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LETTER FROM C. DUNHAM, M. D.

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Page

449 A visit to Bönninghausen must be a matter of interest to every Homœopathic physician. He is the acknowledged master of *Materia Medica*, and one of the most acute and most uniformly successful practitioners of our school. Moreover; he was for thirty years the intimate personal friend of Hahnemann, and he is the only German physician with whom Hahnemann continued on friendly terms after his removal to Paris. Living in the little city of Münster in patriarchal simplicity, he is occupied during more than half of every day by office patients; his correspondence with patients in different parts of Europe, keeps him busy for several hours more, and every day he receives letters of consultation from various European physicians, while hardly a season passes without bringing him as a visitor some Homœopath, young or old, seeking instruction in Homœopathy, or advice for some specially difficult case of disease. It were difficult to imagine a more hospitable reception than he accords to all. I have found in the course of my journeyings, that many of the best Homœopaths of Europe are to a greater or less extent his pupils; and quite a number of the most brilliant discoveries and cures made in different countries by practitioners of our school were suggested by him in correspondence. For example, having had opportunity to see the letters on both sides, I may mention that the singular prescription of *Sulphur* in *cholera*, made in 1854, by Dr Perousel of Nantes, was suggested by Bönninghausen. The cholera occurring in an unusual
450 form, Dr. Perousel not feeling sure of his ground, wrote to Bönninghausen for advice. The latter recommended *Sulphur*, and so successful was this treatment that the French government awarded to Dr. Perousel a gold medal for his skilful practice.

Bönninghausen's practice is confined to his office. His method of proceeding is a model, and those who understand it will appreciate the value of those clinical remarks in which Bönninghausen's works and fugitive writings are peculiarly rich. Every case of disease is systematically described, and every prescription noted in a journal, which now extends from the year 1832, through 92 large octavo volumes. These and all his note books are placed entirely at the service of every physician who comes to him in search of knowledge. From the peculiar system adopted by him, the keeping of this journal involves no loss of time. He does not consider it necessary to record every symptom of which the patient may complain. It is enough to note those which are characteristic of the particular diseased condition under consideration, that is, those which point out unmistakably the remedy to be given; those symptoms which are in their turn the characteristic symptoms of this particular remedy, and belonging in their integrity, to no other. By confining himself to these, his description of the disease is very short, but at the same time it is very clear. It would be quite impossible for one conversant with *Materia Medica*, to read Bönninghausen's description of an ordinary case, and not see the necessity of giving just the remedy he gives, whereas, we can all remember reading in the periodicals whole pages of description, and being, at the end, utterly in the dark as to the author's reasons for giving what he gave.

The *advantages* of such a journal are obvious. Not only can one follow up the treatment of a case with greater exactness and certainty; when thus enabled to see, at any time a picture of the original state of the patient and his successive advances towards a cure; but clinical notes, thus exactly kept, furnish means of solving many problems in *Materia Medica*, which have hitherto vexed practitioners. It is by these means that Bönninghausen has been enabled to make so many discoveries in *Materia Medica*, and so greatly to increase the exactitude of our knowledge of remedies. If, for example, in any given history of disease one prominent symptom occur, which is not found under any remedy, he notes in a separate
451 book kept for the purpose, this symptom and the remedy given, with the result. In a few months, and perhaps not for years, he has opportunity to repeat the observation. Another note is added to the former. If the result of a

number of these experiments concur, this symptom is noted with a mark of interrogation under the remedy which seemed to remove it. If subsequent experience confirm this supposition, he notes the fact as a clinical symptom in his repertory, for a subsequent edition. Thus he discovered the efficiency of *Staphysagria* in polypus nasi, of *Calcarea carb.* against tænia, and of *Kreosote* and *Sepia*, in diabetes mellitus, etc., etc. It is with this exactitude, trusting nothing to memory or to general impressions, that his investigations are made, — again, if he thinks he has remarked any peculiarity in the action of a remedy — as, for instance, that it produces certain symptoms not recorded in the proving, or that it acts rather on one side of the body than on the other, etc. This supposition is noted in his register, and if confirmed by subsequent observation, is recorded in its appropriate place. Finally where contradictory symptoms are found in a proving, and it is doubtful in which of the two series, lies the true indication for selection — and this is true of very many of our remedies, and here lies one of the practitioner's great difficulties — he follows the same method, until accumulated experiences, extending through years, show him the propriety of basing prescriptions upon one or the other of the contradictory groups. Here we see how those observations are made, which, as we meet them in his books, make us exclaim: "How does he know that?" "That is not found in the *Materia Medica*!" Or even, "That is contrary to the *Materia Medica*!" In these journals accumulate materials for special studies — works on special groups of disease, such as Bönninghausen has given us an example of, although imperfect, in his essay on Intermittent Fever, and such as he is now preparing for publication on *Epilepsy*. His journals contain records of more than six hundred cases of *Epilepsy*, of which, nearly three-fourths were cured. They are very rich too in cases of mental disease, which is very common in Westphalia.

Short and clear descriptions of disease, such as Bönninghausen endeavors to present in his journals, are by no means easily written. They involve a profound and accurate knowledge of *Materia Medica*; for how can we seize, with certainty, on those symptoms

452 in a patient's narrative, which are characteristic of the remedy to be given unless we are conversant with the characteristics of all remedies in the *Materia Medica*? Hence, such a knowledge of *Materia Medica* is the first *sine qua non* of the practitioner. Its necessity was seen by Bönninghausen at the beginning of his career, and he then began and has ever since continued a systematic study, following various methods at different times. The works he has published consist, for the most part, of notes made in the course of these studies.

In studying a remedy, as in prescribing, he pays greatest attention to the *characteristics* of the remedy — to those symptoms which distinguish a given remedy from all others. For in almost every proving, certain peculiarities are noticed, which, "like the scarlet thread in the cable of the English marine," run through every group of symptoms and distinguish these groups from groups otherwise similar, produced by other drugs: and without a knowledge of these, it is impossible to prescribe with certainty. These peculiarities are found most frequently in the *conditions of time* and *circumstances of aggravation* and *amelioration*. The various classes of symptoms recorded in a proving, have different degrees of importance, when viewed as indications for selections; but which of them are the more important, and which the less so, can be ascertained only by clinical experience. To solve these questions has been Bönninghausen's constant study, by the means before described. The varieties of *sensations*, he holds to be least important; whether absolutely so, or whether patients and physicians are equally unable to employ with precision, the abstract terms, by which we qualify them. For example, it matters little whether a pain described, as "pricking, piercing, sticking or digging; itching, stinging, scratching or gnawing"; what one would express by one term, another would describe by another; certainty is impossible, and clinical experience shows it to be unnecessary. At least, we should never be induced to neglect other symptoms, by a desire to meet these with exactness. Only when a sensation is decided and unmistakable, like *decided burning*, should it be taken into great account. It is far more important that the *locality* of the *sensation* or phenomenon should agree in the patient's description and in the proving of the drug, and especially that it should occur in both, on *the same side of the body*. A vast number of

453 cases in Bönninghausen's journals show the necessity of this agreement. But on this point the *Materia Medica* is particularly meagre in its information. Hence, the necessity and the value of observations made on the plan before described, as pursued by Bönninghausen, and the results of which on this subject have been recently published by him in a little work, entitled, "Die Körperseiten und Verwandtschaften." To this matter he attaches great importance, and any careful practitioner may satisfy himself about it, by observing the relative action of *Calcarea* and *Sulphur*, for example, on the right and the left eye, in diseases of that organ.

But most important of all, in the selection of a remedy, is a correspondence of the conditions of *time*, *aggravation* and *amelioration*. These conditions are the most characteristic features of every proving, and hence, the most important for the purposes of individualisation.

From what has been said, follow certain peculiarities in Bönninghausen's treatment of periodical and paroxysmal diseases, in which his success is very great. In Intermittent Fever, for example, he pays but little attention to the paroxysm itself. The shock of chill and fever overshadows by its violence all characteristic peculiarities, and

prevents any individualisation of the case. The symptom of the apyrexia, and especially the conditions of time and circumstance form the basis of the prescription. The period at which thirst occurs, and the character of the thirst are the only symptoms of paroxysm, which he has found important. Still more does the above hold true, with regard to Epilepsy, the violent paroxysm of which are nearly alike in all patients. In this disease, the conditions of the interval, and above all, the previous history of the patient furnish the necessary data, but these are often gained only by almost infinite labor on the part of the practitioner. A recent case of Epilepsy of two years standing, cured by a single dose of *Viola tricolor*, 200th, furnishes an example of this. The paroxysms occurred at night, several in the course of a week; there was nothing remarkable about them, nor about the interval; but on enquiry it appeared that the patient had formerly had *crusta lactea*, which had been driven in two years before by external applications, and the symptoms of which so far as remembered, indicated *Viola tricolor*. Bönninghausen has not figured largely in the literature of our school, yet his contributions have been of

454 greater value to us than those of any other writer, if we except perhaps our own Hering. Although a profound scholar he has not felt called upon to write an organon or indeed any theoretical work; but his labors have always had a practical end; his aim has been to subserve the needs of the practising physician. Hence the difficulties of our method have been his constant study. Many of our provings are uncertain guides — with the pure effects of the drugs are mingled the secondary and alternate effects in a way most apt to puzzle the prescriber. In the manner I have described, he has investigated this matter and embodied the results in his Repertory Taschenbuch. Again, every proving consists of a great collection of symptoms, very many of which are common to the whole *Materia Medica*. In the great mass of these, the characteristic symptoms, the real gems of the proving, are overwhelmed and well nigh lost. To discover and bring these up to view is the practitioners' and students' great difficulty, bemoaned for thirty years past in every periodical. Yet Bönninghausen is almost the only one who has ever applied himself to the task of collecting and collating these characteristics. His little work on this subject although not recent, is still of great value to the student. It is a misfortune for our American students that our translators selected the elementary works of Jahr in preference to Bönninghausen.

Bönninghausen's Repertory, the first that appeared, although faulty in its division into two parts, is yet the best we have. It was the only one used by Hahnemann, and Mad. Hahnemann has assured me that he regarded it as indispensable. Certain peculiarities of this work and the "Pocket Book," require explanation. The Repertory is not a mere compilation from the *Materia Medica*. It contains also many original observations made as before explained. Hence the critics are right in complaining that many things in these books are not to be found in the original provings. But it is the very richness of the work with which they find fault — for the manner in which these original observations were made is a guarantee of their accuracy. Again, it is said that the *conditions* of each symptom should follow the symptom itself, instead of being placed in a separate chapter. But this would involve a vast amount of repetition, and would be making of the Repertory a small *Materia Medica* — and the book would then be open to many of the objections which apply to Jahr's Repertory. It would be too large and clumsy

455 for a Repertory. It would not save time, nor be more accurate than at present.

For it must be remembered that no Repertory can be a substitute for the *Materia Medica*, nor can it enable the practitioner to dispense with diligent study of the latter.

As before remarked, Bönninghausen is now engaged in a treatise on the cure of epilepsy. It is greatly to be desired that he should publish a new edition of his Repertory. Many as have been the attempts to supply our need in this regard, we are still without a respectably good repertory, Bönninghausen's excepted. Jahr's is laboriously compiled, but the plan is a bad one; the work is cumbersome, and the groups of symptoms are so cut up that a proper selection, by means of it, is almost impossible. Moreover, the author, *never was a practising* Homœopathic physician, and lacking therefore the important guide of clinical experience, has industriously gathered from Homœopathic literature the chaff with the wheat; this work affords us many false lights as beacons. We have long and anxiously awaited a Repertory from our Hering; but no sign comes. Bönninghausen has materials at hand for a third edition of his work, this would be freed from the fault of previous editions and enriched by a mass of unspeakably rich experiences, accumulated during twenty years of constant practice — materials which if he do not employ them will be valueless. It is possible that a memorial from America might stimulate him to the work.

As to the dose, since 1842, Bönninghausen has given the 200th potency, prepared after Hahnemann's method by the apothecary Lehrmann of Schöningen. At first he gave this potency occasionally, then more frequently, as experience gave him confidence, and for the last eight years he has given almost no other potency. The effects of these doses are undeniable. There they stand on his journals in black and white — and though one or two of his cases may be open to question, yet in *fifty octave volumes* there must be *many* indisputable cures. Their effects are testified to by the many patients of Bönninghausen in all parts of Europe, and I have myself experienced them in a remarkable manner. During six weeks, I spent the greater part of each day in his office, observing every patient and

noting every prescription and its effects. It has never been my fortune to see good results follow any treatment *so quickly*

456 *and so uniformly*, and that too, in diseases the most deeply rooted, and the least amenable to ordinary treatment.

At the same time, Bönninghausen does not hold himself exclusively to the 200th or to the high potencies. He is of opinion that cases not unfrequently occur in which a remedy clearly indicated will act only when given in a certain potency which may be high or may be very low. Dr. Chapman, of London, a very keen observer, makes a similar remark, furnishing striking illustrations of it from his own practice, and an epidemic of dysentery is still remembered in Brooklyn in which Dr. Wells found that *Nux vomica*, the remedy required, had no effect when given in the mother tincture, low or medium potencies, but proved immediately curative in the highest potencies, so that after this discovery a single dose of the 400th sufficed for every case. In this fact we may find an explanation of the discrepancies of testimony on the subject of *Thuja* in small-pox. Bönninghausen has prescribed in many cases of small pox, *Thuja* 200, with remarkably good effect. Mr. Wilson tried it in London Hahnemann Hospital with equally good results. Hering has made the same remark. I have myself seen its favorable action. On the other hand Wurmb of the Vienna Homœopathic Hospital tried *Thuja* in 15 cases without any good result — but as he could not bring himself to give the 200th he tried the 15th decimal dilution. Undoubtedly it is far from scientific to assume *a priori* that the potency is a matter of no consequence. This may be just one of those cases in which the potency is of the greatest moment. When a scientific man undertakes to imitate the experiment of another for the purpose of testing the results of the latter, he is inexcusable if he deviate in the least particular from the course pursued by his predecessor. He has no right to assume that in this or that point lies the essential principle, and that the other matters are superfluous. What would be thought of a chemist, who, wishing to repeat the experiment of another, and obtain a certain precipitate, should take it for granted that it matters not how much *ammonia*, for example, he may add to a given solution. Whereas, a certain quantity will give the precipitate, but an excess will re-dissolve it, and spoil the experiment.*

* Mr. Leadam, of London, therefore, made perhaps a mischievous error, when in his work on “Diseases of Women and Children,” he quoted Bönninghausen as recommending *Thuja* 30, instead of 200, for Small-pox.

457 Of still greater importance than the choice of the potency, Bönninghausen considers the rule that the dose is not to be repeated until the effects of the former dose have entirely ceased. On this rule, he thinks too much stress cannot be laid. Examples of ill effects resulting from breaches of it are to be found scattered through his Journal, for “Homer sometimes nods.” It is no uncommon thing for him to give nothing in chronic diseases for months after a dose. of some long acting one, the patient improving all the while.

Some writers have endeavored to establish fallacies in Bönninghausen’s testimony on the subject of the potency. They say that, his practice being entirely an office practice, he cannot observe his patients, and fancies them cured, when in truth they have only become tired of the treatment. This is childish. No case is recorded as cured, unless the patient present himself and give good evidence of being cured. His journals are conscientiously kept, although now and then an error might occur, still the mass of his reported cures cannot be called into question. For myself, personal observation has satisfied me. It has been said, also, that Bönninghausen, not having been educated for the medical profession, is ignorant, and makes mistakes in diagnosis, and hence his reports are not reliable. Who does not make occasional, even frequent errors in diagnosis? Certainly, whether he studied in youth, or in middle age, when his faculties were more mature, I have never conversed with a medical man more learned. But the most ignorant could scarcely mistake Intermittent Fever, Mania, Epilepsy, or the thousand and one inveterate skin diseases, for the cure, of all of which Bönninghausen is so justly famous. And if he have cured these with the 200th, let him make whatever other errors you please, he has shown that the high potencies act. Finally, critics say, these potencies may do in chronic diseases, but they will not act in acute ones. This is answered by the brilliant results of the practice of the younger Dr. Bönninghausen, who graduated with honor about three years ago at the University of Berlin, the very shrine of Allopathy — and learned in all the learning of the old school, this accomplished and able young man applied himself diligently, under his father’s guidance, to the study of Homœopathy, and established himself a year ago about twenty miles from Münster. It was my good fortune to meet him, and hear from his own lips an account of his success. He has given generally the 200th, treating all sorts

458 of cases, acute and chronic, such as occur in a general country practice. He has had one hundred and forty-seven cases of Typhus, which in Westphalia is a grave form of Typhus Cerebralis, much like the British ship-fever, and very fatal. The average duration of these cases was fourteen days. He gave only the 200th, and lost, of the one hundred and forty-seven, only one case, a consumptive man. He generally repeated the dose once in twelve hours. Of Intermittent fever, he has treated sixty cases, curing all but two by the first dose. A remarkable case of hemiplegia of three years standing, in a child of eight years, was cured by a *single dose of Calc. carb.* 200, the cure requiring three months. Of this case I heard in Münster before seeing Dr. B. He has just acceded to a numerously signed memorial from the inhabitants of Rotterdam, and goes to establish himself in that city, where I doubt not a

brilliant career awaits him. In conclusion of this subject of the potencies, a question about which so many well authenticated facts are met by so many *a priori* objections, while on the other hand, those who maintain their efficacy are so apt to deny the propriety or necessity of ever resorting to the lower or very low potencies. I cannot do better than relate an anecdote, which was told me in nearly the same words by both the parties concerned.

A young Allopathic physician, full of zeal against Homœopathy, chancing to come to Münster to spend a week or two, was induced by his friends to call upon Bönninghausen. He began immediately to offer objections to the theory and the use of Homœopathy. But said Bönninghausen to him “In a matter which is purely experimental as Homœopathy is, it is very unwise to begin by offering *a priori* objections, come to my office every day, and observe the effects of my treatment. If the remedies produce *no* effects; then there will be no need of objections. — “If on the other hand, you become convinced that they are effective, that will be the proper time to talk over your objections.” The young man assented, came daily and observed attentively. After the lapse of a fortnight, Bönninghausen said to him: “Now let us talk of those objections you have to Homœopathy,” “Oh” he replied “I have no longer any. I have seen effects from your remedies which I could never hope to produce with mine. Teach me your method, and I will become a Homœopathist.” This young physician is now one of the best and most celebrated Homœopathists in Northern Germany. The moral is clear.

C.D.