

The Examination of the Patient for a Homœopathic Prescription.*

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At the conclusion of the reading of the paper, Dr. Wells stated: "I did not read this paper to you because you did not know it, but because you did."

Dr. Gee—I consider this a very able paper, and one of practical importance to all of us. As the doctor said in the beginning, an article of a similar character, that is, on the same subject, is found in Dunham's Therapeutics, presenting perhaps, a scheme somewhat after the same plan, but not going into the details as fully and deeply as Dr. Wells has; and certainly a paper of this sort on our desks in the shape of a slip or card would be a very great help to all of us in the examination of the patient, as we are apt to overlook some things perhaps in the order of questioning. One thing in Dr. Well's paper occurred to me which perhaps needs a little explanation, and that was his allusion to the excellent remedies in pneumonia. I don't know that we can draw a line that is distinctly marked and say that after the exudation has taken place any remedy or set of remedies may not be indicated. I can see that in a nervous disturbance calling for a remedy—just as the key of a Yale lock is necessary and the only thing that will open the lock—that remedy may be called upon. I can hardly see that we can exclude a remedy without some explanation. Perhaps the Doctor did not make it as clear as he could.

Dr. Wells.—That point was put down understandingly, and to illustrate I would state that after the deposit of fibrin has taken place, Aconite is never indicated, and never has been since the world was made; it is of no use and never will be. Meeting the points suggested by my friend Dr. Gee, of nervous symptoms calling for a remedy. Now these are best met by

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remedies which are related to these symptoms, and the *condition* of this stage of pneumonia, which is revealed by auscultation and percussion. These revelations *are symptoms* which it is not wise to overlook or neglect. The remedies which are so powerful and beneficent in the first stage, i. e., that of the deposit into the lung tissue of the inflammatory product, are now no longer in place, and if their use be longer persisted in, the result will often be pernicious and always attended by loss of time. It may be we sometimes restrict the meaning of the word *symptom* or *symptoms* to too narrow limits. *Objective symptoms* are *facts* equally with *subjective*, in which class are found the revelations of auscultation and percussion, which, in best treatment of pneumonia, are never neglected.

Dr. Gee.—It seems to me he is misunderstood; that borders very closely on pathological prescribing. We do know that patients suffering from pneumonia have a nervous anxiety, an anxiety that will be indicated by the expression on the face; the heart will show weakness. Such a condition might indicate Aconite, and if so, I would certainly give it.

Dr. Wells.—I think the only difference between my friend Dr. Gee and myself is that I am attempting to take in the whole view of the case and he seems to take in only a part, and that seems to me the difference. Aconite seeming to be indicated has led me into the blunder a hundred times, and a hundred times has led me to disappointment. But to find a remedy necessary for these new accessory symptoms, you must secure a remedy for them, and it is better to secure it at one stroke, than to go around the corner for it.

Dr. Kent.—Take a case of pneumonia that has advanced to the stage of exudation and let that patient get a little cold sufficient to arouse him to a state of mental anxiety. With a superficial examination you will find Aconite indicated, but just as sure as you give it you will fail. Give Sulphur at once and you will cure your patient. Never mind the fact that Aconite has the superficial show, I say in ninety-nine cases out of one hundred give Sulphur. When I first commenced

to prescribe I gave Aconite and I never had any thing but failure, and have been disappointed many times by giving it.

Dr. Allen.—Do you prescribe Sulphur in the second stage, or rather in the exudative stage, when the patient has taken a little cold and become nervous under those conditions?

Dr. Kent.—No, sir.

Dr. Nash.—If the Aconite symptoms are present, are we taught anywhere to ignore them and base our prescriptions on the fact that the disease has passed to the second stage? I think not. I think, as Dr. Wells says, that we will very seldom find indications for Aconite there, and that we should look further. It may be Sulphur, as Sulphur is a remedy used in the exudative stage. So we must ignore Aconite and look further, and we will find wherein our failure arose, and this very superficial examination that seemed to indicate Aconite we will find covered up. It is a fact that many patients that come into our offices can be prescribed for at once. A patient may have eaten too much ice cream, and we know at once the cause of their trouble, and we know in a short examination what they require, and we can prescribe for them very quickly. That was a peculiarity of Dr. Lippe; he could take in a case quickly. When we have chronic cases and we find the case cropping out again after we thought we had cured it, then it is absolutely necessary that we must go through this very process that the Doctor has been describing. One of the best rules I have found is one that Hahnemann gave for examining a patient, and that is "Never ask the patient a question that can be answered yes or no," because if we undertake to obtain the picture and ask questions, such as, "Have you a pain in the head? especially of a nervous person, they always have it, and you could ask them if they had a pain almost anywhere and they would always have it. But if I call on them to tell their symptoms in their own language, and not allow them to answer yes or no, I have found it a very great help.

Dr. Holmes.—This paper of Dr. Wells' has been a paper

that I wanted to hear. I am a new member of this society, and I have come a long distance to attend this meeting, with the hope that I might learn things that would be of great advantage to me. Now the question, the examination of the patient is a point that I must confess I am a little lame on. The great trouble in my mind is how are you going to find time to do this. Supposing a man has afternoon office hours of only two hours' duration, or an evening hour of one hour's duration, and in that time crowds in twelve, fifteen or twenty patients, and perhaps out of that number there are two, three or five patients that need just such an examination? To me it has been impossible to do it. I am not, like Dr. Lippe, a flash prescriber. Another thing, we do not get paid so well where I come from for that work. Say we get fifty cents for that work [Laughter], and it takes the whole time to examine the patient, and we cannot give the time and attention to other patients that are waiting.

The President.—I think in reference to the examination of a patient, that as the younger members of the profession become more and more acquainted with the manner of meeting a patient, their time spent in an examination will be less long than when they began. I believe, too, that the examinations and the value of them will improve as they grow older and more experienced in listening and in asking. I know that my own experience has been very similar to yours; that the time required for first examinations seemed excessively long; but the older I grow and the more chronic cases I have to deal with, the more positive I am that the time spent in the first examination is the best spent time. Hahnemann tells us that when the first examination is well made two-thirds of the work is done. It is unfortunate that any one who represents so fine and so beautiful a profession as Homœopathy should be placed under conditions where such poor compensation is received as most of us do receive and particularly the younger members of the profession. To many it is a matter of bread and butter, and that is to learn how to do

that thing correctly; improve yourself, and get yourselves in positions where you can become so proficient as to command proper compensation for your work. My advise to the young men is not to slight your chronic cases, but rather say to your patients, if you are pushed for time, come to me on Sunday morning and I will give you an hour or more, even if you pay me nothing for it, and if I find the remedy and I cure you that will be compensation enough for me. What I was going to say in regard to the quickness and rapidity of decision, or insight of some prescribers, or some men who have grown with their work, is this. "I once saw my father, who was in a very great hurry to go somewhere, when a young, thin and lank man came to him and said: "Doctor, I want to see you." My father replied, "I have no time now; you must come again." "But I want you to attend to my eyes right away; I have some very sore eyes here, and I want them attended to." "Let me look at them a moment," and with a rapidity that was perfectly marvelous, my father told him what was the matter with him. The young man had symptoms and my father showered them on him, and they suited so well that this man stood in consternation and said, "Who told you all about me?" That was artistic. He cut that thing short. Of course it was the wrong way to do it; but it was the way he did it at that time. He did not ask that man, have you got this and that, but he said you *have* got that; you are worse in the morning; you are cross, irascible—a cross fellow—and he said I will give you a powder, and he gave him *Nux vomica*. Of course, I do not recommend that to you; I only wish to cite that instance of a person who knows a remedy, that is *materia medica*, and how he can get quickly at a set of questions without making direct questions that will cut short an examination very much; and, as Hahncmann once said—he never printed it—show me the examination of a sick person and I will tell you if the man knows anything about *materia medica*. This little story I have just told I don't want to be anything more

than only an instance of the knowledge of a remedy and going right at it in a very quick way, in a way I do not wish or advise any one to imitate or prescribe on, I only wish to show how quickly you may take such a patient and go through his *Nux vomica* symptoms. All these things that you learn by careful examinations is not lost time.

Dr. Biegler.—I would like to add a word or two to the foundations that Dr. Wells has given us for our work. The manner in which Dr. Wells has given us this outline to do our work by, is invaluable to all, but especially to the young man. If they, the young men, will take this as a foundation for their work, I will guarantee that it will not be very long before their fees will be largely increased, and that almost voluntarily. The first prescription made right, based upon the foundation of work, and he can afterward sleep and remain quiet, with his conscience and his mind will be quiet also.

Dr. Wells.—I want to say to this young man [referring to Dr. Holmes] and every young man get no more work than you can do well, Do it well and take time enough for it.

Dr. Nash.—And charge enough for it.

Dr. Wells.—There is always time to do work well.

Dr. Allen.—I think that Dr. Holmes has struck a very vital point. It is certainly a puzzling point to a young man. My attention has been very forcibly called to this very point within the past month by a conversation I had with a professor of materia medica in one of our homœopathic colleges. A couple of years ago I endeavored to show him by a long and entertaining correspondence, based upon a case already reported in a medical journal, that there was a better way he was doing, and he appeared to be a willing and apt student to learn this better way. A month since I met him at a state society and, after a conversation, he says, "I have faithfully tried Hahnemann's method of taking the case, and it won't do for me. It takes too long; it takes up too much time; it don't pay. It may do for somebody else, but it don't do for me." Now, that question that Dr. Holmes put is right to the

point, and we must get over it somehow and in some way, and I do not know of any better way than that which Dr. Wells suggests; and that is, that there is always time to do work well, and if Dr. Holmes will turn over a new leaf, and instead of taking ten patients an hour, will cut it down to one or two, and charge them properly, he will have more to do make more more money, and learn his materia medica faster.

Dr. Wells.—I wish to say in the interests of humanity, of all we love most, that when we come to a sick man, a sick woman or a sick child, we should confine ourselves to the fact and be conscious of it, that we are engaged in so great a duty that money has no place there. [Applause.]

Dr. Stow.—It does pay to be careful and as accurate as it is possible for a human being to be in the examination of, and in the prescribing for, the sick. There is this thing in it, if nothing more if at first you expend much time and get small pay and perhaps lose some because you take so much time, depend upon it that the experience you get in looking carefully into the case will make so expert that you can take care of twice or thrice the number of cases in a very short space of time and the public will find it out too. That is one great fact that should be instilled in the minds of all that have doubts in adhering to Hahnemann's rules. I believe it, because I have seen it verified in my own practice time and time again, and I am satisfied that the little success I have had in the practice of Homœopathy has been due to the very fact that where an important case comes in that I do not see into a first sight, I take my pen and paper and record everything about the case—every symptom.

Dr. Ballard.—I have had some little experience which goes to justify a man for the time he may spend in the first examination. The question which Dr. Holmes puts is a vital one, and it has not been answered satisfactorily to the side of the bread that has the butter on. But I have worked that way and I have worked the other way, and I find that the other way is the shortest way after all. I had a case of

neuralgia of a lady, situated on the left side of the face, and I made an examination for the case as it presented itself, and this case too will sustain Dr. Wells in the Acconite business. I went carefully over it all externally, and I prescribed for it and so I went day after day, day after day. I went over these same symptoms—all skin deep. I worked over it for two months. Her friends were all the time telling her why not take Morphine. As for that, I told her that if she resorted to Morphine she would likely become a chronic sufferer; it would not cure. I went over the case more or less superficially, until finally I went to see her one evening and said: "There is something about your case I have not found out yet, and I want to find it out." She could not tell me anything. I went into her history—her private history. She was a widow, a very estimable lady, and I asked her something about her husband. I spent some three hours in that examination. I asked her about her husband, and I learned that he had been a sea-faring man. I asked her if she had ever had any eruptions of any kind, and she said no. I then went from the scalp to her feet over and over, I examined her finger nails, the hands, the palms of the hands, and I saw three little spots there, and I said how long have they been there, and she said, I don't know; but I have had them a good many years; she then said that skin seems to get dead and peel off. I gave her a dose of Thuja. She had a paroxysm in a little while, the worst she had had. Suffice it to say these paroxysms became less and she would suffer at longer intervals, so that within a week she was all right. She then complained of a sore throat, and on examination I found on the inside of each tonsil as pretty a picture of a chancre as a man ever saw. Two months were thus wasted in trying to cure that neuralgia because I did not spend the proper time in the first place.

Another case: I was called in to see a child. The child lies in its cradle. If you step up to it it snaps. The skin is hot and dry, but not harsh. The child did not want to be spoken to. It had no wants for anything only to be rocked.

The cradle must be kept in constant motion. The child would once in a while rise up in that way (describing). I gave Cina, expecting in twenty-four hours the case would be well. The symptom remained. I gave Cina higher, the symptoms all the time continued. The child must be kept in violent motion, i.e., rocking. But these same Cina symptoms became more prominent all the time. The trouble was at the first prescription, I did not properly take my case. I prescribed what seemed to be indicated superficially. My Cina having failed me I go back and find I have a patient fourteen or sixteen months old that never walked; is fair and plump. How has the child's health been? I went back to the very beginning, learned the peculiarities of the child in every way; that if the child could get an egg she would eat it; some months before had blisters on the body, which coalesced in a large ulcer. I said: "How have the child's head and ears been?" "Oh, soon after that it had a discharge from both ears." "Did the doctors cure that?" "Oh, yes: injected Carbolic acid and that cured him." Now we have the case. The tubercular meningitis which is presenting itself, is but the suppression of the disease. I gave Calcarea which restored the discharge from that child's ears, and with that the amelioration of the brain symptoms, and that was all that was required and the child was cured. These cases simply illustrate what Dr. Wells says, that you may have a case which at your first seeing your Aconite is indicated. But stop! You find there is something that says, "Don't give Aconite"; there is something else needed. Look deeper and you will find it.

Dr. Hawley.—I have one suggestion to make to young men. You should learn in the first place that your patient is not going to die in a minute, and if you can't get your ease through to-day give him some Sac. lac., take his fifty cents, and have him come again.

Dr. Wells.—To any young man in the room I would say, I knew a young man once who began as others do to try and practice Homœopathy; he did not know anything about it;

he had only the Organon and materia medica to rely on. I have known that young man to study cases a fortnight, and then he would cure them. Take the time, stick to it, and then you will cure.

Dr. Holmes.—I have come over five hundred miles to attend this meeting. I came to learn something, and I feel that I have been amply repaid for my trouble by this one discussion, and I am very thankful.

Dr. Allen.—I want to make one suggestion, or rather a confession. I have been in Dr. Holmes' boat, and I know just how he feels. I believe that all that have practiced ten years can testify to this, that nearly every blunder we have made has been in this taking of the case. For a number of years I have learned to do just what Dr. Hawley says, prescribe if you must, but give them Sac. lac., and give them positive directions about taking it, and tell them to come next day, and the next day, until you are sure of your case, and then prescribe.

Dr. Ballard.—I have done that for a month.

Dr. Allen.—I began with intermittent fever in that way. It pays infinitely better to do it than it does to make a chance prescription that is more likely to miss than to hit. A short time since a gentleman from central Michigan wrote me a long picture of his case. I asked for more particulars, and another long letter came, and still I was not satisfied, and I asked for more particulars. The characteristic symptoms were these: When walking in the house, on the street, on his farm or anywhere, suddenly as though struck by a hammer or by a club, would be a blow on the right side of his head, that would always throw him to the left. The remedy I sent him did not cure him. I then wrote to him to come down and see me (he lived some two hundred miles away), which he did, and I spent one-half day with him to the neglect of my other patients; but I got what I thought was the picture of his case. I finally found it in Tabacum, and two doses of tobacco 200th has made a very different man of him.

Dr. Fisher.—We always say in regard to Homœopathy that if it does not cure it certainly won't kill you. I wish you could say the same for our opponents. These gentlemen have been speaking of having refused to prescribe. Do they pretend to say that in prescribing in the meantime, even if it did not hit, it did any harm?

Several members.—Yes, sir.

Dr. Wells.—Next to the importance of taking the case and the selections of the right remedy, comes the right use of it. Now I told some one I was not coming here again, but if I do, I will bring a paper on the right use of the remedy. I want to say now, that I have not half learned that lesson. It has been the most difficult lesson of my life. You remember a year ago, when we were down at Long Branch, we went into the discussion of the treatment of suppressed gonorrhœa. I had a young man come to me about three months ago and he came in with a cane, limping, and he could just step and that was all. He had pains in his feet and ankles and he could not walk, and he had been under what was considered homœopathic treatment for two years. He had taken Bryonia and Rhus., and was no better. I had a suspicion about that young man, so I asked him a plain question, and he said "yes." I gave him three months ago one dose of Thuja, 200th, and I have given him nothing since but sugar of milk and he is cured. He got that one dose and no more, and the secret was in letting that dose alone.

The President.—Was there any reappearance of the original symptoms in the case?

Dr. Wells.—There was a return of moderate urethral discharge.

Dr. Ballard.—You may remember at Long Branch last year, that Dr. Gee called on me for a case I had under treatment, and I said it was improving under a single dose of Psorinum. That man has never had but that one dose and he is a well man.

A Dialogue.

PATIENT AND HIS DOCTOR.

PATIENT—Sir, will you please help me. I have got awful pains in the right molar and in the left ankle; excruciating and killing are the pains. I had been to so many of you, but, sorry, none could give me even a moment's respite!

DOCTOR—Just wash off your bowels daily,—better twice a day, and I am sure that will relieve a good deal.

PATIENT—Yes, Sir, Dr.—M.D., so advised and I followed strictly, but it aggravated the pains and I had to discontinue douching. And, Sir, what is there in the bowels, pray? They move quite naturally and regularly. And then, I cannot understand, Sir, why should the bowels be brought to task when the seat of pains is elsewhere?

DOCTOR—Well, you do not understand *science*. In these cases we cannot *directly* help you. Very well, if douching did not do any good, in that case, amputation is the only means which will give you immediate and permanent relief from the ankle pains. As for the teeth, get them wrenched off at once, otherwise, you know—"One sickly sheep infects the whole flock."

PATIENT—Thank you, sir, but suppose, the pains are in the stomach or bowels—how would you then proceed? Is this your *science*?

DOCTOR—Garrulous fools (aside), why? You do not understand our principle. We take care of the *disease* and not of the *patient*, who may live or die,—no matter, but the pains must go. Is it not scientific?

PATIENT—Yes, Sir, highly scientific, and by God, most convincing too! Many thanks, very many thanks! Adieu. (runs off.)

DOCTOR—And my fee? (Within himself, indignantly).