Generals.

By Frank Bodman. M.B., Ch.B, M.R.C.S., L.R.C.P.

(Continued from page 35)

Then there are a few particulars which should be referred back to their proper headings. These are :—

Bathing, Dread of, which should belong to the mentals.

Breakfast, after agg ; which should belong to stomach.

Carrying, on the back, which should belong to back.

Carrying, on the head, which should belong to head.

Feather-bed Aggravates, is probably an allergic reaction, and should come under asthma.

Frail, as if body were, should be referred to mentals.

Playing the piano, should be referred to mentals or extremities.

Room full of people, should be referred to mentals.

Strength, sensation of, should be referred to mentals.

Touch, illusions of, should be referred to mentals.

Vaults, cellars, agg., should be referred to mentals.

Smaller sensation, should be referred to mentals.

Then there are a group of symptoms whose description is so obscure that little reliance can be placed upon them.

These are :—

Bubbling.

Catalepsy (it is difficult to know whether this is used in its strictly scientific meaning or whether it is intended to represent a class of hysterical phenomena).

Collapse (here again no indication is given of

the meaning of this word or the sense in which it is meant to be interpreted),

PLETHORA.

Some of the rubrics are derived from creeds outworn.

Such are :—

EMISSIONS AGGRAVATE.

ONANISM, from

LOSS of FLUIDS AGGRAVATE.

Sir James Paget pointed out that emissions were consistent with good health, and that masturbation does neither more nor less harm than sexual intercourse praetised with the same frequency in the same conditions. He was one of the first to point out that it is the mental attitude of the patient to such states and praetices that is the important factor, and that the worry and remorse were responsible for any symptoms of ill-health. If such rubrics are to be considered at all, they should be classed as mentals.

Comyns Berkeley also insists that we should reassure the sufferers from leucorrhœa that their health is not affected by the loss of fluid *per se*.

I find I have unintentionally omitted from the group of ill-defined symptoms—

INFLAMMATION INTERNALLY : this may mean anything from consumptive bowels to a retained pessary.

MAGNETISM AMEL.

ORGASM OF BLOOD (or its alternative, EBULLITION of BLOOD).

REVELLING, night effects from (this might mean wine, women, or song).

SENSITIVENESS INTERNALLY.

SHOCKS, electric-like.

SLUGGISHNESS OF THE BODY.

Further simplification can be gained by the elimination of redundant headings, and the combination of very closely allied rubrics.

For example, KNOTTED SENSATION, PLUG INTERNALLY, and BALL INTERNALLY, though containing different drugs, could be usefully combined into one rubric.

The rubric EMACIATION contains all the drugs listed under LEAN. ALCOHOLIC STIMULANTS, and WINE could be combined without any loss of value.

RELAXATION OF MUSCLES and FLABBY FEELING should be incorporated.

All the drugs in HAND laying on part amel. are included in PRESSURE AMEL.

The various rubrics concerning the SEA are scattered under different headings and should be brought together, Seashore air, sea bathing, weakness after sea-bath.

Thus, I consider that about 80 ultimate symptoms, brought "about by structural changes in the tissues," together with some ill-defined and otherwise doubtful rubrics, should be considered absolutely contra-indicated in repertory work, though they may have some value to the beginner in confirming his selection of the remedy.

There remain the relative contra-indications, among the symptoms listed under generals. And of these I would direct your attention to the so-called mechanical symptoms.

Such are :—

CHANGE OF POSITION, AGG.	SITTING.
OR AMEL.	STANDING.
LIFTING.	STRETCHING.
WALKING.	LYING.

Those of you who have read Paramore's work on the statics of the female pelvis will appreciate that

besides gravity effects many other factors depending in some degree on the constitution of the patient come into play in these positions—the antagonistic action of the diaphragm and the pelvic floor, the tone of the voluntary musculature, the variations in intra-abdominal pressure, the volume of the various viscera and the tone of the involuntary musculature. Again, such factors as the blood-pressure, the pressure of the cerebrospinal fluid and the distribution of the blood in the peripheral and splanchnic circulation determine the reactions to the various changes of position.

When a gross structural change sufficient to account for these symptoms can be excluded, these rubrics can be usefully employed in repertory work. For example, SITTING AGG. would be of no value in working out a case of coccygodynia. But, if the posture of the patient influences the symptoms as a whole, these rubrics can be considered.

Another group of symptoms demanding discretion in repertorizing are the symptoms describing the patient's sensations ; such are :—

COAT OF SKIN OVER INNER PARTS.	TRICKLING SENSATION.
	PRICKING SENSATION.
WATER SENSATION.	HAIR SENSATION.
WAVE-LIKE SENSATION.	

These various paræsthesiæ can hardly be claimed to rank as generals ; indeed, I consider them to be particulars relating to the various end-organs of the afferent nervous system, whether in the skin, mucous membrane, peritoneum or vascular endothelium. It will be objected that cures have been obtained by the masters guided by these symptoms, but I maintain that the masters were using these symptoms as keynotes rather than generals, and I would relegate these symptoms back to particulars.

A final group, which needs examination before unqualified admission to the rank of generals, is the PAIN group. The patient's description of his sensations is often misleading; it is of little service to distinguish between such descriptions of pain as boring and digging, or biting and gnawing. A characteristic example of this varied terminology was recorded by Colt, who notes that the pain caused by injecting varicose veins with sodium salicylate solution.

> "has been described by the patient afterwards as stinging, burning, cutting, boring, lancinating, shooting, cramp-like, creeping, cooling."

The reason for this variation is due to the varied association of ideas in the patient's mind. These associations are conditioned by his previous experiences and by the descriptions of pain furnished by his sympathetic friends and relatives. I have tried holding an identification parade of the different descriptions of pains, but I have found that the patient after listening to the catalogue fastens on the first or the last, or else selects two mutually antagonistic descriptions.

Bramwell has stressed the psychogenic origin of pain as opposed to the physiogenic, or pain attributable to physical causes. He quotes Sir Charles Sherrington as writing, "Pain is a psychical adjunct to a protective reflex." Bramwell has instanced cases of pain due to after-memory, and even pain induced by conjuring up a phantasy of the accident.

The pain is modified by the attitude of the patient. I will suggest the following instances: A headache in a hysteric has been suggested by previous illness. In an anxiety neurotic it will be aggravated by the attention devoted to it by the patient, fearful lest it be the herald of a stroke. To the melancholic, pain in the head is the

minor symptom of a brain corrupting inside a skull rotten with disease; to the paranoiac, the pain is the result of the devilish electrical apparatus contrived inside his cranium by his diabolical persecutors. To the hypochondriac, the pain is a symptom of which he would not be cured for the half of his kingdom. It is the attitude of the patient to the pain, not so much his description that matters.

Bramwell considers it necessary in considering the question of pain :—

> "To notice situation and character . . . its constancy and intensity and circumstances which appear to influence it. The cause to which the patient attributes the pain, and possible misconceptions on his part which call for correction. The personality of the individual, his behaviour, his surroundings, his suggestibility and his general outlook on his case, his responsibilities and sense of responsibility, the existence of an inferiority complex, his financial position, and it may be the question of compensation and his attitude to it."

This may seem a little more comprehensive than the totality of the symptoms, but Hahnemann wrote :—

> "The age of the patient, his mode of living and diet, his occupation, his domestic position, his social relations, and so forth, must next be taken into consideration. . . . In like manner, the state of his disposition and mind must be attended to, to learn whether that presents any obstacle to the treatment or requires to be directed, encouraged or modified."

I think I have brought forward enough evidence to illustrate the difficulties involved in using PAIN symp-

toms as generals ; I have also demonstrated that PAIN symptoms can rank occasionally as mental symptoms.

I am inclined to give more importance to the character of the onset or departure of the pain, and the modalities governing its maximum accession, than to the description of the pain itself. I feel about the pain rubrics that if you look after the general symptoms the pain will look after itself.

And now I have ceased my destructive activities, and content with clearing the ground of ultimate, obsolete, and confusing rubrics, I propose to elevate in their place certain groups of symptoms from the other sections of the repertory which have long deserved promotion to general rank.

And the first and most important group that should be considered is the mental group.

The importance of the mental symptoms in prescribing has been emphasized with unfailing reiteration by every homœopath since Hahnemann himself. Twenty years ago, Gibson Miller wrote :—

"Among general symptoms are to be included the mental state, which, reflecting the condition of the inmost part of man, is bound to be of the utmost importance"

Dr. Tyler, in her well-known study of Kent's Repertory, underlines the mental symptoms ; "if they are marked they dominate the case."

Kent, himself, writing on the use of the Repertory, begins with "symptoms relating to the loves and hates." Hahnemann strongly insisted that the mental symptoms, if strongly marked, should always take the highest rank in the selection of the remedy.

The reason for this persistently high valuation of the mentals must be that it is mentally that the grea-

test divergenee occurs between different individuals and the finest differentiation can be made. Gordon has reminded us that the

> "higher eortical funetions, the very latest in development, are most liable to interferenee, and they do not need a erowbar to throw them out of gear."

The heart or the liver, the skin or the muscles, bave only a limited number of possible reactions to the environment, but the tremendous complexity of the rapidly developed cortical system permits of innumerable combinations of responses to stimuli. In other words, the mental symptoms may be described as our fine adjustment in prescribing.

Our orthodox colleagues are realizing that an appreciation of the mental faetors is of the first importance in dealing with the patient.

Sir Maurice Craig recently wrote :—

> "Disorders of mind and its activities should not be divorced from physical disease."

Sir Farquhar Buzzard, in his Purvis Oration, pours scorn on those doctors who have subjeeted their patients to exhaustive examinations of the blood, secretions and excretions, and left their minds unexplored.

"Even a healthy individual," he says, "has sufficient anxieties in life without the knowledge that his blood has a bicarbonate reserve of 70 c. c. per cent., a sedimentation velocity of 3·65, a serum viscosity of 1·875, or that his pulse-rate is 90, after ocular compression in the lying position.

That eminent medical philosopher, Dr. Crookshank, has written :—

"There is a vast range of cases in which the psychical and physical disorders seem, as it were, nearly balanced. We dismiss such cases from our notice,

calling them functional. But that does not help the patient. It is to these cases I would direct attention, especially as for them the whole problem is easily resolved if without neglecting the physical we attach primary importance to the psychical aspect of the illness."

And again, Dr. Crookshank writes :—

"I believe the scope of psychotherapy coterminous with the whole range of disease, though seldom to the exclusion of what we call physical remedies. . . . I also believe that in every case where there is scope for psychotherapy, there is a mental conflict. . . . Moreover, this . . . is present far more frequently than we imagine in cases deemed suffering from organic disease only."

Culpin asks :—

"In all those disorders called neuroses, asthma, hayfever, mucous colitis, dysmenorrhœa, disordered action of the heart, dyspepsia, and the like, do we investigate the mental symptoms that accompany them?

Draper wrote :—

"The intensely mechanistic slant which the medical *mind* has assumed towards its problem for the moment has automatically established a vigorous taboo against so immeasurable a force as the human psyche, even though it be the most potent element of man's inherited characters."

Therefore, seeing that we are encompassed by so great a cloud of eminent witnesses we can press the more boldly forward and claim that the mentals are so desperately important in investigating our cases precisely because they are general symptoms. It is as much a character, nay more so, of the patient that he is hot-

tempered, as that he suffers from a lack of vital heat. Just as important to discover that she is always in a hurry, as that she is always made worse by exertion, equally illuminating to learn that she weeps all night or perspires all day. I have only to ask you to read through the mentals, and you will appreciate for yourself that many of the headings describe the patient's reactions as a whole to his environment. Sueh are :—

Anger.
Anguish
Anxiety, Brooding.
Cheerful.
Want of Self Confidenee.
Conscientious.
Contrary.
Despair.
Discontented.
Discouraged.
Disgust.
Ennui.
Excitement.
Exhilaration.
Fear.
Frightened Easily.
Ailments from Grief.
Hatred.
Homesickness.
Hurry.
Impatience.
Indifference.
Indignation.
Industrious.
Irresolntion.
Mildness
Mirth.
Misanthropy.
Moaning.
Alternating Mood.
Morose.
Ailments after Mortificatiou.
Obstinate.
Offended Easily.
Quarrelsome.
Quiet.
Rage.
Remorse.
Ailments after Reproaehes.
Reserved.
Restlessness.
Rudeness.
Sadness.
Ailments from Scorn.
Serious.
Sulky.
Suspicious.
Timidity.
Violent.

Irritability.	Vivacious.
Lamenting.	Weary of Life.
Loathing,	Weeping.

But all the mentals have not the same value.

Royal Hayes has sometimes doubted

> "that we can always give mental symptoms as high rating as generals or rather that they have the same function in our symptomatic constitution."

And I suggest that the mentals have to be classified just as other symptoms (1) into common or characteristic of the mental illness, such as aversion to company in melancholia, or delusions of persecution in paranoia; (2) into peculiar symptoms, such as irritability during perspiration, or weakness of memory for what the patient has just done; (3) into a class I would call conditioned symptoms.

These conditioned symptoms are analogous to the mechanical symptoms. They depend on associations, conscious or unconscious, of some determining episode in the past. Such are most of the dream symptoms, many of the fears and anxieties, most of the delusions. Fear to walk past certain corners does not depend on the patient's constitution so much as what had happened or is likely to happen at the particular corner, and is therefore, of little value in prescribing.

Finally, there are among the mentals, symptoms corresponding to the ultimates, that is to say characteristic of organic brain disease: of such are DROWSINESS, loss of MEMORY, etc. I plead, therefore, for discrimination in the use of the mentals, and I would suggest that before deciding to use a mental symptom in working out a case with the repertory that you should ask yourself the following questions:—

(1) Is this a general symptom? Is it a characteristic reaction of the patient as a whole to his environment?

(2) Is it a peculiar symptom? Is it a symptom which belongs particularly to the mental functions only?

(3) Is it a common symptom? Is it merely a diagnostic symptom of the particular psychosis?

(4) Is it a conditioned symptom? Does it depend on some previous experience or memory?

(5) Is it an ultimate symptom? and does it but signify organic brain disease?

Only the generals and the peculiar symptoms will be of any service in working out the case, and more particularly the generals in arriving at some comprehension of the patient's constitution.

But the mentals are not the only group of symptoms where general symptoms have been hiding their heads. Among the other headings in the repertory are to be found symptoms which have a general value in repertory work :—

Expressions of Fact.
Appetite.
Thirst.
Sexual Life.
Menses.
Awkwardness, Extremities.
Chilblains.
Cracked Skin.
Restlessness, Extremities.
Sleep, Deep.
Sleep, Restless.
Succession of Stages Fever.
Perspiration, Profuse.
Skin Dry.

I think that it may be fairly claimed that all of these are expressions of the patient as a whole.

To-night I have endcavoured to attract your attention to the rather humdrum subject of the general symptoms rather than the unusual and peculiar symptoms which are so apt to lure us into a brilliant prescription, only to disappoint us later on. I would remind you that Kent claimed that "Many of the most brilliant cures are made from the general rubric." But I have felt that it was time that the general symptoms were revised, and if this modest contribution does something to clarify the rather complicated pattern, which I found as a beginner so intricate, I shall be content. Thank you, ladies and gentlemen, for your exemplary patience.

(to be continued)

—British Homœopathic Journal.

Review.

"The Secret of Success in Homoeopathic Practice", by Dr. Aley, B. H. M. S., lies on the table. The Author himself has given thus,—"The object of this book is to teach the Physicians how to make definite prescriptions of medicine", & he has, by his most judicious selection of authoritative quotations & gleanings, as by his many original instructions, been quite successful in attaining his object. The choice of the subjects dealt with in the Book is also significant. The Book though small in shape has dealt with many lofty matters. The worthy Author has thought it wise not to make it verbose & massive by uselessly introducing unnecessary topics. It should get a ready sale. To be had of the Publishers,—The Frank Pharmacy, 9, Budhu Ostagar Lane, Calcutta. Price, Re 1/4 only.

N. G