

HOMŒOPATHIC PHILOSOPHY

Symptomatic versus Pathologic Prescribing

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HENRY C. ALLEN

Henry C. Allen was, undoubtedly, the most widely known physician of our school during the last two decades of his active career. This was due not only to his skill as a prescriber and his devotion to homœopathy and his steadfast adherence to its precepts, but to his character as a man. Kindly, genial and having a rare natural wit, he endeared himself to his fellow practitioners, his students and patients alike. He seemed to have the love of humanity in his heart. This is attested to by the flood of memorials and tributes called forth by his decease, all of them expressing in glowing terms, the high esteem in which he was held; many revealing personal affection which was as touching as it was beautiful. Even those who disagreed with him on matters of homœopathic philosophy and practice, spoke of him in kindly terms. Never was a man more free from petty professional jealousies nor more willing to recognize the merits and attainments of others. Yet he had the courage of his conviction and never hesitated to point out an error, on the floor at a meeting or in personal conversation; though he did it so graciously that rarely could anyone take offense. Although he was not popular among those of his colleagues who did not follow the rules and precepts of strict Hahnemannian homœopathy, he did not resign from the Institute when the International was organized, preferring to take an active part in the affairs of the larger body which he had joined in 1872, and of which he was an honorable senior, and to fight for what he deemed the true interpretation of the teachings of the Organon. In the bound volume of the proceedings of 1904, his name appears no less than 15 times. He was most active, however, in the International, and elected president of that body in 1886.

Dr. Allen was born in the village of Nilestown, near London, Ontario, October 2, 1836. His father was a descendant of the

illustrious family that produced General Ira Allen and his patriotic brother Ethan of Revolutionary fame. He studied medicine in the College of Physicians and Surgeons of Ontario, and homœopathic medicine at the Cleveland Homœopathic Medical College, graduating in 1861. Soon after his graduation he entered the Union Army, serving as a surgeon under General Grant. In 1868 he was appointed as professor of anatomy in his alma mater at Cleveland, and it was here that he began the practice of medicine. Later he resigned and accepted the same chair in Hahnemann Medical College of Chicago. In 1875 he moved to Detroit, Michigan. In 1880, having been appointed professor of materia medica by the homœopathic department of the University of Michigan at Ann Arbor, he moved to that city. In 1890 he came to Chicago, where his real life work began.

Dr. Allen was owner and editor of the Medical Advance from 1884 to the time of his death. In 1891 he organized the Hering Medical College and Hospital of Chicago which opened its doors to students the following year. He was its first dean, president of the board of trustees, and professor of materia medica and homœopathics, positions which he held throughout the rest of his life. He was the guiding spirit of this institution, not only giving his time and energy to its maintenance, but a considerable amount of his hard earned fees; and no one will ever know how many young students, needy and struggling, he helped with advice, money and encouragement. In consequence, he died a comparatively poor man.

Besides his memberships in the Institute, the International Hahnemannian Association, the Illinois Homœopathic Medical Association, and the Englewood Homœopathic Medical Society of Chicago, he was honorary president of the Cooper Club of London, honorary member of the Homœopathic Medical Society of Calcutta, India, and honorary member of the New York, Ohio, Michigan and Pennsylvania State Medical Societies. He was frequently called in consultation, sometimes by a physician many miles from Chicago. For instance, he was called by cable to Paris to see a lady who had been under the care of Drs. Pozzi, Casin and Gros. He not only prescribed a remedy which im-

proved her condition so that she could travel, but accompanied her aboard ship on the way home. His success in many of the cases where his advice was solicited, was often due to his intimate knowledge of the pathogeneses of the nosodes. No one did more to develop the characteristic indications for these products of disease, and he reported numerous cases of cures made by them. He instituted provings of many of the lesser known nosodes such as malandrinum, with the assistance of his students in Hering College. He told me once that his reputation had been made chiefly by the fact that he knew the value and uses of these remedies, and their indications where well selected remedies given by good prescribers had failed. It was quite natural, therefore, that he should write a book on these important and little understood weapons of our armamentarium. It was published after his death under the title of "Materia Medica of the Nosodes," a volume of 583 pages, containing the results of his years of study and experience. Dr. Allen also made some valuable contributions on the cure of malaria with the homœopathic remedy. He published a very exhaustive work on this subject of "The Homœopathic Therapeutics of Intermittent Fever" in 1879; and a revised and enlarged edition in 1884. It is one of the classics in homœopathic literature. He also wrote a small but useful book on "Key-notes and Characteristics," which was used extensively by the students of Hering College; and revised Gregg's treatise on "Consumption," adding a section on therapeutics and a repertory. He revised and issued a new edition of Guernsey's "Boenninghausen Slip Repertory" by adding indications for the nosodes and remedies that had been added to the materia medica since Boenninghausen's work was written.

Allen's views as to what constitutes a true loyal homœopath are revealed in his presidential address before the seventh annual convention of the International. He says: "For more than three-quarters of a century Homœopathy has successfully withstood the crucial test of clinical experience in the treatment of the sick, not only in the more rapidly acute but in the most obstinate forms of chronic disease, having what no other system of therapeutics has ever professed to have, a scientific basis

founded upon a law of cure—if has done what no other system of therapeutics has ever done, viz., demonstrated its scientific basis by meeting with prevision an epidemic of Asiatic cholera and crowning its prediction with a success hitherto unknown in the conflict with this exotic scourge. Nevertheless there still appear to be obstacles in the way of the general adoption by the profession of the practical application of the law as promulgated by Hahnemann. Its friends and believers seem to be placed on the defensive and compelled again and again to explain 'The grounds of a homœopath's faith.' Why is it that this science of therapeutics should need either an apology, an explanation or a defense in the home of its friends? Why is it that at nearly every medical convention there should appear to be occasion for a defense of homœopathy as taught by Hahnemann? There must be a reason for this because, in medicine as well as in science, we never have an effect without a cause. However strange it may appear it is not new in the history of our school. It was a complaint made by Hahnemann, Boeninghausen, Gross and Jahr in Europe, and Dunham, Hering, McManus, Lippe, Guernsey, Pearson, Wells and other pioneers in this country, who have felt called upon to enter a similar protest on behalf of the simplicity of method and purity of practice which a strict compliance with law demands. In the introduction to Jahr's Manual in 1838, 48 years ago, Dr. Hering, with almost prophetic foresight, gives the following explanation of it: 'There is a quarter from whence homœopathy may suffer injury, by which its reputation may be lowered and its usefulness abridged. I refer to the futility of combining the practice of the old and the new schools—the Juste-Millieu system—which some physicians have indiscreetly adopted. The history of homœopathy has abundantly shown during the past 25 years, that whoever attempts to unite the two modes of treatment must ever remain a very moderate homœopathist; and as regards the advancement and perfection of the science, the whole of this class have contributed nothing that is worth recording. I sincerely hope that this charge may not at some future day be brought against American physicians.'

"Dunham makes a similar complaint, enters a similar pro-

test when he says that 'some excellent men in our school are led away from the simplicity and purity of practice recommended by achievements of our allopathic brethren, in pathology.' I have sometimes been asked why the work of this society could not have been accomplished within the walls of the American Institute. Why organize a separate association when the objects of both—the promulgation of the principles of similia—are the same? It is needless to say that the therapeutic views of the majority of the members of the Institute of today are radically different from those held by its founders, the pioneers of our school. Against these erroneous views many vigorous protests have been entered on the floor of the Institute, and I regret to say, in vain. Year by year there has been a continued departure from the simplicity of Hahnemann's plan, a persistent though vain attempt to utilize the pathology of the old school in their practice, to base their prescriptions on a pathological basis, and then expect the success which a strict individualization and a firm adherence to the law always assure. We consider this a virtual departure from the methods of Hahnemann, an unwarrantable secession from law in the name of science, a turning back of the wheels of therapeutic progress, a blow aimed at the honor of the school, the purity of practice and the advancement of the science of true healing. Against this we enter our protest by the formation of a separate organization devoted to the study of the homœopathy of Hahnemann. We believe the *Organon* of Samuel Hahnemann to be the only reliable guide in therapeutics. It clearly teaches that homœopathy consists in the law of similars, the totality of the symptoms, the single remedy and the minimum dose of the dynamized drug given on the healthy. Yet notwithstanding the most lucid explanation, there are many earnest, honest, most excellent men in our ranks who are unable to comprehend or reduce to practice, the extreme simplicity of Hahnemann's plan. They are firm believers in the law of cure, but, when it comes to applying their belief in practice they are either unable or unwilling to accept the simplicity of the master's method as their sole guide in therapeutics. Simple belief, however, well-intended, is not sufficient to secure the complete results which a strict compliance with

the demands of law in practice will always yield. Many of our brethren, if unable to explain the *modus operandi* of a remedy or the action of a particular potency in any given affection, decline at once to use it. It is far more important to know what is true and carry it out in practice, than to be able to explain it, Hahnemann says (par. 83), 'Individualization in the investigation of a case of disease demands, on the part of the physician, principally unbiased judgment and sound sense, attentive observation and fidelity in noting down the image of the disease.' The first thing to do is to 'write down everything in precisely the same expressions used by the patients and his attendants.' Yet how few professed homœopaths do it. I venture to assert, not one in ten.

"With its simplicity, contrast the guessing method against which Hahnemann, Hering, and Dunham so vigorously protested; it is not only unscientific but extremely difficult, perplexing, unsuccessful and absurd. But Dunham says that we are to confine pathology to its legitimate uses, diagnosis and prognosis, not drag it into the field of therapeutics where it can never aid us. We are not to ignore it. But our pathology is based on law instead of a method of man's invention. Pathology is built upon the quick sand of man's experience; the law of similars on the bed rock of nature. Hahnemann has given us in the *Organon*, the key with which to unlock the simplicity and perfection of this science. Many professed homœopaths have never read this book; and many have read it and have thought a simple reading sufficient. No single work in the history of medicine has ever demanded such profound study as the 200 pages of this master-piece. There have always been a few medical men who thought it proper on every occasion to minimize the genius and detract from the labors of Hahnemann; they say: 'If he had lived in this age of science, he would, without doubt, have written a very different work.' They forget that, except for antiquarian research, there is not a single medical work ever opened today. But there it stands, not improved by its critics, as fresh, as true, as clear and explicit in the beautiful simplicity of its explanation of *similia* as the day it was written, forever a monument to the genius of its author."

The doctor then discusses the erroneous use of the terms "high and low potentists" as distinguishing the two general groups into which the homœopathic fraternity is divided. "The belief is general," Allen says, "that it is only the question of potency for which the International is contending, or which separates it from the American Institute. I need not say that this also is erroneous. If the members of this association did not examine their patients in a different manner, or select their remedies in a different way, the question of potency would not help them. The vital difference is not a difference of dose or potency, but of the manner of selection. The basic principles of this association are higher than potencies. The true follower of Hahnemann accepts similia as a law of nature and selects his remedies in accord therewith. If he fails to select the proper drug, neither quantity nor potency will fulfill the requirements of law. It is claimed by some that we are exclusive. Societies to be permanent must stand for something which they hold as true and sacred, and this means that they must have a certain degree of exclusiveness. As Hering said, 'we cannot successfully combine the practice of the two schools, serve God and mammon. What we need as a profession is more respect for and adherence to law, more zeal, more devotion and singleness of purpose, rather than more members.'"

Dr. Allen read a paper before the 34th session of the Institute, in 1881 which is well worth reading by those who are seeking a resumé of strict Hahnemannian homœopathy. Although the title, "Prejudice" may be misleading—his contention that prejudice is the chief obstacle to the scientific investigation of the dose, is confined to the first paragraph. Allen believes that "every practitioner who accepts the law of similars as his guide in therapeutics, should also accept the corollaries, as they necessarily form a part of the law in its practical application in clinical medicine; and the single remedy and 'totality of the symptoms' are the two chief corollaries; on their proper acceptance and application depends our best success. Everyone admits the necessity of selecting the similar remedy, but the question may be reasonably asked, similar to what, the totality of the symptoms of which the patient complains, or the patho-

logical conditions which go to make up what the diagnostician terms the pathognomonic symptoms of the disease?" Then he goes on to show that all cases of the same disease are not alike, and that those symptoms regarded by the prescriber as "characteristic" and distinguish one case of disease from another of the same disease are by no means the same or identical with what the pathologist regards as pathognomonic. "It is chiefly the subjective symptoms presented by the patient that form our safest guide in the selection of the remedy." The writer recites a number of clinical cases to illustrate his contention. "The repetition of the remedy," "The single remedy," and "The minimum dose" are discussed in a clear and logical manner. The author closes with the hope that "a more thorough knowledge of our materia medica and a more extensive experience, may, in the future, enable us to abandon the inconsistencies which we have inherited from our allopathic brethren."

On the other hand he writes in an editorial, dated February, 1903, "Whither are we drifting either as a distinctive school of medicine, or as a part of the medical profession, is a serious question that we must face, if we cannot answer. Gradually but certainly we are forsaking the principles bequeathed to us by Hahnemann and adopting the therapeutics and palliatives of the so-called dominant school, the chief boast of which has always been that medicine as a practice is without law and devoid of principles. Viewed from the empirical standpoint the outlook is far from promising, the prognosis is not doubtful and the outcome, compulsory medicine, not very distant. Compulsory vaccination in which so many homœopaths seem to helplessly acquiesce, is rapidly gaining ground, if it be not practically here, in the almost unanimous action of the school boards. Once granted it becomes the entering wedge of compulsory medicine. Accept the dogma of the schools in one vital point, and resistance becomes more difficult in the future. The law of similars is just as effective in variola as in scarlatina or pertussis, both curatively and as a prophylactic. If there be any justice or reason in compulsory vaccination, there is far more in compulsory antitoxin, judging from the comparative improvement in their mortality before and since its introduction."

Allen accepted without question, Hahnemann's theory of chronic disease. He even added a fourth miasm, the tubercular. In a paper on the nosode tuberculinum, he says: "It is adapted to persons of light complexion; blue eyes; blonde in preference to brunette; tall, slim, flat, narrow chest; active and precocious mentally, weak physically; the tubercular diathesis. When, with a family of tubercular history, the best selected remedy fails to relieve or permanently improve, without reference to the name of the disease, this remedy is indicated."

This statement indicates also, Allen's position as to the use of sulphur and the nosodes of medorrhinum and syphilinum. Some of his associates criticized him severely, saying that it was unhomœopathic to administer these remedies simply because of a possible miasmatic taint, or on the grounds that the supposedly indicated remedy had not improved the patient's condition. They overlooked the fact, however, that, from years of experience in their use, Allen was frequently able to see in the case, genuine reasons for his prescription; and that it was not empirical.

In a paper read before the New York Homœopathic Medical Society he says: "Hahnemann did not include this great polychrest (psorinum) in his Chronic Diseases, for the reason as he says: 'that its effects upon the healthy organism have not been sufficiently ascertained. I call psorinum a homœopathic anti-psoric because, if the preparations (potentization) of psorinum did not alter its nature to that of a homœopathic remedy, it never could have any effect upon an organism already tainted with the same identical virus. The psoric virus, by undergoing trituration and succussion, becomes just as much altered as gold does, the potencies of which are not inert substances in the human economy, but powerfully acting agents.' Subsequently Hahnemann and his colleagues made a careful proving of psorinum, using potencies made from the seropurulent matter contained in the scabies vesicle. A salt from the product of psora was used by Hering and his American provers. This is not a so-called isopathic remedy; in fact Hahnemann contends that there is no such thing in homœopathic practice as isopathy, for he says: 'Psorinum is a simillimum of the itch virus. There

is no intermediate degree between idem (isopathy) and similitum; in other words, the thinking man sees that similitum is the medium between simile and idem.'"

"For many years," Allen continues, "I failed to relieve or cure many chronic diseases because I regarded them and treated them as idiopathic diseases; and because I had never put Hahnemann's theory of chronic diseases to the test of actual practice, hence did not believe in its truth or its practical worth. I also failed to realize that without one month of close study or careful investigation, I pretended to know more of the cause and nature of chronic diseases than Hahnemann, the ablest observer in the history of medicine, did after he had studied this subject for 12 years. Now, after 25 years of labor in the treatment of all forms of chronic diseases, I am prepared to verify the truth of every statement made by Hahnemann in his theory and treatment of these numerous, annoying, persistent and often incurable ailments."

In another paper, Allen says: "In the *Organon* and the *Chronic Diseases* Hahnemann mentions only three constitutional miasms or diatheses, sycosis, syphilis and psora—including under the latter what we know at present as the tubercular diathesis which, while an aggravated form of psora, the later investigations in pathology and discovery of the tubercular bacillus, entitle it to the rank of another and distinct miasm, dyscrasia or diathesis with which we have to deal in acute affections. Hahnemann built better than he knew. He did not realize that he had made a discovery in therapeutics co-equal with the law of cure and the dynamic remedy. I have verified its truth in hundreds of cases of all forms of acute and chronic disease, especially in all types of fevers, and in the last 20 years, have not seen a case of continued fever of any kind, from mild ague to malignant hemorrhagic typhoid and typhus, that has not occurred in a patient with a psoric or tubercular history. The more the vital force (vitality) is weakened by the psoric and tubercular diathesis, the more susceptible the patient becomes to all external dynamic morbid influences, and consequently has less vital resistance to the onset of typhoid or other fevers."

In discussing a paper by E. C. Brice on "The Modus Ope-

randi of Diphtheria Antitoxin," Allen says: "I believe that there is only one law of cure. There are many methods but only one law. That law is the law of similars. Because I believe in it, I am a homœopath; hence I believe in homœopathy. I believe that if antitoxin, and all other toxins that we are now using empirically, cure disease they do it under this law of cure. They are homœopathic remedies in crude form and it is our duty to harness them for active work just as they are harnessing Niagara Falls here for use in the mechanical arts. Koch many years ago gave us tuberculin, based on the discovery of the bacillus of tuberculosis; and he gave us antitoxin, tuberculin has been used extensively, for instance in animals for demonstrating the presence of tuberculosis. The homœopaths have taken the cue, and, just as Hahnemann took the cue from the popular use of arnica, they have put tuberculinum on the list of homœopathic remedies, and after potentizing it, use it in diseases with wonderful results. I have used antitoxin for many years just as I use it as a prophylactic; I use it when I find it indicated in diphtheria and have results just as wonderful as I have had with any other homœopathic remedy."

Strict Hahnemannian though he was, Allen did not forget the value of diagnosis. He says, "I believe that we should make a careful diagnosis of every case, and analyze it as thoroughly and completely as possible. But it seems we are apt to be mistaken sometimes; even our allopathic brethren are apt to be mistaken in their diagnosis."

In his earlier years, the doctor used low potencies; but, after witnessing what he considered some remarkable results from the high, he prescribed them exclusively thereafter. He was especially partial to Swan's DMM's, and reported many cures with these potencies, some of them with unusual and little known remedies. I had him several times in consultation, and can say, as Dewey did of Frank Kraft, "that his prescribing was at once unerring and unusual."

He was master of the art of prescribing homœopathically, but was also an excellent teacher. Of the several hundred young men and women who sat in his lectures on materia medica and

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and was treated by diet alone. She was getting along fine without a physician until the "flu," when on testing, the urinalysis showed a consistent orange-coloured precipitate. The day prior to my visit she received her usual penicillin plus insulin and a barbiturate for restlessness. It is my opinion that the barbiturate was to blame. I called the family doctor, March 17, 1951, asking him of her condition. She is still alive and gradually improving. She is on old school treatment, of course.

Might I, in conclusion, ask a question? Where are the rubrics on tomatoes? Are they found under acid foods? Tomatoes seem to play such a prominent role in our diets, especially so in a city like ours where the predominating souls are Italians.

—*The Homœopathic Recorder, June '51*

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homœopathic at Hering College, few deviated in later years from the things he taught, and few were unsuccessful in their practice.

Space forbids further consideration of this remarkable man. He was an indefatigable worker and died literally "in the harness," of a brief heart attack on January 10th, 1909.

—*Jourl. of the Am. Inst. of Homœopathy, May, '57*
