

The Examination of the Patient for a Homœopathic Prescription.*

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The first duty of the healer in his clinical office is to ascertain what there is in the present condition of the patient which he is expected to cure; to acquaint himself thoroughly with all the facts of the case, with all their concomitants. This duty is not only first in the order of proceeding, but is second to no other in importance in its relation to the issue of his labor. It is a *sine qua non* in every case of specific (i. e., homœopathic) prescribing. Till this knowledge is obtained no other step can be taken, as all other and subsequent steps are based on this. It is this knowledge of the facts of the case which enables the prescriber to proceed from these to his materia medica and in the facts of this record to find the simillimum to the facts the sickness. To search here for a curative of any case, without this prerequisite knowledge, is to hunt in the dark for a simillimum to an unknown quantity. We speak here, of course, of prescribing under the guidance of the law of *similars*. Prescribing outside of this law, whatever may be arrogated to it by false claims of its "scientific" character, is only, and ever, mere guessing, and always guessing in the dark. There is no therapeutic light available to man except that which comes to him through this law. The arrogance and conceit of old physic only serve to blind the minds of its votaries, and delude them with the conviction that their guessing is, somehow, sanctified and justified by their baseless claim that this blind struggling in the regions of the unknown, to grasp phantoms only existing in their own imaginations, is the practical embodiment of all there is of the "scientific" in practical medicine. It is certain that guessing is all they have to substitute for a *science* of therapeutics, and as this is so conspicuously poor in itself, and in its results, they

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seem to be without other resource than loud clamourings, in their claim for their guessing of a "scientific" character! "Scientific" guessing! Is ignorance or conceit capable of a greater absurdity?

In the two schools of practical medicine of to-day, this first duty is equally recognized as paramount. But there is this radical difference in the views of the two as to their reasons for this. To the one it only suggests a name for his case; to the other the points gathered are indices pointing to the curing agent. The one ceases inquiring when he has gathered sufficient facts to justify his name, however few these may be. He stops here because he has no further use for facts. With the few he can make his *diagnosis*, i. e., give his name to his case, and this name suggests to the prescriber certain internal conditions, which, in turn, suggest certain drugs as likely to benefit these supposed conditions. These given, and the circle of old-school therapeutic duty is complete. This series of *guesses* it is, which constitutes the all there is to that which is so boldly and blatantly proclaimed to the world as the whole of "scientific" medicine! And perhaps the most remarkable fact in this connection is, those who thus clamour the loudest seem to be wholly unconscious of the emptiness of this silly pretense, and appear to be not at all ashamed of it, though there is no "science" in it, but only guessing and a Greek name.

As opposed to this, the other school cannot stop inquiries till *all* the facts are brought out, because if any part be omitted from the record, it may be that in this omission are the facts most important in the *diagnosis of the remedy*. At this point, in this first and paramount duty, we have the two schools as far apart from each other as possible. The one investigates for a *name*, the other for a curative. The one is content with *few* facts, if these justify his *name*; the other must have *all*, because *all* are necessary to determine the remedy for the case. This necessity is one of the underlying principles of the philosophy of specific medicine, and without this no practical

superstructure founded on law can be raised. The elements, and *all* the elements, of the sick condition must be known before any other step can be taken for its cure.

We have said, gaining this knowledge is the first duty of the practical healer. We add, it is the most difficult of execution; and this difficulty is only equalled by its importance. All in specific healing depends for its successful issue on the faithfulness and thoroughness with which this duty is performed. The difficulty and importance of this duty are so great that no care or labor devoted to it can exceed the demands true philosophy and intelligent conscience make for these in its discharge. These are so great that no margin is found here for haste, carelessness or indolence. Nothing can be left to chance, haphazard or guessing. The difficulty is so great that it can only be overcome by endeavors guided and controlled by the most perfect and orderly system of procedure. *Systematic* is the word which should characterize these endeavors from the beginning to the end. This necessitates a plan of procedure at the beginning, which shall ensure the survey of the whole field of symptomatic facts before this duty can be accepted as complete, or as a proper basis upon which to search for curative.

When Hahnemann recognized the relationship of law between sickness and their curatives, as existing in the likeness of the facts of the one to that of the record of the facts of the other, he saw, and was the first to see, the absolute necessity of a knowledge of *all* the facts of the case to be cured, because till this was gained there could be no such comparison of factors as will disclose the likeness which the natural case of cure demands, before any drug can be selected as the specific curative of any case. It is indispensable that this knowledge of *all* the facts of a case shall be in possession of the prescriber, and be made the basis of his therapeutic proceedings before any treatment of his can be brought into the category of homœopathic prescribing. Any attempt at this with partial knowledge of these necessary facts

is only a sham, and if it be claimed for this that such practice is of the homœopathic school, the claim for this sham is but a false pretense.

The necessity of a systematic plan of procedure in endeavors to compass a knowledge of the facts of sicknesses before seeking for curatives was clearly seen by Hahnemann, and he gave in his *Organon* a sketch of such plan which no subsequent teacher has supplanted or greatly improved. Some, who would be teachers, and have been ambitious of the reputation of models of homœopathic healers, have abandoned this plan and have gone rather for the shorter and easier method of old physic, like this, making names the objectives of their inquiries. They have not been those who by their practical successes have contributed evidence which confirms the truths of homœopathic philosophy, nor have they been of the number who have added ought to the power which has extended the triumphs of this through the world. It is rather among this number that a want of partial successes has caused discouragement and doubt, and these in the end have led to apostacy in the few instances where this has disgraced those who sought for homœopathic successes by a neglect of its philosophical principles, and substituting for these, often, a very poor imitation of that easier method which, without law, is content with guessing, while the imitation quiets his conscience, if he has one, and his self-complacency, if he has one, with the boast that "he will use all possible means for the cure of his patients"; not caring to remember, or not knowing, that it is not necessary, in any curable case, to use "all possible means," but only "right means" for the cure, and that these are always and only found in the most similar record of some drug to the phenomena of his sick case. This he presents as evidence of broad "liberality" which knows no prejudice and is confined to no narrow bounds. He would have this accepted as evidence of his superior knowledge of means of healing, whereas it only proclaims his inability before the problem of the discovery of the *right* means for his

desired cures. This found, and no others are needed or useful.

The systematic plan of procedure for the discovery of the facts sickness which, under the guidance of law, discloses the true curative, first observes all which is perceptible to the prescriber in the appearance, manner, and action of the patient. If in bed—his position; is he quiet or restless; does he change his position often, or does he avoid all motion; his respiration, is it hurried, or normal in frequency; is it in due symmetry with the frequency of the pulse, and in the duration of inspiration and expiration? The expression of the outlook—is it tranquil, excited or desponding; or what, if any, is the change from that which is natural to the patient. The eyes—are they bright and sparkling or dull; are they injected or clear; are the lids swollen or natural; is the face pale or red, neither; is it hot or cold, wet, damp or dry. The general surface—is it hot, warm or cold, perspiring or dry; if there be eruption—of what kind, not how has it been named, but how does it look, what are the morbid phenomena attending it; the name is of no consequence to the prescriber in the duty he is now supposed to be engaged in. The voice and spirit—how are these affected, if at all; and what, if any, are the modifications of their normal character. The moral and intellectual functions are to be noted as to all aberrations from their normal state. Has the disposition become, since the sickness, querulous, angry, complaining, easily taking offence, weeping, or sad, as it was not before? The intellect—is it more active or dull than has been its wont; are its perceptions and judgments clear and normal, or are these under the false impressions of delirium? If so, what is the form the aberration assumes? Is the delirium mild or violent, talkative or reticent; is the speech clear and distinct, or is the enunciation imperfect; are answers given promptly or are they delayed and slow, or are answers wholly refused; is the imagination vivified by visions which have existence nowhere else; does this delusion talk to, or reach out to imaginary objects in the air? In short,

whatever in intellect or disposition which is a departure from the natural state of the sick one is a necessary part of the case to be examined into, and is to be, in exactness, a part of the record which makes one side of the equation in every homœopathic prescription, which solves the problem of a cure when it has found in the materia medica record the counterpart of the recorded facts of the sickness to be cured. In this record the aberrations of intellect and disposition are to have a conspicuous place, and careful consideration, before the solution of the specific remedy is decided.

When the perceptible phenomena of the case have been recorded, and not before, then the prescriber will listen to the history of the case, from the patient first, if possible, and then from the friends, if they have additional facts to contribute. Never allow the two to talk at the same time, or either to create confusion by interrupting or correcting the statements of the other. If the case in hand be a chronic disease, it may be necessary to carry the inquiry into the history of the case back into that of the patient's ancestors, in the endeavor to reach a knowledge of the true origin and character of the case under examination. For example: What diseases have been prevalent in the family of the patient? What were the sicknesses which have carried off those who have passed away, if there have been deaths of relatives. This knowledge is often of the utmost importance in discussions of the treatment of such cases. For some diseases are transmitted from parents and grand-parents to their children, and the like proclivity to certain forms of sickness are found in individuals of a common ancestry and the clue which leads the true healer to a knowledge of his simillimum is not seldom found in the health history of some progenitor of the patient. In pursuing this inquiry it should be kept in mind that inherited sicknesses often pass the first generation of descent to reveal themselves in the second, or, perhaps, in one even more remote from the original sufferer. The true healer will therefore be very careful and persistent in his inquiries into

the origin in the remotest ancestry, if need be of the chronic case he is to treat.

It may not be necessary to carry the inquiry into the history of uncomplicated acute cases into that of the patient's ancestry. But in cases complicated with the action of aroused chronic miasms it may be of the utmost importance to do so. Cases are met sometimes where the clue to their simillimum is only found in this inquiry. This followed up, and not unfrequently the cure of the acute attack and of its complicating miasm may be found in the same remedy.

In uncomplicated cases, the inquiry may begin at the first element of the sickness which the patient or friends noticed as the initiatory of the attack. What were the circumstances and conditions in which this appeared and the modalities which accompanied it? And the same inquiries are to be made as to each of the succeeding elements, as also as to the order of time in which they appeared, till a knowledge of all is gained.

The questioning of the history being completed, that of the aberrations of functions in the sick case may begin. And here systematic procedure is indispensable to the required thoroughness and accuracy of the inquiry. This must have a beginning, middle and end, and all between must be surveyed, that no fault of function may escape detection. Each aberration is to be questioned as to time of appearance, circumstance and condition attending this, and with the modality which have accompanied its history, with especial reference to all causes, conditions and circumstances which aggravate or relieve suffering.

With this plan of procedure, where shall we begin? There is no better order for the prosecution of this plan than that of the scheme adopted for the record of the materia medica. This begins at the head and from this follows a natural anatomical arrangement of succession to the end.

The mental and moral symptoms which we have noticed under the divisions of objective phenomena may perhaps as

well, or better, have their place here with the other brain symptoms. After these, the pains or heat, whatever of abnormal sensations may be present in the head, as vertigo, throbbing; noises, as the chirping of insects, etc.; tension, etc. The pains are to be questioned as to the kind and exact location of each. Then the phenomena of the scalp, if any, are to be noted. Then the organs of the special senses, as of sight, hearing and smell, both as to function and change in appearance or tissue. The face, as to color, expression, or pains. The mouth and throat, including teeth and tongue, as to appearances which are abnormal, and pains or unnatural sensations, together with whatever modifications there may be of speech, as difficulty or fluency, hoarseness or shrillness, or total loss; of taste, as sweet, bitter, sour or a total loss, or diminished or exalted state of this function. Then of the digestive function—note all abnormalities as to appetite, thirst, desires and aversions as to various articles of food and drink; all pains or morbid sensations developed during the process of digestion; all eructations, regurgitations, nausea and vomitings connected with the food or drink, or which particular articles of these. Then pains or other morbid sensations in the stomach or its associate organs in the process of digestion, not originating in the food or drinks, or in the process of this function. If there be nausea, independent of the digestive process, what is the exact seat of this, as in the abdomen, epigastrium or throat? What aggravates or relieves this? If vomiting, what are the substances ejected, and by what is this excited or relieved, and by what concomitants is this attended? What of the hypochondria as to pains or other abnormal sensations, swelling or sensibility to pressure? What of change in the hepatic organ, if any? The external abdomen, what as to its form? Is it full and round, or flat and sunken? Is it distended? If so, is it by gas, water or morbid growths, or by retained fecal intestinal contents? If there be pains, what is their exact character and location? How are these affected by circumstance and condition, and

what are their concomitants? What of the function of defecation? Is this retarded? If so, what is the character of the evacuated material as to color, form, large or small? Is it dry and hard or the reverse? What is the character of the impediment: is this in the nature of the material to be expelled, or in a diminished force of the expelling power? What, if any, are the concomitants of the constipation, as hæmorrhoids or fissures, or other morbid process in anus or rectum?

Then the urinary organs and functions. Pains in these organs, if any, are to be investigated as to their exact character, location and concomitants. The secretion, as to quantity, frequency of calls to discharge this or the reverse, color, odor, sediment; the sensations while passing the water, their character and location, whether in the vesica or urethra?

The sexual organs and functions are to be questioned as to integrity of tissue and normality of function.

The respiratory organs and air passages are to be investigated as to pains and abnormalities of function. The respiratory act—are inspiration and expiration in symmetrical proportion? Is this performed chiefly by the diaphragm or the intercostal muscles, or by both? Is it accompanied by pain, and if so, what is its character and location? Auscultation and percussion, though of value chiefly to diagnosis, and prognosis are not wholly useless to therapeutics. For example, in pneumonia, if these disclose the fibrinous exudation or that process already accomplished, certain remedies are excluded from the treatment, being no longer curative of this inflammation after it has passed this process, no matter what other symptoms there may be. If there be cough—what is its character? If it dry or loose, with or without expectoration? If with, what is its character, and is it raised with ease or difficulty? Is the cough seldom or frequent or constant? Is it short and slight or violent and in protracted paroxysms? What are its conditions and concomitants?

The exterior conformation of the chest—are the two sides in symmetrical development? Are the subclavicular spaces

rounded out or hollow? Are the intercostal spaces distended or normal? Are there pains—if so, what is the character and location of them? Are they increased or unaffected by respiratory or other motions?

The spinal column is to be questioned as to deviations from normal structure, as to pains, if there be any, as to their exact character and locations, and conditions of aggravation and relief. If there be any other abnormal sensations, as sense of heat or cold, these are to be carefully noted.

The extremities are to be questioned as to whatever of pains or embarrassments or loss of motion.

The skin—as to eruptions or modifications of its transpiratory function, temperature, etc.

Sleep—sleepiness, with causes and concomitants. Dreams, as to their character.

Febrile phenomena, as to time of accession, and concomitants. The symmetry of the elements of the paroxysm, or the predominance or absence of either.

The general phenomena, as to temperament, disposition to take cold, or to be especially affected by any particular cause of sickness, or habits of body which predispose to any particular forms of sickness, as for example, rheumatism, neuralgia, or spasms of any kind, causes which aggravate or relieve general pains or sufferings. The special character of general pains, as pressing, burning, boring, drawing, shooting, fixed, etc. The period of exacerbation. Acuteness, dullness, or loss of general sensation, or whatever change there may be in this function. How are the general phenomena affected by change of air, i.e., in the open air or in a room? How by motion or repose? How by eating, drinking, sleeping, or by the performance of any bodily function? Whatever of sick phenomena which are dependent for existence on the change of function of no particular organ. And these general phenomena are not to be overlooked, overshadowed, obscured, or their importance underestimated, because some particular local suffering, or derange-

ment of some particular function has chiefly had the attention of the patient or his friends, and has by them been regarded as the one object of the prescriber's attention. To relieve the suffering of patients is, of course, one objective of the physician's endeavors of great importance, but as indicia pointing to the means which most certainly and speedily relieve these, the greatest pains are not always the most important. On the contrary, these are not infrequently found in the general symptoms, where they are so easily overlooked.

Having by this process of examination of functions and general phenomena gathered the requisite "totality of the symptoms" of a case, how shall we proceed, through them, to find our specific curative? There are two methods practiced by doctors who equally claim to be recognized as practitioners of specific medicine. One is to infer from the gathered facts a certain general condition of the patient or of certain of his organs or of their functions, and having some regard to the law of similars, infer that a certain drug or drugs produce similar conditions, and therefore this, or these are the similar agent or agents the law requires for the cure. This *inferred or imagined* condition of the patient this doctor calls the *pathology* of his case, and having proceeded thus far on the basis of the totality (and having, probably, been satisfied with less of examination and fewer symptoms than a strict compliance with less of examination of the law required), he is fully satisfied he has fulfilled the duties of a *specific* and "scientific" practice. The two are here so beautifully harmonized and brought into such perfect fellowship, he is more than satisfied; he is delighted. The *truth* is, in all this, prescriber has not been loyal to either. He has given in this proceeding so much to guessing as demonstrates his falsehood as to loyalty to *specific* and has shown so much, though but a partial, regard for the law of the similars, as to thoroughly disgust the myrmidons of old physic, from whom, by this clumsy imitation of their method, we seem to have been seeking "recognition." This is the *wrong* method.

The *right* differs from this in that it takes this whole group of facts, clean and naked, stripped of all theory and inference, and goes to the materia medica record for the most similar group, in the recorded proving of some *one* drug. This found and given, as the law demands, and all has been done for the case which specific medicine requires, and all which is needed for the cure of any curable case. This is what it is to practice, in a word, with the homœopathic law ; which practice, with aught added to or subtracted from, this is not. Such practice, before the simplicity and truth of pure Homœopathy, is no better than the thrice beaten straw which is cast out to be trodden under foot by the most stupid and filthy of animals.

(to be continued).

Resolutions of

The Dacca Homœopathic Association.

At a meeting of the Dacca Homœopathic Association, held on the 4th May the following resolutions were passed :—

1. That in view of the present condition of the country this Association refuses to use British drugs, phials and other accessories and accordingly requests all the dealers thereof to desist from indenting and selling those articles.

2. That copies of this resolution be sent to the following for information and necessary action :—

- (i) Dealers in Homœopathic drugs, etc., at Dacca.
- (ii) All other Homœopathic Societies in Bengal requesting them to take necessary steps in the matter.
- (iii) President of the Dacca District Congress Committee.
- (iv) The newspapers and the Homœopathic journals of Calcutta and Dacca.