

A STUDY OF IGNATIA

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Mr. President, Ladies and Gentlemen,

In presenting to you this study of one of our most interesting remedies I shall not be telling you anything about it that you do not already know. But I shall be presenting it to you in a form with which you are perhaps not familiar. We have all studied the remedy from Kent's *Materia Medica* and Clarke's *Dictionary*, as well as from other sources, and their various presentations are masterpieces of their kind. But they are perhaps not altogether in line with modern medical teaching. The present day newly qualified medical men and women, whom we hope to attract to our ranks and whom we need urgently to carry on our work in the future, are apt to be unattracted by the form in which they are written; a mass of symptoms with no direct reference to the various systems of the body involved. In my opinion we do need a book written on new lines which will give a living picture of our remedies combining the brilliant mental sketches of Kent with an account of the underlying clinical condition of the patient. The account of Ignatia that I am about to read will, I hope, give you an idea of what I mean.

Characteristics: All the symptoms, nervous and functional, are characterized by their variability and inconstancy; their paradoxical and contradictory character.

Modalities: Aggravation by emotion and sorrow, by cold, by strong odours, by tobacco, coffee and alcohol.

Amelioration by warmth, by strong pressure, by walking about.

Its predominant characteristics are:

- (1) Instability.
- (2) The pains, which are paradoxical and contradictory like all the symptoms of the remedy.
- (3) The anguish that the patient suffers.

Let us take first the instability or variability of the manifestations of Ignatia. This is the outstanding characteristic of the remedy. Nothing is stable and one can never be certain of the next day or even of the following hour. The patient, who appears at one moment to be desperately ill, will shortly after appear well and cheerful. A changeable disposition is an outstanding feature. The patient passes abruptly from severe depression and sadness to extreme cheerfulness. But what characterizes the remedy is that in each of these alternating conditions the patient is sincere, whether he be sad or happy.

All the painful sensations of Ignatia appear abruptly and sometimes disappear gradually, but more often they disappear abruptly also.

This instability of Ignatia must not be confused with the variability of

the symptoms of Pulsatilla. In the materia medica we read that with Pulsatilla everything is variable. It is the same with Ignatia, but in this case the picture is dominated by the constant instability, whereas Pulsatilla presents a more limited variability. Although the pains of Pulsatilla are erratic like those of Ignatia and although they appear abruptly, they never, on the contrary, disappear in like manner, but always gradually. The cause of the symptoms of Pulsatilla is much less the nervous system as in Ignatia, but the state of the circulation which is affected, i.e. venous congestion, cyanosis of the extremities, delay and scantiness of the periods. These are the invariable signs of Pulsatilla, whereas with Ignatia all the symptoms may vary from one moment to another. The instability of all symptoms is the outstanding characteristic of Ignatia.

On the other hand the origin of the variability of the Pulsatilla patient arises always from a Tuberculinique intoxication, but with Ignatia there is usually found a condition of auto-intoxication. The instability of Ignatia always shows itself by its acuteness. The patient will be not merely tired out, but he will be low-spirited and depressed; he will not be sad, but very sad. Then suddenly the next hour he will be on the contrary in good spirits. All the variations are governed by hypersensitivity of the nervous system, the hypersensitivity which is another characteristic of the remedy.

THE PAINS AND HYPERSENSITIVITY OF THE NERVOUS SYSTEM

The pains of Ignatia are always acute, always violent. The patient reacts in an extreme fashion. This hypersensitivity is well-known to the dentist and when a patient has teeth which are extremely sensitive to the drill, the remedy that will allow the dentist to work comfortably and the patient to bear the pain easily will be Ignatia.

Hypersensitivity to pain is also found in other remedies such as Aconite, Chamomilla and Coffea. With Aconite is found great anguish and fear of death. The patient feels his symptoms more acutely than most people and this hypersensitiveness is accompanied by great anguish and anxiety. Chamomilla also has hypersensitiveness to pain, but at the same time exhibits vasomotor troubles: the patient has one cheek red and the other pale, perspiration of the head and marked agitation. Coffea also exhibits hypersensitivity to pain and this is accompanied by insomnia. The patient thinks without ceasing of all sorts of things, and ideas pass through his brain with surprising rapidity.

The pains of Ignatia, in addition to being sharp and acute, cover small circumscribed areas. The materia medica does not actually say that the areas can be covered by a finger as in Kali bichromicum, but this description applies to both remedies, only whereas with Kali bichromicum the pain is caused by a lesion, i.e. an ulcer or a neuritis, with Ignatia it is due to a sensory disturbance such as a neuralgia which is fleeting and comes and goes and always has the same characteristic, i.e. instability. The pains,

however, have a certain regularity and they come at the same time. This regularity reminds us of Cedron, the pains of which have a daily fixed time of appearance.

If the pains of Ignatia are regular in the time of their appearance, they are not regular in their position, but are erratic and movable. For this reason they can be compared to those of Pulsatilla and Kali bichromicum. Their abrupt appearance and disappearance recall the pains of Magnesium phosphate.

Another outstanding characteristic of Ignatia is that all the manifestations of the remedy, painful or otherwise, functional as well as mental, have a paradoxical and contradictory character. All the symptoms are ameliorated by things that would aggravate any other patient: in other words, the modalities of Ignatia are the reverse of those which are usually found with other remedies. For example, if the patient has buzzing in the ears, this will be better in a noisy place or on listening to music. If he has a sore throat he will be better on swallowing solid food. If he is nauseated this will be relieved by taking food.

The hypersensitivity and instability of the patient have certain habitual causes. The first is grief, often caused by some severe shock, such as the loss of a dear relation or friend or a disappointment in love. Another cause is nervous overstrain, such as is seen in intellectual people who do not have enough physical exercise and who are very sensitive to tobacco smoke and to coffee. Other causes of this emotional condition are strong odours, such as those of perfumes and especially the odour of tobacco which will often bring on an attack of migraine. In the materia medica there is only one remedy which is, on the contrary, ameliorated by tobacco smoke and that is Tarentula cubensis. The patient needing this remedy may have an abscess or gangrenous condition characterized by severe burning pain with rise of temperature and rapid pulse and symptoms of septicaemia. Strangely enough this patient is quickly relieved by tobacco fumes, not cured, of course, but the pain is eased. The aggravation of the Ignatia patient's symptoms from tea and coffee, particularly from coffee, is well-known and often the patient has abused these drinks and also alcohol. But here we must add that symptoms eased by abuse of tea are more marked with Thuja than with Ignatia. The Ignatia patient drinks three or four cups of coffee in order to be able to continue to overwork. It is quite evident that in order to get a result from Ignatia, the patient must be made to give up coffee.

The patient is always relieved by warmth, by warm drink, and warm applications to painful parts. He is also better when he walks about and particularly from recreation. If a patient comes to you very upset by some occurrence and you can distract his attention from the matter and make him think of other things, he feels better at once.

Let us now study the Ignatia patient from a clinical point of view,

THE DIGESTIVE SYSTEM

This is the most frequently affected system. It must not be imagined that the Ignatia patient is only of the nervous order. He can and often does present digestive symptoms. His lips are dry and parched, his mouth dry, and he suffers from thirst. The inner surface of the lower lip is excoriated and fiery in appearance. The tongue is large, swollen and shows the imprint of the teeth. This is not a characteristic sign of Ignatia alone, as it is also seen with Mercurius. But with Mercurius the mouth has a foul odour and the tongue is covered with a white or yellow fur, especially on its posterior part and there is increased salivation. Ignatia also shows increased salivation.

Other important signs found under Ignatia are: Aerophagy, gastric symptoms, intestinal symptoms.

The aerophagy is caused because of the hyper-secretion of saliva which is swallowed and with it, air. The patient has a sensation of constriction of the pharynx and feels as if he has a ball in the oesophagus, which gives him a feeling of being strangled. This constriction is brought on by any emotion or opposition and disappears as soon as the patient swallows, even if he swallows only air. In the same way if he has a sore throat the pain is relieved by swallowing, especially if he swallows some solid food.

GASTRIC SYMPTOMS

The patient is often hungry, suddenly hungry, and this is accompanied by a feeling of faintness in the epigastrium. This may happen at any time of the day, but more especially at 11.0 a.m. The patient feels suddenly exhausted and is compelled to take something to eat, but this does not relieve him. This is unlike Sulphur, who feels the sudden need of food in the middle of the morning, but is relieved by taking a snack. The feeling of faintness of Ignatia may occur when the patient is in bed or sitting down, whereas the same faintness with Sulphur is especially noticed when the patient is standing, for he is a person who cannot stand up for very long.

Another symptom which accompanies the faintness of Ignatia is the continual yawning and involuntary sighing, of which the patient is unaware. The yawns and sighing are more marked before food and in tobacco fumes and then may also cause hiccough.

Nausea is a frequent symptom of Ignatia and it is relieved by taking food. The patient may sit down at table to eat and after a few minutes he wants to be sick. He then gets up and vomits and afterwards sits down and eats a good meal without any ill effects. This is seen with very nervous people who sit down at table with their family and are upset by something. The dyspepsia of Ignatia is very paradoxical. The patient can eat raw carrots or lobster, but if he has a simple meal he has abdominal pain and sickness. In comparison, Bismuth also has a paradoxical symptom with regard to drink. The patient is ill if he drinks water, whereas wine does not affect him at all.

This is the only paradoxical symptom of Bismuth, whereas the paradoxical character of Ignatia is found in all its symptoms.

INTESTINAL TROUBLES

The patient is often constipated and this is due to spasm of the bowel. If an x-ray is taken for intestinal trouble that has often lasted for a long time, the same picture is always seen. There is ptosis of the colon, which looks like a string of chestnuts. When the patient brings you an x-ray showing this picture and says that he has had all sorts of regimes and treatments you can be certain that he is amenable to Ignatia, or at least that he will need Ignatia among other remedies to cure him.

Another interesting symptom is an acute pain on going to stool, especially if the motion is soft. When he is constipated the patient has no pain. Intestinal atony is marked, especially with people who drink much coffee. The caecum is distended and pain in the appendix area is marked. This is not due to an appendicitis, but to spasm of the caecum. Prolapse of the rectum and haemorrhoids are often present. The prolapsus is seen not only when the patient goes to stool, but when he stoops. The pain of the haemorrhoids is acute and as if he had a packet of needles in his rectum, and it is noticed when he coughs or stands or sits and disappears when he gets up and moves about.

Another intestinal symptom is diarrhoea, a sudden form of spasmodic enteritis brought on by emotion such as an examination or before going to the theatre, or even on entering your consulting room. Another remedy, Gelsemium, has a similar diarrhoea. In this case the diarrhoea may be caused by bad news, such as the death of a friend or financial loss.

THE CHEST SYMPTOMS OF IGNATIA

The cough is dry and persistent. On examination nothing abnormal is found in the trachea or lungs. The cough appears suddenly under the influence of emotion or annoyance. The patient coughs and coughs and the more he coughs the more he wants to cough and then suddenly for no apparent reason he stops. He is then exhausted.

HEART SYMPTOMS OF IGNATIA

The chief one is an emotional tachycardia. It appears suddenly and often occurs in the consulting room when the patient is being examined. It will also appear on the receipt of bad news. There are two outstanding signs; the pulse is very variable and may show astonishing variations from 70-120 beats per minute. The arterial tension is also very variable and at the beginning of your consultation may be 190, but the needle of your sphygmomanometer will after a few seconds drop to 170, and if you take the blood-pressure at the end of your consultation it will be down to 150. Such an unstable arterial tension should make one think at once of Ignatia.

THE HEADACHES OF IGNATIA

These appear abruptly and are at once very severe. They are often migrainous in type and occur in patients who are fatigued and overworked both physically and intellectually. They are aggravated by noise and light. They are also brought on by odours, especially that of tobacco. The whole head may be affected or only one side. The pain is beating in character, like blows of a hammer. The patient says it is as if a nail were being driven into his head, usually in the temporal or parietal regions. The pain is always relieved by pressure, by heat and by lying on the painful side. When the pain disappears the patient immediately passes a large quantity of urine. This reminds us of two other remedies, Gelsemium and Silica. Lac defloratum also passes a large amount of urine, but during the migraine.

THE MENTALITY OF IGNATIA

Ignatia is said to be a remedy for women and Nux vomica a remedy for men. Strictly speaking this is not true. Nux vomica certainly is more suited to masculine temperaments and Ignatia to feminine temperaments, as the latter are more hypersensitive. In studying Ignatia one must not fall into the error of thinking that the remedy is purely nervous, exasperated and paradoxical. It certainly corresponds to many of the hysterical patients whom you see in the clinics or consulting rooms, but there exist two forms of Ignatia mentality. The first is a state of profound depression, which may suddenly overwhelm the patient after great sorrow, such as the loss of a dear friend. The patient wishes to be left alone in her sorrow. She does not weep, but is in a state of profound shock. The second form very frequently is seen, i.e. with a certain type of women who in the morning or afternoon is annoyed or upset by some member of her family, often, of course, her husband. She then has headache, nausea, abdominal pain and goes to bed with raised temperature and sulks. Then in the evening a friend unexpectedly arrives with a bunch of flowers and proposes to take her to the theatre. Immediately all her symptoms disappear and she is happy and pleasant to everybody. There is, therefore, with Ignatia, on the one hand profound depression and on the other a marked instability of temper. When the patient is depressed, she always begins to suffer in silence and becomes melancholic. But when she is exasperated, she tends to quarrel with everybody around her. She may also even have convulsions and tremblings, and then becomes much more likely to need Gelsemium.

In chronic disease when the patient's nervous hypersensitivity makes her amenable to Ignatia, it is best to give a dose of the 200 or 1M to desensitize the nervous system, for this will bring out the underlying symptoms and permit the deeper acting remedy, that may be indicated, to have a better chance of acting.

In acute conditions when instability of the nervous system is most in evidence, Ignatia is then the remedy that will restore the patient's equilibrium.

Finally, what are the remedies complementary to Ignatia? Instability of the nervous system is, as we have seen, the general characteristic of Ignatia. It is this factor that enables Ignatia to restore the patient to his normal equilibrium. But it must not be thought that all patients showing mental instability are amenable to Ignatia. Each patient reacts according to his temperament and type. In the troublous times through which we have lived during the past few years, people have been affected by their circumstances of peril and danger. Some are little affected, others are much affected. Some are depressed and others irritated. Homoeopathy does not offer them sedatives in the ordinary sense, but it can give them remedies which are efficacious so long as they are prescribed on the indications given in our *materia medica*.

In comparison with the nervous instability of Ignatia, we can describe two states which cannot be confounded with it and the study of which is of great interest, since these two states correspond to two other remedies, Gelsemium and Sepia. The gelsemium patient is extremely sensitive and irritable. The slightest trouble upsets him completely. Not only does bad news depress and dishearten him, but it causes tremblings, diarrhoea and insomnia. Being unable to bear any contradiction or opposition, he is afraid of conversing or discussing affairs with others. He avoids the society of his fellow creatures. He desires above all peace and quietness and seeks to be alone. He cannot control his actions or his muscles and flies into a temper for the least thing or trembles on any exertion or emotion. This weakness is marked and may even lead to inco-ordination of his limbs. His pulse is slow at rest and accelerates on movement. He passes gradually into a state of apathy and indifference and does not want to speak or think. He suffers also from severe migraine preceded by ocular disturbances.

The sepia patient is characterized by sadness and indifference. His depression is profound and he looks only on the black side of things. He is apathetic and cares not for his family or his daily duties or pleasures. Nothing interests him and he desires to be alone. Any attention from his friends irritates him. He does not exhibit the nervous irritability of Ignatia with its alternations of exaltation and depression. With Sepia, the depression is constant and it does not vary. The liver is often affected leading to portal congestion, constipation, haemorrhoids and symptoms of pelvic congestion.

Ignatia, Gelsemium and Sepia correspond to three different nervous conditions, between which a certain relation can be established. An ignatia patient may become sepia. A sepia subject may become one of gelsemium, owing to the action of various toxins which are operating on the system, toxins of autogenous or tuberculous nature. But with the ignatia patient we must think of the possible origin of his troubles and also of the possible consequences of their long duration if an efficacious treatment cannot be found to deal with them. Undoubtedly, the signs of Ignatia do not often correspond to those of organic lesions. More often they are due to functional

conditions whose paradoxical nature shows their nervous origin. The prolongation of these symptoms leads progressively to a deep fatigue of the patient. The nervous system wears itself out. Profound depression gradually overcomes the patient. He cannot put his thoughts together, cannot find words to express his thoughts. Physical weakness: he cannot walk far, suffers from headaches, grows thin, sweats heavily and shows signs of decalcification, such as phosphaturia and dental caries. Then we find all the signs of Phosphoric acid, the indication of which is obvious. The demineralization is in fact one of the most important causes of the nervous depression. It is often accompanied by the usual symptoms of the tuberculinique state and it is necessary to prescribe one of the diluted tuberculins and the indication of *Natrum muriaticum* becomes apparent.

Compare this latter remedy with *Ignatia*. The last named cannot bear to be left alone, whereas *Natrum muriaticum* prefers to be alone. *Ignatia* wants to be made a fuss of and desires to be commiserated with, whereas *Natrum muriaticum* dislikes consolation and weeps if one tries to console him. *Ignatia* shows no objective signs other than the imprint of the teeth on a clean tongue. *Natrum muriaticum* has a mapped tongue, a cleft in the middle of the lower lip, intermittent oedema of the eyelids, labial herpes, eczema of the flexor folds of the limbs. The patient's depression is aggravated at 10 a.m. and is always accompanied by emaciation.

Ignatia, Phosphoric acid and *Natrum muriaticum* form a logical series of remedies whose complementary action is demonstrated successfully on the patient whose equilibrium has been upset by mental shocks or deep anxieties.

I think that this account covers most of the signs and symptoms of *Ignatia* and I hope that its presentation may be of interest and use especially to the younger members who are studying the materia medica. They will certainly find that *Ignatia* is a remedy that in these days is frequently needed and if it is prescribed on the indications given, they will find its use a great benefit to their patients and a source of much encouragement to themselves.

6 DISCUSSION ON DR. QUINTON'S PAPER

Dr. Paterson, in opening the discussion, wished to congratulate *Dr. Quinton* on a very excellent clinical homoeopathic paper and study. He agreed most heartily on the necessity for the provings to be presented in a different form from that of the present day. The student was not attracted by a mass of details as given in the materia medica, he wanted a living picture.

Dr. Quinton had very rightly pointed out that the *ignatia* patient was aggravated by tobacco, alcohol and coffee, and during the War years these things had been in greater use than ever before. He had found that women today were showing more signs of high blood-pressure, which was usually associated with males. The last patient he had seen before coming to London

was a woman who had been under orthodox treatment with a blood-pressure, as she said, "higher than the instrument would record." On the first occasion he had recorded it, it was up over 260. On the second occasion, knowing the systolic pressure was high, he had rushed the mercury up and again it seemed to be about 260. Thinking it was not correct he had slowly repeated, and on this occasion it was down to 220! he then talked to the patient for a time and on the third recording it was 140. It was a point to be borne in mind, that there was a type of high blood-pressure which was probably due to an unstable nervous system, and Ignatia was very possibly the remedy.

To give another clinical picture, he had been present at the operation for the removal of the appendix in a young girl, and the surgeon, calling attention to the very great distension of the caecum, said that if x-ray had been taken before he would probably have sought permission to perform an actual plastic operation. Actually an x-ray had been taken, and no distension was seen. Since the operation, owing to clinical signs of distension of colon, a further x-ray was taken and it was found that there was no evidence of distension, but in fact a marked ring constriction, later found due to spasm. She was a typical ignatia patient.

Another clinical type of case was the patient who complained of pain in the cardiac area and was quite sure it was an angina, and again the spasmodic nature of the clutching of the throat was very often a symptom of Ignatia.

Dr. Quinton had very wisely pointed out that all instability of the nervous system was not necessarily Ignatia, and he had given comparisons. Nux vomica and Ignatia each contained strychnia, Ignatia in fact containing more than Nux vomica, but they were not interchangeable as remedies.

There was just one point he had not understood, namely, Dr. Quinton's reference to auto-intoxication in comparing Pulsatilla with Ignatia. When he (Dr. Paterson) used the term "auto-intoxication" he was thinking of a focal infection somewhere, but he did not presume Dr. Quinton was thinking of some actual focus of infection.

Dr. Pearson thanked Dr. Quinton very much for his paper because he was personally experiencing great difficulty in precisely the direction he had mentioned, in that he was having to commit to memory ninety-three drugs for his membership, and he found the materia medica was rather like trying to learn off a railway guide. He had found it impossible to remember all the remedies in the way they were listed and the most useful book he had found so far was Dr. Borland's *Children's Types*, which gave groups of drugs which were similar except for certain things. He had been working on three particular drugs and soon came to the conclusion that they were similar and that having learned one he knew the other two, except for a very few points. As a student rather than as a doctor he wished to thank Dr. Quinton for his paper on behalf of beginners.

Dr. McCrae thought it would be interesting to hear what Major Gordon's

Army experiences were. The account of psychological battle casualties showed that their breakdown was not primarily due to battle but mostly had to do with personal problems. The weight of the worry of these personal problems developed into an overload during the added excitement of battle. Complexes arose which would surely be covered by the appropriate homoeopathic remedy.

Translating a remedy into modern psychological parlance would be very nice for the orthodox student. But this would mean sticking labels on to drug pictures. The homoeopath had an abhorrence of labels. The patient is not conversant with technical jargon. Ignatia is a splendid example of this. Its drug picture is the story of the ordinary man. That seems to be one of the greatest difficulties of the specialist. When he masters the ability to learn about simplicity in symptom pictures he may learn of the beauty in Homoeopathy. It is all very well to talk learnedly about superiority complexes or all the varied forms of neuroses. Sadly enough they only served to confuse the main object of the physician—his search for the remedy. Here, in the drug pictures of superb provings, we had these translations ready made for immediate use. Ignatia was a gem for the worries and anxieties of war and post-war complications.

A point in the comparative study of Ignatia with other drugs was that it came into the fourth group of Emanometer classification. If we imagined each group as a series of notes with one series corresponding to the other, to make a complete scale on the harmony of drug therapy, we find that Ignatia in the fourth group corresponded to Phos. acid in the 'octave' of the fifth group. The corresponding note in the sixth group 'octave' was Gels. Nux vomica struck the same note in the eighth, Hepar sulph in the tenth and Asafoetida in the eleventh group. This conception of drug differentiation was certainly useful in making an orderly study but it must be remembered that the relationship was only a physical one and it did not mean that an ignatia patient would benefit from a related remedy from its corresponding 'note' in the other octaves. Very probably such treatment would produce aggravation with no subsequent amelioration.

Dr. Le Hunte Cooper considered Dr. Quinton's 'comparison of remedies' of great value. He had latterly found himself prescribing Ignatia very much more frequently than formerly, this being particularly towards the end of the blitz period and since. He had found this remedy of great value in conditions resulting from shocks to the nervous-system consequent on 'warnings' and the noise of exploding bombs, etc.

During the blitz period, an attack of left-sided sciatica, which failed to answer to the more usually indicated remedies, occurred in a lady patient of his who happened to be living in a district specially troubled by the raids. On her removal to the country, and within a matter of two or three days, with the continuance of remedies, the sciatica ceased. Later, when things had quieted down in her district, he allowed her to return, but the first 'warning'

resulted in an immediate return of the sciatica. Ignatia was given, and she completely recovered, though the exciting conditions remained. It was a surprising fact that such disturbances to the nervous-system should result in a 'left-sided sciatica' with her and *that only* as one would more naturally expect cerebral disturbances from such a cause.

Another case of about eight months duration, with constantly recurring pains in the right upper arm and shoulder, received only slight relief from ordinary, well indicated remedies. He happened, however, on one occasion, to be with her when there was a sudden explosion. She immediately exclaimed, "the pain in my arm has returned". Taking this as an indication he gave a dose of Ignatia, with immediate relief, and no further return of the pain, in spite of more explosions.

It is a notable fact that this pain was worse by becoming warm in bed.

Apart from blitzes and similar conditions, it was a remedy to think of in people strained by many conditions of everyday life, and especially by grief.

It might not be inappropriate for him to mention the case of a lady of 80 who had consulted him latterly in consequence of abdominal malignant disease having been diagnosed, and operation with the introduction of radium advised. She suffered severe pain, and was much distressed to feel lumps in the abdomen. He found about five of these, but chiefly owing to their shifting character, he concluded they were due to constricting flatulent conditions.

On this assumption, and with the help of Ignatia the whole condition cleared up, leaving only a readily palpable splenic-enlargement. This is now steadily diminishing, and she has become so vigorous that her daughters have difficulty in restraining her from using a vacuum cleaner, and doing other housework.

Major Gordon said that in 1944 they had been expecting a lot of neurosis cases to come back from Normandy, and had naturally expected a big percentage of hysteria. From the word picture in the materia medica, he had included Ignatia as one of the twelve drugs he took with him. However, except in one or two cases of breakdown owing to domestic stress, e.g. death of a child and the soldier was unable to get leave owing to battle conditions, Ignatia had not shown up at all in the battle neurosis.

It would be better to remove the word 'hysterical' from all the descriptions of Ignatia as being misleading to the present generation. The hysterical reaction was really the development of acute symptoms unconsciously motivated by a desire to escape from intolerable difficulty. The symptoms described in the provings of Ignatia are of a more chronic type more aptly described in modern nomenclature as temperamental instability than hysteria.

Dr. Wheeler congratulated *Dr. Quinton* on his admirable study, and as always, even with a well-known drug, he had felt what opportunities he had missed for not giving that particular remedy. He hoped there would be a

little money for research, as they wanted a detailed analysis of a great many more of the vegetable tinctures than they already had. That the pattern of endocrine balance was disturbed in Ignatia was certainly suggested by the tension showing so often in the involuntary muscles and this no doubt was a strychnine effect. A spasm of the arms frequently indicated Ignatia to him, and he often found it in women approaching the climacteric. He agreed with Dr. Quinton that it looked as though, in the Ignatia patient, the glands for internal secretion were in a state of excitability and the overwork might result in that tendency to high blood-pressure, and Dr. Quinton was quite right in suggesting that the depression came not from a desire to escape trouble, as in true hysteria, but from the fact that the patient wanted to do the job, but felt his ability to do it was failing, and that went side by side with the fact that emotionally the ignatia patient was not so much likely to be disturbed by his own problems and troubles as by somebody else's. In the emotional background of Ignatia there nearly always appeared a fact which one felt to be entirely creditable to the person concerned: that he or she was bothered about someone else and wanted to do something to help but found he could not.

As far as the materia medica was concerned, although they could not give as elaborate a picture as Dr. Quinton had done, in all the post-graduate work they tried to give a fairly comprehensive picture of the drug, but the great difficulty was to get anything of that nature into print, and it was essential to have a book like Clarke's *Dictionary*, with a full general description and then the scheme for details. In his opinion the digitalis patient often showed a temperament like that of Ignatia symptoms, and what was more curious than the temperament of the patient?

He had been present at a meeting recently on hysteria from the psychological aspect, and he had talked to them on Ignatia and told them why it was not suitable for people who angered easily, and after the meeting a man had come up and said he had been struck by the fact that they did not give one remedy alone.

Dr. W. T. Walker thought, in connection with the instability of blood-pressure common in the ignatia patient, that if attention were paid to the relatively low diastolic pressure, the transient nature of the accompanying high systolic reading would be appreciated and evaluated accordingly.

The President cordially thanked Dr. Quinton for his paper and agreed with him that we should try to make the study of the materia medica as easy as possible for the enquirer, stressing the importance of the temperamental symptoms.

He mentioned that at a recent meeting of the Hunterian Society a paper was read on hysteria from the psychological aspect, and that in the following discussion he had given the main symptoms of Ignatia, stressing the fact that it was not suitable for persons in whom anger and violence predominated;

but for those who are subject to rapid alternations of gaiety and disposition to weep, or other emotional states.

He stated that there were many other remedies suited to hysteria, and that we had to consider the idiosyncrasy of the individual patient, with his wide range of symptoms, giving as examples:

Asafoetida—Hypochondriacal and hypersensitive.

Aurum met.—Despondent to the verge of suicide.

Lachesis—Loquacious, suspicious and jealous; never at rest mentally or physically.

Platina—Arrogant and proud; self-exaltation and contempt for others.

Pulsatilla—Meek, mild, tearful disposition, seeking sympathy and fuss.

Tarantula hispanica—Foxy, ungrateful and discontented, guided by whims, destructive impulses and moral relaxation.

These few outstanding remedies used according to the law of similars impressed some of the audience who were struck by the fact that in Homoeopathy we treat the individual and not merely the disease.

Dr. Quinton thanked all the speakers for their kind remarks. With regard to Dr. Paterson's remarks on auto-intoxication, Dr. Quinton thought that the pulsatilla patient was one often predisposed to tuberculosis, or as the continental school would say, belonged to the 'tuberculinique' category. If these patients were selected and treated homoeopathically, both with the indicated constitutional remedy and the diluted tuberculins, much greater benefit would result from the public health point of view than by waiting until tuberculosis had developed clinically.

He thanked Dr. McCrae for his remarks, and had been interested in what he said about the inferiority and superiority complex.

He thanked Dr. Cooper for the interesting case he had quoted. Major Gordon's remarks had been quite new to him. Thanking Dr. Wheeler for his comments he thought with regard to lectures to new men it would be a good idea to divide them into junior and senior lectures; one group for juniors dealing with the acute remedies in every day use, and more advanced lectures dealing with the drugs belonging to the psoric group or tubercular group.

(The President interjected that he thought this would be a good idea.) He recommended Mr. Power to try Ignatia for his case of spasm.

With regard to the diastolic pressure that Dr. Walker had mentioned, it was very interesting but he thought it was the systolic pressure which indicated Ignatia.

In thanking the President for his remarks he said he had not concentrated at all on the peculiarities of the remedy; it was a point which had rather eluded him but he quite saw it was an omission in his paper.

In conclusion he thanked everyone present for the very kind way in which they had received his paper.

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