Carroll Dunham – Leben und Werk

Eine Kurzbiographie von Stefan Reis[1]

Als Quellen für die nachfolgenden Angaben zog ich den in Dunhams Lectures on Materia medica veröffentlichten Nachruf E.M. Kellogs[2], eine Arbeit A. Saines[3] sowie einige Angaben J. Winstons[4] heran. Einige ergänzende Angaben waren noch in einem Artikel von Sandra Chase zu finden.[5]

Carroll Dunham wurde am 29. Oktober 1828 als jüngster von vier Söhnen von Edward Wood Dunham und Maria Smyth Parker in New York geboren.
Schon als Kind zeigte Dunham offenbar großes Interesse an Literatur. Auch wird er von einem seiner Brüder als ein Mensch beschrieben, der „hinter die Dinge" geschaut habe. Er war den geistigen Dingen zugeneigt, die rauen Sportarten seiner Mitschüler dagegen mied er. Man sagt, dass er schon in jungen Jahren die besondere Form von bescheidener Zurückhaltung zeigte, die ihn sein ganzes Leben lang auszeichnete.
1843 schrieb er sich am *Columbia College* ein und machte dort mit Auszeichnung seinen Abschluss im Jahre 1847. Gleich darauf begann er mit dem Studium der Medizin unter Dr. Whittaker, einen Arzt der so genannten Alten Schule, der seinerzeit einen guten Ruf als Dozent genoss. 1850 erhielt Dunham seinen Doktortitel vom *College of Physicians and Surgeons of New York*. Nicht nur seine ungewöhnlich große Begabung, auch seine Nächstenliebe und Hilfsbereitschaft bewegten ihn dazu, seinen Komilitonen die besuchten Vorlesungen in einer Art Nachhilfe zu erläutern.

Etwa zu dieser Zeit wurde Dunham durch einen homöopathischen Arzt von einer gefährlichen Krankheit geheilt, nachdem ihn angesehene orthodoxe Ärzte erfolglos behandelt hatten. Wie bei vielen seiner Kollegen führte diese Erfahrung dazu, dass er sich näher mit der Homöopathie beschäftigte und Vergleiche zwischen alten und neuen Heilmethoden anstellte. So ging er nach Abschluss seines Universitätsstudiums nach Philadelphia, um unter Dr. Constantin Hering – der seinerzeit als einer der erfahrensten Ärzte dieser „Neuen Schule" galt – sein Studium zu vertiefen. Er profitierte nicht nur sehr von dessen Unterrichtungen und Ratschlägen, sondern (um seine eigenen Worte zu benutzen) „ich erwarb mir den hilfreichsten, freigebigsten und anregendsten Freund meines Lebens."[6]

Dunham fand bei seiner Hinwendung zur Homöopathie die volle Unterstützung durch seinen Vater, der ihn darin bestärkte, vor Eröffnung einer eigenen Praxis die bestmögliche Ausbildung zu durchlaufen. So entschloss sich Dunham, seine Ausbildung in Europa fortzusetzen. Seine Studienreise begann mit einem längeren Aufenthalt in einer Dubliner Klinik. Dort zog er sich schließlich eine gefährliche Sektionsverletzung zu, die er – nachdem ihn die ortsansässigen Ärzte bereits aufgegeben hatten – mit Lachesis heilen konnte. Diese Geschichte ruft Erinnerungen wach an Constantin Herings Konvertierung zur Homöopathie: auch er hatte sich bei einer Sektion verletzt und so eine schwere Erkrankung zugezogen. Für ihn stellte die Heilung mit Arsenicum album die Initialzündung für seinen weiteren, bekannten Werdegang dar.

Von Dublin aus reiste Dunham nach Paris, wo er unter den seinerzeit angesehensten Lehrern der „Alten Schule" (zum Beispiel Trousseau und Ricord) studierte. Von Paris aus kam er über Berlin nach Wien, wo er mehrere Monate verweilte. Die klinischen

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[1] Überarbeitete Fassung des gleichnamigen Beitrags aus: C. Dunham, Vorlesungen zur homöopathischen Materia medica, Stuttgart: Haug 2003.
[2] „Memoir of the author", in: C. Dunham, Lectures on Materia Medica. New York: Hart 1878, S. VII-XXIII.
[3] André Saine: Our noble and beloved Carroll Dunham. Im Internet veröffentlicht unter www.homeopathy.ca
[4] Julian Winston: Faces of Homoeopathy. Tawa: Great Oak 1999.
[5] „The origins of the Liga Medicorum Homeopathicum Internationalis: Carroll Dunham, A.M., M.D., and the World's Homeopathic Convention of 1876." Im Internet veröffentlich unter http://www.lmhi.net/his_usa.html
[6] Eine Quelle für dieses Zitat wird von Kellogg leider nicht angegeben.

Unterweisungen durch Franz Wurmb (1805-1864) und die Materia-medica-Vorlesungen von Karl Hugo Caspar (1817-1893, Assistent bei Wurmb im Spital in Leopoldstadt und mit diesem Verfasser der „Homöopathisch-klinischen Studien“, Wien: Greß 1852) hatten einen großen Einfluss auf Dunhams Rezeption der Homöopathie, der sich in fast allen seinen Arbeiten niederschlägt.
Von Wien lenkte er seinen Weg nach Münster, um bei Clemens von Bönninghausen (1785-1864) zu hospitieren, der von Dunhams Fähigkeiten so beeindruckt gewesen sein soll, dass er ihm eine große Zukunft prophezeite.

Nach seiner Rückkehr nach Amerika begann Dunham 1851, in Brooklyn zu praktizieren. Im Februar 1854 heiratete Dr. Dunham Harriet E. Kollegg, die nach seinem Tod die Herausgabe seiner gesammelten Schriften besorgte.

Um Dunhams Gesundheit stand es nicht zum Besten. Immer wieder wurde seine berufliche Tätigkeit durch Krankheitsepisoden unterbrochen. 1855 oder 1856 unternahm er seine zweite Europareise – dieses Mal jedoch, um sich zu erholen. 1857 kehrte er nach Brooklyn zurück, sah sich aber im Jahr darauf genötigt, angesichts seiner immer noch schlechten Verfassung in die Abgeschiedenheit von Newburgh (New York) umzuziehen. Seine Praxis wollte er eigentlich erst wieder aufnehmen, wenn er völlig genesen sei. Allerdings brachte er es in ein paar Fällen nicht übers Herz, die Behandlung abzulehnen und die bemerkenswerten Erfolge führten dazu, dass immer mehr Ratsuchende vorstellig wurden. Früher als geplant war er somit wieder voll in die Praxis eingebunden. Sechs Jahre vergingen, als seine Gesundheit wieder angegriffen wurde, diesmal mit einer rheumatischen Herzaffektion. Nach einer Erholungsreise, die ihn unter anderem bis nach Westindien geführt hatte, wandte er sich in New York an führende Spezialisten der so genannten Alten Schule. Sie stellten eine entmutigende Prognose. Daraufhin suchte Dunham Rat bei Constantin Hering, der ihm nach eingehender Anamnese der Symptome ein einzelnes Arzneimittel (Lithium carbonicum) verschrieb, das die Krankheit prompt besiegte. Bald danach verlegte er seinen Wohnsitz nach Irvington-on-Hudson, was für die meiste Zeit bis zu seinem Tod sein Zuhause blieb, während er in New York ein Büro und eine Praxis unterhielt, in der er sich an einigen Tagen in der Woche aufhielt.
Ab 1865 hatte Dunham eine Professur für Materia medica am *New York Homoeopathic Medical College*, wo er auch den Dekansposten bekleidete.
Sein schlechter Gesundheitszustand beeinträchtigte ihn zwischenzeitlich immer wieder. Um Ruhe und Erholung zu finden, reiste er 1874 erneut nach Europa und kehrte ein Jahr später wiedererstarkt zurück.

In der Zeit darauf versah Dunham nicht nur seine Aufgaben in der Praxis und seine sonstigen Posten, sondern wurde auch zum Präsidenten des *American Institute of Homoeopathy* (AIH)[7] für das Jahr 1876 gewählt. Außerdem war ihm bereits vorher die Leitung des für 1876 von ihm geplanten homöopathischen Weltkongresses übertragen worden. Sicher ist es auch der damit verbundenen Belastung zuzuschreiben, dass er immer wieder erkrankte. Nach längerer Bettlägerigkeit verstarb Carroll Dunham am 18. Februar 1877. Sein Freund und Arzt P.P. Wells meinte, Dunham sei wohl weniger an einer Krankheit, als vielmehr an Überarbeitung gestorben.

Dunhams Verdienste

Was man schon dem Kinde Carroll Dunham nachsagte, drückte sich in seiner späteren Laufbahn noch deutlicher aus. Dunham hatte innerhalb der amerikanischen Homöopathenschaft eine Mittlerposition inne. In den 1870er Jahren kam im *American Institute of Homoeopathy* (AIH) eine Diskussion auf über die Voraussetzungen und Anforderungen für eine Aufnahme und Mitgliedschaft. Eine selbstverständliche Voraussetzung für die Aufnahme im AIH war, dass man die Homöopathie auszuüben habe.

[7] Ein 1844 gegründeter Dachverband der homöopathischen Ärzte.

Das bedeutete aber nicht, dass es sich bei allen Mitgliedern des AIH um „Hahnemannianer“[8] handelte – viele kamen aus der eklektischen Schule oder setzten potenzierte Arzneien nur gelegentlich, hauptsächlich aber Allopathika ein. An den amerikanischen Ausbildungsinstituten wurde damals durchaus nicht nur die genuine, sich streng nach Hahnemann richtende Homöopathie gelehrt; vielerorts vertrat man eine stark simplifizierende, nach klinischen Gesichtspunkten vorgehende Richtung, die sich freilich auch „Homöopathie“ nannte. So war das AIH ein Sammelbecken für Ärzte, die potenzierte Arzneimittel verordneten, und das in sehr unterschiedlichem Ausmaß und nach stark differierenden Methoden. Dunham versuchte stets, zwischen diesen widerstreitenden Gruppen zu vermitteln, um einen offenen Bruch zu verhindern. Doch damit nicht genug: Er war sogar der Meinung, man solle das AIH offiziell für Ärzte öffnen, die sich der Homöopathie noch gar nicht verschrieben hatten. Er war davon überzeugt, dass man die Kollegen – wenn sie denn erst einmal Mitglieder wären – schon zur wahren Homöopathie Hahnemanns bekehren würde. Als habe man nicht schon genug Ärger mit den Abweichlern in den eigenen Reihen, zeigten sich Patriarchen wie C. Hering, A. Lippe, P.P. Wells nicht gerade angetan von Dunhams Idee, während die „Halbhomöopathen“ den Vorschlag begrüßten. Tatsächlich wurde das Wort „Homöopathie“ 1874 aus der Anforderungsliste für die Mitgliedschaft im AIH gestrichen. Die endgültige Abspaltung der „Hahnemannianer“ um A. Lippe, H.C. Allen, E.W. Berridge, P.P. Wells und deren Gründung der *International Hahnemannian Association* (IHA) im Jahre 1880 erlebte Dunham ebenso wenig, wie die von ihm so sehr angestrebte Einigung.

Im Juni 1876 gelang es Dunham tatsächlich, den ersten Weltkongress für Homöopathie in Philadelphia durchzuführen. Mehr als 700 Homöopathen aus aller Welt – einige waren sogar aus Europa angereist – folgten der Einladung des damaligen Institutspräsidenten Dunham. Die auf dem Kongress vorgestellten Arbeiten und Berichte spiegelten die Spaltung der Homöopathenschaft deutlich wider. So gab es Vorträge, die die Verwendung von Tiefpotenzen sowie den abwechselnden oder auch gemeinsamen Gebrauch potenzierter und allopathischer Arzneien propagierten. Dunham hatte vom AIH freie Hand und volle Verantwortung für die Gestaltung und Abwicklung des Kongresses bekommen. Er ließ sich die Manuskripte der Vortragenden vorab zuschicken, ordnete und übersetzte sie und stellte sie für eine anschließende (aber erst nach seinem Tod realisierte) Publikation[9] zusammen. Die Planungen für dieses Mammutprojekt hatten bereits Jahre zuvor begonnen. Im Herbst 1874 jedoch war er gesundheitlich ein weiteres Mal so angeschlagen, dass er eine Genesungsreise nach Europa unternahm. Er war wohl reichlich pessimistisch und hatte vor seiner Abreise alle von ihm bekleideten Stellungen und Posten aufgegeben. Trotzdem muss es ihm während seines Aufenthaltes in Europa gelungen sein, zahlreiche Kollegen dort von seinem Plan eines Weltkongresses zu begeistern. Bei seiner Rückkehr zeigte er sich dann auch – wie bereits erwähnt – überraschend vital.

Dunham hat zwar keine Bücher, dafür aber zahlreiche einzelne Arbeiten verfaßt, von denen die meisten im *American Homoeopathic Review* erschienen, dessen Mitherausgeber er von 1860-1863 war. Diesen Posten bekleidete er später auch beim *United States Medical and Surgical Journal*. Die beiden heute unter seiner Autorschaft erhältlichen Werke[10] wurden posthum von seiner Witwe publiziert. Zu erwähnen wäre noch Dunhams Übersetzung von Bönninghausens „Die homöopathische Behandlung des Keuchhustens [...].“ (Münster: Coppenrath 1860).[11] In der Mehrzahl handelt es sich bei Dunhams Veröffentlichungen um

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[8] Diese Bezeichnung hatten einige Homöopathen für sich gewählt, um dadurch anzudeuten, dass sie gegen jegliche Verwässerung der ursprünglichen, von Hahnemann inaugurierten Lehren waren.

[9] Transactions of the World’s Homoeopathic Convention of 1876, 2 Vols., Philadelphia: Sherman & Co. 1880/1881.

[10] „The science of therapeutics“ (New York: Hart 1877) und „Lectures on Materia medica“ (New York: Hart 1878).

[11] Titel der Übersetzung: C.v. Boenninghausen: The homoeopathic treatment of hooping cough. New York: Smith & Brother 1870.

grundlegende Betrachtungen zur Homöopathie allgemein, zu deren Methodik sowie um Beiträge zur Materia medica. Dunham war übrigens auch ein fleißiger Arzneiprüfer.

Dunhams Arbeiten beeindrucken noch heute durch ihren Gehalt sowohl in theoretischer, als auch praktischer Hinsicht. Dunham zeigte sich stets offen auch für Ansätze, die Hahnemann womöglich missfallen hätten. Er zeigte aber auch ein großes Gespür für die Kompatibilität mit den feststehenden, auch für ihn selbstverständlichen Doktrinen einer ursprünglichen Homöopathie. So integrierte er zum Beispiel die pathologisch-anatomischen Betrachtungen der Wiener Homöopathen in seine Materia-medica-Vorlesungen, die im übrigen durchdrungen waren von Hahnemanns Vorgaben einer „reinen Arzneimittellehre“. Heraus kam bei Dunham – und das ist sein vielleicht größter Verdienst – keine beliebige Melange, keine willkürliche Aneinanderreihung verschiedener Konzepte, sondern ein stimmiges und praktikables Konzept zur Homöopathie. So zählt Dunham zu den wenigen Homöopathen, denen man eine wesentliche Weiterentwicklung der homöopathischen Materia medica und Methodik attestieren kann.

Auf den nächsten Seiten folgt noch ein Brief, den Dunham im September 1855 an die Herausgeber des *Philadelphia Journal of Homoeopathy* schickte, die ihn in der Novemberausgabe (auf den Seiten 449-458) abdruckten. Der Brief vermittelt interessante Einblick in Dunhams Besuch bei Bönninghausen.

Stefan Reis

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LETTER FROM C. DUNHAM, M. D.

WILDBAD, SEPTEMBER 6, 1855.

A visit to Bönninghausen must be a matter of interest to every Homœopathic physican. 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 physican 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 physicans, 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

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

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 rasi, of *Calcarea carb.* against tænia, and of *Kreasote* and *Sepia*, in diabetas 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

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

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 Verwandschaften." 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 individulisation 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

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 Taschenbuck. 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

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 cumberous, 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 octavo 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*

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 perscribed 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.

Of still greater importance than the choice of the potency, Bonninghausen 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 conscienciously 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

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 à 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, come 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.