation was so carelessly made that the lists of remedies in several cases are placed under different headings from those under which they properly belong, thus making the work a *false guide*. This was done by *Dr. Roth*, the *same* who in his studies of *Materia Medica* is now making such charges of inaccuracy and carelessness against Hahnemann, and whom Dr. Hering has just convicted of grossly careless misquotation in his remarks upon *Sabadilla*. The English translation by Dr. Laurie has the same faults, having been translated from the '*improved French*' translation, and not from the original German. In America, two translations have appeared by Dr. Hempel and Dr. Okie. Boenninghausen published also a little pamphlet on the 'Treatment of Intermittent Fever,' which was translated by Dr. Hempel.

In the last letter which the writer received from him, dated November 9<sup>th</sup>, 1863, he says, 'I have now in press, at Leipzig, a treatise (as complete as possible) on the 'Treatment of Fevers,' a new edition of my pamphlet on this subject published in 1833, but not only considerably enlarged, but better arranged.'

It is believed that he had nearly completed a work on the 'Treatment of Epilepsy,' as well as a new and enlarged edition of his 'Repertory.'

An essay on the treatment of 'Hooping Cough' was published in 1856. An English translation with additions is now in the hands of the publisher.

The crowning literary work of his life however was that which appeared early in 1863, the 'Aphorisms of Hippocrates, with the glosses of a Homoeopathist,' a large octavo volume so full of learning and sagacious observation as to have won enthusiastic commendation from the entire allopathic press. A French translation will soon appear at Brussels. Boenninghausen was anxious that the English translation should be made and published in America, where he believed that Homoeopathy had made greater and sounder progress than in England, and, but for the disturbances in business occasioned by the existing war, it is probable the translation would already have appeared. He desired that it should be preceded by a biographical sketch of the author, and it is from materials furnished him for the compilation of this sketch that the writer has derived the data for the foregoing hasty memoir. The English translation will be adorned by a finely engraved portrait, from a painting by Rotting in the possession of the writer.

Boenninghausen began to practise Homoeopathy according to the practical rules laid down by Hahnemann. When the high potencies were first introduced, he, at the instigation of Gross, began very cautiously to make experiments with them first upon domestic animals and afterwards, when encouraged by the results, very cautiously upon his patients.

Seven years was devoted to these experiments, the results of which were already recorded and carefully collated. Finally he became convinced of the superiority of the higher potencies over the lower potencies and for twenty-two years, up to the time of his death, he used only the high potencies, at last, exclusively the 200<sup>th</sup> in all cases. It was his custom to record every case for which he prescribed. In 1862, he informed the writer that he had just begun the 112<sup>th</sup> volume of his 'Clinical Record.' Of these 112 volumes it is safe to estimate that at least eighty contain records of cases treated almost exclusively with high potencies. A rich mine of experience for the conscientious and intelligent explorer.

Boenninghausen adhered closely to Hahnemann's practical rules in prescribing. He was careful never to repeat the remedy until the effects of the dose already given were exhausted. He thoroughly disapproved of alternation of remedies.

In a work on 'Domestic Practice' by Lutze, Boenninghausen has been referred to as recommending a *combination of remedies*. This is utterly false. The writer has in his possession, and will ere long publish, a letter in which he utterly denies any such recommendation, expresses most hearty reprobation of the practice and gives a history of the origin of the proposition to combine two or more remedies in a single prescription.

On resigning the offices which he held under the Prussian Government, Boenninghausen removed to Munster, where he built the house in which he lived when the writer visited him and in which he died. In this house it was his custom to receive patients daily from nine, a. m., to two, p. m. From two to five, p. m., he spent in diversion, generally in walking about the suburbs, or along the beautiful promenade which surrounds the city, occupying the site of the former ramparts, or else in the Botanical Garden attached to the Ducal Residence. It was in these hours of relaxation that his genial social qualities, his wit and his full and varied knowledge were seen to best advantage.

The writer will ever remember how, in course of one of these walks, Boenninghausen, having gently rallied him in some evidences of home-sickness which he thought he had detected, gravely told him that he would take him to see a compatriot who resided in Munster. He accordingly led the way to the Botanical Garden, and there, with charming courtly ceremony, presented the writer to a stately Tulip tree (*Liriodendron tulipifera*), which he said he had imported from America forty years ago, and which he said he believed was the only immigrant from the United States in Westphalia.

His interest in the history and progress of Homoeopathy in all parts of the world was very great. Especially was he interested in its development in America, a country from which he had received many tokens of esteem and admiration.

On receiving a copy of the volume of 'Transactions of the Homoeopathic Medical Society of the State of New York,' published in 1863 by the Legislature of the State, he expressed great pleasure, using the following language:

'I have been very agreeably surprised by the progress of Homoeopathy in your country. Your Government, indeed, does not cease to favor everything which is truly salutary to mankind. In truth it may well serve as a model for all other Governments. Its merit is all the greater, in that the calamity of war does not hinder it from extending a protecting hand over the public weal.'

Thus, active, earnest in every good work, filling with honor positions of high public trust, but devoting his faculties with equally conscientious fidelity to the cure of peasant and noble, indifferent to nothing that concerns the welfare of mankind, ever ready to point out to the seeker after knowledge the paths which he had himself so successfully trodden, thus lived trusted, honored and beloved this distinguished physician and christian gentleman who has now gone to his rest."

(Carroll Dunham, Dr. C. von Boenninghausen, *The American Homoeopathic Review* vol. 4 (1863-1864), p. 434-443)

## 1864 - Murex purpurea

"This substance was first introduced into the *Materia Medica* by Dr. Petroz, of Paris, in some observations published in the *Revue Critique et Retrospective de la Matière Médicale*, Vol. III, 1841.

Dr. Petroz does not state from what variety of the mollusc which furnishes the purple coloring matter, the specimen employed by him in the proving was obtained. A coloring substance, to all appearance identical, is found in various genera, of the family Muricidae as well as in the genus *purpura* of the family Buccinidae.

Weber, of Paris, in his *Codex des Médicaments Homoeopathiques ou pharmacopée pratique et raisonnée*, has the following remarks:

"*Murex purpurea*. - Coquille a pourpre. It belongs to the class of Molluscs and to the family of Purpurifera. There are several varieties which may have the same value in Homoeopathy, inasmuch as, up to the present day, the only part used for experimentation has been the coloring matter which furnishes the purple, and even this experimentation has been made not upon the healthy subject but upon the sick."

"The ancients derived their purple dye from several different molluscs, from the *Buccinum*, a variety found upon the rocks, as well as from the *Purpurea*, which is the 'Coquille a pourpre,' properly so-called, and which is found not only upon the Phenician coast, but also throughout the Mediterranean. Recently a juice, analogous to the purple dye, has been found in several conchiferae belonging to the family of the *Limacidae*. This juice which is viscous and, when first obtained, colorless, is found in a distinct little sack which in the majority of these molluscs is situated between the heart and the liver. When brought into contact with the atmosphere this juice becomes successively yellow, green, blue and finally a reddish purple.

"It is insoluble in water, alcohol or ether; consequently, for homoeopathic use, the first three attenuations should be prepared by trituration."

Jahr and Catellan in their *Pharmacopeia*, Paris, 1853, say:

"*Murex purpurea*, *purpura patula*, *cochlea veram purpuram fundens*; pourpre antique; Purpurschnecke. An oval shell furrowed transversely, studded with tubercles, especially when young; with a somewhat short helix, the aperture bell-mouthed. Color, a blackish russet externally. The columella of a russet yellow. The straight margin white. This variety of shell inhabits the Mediterranean where it is pretty common. Its juice, which is the true purple dye, is contained in a large fold in the form of a pocket upon the back near the neck. It requires a good deal of adroitness to collect this juice, for it is quickly thrown out by the animal. The juice after being taken from the animal is at first blue, and then of a beautiful green, finally of a magnificent purplish red. Cloth dyed with it always preserves its color."

The provings recorded by Dr. Petroz, and which are the only ones that we possess, are, it must be confessed, *fragmentary*. So are the contributions of every *individual prover* of every drug. So are the single stones, of which when they are duly placed together, a stately mansion is constructed. If the stones were neglected, because, when regarded separately, they are nothing like a house, how could they ever be brought together and built up, forming the house? If the results of each individual prover's or experimenter's labors are to be withheld on the ground that they are *fragmentary*, how shall matter be accumulated for a complete and exhaustive proving?

It has been further objected that Dr. Petroz's proving is not a pure one, because his subjects had, two of them a slight leucorrhoea, and the third a cutting uterine pain at the time of the menstrual flow. Some, chief among them, Dr. Roth of Paris, would rigorously exclude from

the *Materia Medica Pura* everything which does not rest upon exact observation of the effect of drugs upon exclusively and strictly healthy persons.

Etymologically he is quite correct, a *pure* *Materia Medica* has no business with a single symptom obtained from observation on the sick, however slightly sick, or sick in a way however foreign to the nature of the symptom in question.

But in good part, the criticism of Dr. Roth is sheer *pedantry*, not *practical sagacity*.

An ideal *Materia Medica Para* should contain only symptoms obtained upon the absolutely healthy. Ages will elapse before we can have a complete *Materia Medica* of this kind. It is certainly an object worthy of unceasing labor.

The *Materia Medica* which we possess while made up in good part of pure symptoms (symptoms observed upon the absolutely healthy), contains also symptoms observed upon those who were not absolutely healthy. The symptoms we possess of certain medicines are wholly of the latter character. Cases occur in practice to which no remedy of which we have pure symptoms corresponds, but which nevertheless finds its *simile* and its individual specific in one of these drugs of which we have no knowledge except the symptoms it has produced upon the sick.

Now the pedantry of the critic in his closet may exclude from a *pure* *Materia Medica*, every proving that is, so to speak, *impure*, but the question for the practical man is this: Shall any proving, however fragmentary, however impure, which yet puts it in the power of the physician to cure, even a single case of disease, be cast out from the *Materia Medica*? The answer must be, let it remain for the sake of these rare cases as a stimulus to pure and complete provings, as a contribution to the *clinical*, if not, in pedantic literalness, to the *pathogenetic* history of the drug!

The point of greatest importance in relation to the fragmentary provings, which are published from time to time, and from a collection of which an exhaustive knowledge of the drug is ultimately to be obtained, seems to us to be this, that the name and condition of the prover should be attached to each symptom, and that thus the student may be enabled to judge for himself of the pureness and authenticity of the symptoms.

The observations of Dr. Petroz are given in the following with but little abbreviation. They are followed by some clinical observations by Dr. Constantine Hering and other practitioners. All together these remarks should serve to draw attention to *Murex purpurea* as a substance promising rich returns to the careful prover.

### ***Murex purpurea*, by Dr. Petroz, of Paris, from *La Revue Critique et Retrospective de la Matière Medicale***

"The entire scope of the action of therapeutic agents is not easily recognized, even by those who have a profound understanding of the *Materia Medica* based on experimentation on the healthy subject.

This difficulty explains the astonishment of practitioners when they meet with unexpected results, the products of some particular condition different from that which constitutes the physiological state. The observations of these effects in conditions very similar to each other, if collected with care, should, after a time, constitute the second part of the *Materia Medica*, which we might call the *clinical*, in contradistinction to the *pure* or *experimental* part.

The latter, however, the fundamental basis of the art of curing, should be regarded as an inviolable law, the point of departure of every positive notion, the sacred volume to which we faithfully recur on every occasion, on which we may have been led away by a sort of involuntary impulse as it were, to that empiric method which has, up to the present time,

characterized the successively prevailing doctrines.

Experimentation on the healthy subject, while it produces symptoms analogous to the majority of those observed in the sick, has not been able to go so far as to produce those disorders, whether functional or material, so serious, and yet so common, which appal the most practised and hardened observer.

That the proving of a medicinal substance upon the healthy subject should make known all the effects which it is capable of developing, it must be repeated not only under different conditions of age, sex, etc., but also under variable conditions of susceptibility. But even if one succeed in finding healthy individuals of very unusual susceptibility, this is but trifling, compared with the susceptibility which characterizes certain pathological conditions.

Furthermore, where is the physician, who, whatever his devotion to science, would assume the right of pushing his proving to the extent of endangering the life of the prover. This difficulty of pushing experimentation far enough to discover every medicinal property which a substance may possess is relative, as I have said above, to the susceptibility of a prover. Thus a young woman, very impressible and courageous, presented to me, when under the influence of *Lycoperdon Bovista*, symptoms which were the very image of Asphyxia from the fumes of charcoal. In proving a *mimosa asperata* she experienced several epileptiform nervous symptoms.

But it is a rare thing to find individuals so well adapted to this work. In default of them we must interrogate the pathological susceptibility, which, in its turn, may prove a fruitful source of positive knowledge.

#### **PATHOGENESY**

I. A woman, 46 years old, of nervous temperament, very impressible, but in good health.

One dose of *Murex*, fourth, was taken in six spoonfuls of water. The first spoonful was taken January 5th, in the evening.

Twelve hours after taking the medicine, acute pain in the right side of the uterus, which crossed the entire body and extended upwards to the left breast; extreme feebleness of all voluntary motions, the legs bend under her; irresistible necessity of remaining seated; confusion of ideas, repugnance to conversation, deep sadness.

At six, p.m., palpitations of the heart, and throbbings of the arteries in the neck.

In the evening, excessive fatigue, somnolence, heat of the hands; pulse 80. Pains in the knees; pains in the loins, sensation of excoriation and of burning pain, as if broken, in the chest. The night was good.

January 7th. The second spoonful, in the evening. Sharp burning pain under the false ribs of the left flank, towards the vertebral column, in paroxysms; somnolence and sadness; difficult evacuation of faeces, stool maronee, requiring an enema of tepid water. The stitch in the side has lasted the whole day. In the evening, painful tension in the right hypochondrium. Dry, infrequent cough. Dyspnoea. Voice is changed and hoarse. The heaviness is much diminished. No leucorrhoea since the first spoonful.

The third spoonful on the evening of the seventh.

8th. The night good. On awaking, feels well. The stitch in the side has disappeared. Sensation of dryness and of constriction in the uterus. The heaviness has disappeared. No leucorrhoea.

The fourth spoonful was taken on the evening of the eight.

9th. A good day. Natural stool. Fifth spoonful, evening.

10th. Very good day. Sixth spoonful.

11th. In the morning, a sensation of heaviness and of dilation in the labia majora. The urine has a white deposit. Expulsion of a small quantity of bloody mucus, after passing water.

12th. A good day. In the evening the menses appeared abundantly. Stool natural.

13th. Pain in the uterus, as if wounded by a cutting instrument. This sensation has been habitual during the menstrual flow for many years.

II. A woman, aged 38 years, of a sanguine temperament, sound mind, judicious powers of observation, good health.

First day. The leucorrhoea having disappeared entirely, pain in the occiput towards mid-day, pain in the arms below the elbow.

Second day. On awaking, headache which disappears on getting up. During the day, pains in the left temple, coming and going. Towards the close of the day, tightness in the occiput; I involuntarily raise my hand to the part affected, when the tightness passes from left to right; I raise to the head the hand of the opposite side to that which is the seat of the pain; I bend my head backwards because it seems to me that this motion relaxes the nerves of the occiput and of the neck; constant desire to urinate during the day; at three o'clock in the afternoon, great desire to sleep.

Third day. Headache as the evening before, and relieved in the same way; sleep with troublesome dreams; I fled from a troubled sea and found myself again in a meadow with water; during the day momentary heaviness of the head; at five o'clock my right cheek was burning; in the evening, twice, I had a very violent stitch on the left side of the abdomen, downwards; it ascended perpendicularly and lasted one minute; at nine o'clock, violent sleepiness. During the day, pains in the legs from time to time, tightness in the head on each side above the ears; pains in the breasts.

Fourth day. Painful dreams, headache on waking; pretty severe colic; hunger during the day; appetite pretty good in the morning, but not at dinner; pains in the breasts.

Fifth day. I will explain to you. The prover has not dared write all that she has felt in the region of the genital organs; excessive sexual desire, an excitement which will and reason could hardly control.

Sixth day. The left cheek burning. Hunger during the day; in the evening, headache with pain, lasting about an hour.

Seventh day. Troublesome dreams; waked with a start, in fear; in the morning, leucorrhoea, very scanty, but greenish; in the evening, flatulent colic. This is the seventh day of medication, and since the second day I have been very much constipated; to-day I could not go to stool; in the evening I had headache in front of the forehead. I have forgotten to say that, during the first days, in the morning before breakfast, I coughed several times. In the evening, when breathing, I had wheezing in the chest; for several days, I experience, during the day, paroxysms of anguish, of fear and dread.

III. A woman, aged 39 years, of sanguine lymphatic temperament.

First day. At two o'clock and at four, I have had sharp but transient pains above the cerebellum. Less of leucorrhoea, but always mixed with blood.

Second day, Friday. Since noon, the head embarrassed and a little heavy; little disposition to work; at half-past two o'clock, buzzing in the ears and increased heaviness in the head, relieved about four o'clock; about half-past six, I was taken with a sharp pain in the abdomen

on the left side. It was acute and extended over the whole abdomen; not equally intense but felt in different spots, like a sharp point; the left side of the abdomen remained so in the whole evening. The leucorrhoea scanty and not mixed with blood. In bed, pains in the renal and lumbar regions and a decided heat above the thighs persistent.

Third day, Saturday. Less heaviness of the head; but little leucorrhoea, but it is thicker; not mixed with blood; the sore spots of the left side of the abdomen are less sensitive, but are still occasionally felt; some lancinating pains; the heat of the thighs has disappeared, but that of the hip region continues even when not recumbent.

Fourth day, Sunday. This morning, on going to stool, the blood had disappeared, and up to one o'clock, blood was mingled with leucorrhoea; about three o'clock, I experienced a severe pain above the right temple; a little pain in the thighs; I have remarked that since taking the medicine the pains in the loins and hips are greater. In the evening, on going to stool, the blood flowed copiously; this day, but little leucorrhoea. For two days, pains in the breasts.

Fifth day, Monday. No blood to-day; but little leucorrhoea; but, on rising, pains under the left thigh, very sensible on touching the part. This continued throughout the day. Some lancinating pains in the womb; the hips are painful; no heat of the thighs, either in bed or when up.

Sixth day, Tuesday. No blood; but little leucorrhoea. The pain below the thigh is less severe, but the part is always sensitive to the touch. The breasts have been very painful, and in bed I have had sharp and painful lacerations in them. The pains of the thighs and of the loins have almost disappeared.

Seventh day, Wednesday. During the night, I waked with a start, and a violent desire to urinate. Urinated very copiously. No blood, nor leucorrhoea during the night, a good deal during the day. Heaviness of the head and even dizziness, but since taken the medicine, and even before, I have not had so good a day. I have observed that since taking the medicine I lose my memory, and even find my words with difficulty.

Eighth day, Thursday. Ceased to take the medicine. The day has been a very bad one. Very severe pains in the breasts, loins and thighs. Distress in the abdomen, resembling that which I feel at the approach of the menses, and we are now at the 20th of August, they should not come until the 5th of September. Desire to sleep, dullness of head; labor is irksome.

This evening, no more pain except in the thighs always below and towards the middle. When urinating during the day, blood appeared slightly; scarcely any leucorrhoea, but very thick and yellow. I have remarked that I suffer more when sitting than when walking, and the pains, which I cease to feel when walking to and fro, return almost immediately when I resume the sitting posture. Good sleep and appetite.

Ninth day, Friday. Good night; yet on first waking and also several times during the night on waking, I had pretty severe pains, such as attend the menses; anguish.

The breasts, to-day, have been less painful; no more blood in the leucorrhoea, and at stool, scarce any leucorrhoea; no pain in loins but extreme lassitude and pains in the legs and knees. No lacerations. A good day.

Headache however, and frequent transient sharp pain in the right temple. My headache which continues this evening is more on the right side than on the left.

### **Clinical Observations**

I. Madame J., mother of several children whom she nursed, enjoyed very good health up to her forty-fifth year. At this period she began to have irregularity of the menses and soon to complain of painful weariness in the loins, of a sensation of weight in the hypogastrium and

more particularly in the rectum, all of which gave her great concern; deep sadness at the approach of the menses, which were very abundant for several days, and were attended with great pain caused by the expulsion of large coagula. Subsequently, the flow, which lasted ten or twelve days, became russet colored and finally serous. The interval from one period to the next was only about ten days, during which the above symptoms diminished without entirely ceasing, and at the recurrence of the menstrual flow reappeared with their original severity.

Exploration, by means of the speculum, revealed the presence of a soft, violet colored enlargement of the neck of the uterus; a large excoriation on its anterior aspect, which was caused to bleed by a slight touch, induced recourse to cauterization, after which the patient was enjoined to observe absolute repose and a light not very abundant diet. The menses subsequent to the operation were less abundant, without coagula and consequently less painful and of shorter duration; the secondary symptoms were also less marked. This improvement did not last longer than a few months, when the symptoms returned with increased violence. Walking, or standing for a long time became almost impossible; the pain at the appearance of the menses became again violent, for the expulsion of large coagula; during the periods of suffering, the pulse was small and frequent; emission of urine was impossible; a copious sweat covered the patient's body. Sabina 3/30 in 120 grammes of water, given in spoonful doses, every half hour, moderated the severity of the symptoms without much abridging their duration. Eight days afterwards the patient took *Murex purpurea*<sup>4</sup>, five centigrams in 180 grammes of water, (a spoonful morning and evening).

Under the influence of this remedy, the painful weariness of the loins, of the thighs, the weight upon the rectum, the leucorrhoea, the itching occasioned by it and the pains in the hypogastrium diminished and then disappeared. The menstrual epoch, which was retarded several days, occurred as before the sickness, except that there was the weakness resulting from the antecedent sufferings. A second dose, like the first, was given, immediately after the cessation of the menses. From that time she was restored to perfect health. Eighteen months have elapsed, during which she has led an active and sometimes a fatiguing life, without her health being at all impaired.

II. Madame F., 30 years of age, of a sanguine-lymphatic temperament, mother of two children, was subject, in infancy, to violent attacks of cough, caused by congestion of the lungs, the result of a psoric taint (retrocession of itch). These attacks ceased to appear, about the time of her first pregnancy, another organ becoming then the centre of the congestion and the seat of disorders of another character. The patient began by experiencing a sensation of pressure towards the genital organs; some months after her first confinement, a heavy weight pressing upon the rectum, swelling of the hemorrhoids, greenish yellow leucorrhoea, sometimes bloody, and discharge of pure blood by the vulva at stool.

Thrilling pains in the lower extremities. Painful weariness in the loins, in the nates; very great debility which rendered walking very difficult, often impossible, at the period of the menses. To these symptoms which kept growing more intense, there was added a painful aching in the whole hypogastrium; it caused an inexpressible anguish and frequent syncope which ceased when the menses began to appear; soon these became excessive, accompanied by spasms in the abdomen together with sharp lancinations in the uterus.

Several cauterizations had been made, the operator having been induced to resort to them (as he is reported to. Have said) by the tumefaction of the cervix, in which there were several deep fissures. The body of the uterus, more voluminous than natural, was very much inclined forward, the cervix resting upon the posterior wall of the pelvis. This position must no doubt have aggravated the pains.

The cauterization, although often repeated, did but little good. It was given up and for several months longer the sufferings were the same. Immediately after the menstrual period, five centigrams of Murex<sup>4</sup> were given in 120 grammes of water; the patient took a spoonful every morning. The symptoms perceptibly diminished before the ensuing menstrual period. The latter was attended with but little suffering and the flow was less than usual. Above all the leucorrhoea was decidedly diminished. A second dose given in the same way, as soon as the flow had ceased, was sufficient to re-establish the health of the patient, who for the last year has continued to be well.

From these two observations and others analogous to them, one may deduce principles of a useful application. They will find their place hereafter.

### **Resume of the Pathogenetic Symptoms of Murex purpurea, by Dr. Petroz**

#### **Head**

1. Confusion of ideas, repugnance to conversation, deep sadness in the evening; first day.

Pain in the occiput towards mid-day; first day.

Headache on awaking, which disappears on rising; first day.

During the day, pain in the left temple, which goes and comes.

5. Heaviness of the head from time to time, which leaves at intervals great clearness in the ideas; second and third day.

At the end of the day, tightness behind the head which causes her to raise the hand involuntarily to the seat of the pain; when the pain is on the left side she raises the right hand and vice versa. Desire to bend the head backwards: this motion relieves the head and neck; second day.

The head is heavy for short periods of time; third day.

The right cheek burns toward evening; third day.

Tightness of the head behind the ears; third day.

10. The left cheek burns in the morning; sixth day.

Headache (heaviness) lasting one hour; sixth day.

Pressive frontal headache; seventh day.

Confusion in the head, sleepiness, labor is irksome; eighth day.

Pressive pain in the right temple; ninth day.

15. Pain in the occiput, very acute, but of short duration; first day.

Head confused, heavy; indisposition to work; second day.

Buzzing in the ears and increased heaviness in the head; second day.

Diminution of memory, difficulty in finding words.

Heaviness of the head as when the atmosphere is close.

20. The nose is cold all day so that she is much incommoded thereby; third day.

#### **Thorax**

Palpitation of the heart, throbbing of the arteries of the neck; first day.

Pain in the thorax as if broken.

Incisive burning pain under the false ribs (left side), and towards the spine; second day.

Dry infrequent cough, oppression; second day.

25. The voice is changed, hoarseness; second day.

Pain in the mammae; third and fourth days.

Cough in the morning before breakfast; first day.

Wheezing in the chest in the evening when breathing; seventh day.

Severe pains in the mamma; eighth day.

30. Sharp lacerations in the mamma.

### **Stomach**

Hunger during the day, in the morning; none at dinner.

Hunger the sixth day.

### **Abdomen**

Evacuation difficult; second day.

Painful tension in the right hypochondrium; second day.

35. Colic; fourth day. Colic in the evening; seventh day.

Constipation which lasts five days and more. Uneasiness in the abdomen like that which is caused by the approach of the menses; their appearance is retarded fifteen days; eighth day.

Acute pain like a sharp point in the left side of the abdomen extends and is felt in different isolated spots; the left side of the abdomen remained painful the whole evening; second day.

The same symptoms less severe; third day.

Pressure upon the anus like painful points; first day.

### **Genital Organs**

Acute pain in the right side of the uterus which crosses the body and ascends to the left mamma; first day.

40. Sensation of dryness and of constriction in the uterus; second day.

Sensation of weight and of dilation in the labia majora; seventh day.

Pain as if wounded by a cutting instrument in the uterus; seventh day.

In the evening (third day), two violent lacerations, lasting one minute, in the left side of the abdomen in an upward direction.

Excitement of the genital organs; desire so violent as to fatigue the reason.

45. Greenish thick leucorrhoea; seventh day. The same (third day) diminished but thicker; eighth day.

The leucorrhoea becomes bloody; ninth day.

Return of bloody discharge from the vulva on going to stool (fourth day), a part of the day; it ceases and reappears again.

Venereal desire renewed by the slightest touch; 2d day.

Heaviness in the vagina during the existence of the pain in the abdomen.

50. Throbbings in the uterus; fifth day.

Watery leucorrhoea lasting only a half day; second day.

### **Urinary Organs**

Urine with white sediment. Discharge of a small quantity of bloody mucus after the passage of urine; fifth day.

Frequent call to urinate during the day; second day.

When urinating slight bloody discharge; eighth day.

55. Frequent need to urinate during the night, urine colorless; third day.

Urine foetid; the odor much resembling that of Valerian; this odor soon diminishes and disappears; third day.

### **Trunk**

Pain in the loins. Sensation of burning, of excoriation; first day.

Pain in the loins; eighth day.

Pain in the loins when lying down, pain in the hips (second to third day) especially in bed.

60. Pain around the pelvis; third day.

### **Extremities**

Extreme feebleness in the voluntary movements. The limbs give way and there is irresistible desire to remain seated; first day.

Pain in the knees; first day.

Heat in the hands; first day.

Pain in the arms below the elbows (first day;) simple pain in the legs from time to time; third day.

65. Pains of very great weariness in the thighs (eighth day); pain of contusion in the front and middle of the thighs.

Extreme lassitude, pains in the legs and knees; ninth day.

Sharp heat in the anterior part of the thighs; second day.

On rising acute pain in the middle anterior portion of the left thigh; she cannot bear to have it touched; it lasts the whole day; fifth day.

Sensation of throbbing in the anterior part of the thigh.

### **Sleep**

70. Drowsiness; first day.

Drowsiness and sadness; second day.

At nine, p.m., great desire to sleep.

Sleep with troublesome dreams; fleeing from a turbulent ocean she found herself in a plain full of water; third day.

Troublesome dreams (fourth day); ditto (seventh day), waking with fright.

75. Sleep interrupted by pains altogether similar to those which sometimes accompany the menses (third day); anguish.

Wakes with a start and violent desire to urinate; urine abundant.

### **General Symptoms**

Excessive fatigue; first day.

Sensation of anguish during the day, feeling of fear, of indefinite fright; for several days the sufferings are greater when sitting than when walking; when walking they cease and reappear again on sitting down.

Sensation of dryness in the skin as if it would crack.

**Provings on Patients, by M. de B., furnished by Dr. C. Hering**

"January 12th, 1852. Taken by a lady, aged 38 years, of sanguine-nervous temperament. She has been ill eight years of prolapsus uteri. For more than a year she was unable to stand. For several years she has suffered excruciating pain. Her mind is in a very gloomy state.

She has been under my care about three years and has constantly but slowly regained health. She can now ride about ten miles and rest in an hour afterwards; can sew about eight hours in a day, but must rest frequently and has never passed a day without lying down. Her mind has gradually recovered its cheerfulness, and she has been for several months desirous of society which even one year since she could not at all endure.

I directed her not to take any other medicine for ten days before the Murex. She has taken three doses at intervals of ten days. The symptoms have been the same each time, only much more intense than the first dose. I gave her the two hundredth dilution; she took it in the morning as soon as she had risen.

For the first four hours she felt nothing. Then she felt a debility of the entire muscular system; a sinking of the stomach; an enlargement of the bowels; a distinct feeling of *the womb*; and great sensitiveness of the bowels, with sharp pain running up from the groin to the socket of the right hip. A sensation as of the creeping of a snake over the entire region of the short ribs, upon the left side; great depression of spirits; it seemed to her that she was hopelessly ill. She was obliged to go to bed and lie there. These symptoms continued for nearly a week, without abatement, and at the end of a week she felt about as usual, except that she was rather gloomy in mind. The second and third doses produced the same symptoms but less intense.

II. A lady, aged about 30 years, of sanguine-nervous temperament, had been, for five years, subject almost constantly to pain in her right hip, and a feeling of sinking at the stomach, which incapacitated her for sewing or knitting. She "took but one dose and said, "It made me miserable. I was so low spirited that I gave up every thing. I had no strength left. My stomach seemed gone and an intolerable creeping pain in my right hip kept me from getting any ease in any position." I ought to add that this lady had been so well for the last eight months that I had not been in attendance upon her. The duration of the effect of the medicine in her case was about five days.

III. A lady, aged 23 years, of sanguine-nervous temperament. I had treated her during the year past for prolapsus uteri, with the ordinary debility in the lumbar region, palpitation of the heart, sinking at the stomach, etc., that usually accompany that affection. She recovered rapidly and seemed to be in sound health for the last six months. She took three doses of Murex at intervals of ten days, and perceived no effect whatever."

The following case which occurred under my own observation presents some points of interest. [Dunham.]

Mrs. C, aged 28 years. Seven years ago, about four months after her marriage, she had a miscarriage and subsequently a prolapsus uteri and so-called ulceration of the cervix, for which she was under local (allopathic) treatment for a period of eighteen months. Three years ago, after unusual exercise under circumstances of great emotional excitement, she had a recurrence of the prolapsus under which she suffered for some time.

June 30th. After taking unusually violent exercise, the patient was suddenly subjected to terrible mental excitement.

July 1st. She applied for medical treatment. She has bearing down sensations; a feeling as if the internal genitals were being pushed out, with great nausea and faintness, and a peculiarly distressed sinking sensation in the epigastrium. A vaginal examination reveals a slight prolapsus, a very long cervix, but no ulcerations. There was utter loss of appetite and great despondency.

In consequence of the great faintness and "sinking at the stomach," (which, Dr. Lippo says, is a strong characteristic of Murex), in addition to the other symptoms which indicated this remedy, Murex purp.<sup>6</sup> was prescribed, a powder every four hours (no higher potency being at hand).

July 3d. The patient reports that in fifteen minutes after taking the first powder, she felt very hungry and ate something. After the second powder, a still greater degree of hunger; she again took food. After the third powder, she expressed herself as "half starved" and had to have a hearty meal prepared, which she ate. She slept well.

July 4th. After the first powder, this morning, the same sensation of hunger, though in a less degree than yesterday. In the region of the uterus she felt much better.

July 6th. Has gained in every way. Felt quite well as regards the uterine symptoms and the sinking at the stomach, until, this evening, having been frightened by a dog, she fainted. This brought back the symptoms of July 1st, which, however, were soon relieved by Murex, and have not since returned."

(Murex purpurea, by Carroll Dunham, M.D., New York, The American Homoeopathic Review vol. 4, January and March 1864, p. 306-315, 399-408)

### **1864 - Pterygium crassum**

"The following case is thought worthy of special notice for several reasons. It presents an instance of a diseased condition which, being on the surface of the eyes, may be made the subject of constant observation.

Such a condition has never, so far as my knowledge goes, been produced by any remedy. It is not contained in any proving. A homoeopathic prescription for it must therefore be based upon the general characteristic symptoms which the patient may present, and to which corresponding symptoms may be found in some drug-proving.

The writer has never treated a case before, and does not recall any record of a cure made by homoeopathic remedies. He was not, consequently, influenced in the selection of a remedy by any knowledge *ex usu in morbis*.

The patient was not encouraged to expect a cure, but looked forward to a surgical operation as a matter of necessity. There can be no ground, then, for ascribing the cure to faith, the last resort of the credulous incredulous, to whom it is easier to believe that a grave and material disease can be cured by imagination, the intangible, than by a high potency, the imponderable!

The cure was effected by a single remedy, in a high potency, the 200<sup>th</sup> - (prepared by myself).

J. N. S., a farmer, aged 55 years - generally in good health - has had for three years a pterygium upon each eye. Starting from the inner angle of the eye, this morbid growth, which was thick, opaque, and richly supplied with large blood-vessels, and much resembled a strong muscle, extended over the sclerotic, had invaded the cornea with a thick, broad extremity, and now covered more than one-half of the pupil, rendering the patient nearly blind. The

conjunctiva of the remaining portion was deeply injected. The eyes were filled in the morning with a muco-purulent secretion. The patient was unable to endure artificial light, and compelled to carefully protect the eyes during the day-time. Reading was out of the question at all times.

Within the last six months the growth of the pterygium has been very rapid. The eyes were painful especially in the evening and at night. The pain was in the inner angle of the eye, a pricking, smarting pain, seeming to be situated deep in the globe. Dust in the atmosphere greatly aggravated the pain. In addition there was a very severe pressure *at the root of the nose* and across the supra-orbital region. There was considerable lachrymation, especially in the evening. The effect of the disease was to entirely incapacitate the patient for every kind of business.

In this condition the patient placed himself under my care about the 1<sup>st</sup> of July, 1863. He had been advised that an operation for the removal of the pterygium was the only thing to which he could look for relief, but had also been told that in the present inflamed condition of the eyes, and at the unfavorable season of midsummer, the operation would expose him to no inconsiderable danger of sequelae that might be very disastrous. He had been counselled to endure his present symptoms until the weather should become colder and more favorable for the operation. His motive therefore in coming to me was to get some palliation of his suffering, some temporary relief, that the summer months might be made more tolerable to him.

I gave him no encouragement to believe that I could do more than slightly palliate his sufferings; for, as has been already remarked, I had never treated a pterygium, and never heard of a homoeopathic cure of one.

Seeking a homoeopathic remedy for the case, as it has been stated, I could get no light from the objective symptoms, since no proving contains anything like them. Nothing remained but the subjective symptoms. Of these, the pain, smarting and pricking, and which was singularly confined to the inner angle of the eye and seemed deep seated, the pushing pain at the root of the nose, the marked aggravation in the evening - these symptoms together suggested *Zincum metallicum*.

In the proving of *Zincum* we find (symptoms 194, 197, 205, 209,) biting, pricking and soreness in the inner angle of the eyes; lachrymation, especially in the evening; inflammation and redness of the conjunctiva, suppuration of the inner angle with soreness - many of these symptoms being aggravated in the evening; Symptom 248, 'Pressure on the root of the nose, as if it would be pressed into the head, almost intolerable,' together with 249-251 of a like significance.

The other symptoms of the patient being well covered by those of *Zincum*, I concluded to give this remedy.

I felt the more hope of some benefit from it, from the fact that my (allopathic) preceptor, who had much experience and success in the treatment of diseases of the eye, had often said that Sulphate of zinc, applied externally, had a more beneficial effect in pterygium than any other astringent or caustic application.

Now as Sulphate of zinc is by no means so powerful an astringent or caustic as many other substances that are commonly used as applications in such cases, certainly the superiority of Zinc could not be attributable to its mere possession of these properties which it has in common with other collyria, as, for example Nitrate of silver, Sulphate of copper, etc., etc. It must be due, then, to some specific quality of Zinc. In passing, let me venture the remark, that in clinical observation like the above, made by sagacious allopathic observers, we may often find valuable hints to supplement our pathogenetic knowledge of drugs.

To return to the case, I determined to give the 200<sup>th</sup> potency of Zinc, the case being, as it seemed to me, a very fine one for experiment with a high potency.

I gave four powders of sugar of milk, each containing three globules of Zincum metallicum<sup>200</sup>, and ten additional powders obtaining nothing but sugar of milk - a powder to be taken, dry on the tongue, every night on retiring; the patient to report on the 14<sup>th</sup> day. No change to be made in diet, regimen, or occupation. No external applications to be made.

July 15. The patient presented himself and stated that on the third day after he began to take the powders, he began to feel much better, and that now he was entirely free from pain and discomfort and from lachrymation. The morning secretion was much less. I thought the eye appeared less inflamed, but beyond this there was no change in its physical condition. I gave sugar of milk and requested a report in a fortnight, or sooner, in case the pains should return.

Aug. 1. No return of pain. The pterygium has certainly diminished in size; it is not so thick and luxuriant as formerly. Sugar of milk.

Aug. 10. The patient came to apprise me of a return of the pains to a moderate extent. I gave three powders of Zincum met.<sup>200</sup>, to be taken every night on retiring.

Aug. 20. The pains disappeared after the first powder and have not returned. The pterygium is evidently decreasing. Twice again the pains returned, and on each occasion I gave a powder of Zincum<sup>200</sup>.

By the end of October, the time fixed for the operation, the pterygium had diminished so far that it was only a little colourless ridge in the extreme inner angle of the eye, the sight was entirely restored, the patient could use his eyes freely both by day and in the evening: there was no longer any thought of the operation; in fact, it would have been hard to find anything to operate upon.

At the present date there is no trace of the pterygium remaining upon the left eye. In the inner angle of the right eye there is a small speck yet visible."

(Carroll Dunham, M. D., New York, Pterygium crassum. Cured by a single remedy in a high potency, The American Homoeopathic Review vol. 5 (1864-1865), p. 71-75. Read before the Homoeopathic Medical Society of Cayuga County, N. Y., June 22, 1864.)

### **1865 - A few Remarks upon Dysentery**

"From the nature of my business I have not been called to treat many cases of dysentery. Three forms of that disease, however, have come under my observation in this city and its vicinity during the present summer.

1. In one of the adjacent cities, I have seen several cases in consultation, and have heard of others, which presented the following history:

The disease began with moderate febrile excitement and with symptoms, both local and general, which clearly indicated Mercurius. Under Mercurius, the cases improved until nearly convalescent on about the third or fourth day after the disease had fairly declared itself. At this period the amelioration ceased; the patient became drowsy and stupid, the urine was scanty, and that which was secreted was retained in the bladder; the appetite failed entirely; emaciation was very rapid, and the patient presented a strong resemblance to one in the second stage of a severe typhoid fever. Some of these cases lingered in this condition, causing great anxiety to the attending physician, until Opium was administered. Under this remedy (given in the 200<sup>th</sup> potency) rapid improvement took place. The secretion of urine became free, and the intelligence clear. The appetite returned, as did likewise the dysenteric symptoms. The latter seemed to require Mercurius again, and under this remedy the patients made satisfactory recoveries.

2. In Jersey City, dysentery prevailed pretty extensively. Owing to some local exciting causes, it was, in some parts of the city, quite severe. From my esteemed friend, Dr. H. Bowen, of Jersey City, I am happy to be able to quote as follows:

"We have treated a number of cases of dysentery this season, and all seem to have belonged to the same type: very violent cases and controlled by the same remedies. These were Mercurius sol., and Nux vomica.

Merc. sol. has never failed in a single case where it seemed indicated.. The discharges were characterized by more violence than I have seen before; a good deal of bloody mucus, the blood predominating, with great tenesmus, before *and after* the discharge, lasting a long time. When there was any *green* in the discharges, it was a "pea-green" color. In cases of this kind, Merc. sol. controlled all the symptoms, *at once*. When there was not any green in the discharges, and the tenesmus continued long after the discharges, Sulphur changed it so that there would no longer be pain or tenesmus *after* the stool, and then Nux vomica completed the cure.

Nux vomica has *never* failed me where it seemed indicated: A good deal of pain, *but ceasing with the evacuations*.

Colocynth has been of great benefit in a few cases where, with the other symptoms in which Nux vom. would otherwise seem indicated, there were violent colicky pains in the abdomen and near the umbilicus, with, at times, a small quantity of faecal matter in the stools. In such cases, Colocynth has not only controlled the *colicky pain*, but has gone further and controlled all of the symptoms.

This is a point that I have observed in the treatment of "*single symptoms*," or in giving a remedy to control a single distressing symptom: that, if it controlled this symptom, it also controlled other symptoms that would seem to require another remedy. All of which shows to me that the characteristics of the remedy should always be sought after as the best means to cure the disease. When I have found the *characteristic* symptoms of the drug to correspond with the characteristic symptoms of the disease, it has never failed to control the disease, or change it for the better."

3. In the city of New York, several severe and rapidly fatal cases have been reported to me, though I have not seen any such.

The patients (all children) were taken with dysentery of only moderate severity, and which seemed to indicate Mercurius, or Nux vomica. Under this remedy the evacuations ceased and the patients appeared to be convalescent.

On the third or fourth day (when there had been no stool for eighteen hours), suddenly the patients sank into a complete collapse from which no treatment, no remedies, internal or external, no stimulants of any kind sufficed to restore them. Homoeopathic and Allopathic treatment were equally unavailing. In the space of six to twelve hours death occurred. In one case there was green, watery vomiting during the collapse: in another dark hemorrhage from the rectum.

Crotalus was tried ineffectually in one of these cases. I do not know that Secale corn. was given.

October, 1865."

(A few Remarks upon Dysentery as it appeared in New York City and its neighborhood in 1865. By Carroll Dunham, M.D. For the Homoeopathic Medical Society of Carynga County, New York. In: The Hahnemannian Monthly vol. 1 (1865-1866), p. 214-216)

### 1867 - A case of Lithium carbonicum

"B. M. H., aged about 35 years, a bookkeeper, had used his eyes excessively, day and night, with insufficient light. His sight had been failing for more than a year. When I saw him, September 26, 1864, he had lost the use of his left eye. Vision with the right eye was incomplete; he could see only *the left half of an object*, until he looked a second time and more intently. For example, looking at a sign on which was the name 'Turner', he saw only 'Tur,' and had to rest his eyes and look again before he saw the second syllable. A similar perversion had preceded the loss of vision in the left eye. He applied to me to be recommended to an oculist.

I advised him to try *Lithium carb.*<sup>30</sup>, and gave twelve powders to be taken dry, one every fourth night.

July 13, 1865. Mr. H. reported that he had resumed work in November, and that his vision was *complete and perfect in both eyes*. He had taken the *Lithium* as directed, and had done or taken nothing else.

This case confirms symptoms 33, (American Homoeopathic Review, vol. 4. p. 11), 'an uncertainty of vision, and an entire invisibility of the right half of whatever she looked upon; if two short words occurred in succession, the one towards the right hand was invisible,' etc." (Carroll Dunham, American Journal of Homoeopathic Materia Medica, vol. 1 (1867), p. 25)

### 1867 - A case of Tellurium

"B. E., aged 9 years, had Scarlatina in infancy, and ever since Otorrhoea. He came to me in December, 1865: I found him quite deaf, with a purulent offensive discharge from the ears; also, bleeding from the ear, very profuse, provoked by the slightest touch of the Meatus externus by the finger.

*Phosph.* did no good; *Lachesis* seemed to help him for a while.

February 2, 1866. He received *Tellurium*<sup>30</sup> to dissolve a powder in water and take a teaspoonful three times a day.

February 17. Reported improvement; discharge less offensive, and hearing improved. Continue *Tellurium*.

April 10. He had been much better; had had hardly any bleeding, but within a few weeks the external ear had become greatly swollen. It was bluish-red, shining and studded with vesicles; it exuded a thin, watery fluid; the whole ear looked as if water-soaked.

I gave *Sac. lactis*.

April 17. The swelling has abated, and the eruption is drying up.

*Sac. lactis*.

August 30. No more bleeding nor discharge. Hearing much improved.

This case confirms symptoms 54<sup>1</sup> and 54<sup>2\*</sup>, and furnishes a symptom *ex usu in morbis*, 'Hemorrhage from the ear.' "

\*) See American Homoeopathic Review, vol. 5. p. 508

(Carroll Dunham, American Journal of Homoeopathic Materia Medica, vol. 1 (1867), p. 25-26)

### 1869 - Materia Medica

"An interesting controversy has been carried on, in the columns of the "London Medical Times and Gazette," between Prof. Taylor, the celebrated toxicologist, and Drs. Rodgers and Borham. Two children having died under suspicious circumstances, Rodgers ascribes the deaths to poisoning with *Veratrin*; whereas Taylor regards them as the *natural result of an attack of cholera*. Taylor questions the value of the chemical test of *Veratrin*, by the use of sulphuric acid and chloride of tin, and places reliance on the "*physiological test*"<sup>(1)</sup> alone, with which, however, he failed, in these cases, to elicit any evidence. Rodgers and Borham

vindicate the chemical test from Taylor's aspersion; according, at the same time, full value to the “*physiological test*,” with which, they say, that, in these cases, using the mixture, which was suspected of containing the poison, they succeeded in producing, upon themselves and upon dogs, symptoms analogous to those of Veratrin.

(1) U. S. Medica and Surgical Journal vol. 3, p. 416.

Wherever the right may lie in this dispute, it is interesting to us, Homoeopaths, to have the testimonies of these distinguished physicians, to the efficacy and delicacy of the “*physiological test*,” which is another expression for “*drug-proving upon the healthy*;” and especially interesting to have the evidence of Prof. Taylor, that the pathogenetic symptoms of Veratrin, and the symptoms of cholera, are so very similar as to be undistinguishable, save by the absence of poison in the contents of the stomach; consequently that Veratrin is exquisitely homoeopathic to cholera.

SILICEA, PARIS QUADRIFOLIA, MENYANTHES TRIFOLIATA. - In the haste and anxiety of our daily work, we are in danger of taking a one-sided view of remedies, which have an eminent value in certain well-defined conditions, and of forgetting that they may be indicated likewise in other and very different conditions. We are in danger, also, of entirely overlooking remedies that are not very frequently required in our practice, but which, when required, are indispensable. In either case, we shall fail to cure patients whom we might otherwise cure.

*Silicea* is a drug universally recognized and esteemed, as having a wonderful control over the suppurative process - as our most frequently indicated remedy in “*simple ulcer*” - and, perhaps, the best in *whitlow*. I believe, however, that the symptoms of the cerebro-spinal nervous centers have not been appreciated, by practitioners. *Silicea* produces the following group of symptoms:

Severe pressing or shattering headache; the pain is felt in the nape of the neck, whence it ascends to the vertex, and thence to the supra orbital region. Also, from the occiput to the eye-ball, especially the *right* eye-ball, sharp darting pain, and a steady ache, the eye-ball being sore and painful when revolved. The headache is attended by nausea. It is aggravated by *noise, motion*, even the jarring of the room by a footstep, and also by *light*. It is relieved by enveloping the head in *woolen cloths*, or in *hot compresses*. It is to be specially noted, that the relief comes from the *heat*, and not from the *pressure*. *Spigelia, Thuja, and Cimicifuga*, among other drugs, have similar symptoms, but none of them has the above group, with its concomitants and conditions. Guided by this group of symptoms, I have used *Silicea* in headache, apparently from nervous exhaustion, as well as where I supposed that there was lesion of the upper part of the spinal cord. The following cases illustrate its action:

1. Mrs. C., aged forty-one, mother of three children, is in good circumstances, a thrifty housewife. Has been subject to headache for twenty years. Always has an attack at least once a week, lasting twenty hours. Pain begins in the right occiput, a pressing ache. Thence it extends through to the right eye and temple, as well as up to the vertex, and down the nape of the neck, and the shoulder. Accompanied by nausea and faintness, and by sweat of the head. Aggravated by motion, noise, and light, to which the eye is very sensitive during the headache. The pain comes gradually, and goes gradually. It is much *relieved* by hot applications to the occiput and forehead. When very severe, the pain in occiput is throbbing. Any extra fatigue or anxiety will at once bring on a headache, e.g., sickness in the family.

March 26th: *Silicea* 200th, three globules to be dissolved in four ounces water, a tea-spoonful every six hours, for a week. October 30th: She has had but one headache since March. This was induced by extreme fatigue and anxiety, and yielded in a few hours to a dose of *Silicea* 200th.

2. Miss G., aged twenty-two, in narrow circumstances; has to sew four or five hours daily; is anxious and careworn; depressed in mind, languid in body. Bowels and menstruation regular. Every Sunday morning has a headache, which grows worse as the day advances, and passes off during the night; a splitting headache from the neck up through occiput to vertex, and sometimes a sharp pain extending through the head, from occiput to right eye. Much aggravated by noise, motion, and light; relieved by wrapping the head in a *warm shawl*; but she cannot bear pressure on the head.

March 17th, 1867: *Silicea* 200th, to be dissolved, and taken every night and morning, for a fortnight. While taking the medicine she escaped her usual Sunday headache. Afterwards she took a powder of *Silicea* 200th, as above, for one week of every month, until March, 1868. During this time, and since, up to October 15th, she has had no return of headache.

3. Miss M., aged thirty-one, the youngest of a family of six, three of whom, as well as the father, have died of myelitis, having become paralyzed in the lower extremities. She began, three years ago, to exhibit the same symptoms with which the disease attacked her relatives; they may be reduced to three groups: attack of violent pain and soreness in the heels, with tendency to tonic spasm of the flexors of the leg; incessant dry cough, as from a feather in the larynx, the coughs coming very rapidly, and the disposition to cough becoming the more intense the more it is indulged; and a headache, similar to that already described as produced by *Silicea*. These groups present themselves one at a time. I have found *Silicea* 200th to control the headache, *Ignatia* 200th the cough, and *Agaricus musc.* 200th the other group, and the lady is now in better health, and much less frequently afflicted with any of these symptoms, than she was two years ago. She bids fair, as indeed she has done thus far, to fight off the family ailment much longer than any of her relatives did.

Another remedy, not very unlike *Silicea*, but neglected (as I suppose, from hearing many colleagues say, they have never used it), is *Paris quadrifolia*, the proving of which is found in Hartlaub and Trink's *Materia Medica Pura*, III., 149. *Paris* produces the following headache:

Constricting pressure in the forehead and temples; towards evening the forehead-pain involves the whole sinciput; it feels as though the skin of the forehead were contracted, and the bone scraped sore; as though the membranes of the brain, and the brain itself, were *tense* - with a tense feeling in the region of the eye, as though the skin were thick, and could not be drawn into wrinkles; the eyes feel as if they projected, and at the same time, there is a sensation as if a *thread* were tightly drawn through the eye balls, and backwards into the middle of the brain; it is a very painful sensation. The sight is weak. This headache is aggravated by motion and excitement, and especially by using the eyes. Along with it, a sense of weight and weariness in the nape of the neck, and across the shoulders. The following case illustrates these symptoms:

Mrs. P., aged twenty-seven years; lives comfortably, but works pretty hard; has chronic headache for thirteen years; mostly in forehead and temples, involving the eyes. "Things feel dark." "Eyes feel as if they were drawn back into the brain by a string." Throbbing in the head when going up stairs. Relieved by pressure on the head and temples. Sometimes this headache lasts for months.

December 15th, 1866. *Paris quad.* 200th, dissolve, and take every six hours, until relieved. Resume when headache returns. March, 1867. Reports wonderful relief. *Paris* controls the headache perfectly, and within a few hours. July, 1868. "*Paris* is a priceless blessing to me."

A third remedy, which has some points in common with these, is *Menyanthes trifoliata*, a remedy very efficient in irregular intermittent fever, when the paroxysm consists chiefly of a cold stage, which is incompletely developed, the hands, or ends of the fingers, and the toes or feet, and the end of the nose, alone becoming very cold. The headache of *Menyanthes* is:

Pressing headache in the forehead and temples; a pressing from above downwards in the head, *relieved by firm pressure with the hand*, but recurring when the pressure is removed; pressing headache, much worse on going up and down stairs, when it seems as though a heavy weight lay upon the brain, which presses outwards at the forehead. Here we have a headache relieved by pressure, as that of *Silicea* is *not*.

Mrs. A., aged thirty-seven; in good circumstances and condition; has had uterine disease; never had intermittent fever. Constant pressing headache in the vertex, producing dizziness and nausea. It is relieved by firm pressure downwards, with the hand on the vertex. It feels like a heavy weight upon the brain. November 2, 1860. *Menyanthes* 30th, ten powders. Take one, dry, every night. The headache, which had troubled her very much for several years, was relieved within a week, and has never returned (Oct., 1868)."

(Carroll Dunham, M.D., New York, *Materia Medica*, The United States Medical and Surgical Journal vol. 4 (1869), p. 239-242)

### **1871 - *Lilium tigrinum* - A Summary of a few Provings on Women**

"My studies have, for years past, shown me the weakness of the Homoeopathic *Materia Medica* in respect of the physiological effects of drugs upon the peculiar organism of women. This is due to the fact that but few of the provers to whose observations we owe our *Materia Medica* were women. I have not been able to imagine any method by which this deficiency in the *Materia Medica* could be supplied, except by the voluntary acts of women, who should undertake to prove drugs. And it has seemed to me improbable that this work could be performed with the requisite accuracy and intelligence unless the women who should undertake it were educated in the medical sciences. Finally, it appeared to me that women, who had become by education and acquirements members of the medical profession, would not be likely to take a hearty and efficient part with us in the great work of perfecting the vital element of our science, - the *Materia Medica* - unless they were recognized and received by us as fellow-workers on an equal footing in every respect, for a similar reason to that which led Mr. Dickens to decline the Queen's invitation to give a reading at Windsor Castle, saying, "I will not appear as an artist where I should not be received as a man;" and, conversely, I thought that if so received, they would respond cordially and generously to an invitation to engage in the work for the promotion of medical science, and in a department in which they alone could work, and the completeness of which would be for ever a monument of their ability and devotion.

When, therefore, at the session of the Institute in 1869 a resolution was pending which declared the eligibility of properly qualified women to membership, I determined to invite women who had joined the medical profession to engage in the labor of proving drugs, feeling confident that the results of their work would demonstrate how valuable and indispensable it is to the completion and perfection of our *Materia Medica*. The results even thus far have justified this confidence. More than thirty women, most of them members of the profession, responded cordially to my invitation, and entered upon the work of drug proving. One-third of the number have already reported results of a satisfactory nature, and of which I here present a summary.

The drug selected for proving was the *Lilium-tigrinum* - the tiger lily - which was introduced into the *Materia Medica* by Dr. W. E. Payne, of Bath, Me., who had communicated to us just enough to show that it had a powerful specific action upon the female organism. The symptoms were known, however, only to members of the Institute. I thought that by engaging a number of provers in different parts of the country, in a simultaneous proving of this drug, utterly unknown to most, if not all, of them, I should receive reports which, if they should corroborate each other, would be very conclusive as to the action of the drug.

Inasmuch as this drug belongs by right of discovery to Dr. W. E. Payne, I have turned over to him the verbatim reports received from my provers, that he might incorporate them with his own, and prepare the whole for publication in the *Transactions of the Institute*.

The first proving, and which I shall give in greatest detail, was made under my own observation and direction, by a lady of 30 years, unmarried, a practising physician, and who had always enjoyed good health, although quite susceptible to the action of drugs.

No. 1. She began her proving Oct. 1, 1869, by taking 3 drops of the 3° centesimal dilution of *Lil-tig.*, thrice daily. She reports as follows:

"I first noticed that I was more active; things went easily. There was no other effect for four days, unless it was increased sexual instinct; then a sweetish nausea, with fulness of the abdomen, particularly after eating - even after eating small quantities. But food does not increase the nausea; no desire to vomit.

On the 6th day moral symptoms were developed. I do not want to be pleased; don't care to talk; desire to sleep. Slept well all night, with unpleasant dreams. Omitted medicine two days, during which the nausea and full feeling subsided. At intervals the skin of the abdomen felt stiff and stretched. On the 7th day took 5 drops of the 3° and in a few hours the nausea was much increased, with the same bloated sensation in the abdomen, particularly across the hips and in the region of the uterus; darting pains in different parts of the head; some tearing pain in the lower part of the abdomen from the region of the ovary down both sides. She ate as much as usual, but felt no appetite for it; was restless, with a desire to do something, but no ambition. A sensation of pressure in the vagina and a pain at the top of the sacrum extending to the hips.

8th Day. - Worse on going to bed ; can't go to sleep ; wild feeling in the head as though I should go crazy and no one would take care of me; thoughts of suicide; how much Opium would put me to sleep forever, and who would find my body, and who would care; nausea constant.

10th Day. - Pain in the right iliac region, better during motion; the head grows wild after she has been quiet for a short time. At 2 p. m. of the 10th day (Oct. 10), took 5 drops of the 3°. Increased depressing weight over the pubes; worse in the evening. The knees ache. No more medicine was taken by this prover.

Eight days afterwards (Oct. 20th), she came to me to state her symptoms, her mind being in such a state that she could not herself record them. The following symptoms had come on on the 20th (ten days after last dose), and steadily increased: A sensation in the pelvis as though everything was coming into the world through the vagina. Last night it was very distressing, and not relieved by change of position. The dragging downwards towards the pelvis is felt as high as the stomach and even the shoulders; not relieved by lying down, though worse when standing; a disposition to place the hand upon the hypogastrium and press upwards in order to relieve the dragging sensation. Likewise an aching and pressure across the lumbo-sacral region, and some pressure upon the rectum. Likewise pressure and a crazy feeling upon the vertex, so that she cannot write her symptoms. To-day (22d), when walking, a sensation as if everything were pressing down in the pelvis and into the vagina, so that she inhales forcibly in order to draw up the thorax and clear the pelvis.

She wants somebody to talk to her and entertain her. Feels quite nervous; wants to cry from a feeling of irritation and of something wrong in the abdomen and pelvis. Feels hurried and yet incapable, as if she had a great deal to do and cannot do it; much thirst; drinks often, and much at a time.

Bowels generally regular. Now she has alternately a solid and a loose stool, several during the day, and a constant feeling as though she must have a stool; this feeling resulting from a sensation as if something were pressing against the anterior wall of the rectum at the anus and about 1 to 3 inches above it.

She is conscious of feeling nervous and irritable, and yet says she feels jolly. Grumbling pain in right side of head and teeth.

Yesterday, when walking, pain in both ovaries, worse in the *left*, extending down the anterior and inner aspect of the left thigh, as if it would be impossible to take another step; as soon as she extended the limb she must immediately flex it again and then, because of a restless discomfort, must again extend it. At length she went to sleep on the back with knees and thighs flexed.

She cannot tell which pelvic pain is the worse, that in the back or that in the pubic region. The whole contents of the pelvis seem to drag downwards and forwards and quite from the epigastric region.

She cannot record her symptoms. Don't want to complain and yet don't avoid people. Feels bloated, but is not so. Somewhat tender on pressure in the region of the ovaries, especially the *right*.

Oct. 23. - Aching in the pelvis between promontory of sacrum and the pubes. It feels to her as if the aching were not in the uterus but *around* it. She feels constantly the two spots corresponding to the ovaries, and which ache and feel like little coals of fire. In the pelvis, a feeling like a dragging out, as if the whole contents were pushing down into a funnel, the outlet of which coincided with the vagina.

Oct. 25. - For the last 36 hours constant desire for stool from pressure on the rectum; a stool every ½ hour, lumpy, diarrhoeic, with flatus; constant tenesmus, and burning in the urethra. These symptoms continued, along with those before described, for several days. The pain in the right ovary increased, until on the 16th she described it as if a knife were inserted into the ovary and ripped down the groin and the anterior part of the thigh; the pain extended over the lumbo-sacral region, and she must cry herself to sleep. Somewhat relieved by pressure on the ovarian region.

Diarrhoea and pressure on bladder continue without relief until the 27th. She remarks that her symptoms are all worse when she gives up active resistance to them and control over herself, as for example, when she sits down to rest or tries to go to sleep.

Oct. 28. - Menses occurred at the regular day and normal, but only while she keeps moving. The flow ceases when she becomes quiet. She feels much hurried and driven, but knows not why; walks *fast* and constantly, but aimlessly; is much confused in mind.

Oct. 29. - She noticed some *heart* symptoms, not very definite. On the 30th, after walking, a sudden fluttering sensation in the heart. This, like all other symptoms, is less felt if she can busy herself much. A hurried feeling about the heart with faintness and fluttering as though she could make no exertion but must sit still. The seat of pain is the apex of the heart. Twice she had a sharp pain there. Feels hurried as though she must breathe quickly, yet does not.

The prover feels that her whole system has been profoundly affected by the drug. "She is not the person she once was;" feels hurried but incapable; no heart nor strength for business; discouraged and despondent.

Nov. 1. - A dry, single cough; heart symptoms very troublesome; short of breath, especially on going up stairs.

Appetite very much increased, especially for *meat*, and the more so the more pronounced the symptoms were. The mental symptoms are striking; she is averse to being *alone*, which formerly she liked (but does not dread it). Her sexual instincts, formerly dormant, are now quite strong; wits and intuitions dull and languid.

Nov. 11. - The prover reports: She had been quite well since the 4th, and supposed the action of the drug exhausted. But on the 7th the bearing down sensation in the pelvis returned; everything seemed to be pressing out of the vagina. This continued on the 8th like light labor pains. Leucorrhoea also occurred (a thin acrid discharge leaving a brown stain). She had never before had it. All these symptoms worse afternoon and evening till midnight. On the ninth leucorrhoea had ceased, but in the afternoon it returned worse than ever, and she could not sleep for the pelvic distress.

Nov. 11. - She feels depression; has pressure on bladder and rectum; is inert, yet restless and peevish; leucorrhoea continues. With these symptoms comes the desire again for meat. Burning pain across the hypogastrium from groin to groin. In short, the symptoms first experienced repeat themselves. She had not taken any more of the Lil.-tig. In addition she notices a peculiar mental condition; a desire for *fine* things of every kind. She is dissatisfied with what she has, and envious of others.

Nov. 12. - While attending a lecture much irritation in the womb, and a singular state of mind - desire to strike the lecturer, and in the evening a disposition to swear at everybody and everything, and to think and speak of obscene things; as these feelings came the uterine pains passed away. To-day the leucorrhoea ceased.

Nov. 13. - She has been languid, dull, and forgetful since the last report. Menses recurred (14th) after an interval of only two weeks; a slight, dark, thick, and offensive discharge.

Dec. 1. - It is eight weeks since she took Liliun-tig. Yesterday, great hunger and she ate largely, yet felt as if she should starve. Felt the old hurry and incapacity; the old pains in head and teeth relieved by motion and occupation, followed by the diarrhoea and the pressure on the bladder.

Dec. 4. - She is now passing this, the third series of symptoms produced by the Liliun-tig.; the passionate excitement, the aching and burning pain in the ovaries (in the right), which organs are distinctly defined to her sensation; then despondency with aggravation at night and diarrhoea in the morning; then pressing down in the pelvis and burning all around the pubes and genitals, worse from 3 to 5 P. M., and passing away from 8 P. M., accompanied by pressure on the bladder.

The symptoms on this occasion were so severe and distressing - physical no less than mental - that I could not allow the prover to continue to endure them, and gave Platina 200 repeatedly, under which she gained speedy relief.

No. 2. - To compare with the above, I will give an abstract of a proving made under the supervision of Dr. W. E. Payne, at about the same time, the provers having no communication.

Mrs. P., aged 65, has ceased to menstruate.

Jan. 26, 1870, took a drop of the 30 centesimal. In the evening, after griping pain, had free, fecal stool, followed by acrid feeling in anus and rectum, a very rare thing for this prover. During the night, a feeling in all the extremities as if the blood were pushed outward; restlessness; heat and pain in forehead and brow.

Next day a free stool, followed by acrid sensation at the anus. Frequent desire to urinate during the day, with scanty discharge and followed by an acrid sensation in the urethra. These symptoms recurred daily with marked aggravation about 5 P. M. till February 2. Diarrhoeic

stool every morning, followed by acrid irritation at anus, continuing about an hour. Same symptoms with urine.

Feb. 2. - Repeated medicine. Increase of the above symptoms; burning in palms and soles all night, with constant desire to find a cool place for them; some cutting pain in the left mammary gland, with aching, beginning below the nipple, deep in the breast, as though between the gland and the ribs and extending around that side to the spine, seeming to pass under the lower end of scapula, coming on after retiring and worse when lying on the affected side. These symptoms continued and recurred daily; she repeated the medicine, which was followed by a severe blinding headache in the anterior part of the head, the peculiarity of which was a sensation as if all the blood were pressing outward through every aperture. The medicine was repeated every third or fourth day. About the 9th and 10th, in the left side of the abdomen (ovarian region) soreness to pressure; darting pains at times in this region, extending to the groin and pubes in front; frequent desire to urinate.

On the 12th, the head being clearer and better, great heaviness and pressure in the region of the womb, with stinging and darting pain in the ovarian region.

14th. - The ovarian pains become more decided and extend down the left thigh.

This series of symptoms continued until the 21st, when, the ovarian pain continuing, there was also a bearing down in the uterine region, with a desire to sustain the parts by pressing upwards with the hand against the vulva; symptoms which continued and are described on the 25th as a "pressing and bearing down sensation" in the whole of the sexual organs, with a feeling as if the internal parts were being pulled outwards and downwards from the *mammary and umbilical region through the vagina*; irresistible desire to press the hands against the vulva to prevent the internal organs from escaping.

These symptoms continued to recur for a full month after the last dose of Liliun, and the morning diarrhoea for more than six weeks.

No. 3. - This prover took Liliun, in one dose a quarter ounce. No symptoms were observed for two weeks. Then, of which the most striking were those last in order, pain in the lumbar region as though the back would break; bearing down pain in the pelvis, especially when walking; pressure and weight low down in the vagina.

She reports, also, a headache, as if the head were too full of blood - as if the blood would issue from nose and ears.

No. 4. - This prover, who had suffered from astigmatism, and was hypermetropic, experienced from Lil.<sup>3</sup>, heart symptoms, pain through the heart to the back, and a feeling as if the heart were squeezed in a vice. She cannot walk straight, by going into a warm room, the symptoms having occurred while walking in cold air.

Also, her eyesight became very dim. She took no more medicine, and in about a month her eyesight was restored. She then found that the astigmatism no longer existed.

No. 5. - This prover describes the same headache as the previous prover - pressure from within outwards; the same nervous prostration, and a morning diarrhoea with much tenesmus. She states the symptoms persisted for a month after the last dose.

No. 6. - This prover reports nervous tremulousness and inability to apply the mind; aggravation in the afternoon, and a headache similar to the preceding. Also, menses diminished in quantity, but occurring too soon. Likewise, severe pains in the uterus; could not bear the weight of clothing on the pelvis; profuse acrid leucorrhoea. While the pain in the pelvis was so severe a vaginal examination disclosed the fact that the uterus was anteverted; a state of things that had never before existed. During the pains hysterical paroxysms.

Nos. 7 and 8. - The same series of symptoms as above.

From this resumé we may gather some of the chief characteristics of Liliium. When taken in moderate doses the effects are not immediate. Days elapse before unmistakable symptoms of the drug action appear. But the effects are very persistent, as the record of every prover shows. They tend, moreover, to recur at longer or shorter intervals, and in groups which preserve a definite order. Thus, prover No. 1, whose record I have given at greater length, reports a third recurrence of a group of symptoms nearly two months after the dose of Liliium. In male provers the same recurrence of symptoms in definite groups has been observed, with an interval of comparative freedom from symptoms. The simultaneous observation of these peculiarities in provers residing far from each other, and not known to each other, precludes any doubt of its genuineness.

Of the symptoms observed by women, as well as men, the effects on the mind are noteworthy, and are of two varieties. First, as noticed by Dr. Payne, anxiety and apprehension that an incurable disease exists or is impending, and this produces despondency. Second, as exhibited most decidedly in prover No. 1, and clearly, though less pronounced, in several others, a consciousness of an unnatural state of mind and feeling, which at last develops into an exalted condition in which the prover is disposed to find fault with persons and things, to exaggerate her own importance and excellence, and look down upon others ; conjoined with this is an exaltation of the sexual instinct. In several provers this state of things has resulted in hysterical paroxysms. In prover No. 1 it assumed such marked proportions that I was constrained to put an end to it by administering Platina, the indications for which are evident from the mental symptoms. Intellectual activity is impaired in both men and women. Both have complained of the feeling of hurry and restlessness, which is so well described by prover No. 1.

Menstruation is accelerated, in some cases recurring in two weeks. The flow is very scanty.

An acrid, thin, brownish leucorrhoea was, to several provers, a troublesome symptom.

But the most striking symptoms, and those most widely observed, relate to the pelvic organs. They did not generally present themselves until a number of days after the proving was begun. They consist of a dragging or pulling or forcing down sensation in the pelvis, as though the entire contents of the pelvis were pulled down through the vagina, or would issue from the vulva. This sensation is not confined to the back or hips - nor again to the hypogastric region - but is described as pervading the entire pelvis. And the two provers in whom this symptom was most marked describe the dragging as coming even from the *thorax*, the mammary region, and the shoulders. So marked is the sensation of downward and outward pressure that the provers place the hand on the hypogastrium or the vulva, as though to prevent protrusion. In three provers, physical inspection revealed the existence of anteversio uteri, a trouble which none of them had ever before experienced.

In this train of symptoms belong also the tenesmus of bladder and rectum, and the diarrhoea and frequent micturition.

There is agreement of the provers respecting pains, burning or cutting, and tenderness in the region of the ovaries, especially of the right ovary.

The symptoms generally are worse in the afternoon and before midnight, except the diarrhoea, which seems to be a morning diarrhoea.

If now, with the light which these provings afford us, we seek to place Lil.-tig. in its appropriate niche in our *Materia Medica*, and to estimate its value by comparison with other drags, we observe, *first*: The uniform occurrence, in so many provers, of pelvic symptoms, as well as the demonstration, by physical examination, of a uterine displacement, establish its *a*

*priori* claim to rank among the remedies for prolapsus and displacement of the uterus, for catarrh of vagina and uterus, and for inflammation of the ovary. And if we run a parallel with the symptoms of other remedies we find marked peculiarities which characterize Liliium. In the morning diarrhoea, coming suddenly and with tenesmus, it resembles Podophyllum, and Podophyllum has, likewise, a general bearing down in the pelvis - confined, however, to the lumbo-sacral region, while the mental and moral symptoms produced by Podophyllum bear no resemblance to those of Liliium. Moreover, in so far as my own observation goes, Podo. both produces and removes these pelvic symptoms only when they occur in connection with certain symptoms of the digestive tract, such as Liliium has no relation with.

Sepia produces, certainly, a bearing down sensation upon the lumbar region, together with dragging and even sharp pains from the region of the ovaries extending downwards to the pudenda, but besides that, sepia presents us no symptoms of diarrhoea and irritation of rectum and anus, and no such leucorrhoea as Liliium; the *conditions* are very different. The Liliium pains are aggravated in the afternoon and before midnight. They grow worse during repose and when one's mind is passive; worse, therefore, on lying down and trying to compose one's self to sleep. Whereas, on the other hand, the Sepia pains are worse from 9 A. M. to noon, and are relieved by repose; being aggravated by motion and occupation. The state of mind produced by the two drugs is very different. Almost the same differences exist between Liliium and Pulsatilla.

Belladonna resembles Lil. in the bearing down sensation, both in the back and in the pubic region, and in the fact that there is not immediate relief from repose. But, on the other hand, Liliium gives no evidence of that general affection of the organism, especially of the circulation, which accompanies every well pronounced group of Bell. symptoms. On the contrary, under Lil. when the patient suffered most, nutrition and appetite were not impaired. They were even improved.

It is probable that further provings of Helonias dioica will show a strong analogy between it and Lil. as regards their action on the female organism. We know enough already to recognize a difference in the mental symptoms. Lil. dulls the intellect, produces a sensation of *hurry* with *inability*, and a distress based on a clearly defined apprehension of having some fatal or serious malady. Helonias produces profound melancholy, deep undefined depression, with sensation of soreness and weight in the womb, a "consciousness of a womb."

Platina seems to me to present the strongest features of resemblance to Liliium, both in the pelvic symptoms and in at least one phase of mental symptoms, and the result of my trials with prover No. 1, shows its power to antidote Liliium. But Platina does not present any of the symptoms of the intestinal tract which are so prominent under Lil., nor are its effects on the function of menstruation similar.

It will be observed that I have said nothing of the action of Lil. upon the heart. This is because my provers were not very markedly affected in that way (except one of them), but chiefly because my purpose was to show the action of the drug on the organs and functions peculiar to women, and to demonstrate how valuable additions may in a short time be made to *Materia Medica* in its weakest part, by the labors of professionally educated women heartily engaged in this work which none but such as they can perform."

(Liliium tigrinum. - A Summary of a few Provings on Women. By Carroll Dunham, M.D., New York. The North American Journal of Homoeopathy vol. 19 (1871), p. 159-171)

## 1872 - Cimicifuga in Mental Disorder

"In April, 1869, I was requested to visit a lady 57 years of age, mother of six children, the youngest of whom was now 15 years old. She was said to be insane, and I was desired to examine her with a view to giving a certificate of insanity that she might be sent to an asylum.

I found the patient, who had enjoyed uniformly good health, somewhat emaciated, taciturn, and apparently plunged in a profound melancholy. The pupils were contracted - the pulse small but hard, and about 98; face somewhat flushed and the temperature of the body higher than the norm. She was very restless. It was difficult to fix her eye, and she moved her hands and feet continually, and frequently changed her attitude or place in the room. Frequent deep sighs and ejaculations gave expression to a feeling of depression which seemed to possess her. I could get from herself no statement of her sensations. She rarely replied to questions and only in monosyllables. The family stated that she ate but little; gave no heed to the care of her household in which she had always been very diligent; that she slept very little and that, on several occasions, she had been discovered leaving her room at night, or attempting to leave the house, and, on one occasion, she had escaped from the house and was overtaken in her night dress some distance from the house. She said on this occasion that she had started to join her deceased daughter, who had died three years before at about this time of the year, and whose death had been a great and enduring grief to the mother. She had not been, at any time violent, but showed an increasing impatience of observation and of opposition.

Seeing that this family were favorably situated for the care of such an invalid, and finding them well disposed to undertake it, I declined to join in a certificate of insanity, suggesting the probabilities of a restoration to health, under medical treatment at home; and prescribed Cimicifuga 200th, a dose every six hours. The patient refused to take the medicine, becoming suspicious of everything offered her; but the globules were dissolved in a pitcher of water, of which she drank occasionally.

On the 3rd day of treatment, the patient was more willing to converse with me, and used many expressions of the deepest melancholy, for which, however, she could assign no definite cause; she said that her only sensation of discomfort was this: - that "a heavy black cloud had settled over her and enveloped her head, so that all was darkness and confusion, while, at the same time, it weighed like lead upon her heart."

For seven days and nights her condition did not, materially, vary from the above. On the eighth night she slept well, and, on the following day, her appetite was better. From this time a gradual improvement was noticeable until, on the 20th day of treatment, to my great surprise, she presented herself at my office, with a very bright expression of countenance, and said to me, "This morning, when I waked, suddenly, the dark cloud which had settled on my head, was dissipated; I am now well." She has continued in perfect health ever since. The Cimicifuga 200th, was continued during sixteen days of the twenty.

In two similar cases, characterized by depression of mind, restlessness and sleeplessness, Cimicifuga has given speedy and enduring relief. It is not probable, however, that these characteristics are exhaustive. I believe that sleeplessness is not so characteristic of Cimicifuga as the melancholy, and the restlessness of mind and body. The prescription in the above case was based upon Dr. Hale's article on Cimicifuga, in the "*New Provings*."

(Carroll Dunham, M.D., New York, Cimicifuga in Mental Disorder, Transactions of the twenty-fourth session of the American Institute of Homoeopathy, held in Philadelphia June 6, 7, 8, and 9, 1871, Chicago 1872, p. 497-498)