

A DOCTOR SIZES UP THE PATIENT

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All of us involuntarily receive some kind of an impression on meeting another person, whether one of slight acquaintance, a friend, or a stranger. When the meeting is for a special purpose, both participants are likely to have an awareness of their feelings towards one another. No doubt that the desires of each color the opinions that form in their minds, and the dislikes act the same way.

An analysis of what I personally seek in a patient indicates that sincerity heads the list. Whether or not it is present may not be immediately evident, particularly if it is the first visit.

A sick person, even one who is able to come to the office, has more or less anxiety about herself. That is not always seen in the facial expression, even if it is a new patient, and is a stranger as well. She is sizing up the doctor, too, and even personal anxiety may be overshadowed by curiosity and other speculations.

The brief introduction concluded, patients almost without exception wish to recount their complaints. That is why they have come to see the doctor. Let them talk. Encourage it, in fact. Lengthen it into more detail with questions that bring out more information. As that progresses, a measure of confidence in the doctor will appear. The patient has a burden, and now she is transferring it to the shoulders of a professional who is expected to annihilate it.

Intense suffering is not so apt to be displayed by ambulant patients, that is, those who are physically able to come to the doctor's office. But it is practically a rule that a patient points to the parts of her body that distress her: head, arm, abdomen, leg, etc. Usually it is a matter of a few minutes to examine the areas to which she refers.

More extensive and thorough examinations are in order if there is any question as to the conditions, as, gall-bladder or appendix region; chest, including heart and lungs; any abnormal state of visible blood-vessels; color and texture of the skin; character of any eruptions; examination of orifices if there is discomfort, unusual discharges, or other indications of deviation from normal.

All those inquiries and investigations are a part of the doctor's sizing up the patient. As a doctor conducts practice, it is habitual for him to note the condition of observable bodily structures of the client in his office. The face is clearly visible. Is it pale, red, bluish? The neck usually is readily seen, and if some enlargement is there, such as a goitre, he will try to find out about it. The eyes sometimes call for close scrutiny. What is the general build of the patient? Obese? Underweight? If there is distortion of

an extremity, or something unusual about posture when either moving or quiet, it is a matter for inquiry.

If laboratory tests are indicated, to obtain information that is procurable in only that way, such examinations should be utilized. All such knowledge gained regarding the case enters into the symptomatology, thus rounding out a complete picture.

There may be indications of discomfort, even of suffering, visible in the facial expression or in gestures or movements. Interpretation of such demonstrations is an important feature of the consultation. People are often more distressed mentally by eruptions on the skin than by internal discomforts that cannot be seen by the public. That is particularly true of young persons.

Because of the special action of homœopathic remedies, under some circumstances bringing about an aggravation, notably evident in skin eruptions, that possible effect should usually be explained to the patient. A true-to-life picture of what does occur at times, may frighten the patient so much that he hesitates about continuing treatment. The doctor will really be put to it to imbue that patient with determination to stick with the treatment through thick and thin. Yet soft handling would be wrong. If he cannot endure the doctor's words, he is not likely to endure the punishment Nature sometimes metes out. However, each case and each circumstance should guide the prescriber in handling the situation. Many cases do not undergo any aggravation, or one so slight that they do not realize it.

There is a type of patient which the doctor dislikes to meet: the one who comes to test the doctor's ability. He has his own opinion as to how long it should take to cure him no matter what is the trouble. And if his terms in that respect are not met, the doctor is incompetent. Unfortunately, the doctor has to co-operate with Nature, and Nature can't be bribed. This patient's attitude is usually recognizable early in the visit. He may have conceit in his facial expression, and he makes a remark or two that indicates his superiority-complex. The doctor makes an effort to obtain co-operation, but it may not be successful. But he should be handled with true interest and concern.

Sometimes we get a case of hysteria, which can imitate almost any real sickness. Although hysteria is sickness, too. The mildest description of it that can be used is to say that it is based on nerve exhaustion, often combined with physical exhaustion. And therein is a delicacy. For a hysterical attack can endanger the heart.

The doctor should not hurriedly conclude that the condition is really hysteria. He must exclude other possibilities, for he could handle the case improperly if he mistakes the diagnosis. There is apt to be intense anxiety on the patient's part, and great excitability. Sometimes she is in a daze so that ordinary speech does not penetrate her consciousness, yet there is nothing like coma. If she understands what is said, a distracting subject can

reduce the severity of the immediate attack. She then has to be treated with appropriate homœopathic remedies. For the dazed state, with racing heart, the use of some strong language that wouldn't sound nice in good society, may be required. If it slows the heart, the neighbors should overlook the incident.

There are other kinds that the doctor has to learn how to cope with. One is the person who shows up at the last minute of scheduled office hours. Another enjoys the conversation, so tries to make visiting day out of every time she comes in which might not be unpleasant even for the doctor if there was not a lot of work that has to be done instead of getting some needed sleep. Another kind is the patient who tries out every doctor for miles around before coming as a last resort to the homœopath.

Young people who have had the experience of having had some skin trouble cleared up usually don't forget the doctor who did it.

The little tots, having tasted the medicine that doesn't taste like medicine, and not having to fear any needles in this doctor's office, just smile and smile unless they are too sick for even that demonstration. To me, they are the most easily handled, the most readily symptomized, if you will accept my new word.

Returning to adults, another kind not welcome is the deadbeat. As in every business, a doctor gets that kind, though it may be rarely. What I mean by deadbeat is the professional. The intent to pay a fee, even if it is in small sums, denotes sincerity, which is the characteristic with which we started.

Patients too ill to come to the office must ask the doctor to call on them. In such cases, physical distress is apt to be the most outstanding manifestation. The doctor's aim is to alter that condition, carry out Hahnemann's profound advice, "Restore the sick to health." He sizes up the patient according to physical improvement, with only secondary attention to mental abstractions. I have not mentioned abnormal states of the mind, insanity, as such conditions are observed, also, according to their symptomatology.

Besides sight, the doctor uses other physical senses to aid in studying the case. Sounds and odors are important. I once had arranged for Dr. Grimmer to come from Chicago, at the parent's request, in consultation on a desperately ill boy of twelve years. Double pneumonia, nasal hemorrhages, delirium, an abdominal involvement almost as bad as if it were typhoid, and, lastly, a most offensive odor emanating from his entire body (not lack of cleanliness). A few hours before Dr. Grimmer was to arrive, I called on the patient again, and realized that the odor was slightly less foul. The doctor was notified after he boarded the train, which was still in the Dearborn Station. And consultation was never needed, as the boy went on to speedy recovery.

I don't always speak of something unusual that I have observed, on a patient's initial visit. Some years ago a woman had come because of a small goitre. I noticed that her left eyeball would roll upward and outward, especi-

ally when she was changing her focus point of vision. It was months later when I mentioned it, for there had been marked improvement. Then she told me that she knew it better. She had been greatly concerned, as vision had become poor, and an oculist had told her that there was no help for her. Besides, there was great discomfort when the eye rolled, as it would rotate so far that the iris was completely out of sight. *Kali brom.* changed the pattern, so that there is almost no difference between the movements of her eyes. The small goitre had disappeared, and a cyst that is on one forearm, and a larger one at the edge of the ribs on right side, are very small.

I did not refer to the changes patients demonstrate as they continue under treatment, becoming acquainted with both the doctor and the system of Homœopathy which he practices. They become friends, even like an exclusive family, from my point of view. They develop ease, even enjoyment, in the consultations. Nor do they feel burdened financially, so I am given frequent and regular reports, which are of vital importance in conducting successful treatment of chronic cases.

Before I took the medical course, I had three years' nurse's training, and a total of two and a half years' private nursing. The relationship between patient and nurse differs from that of patient and doctor. As a student nurse, of course she is attending a variety of cases. On private duty, she has one patient, usually during severe sickness, then goes to another, also very sick. Her main duty is to make the patient as comfortable as possible, but anything achieved with medicine is strictly the business of the attending physician.

I mention the nursing phase of my life merely to emphasize its value as preliminary to medical practice, particularly along the line of treatment of chronic disease.

There are conditions that a doctor can usually size up at a glance. They are the ones that have been given treatments contrary to the natural state of each one's life force: in other words, they have been attacked by suppressive measures, and no longer have the appearance either of average good health or of sick conditions as presented by natural processes.

The pasty pallor and the lack of vigor that is evident in those babies who are filled with vaccines and serums almost from birth.

The people of all ages, from smallest childhood to octogenarians, who have had the skin mistreated because of eruptions. Anything and everything imaginable had been done in the single effort to make an eruption invisible. Such treatments result in an abnormal color and texture of the eruptive areas, which are readily sized up by an unbiased doctor.

The nodules are masses that are called cancer. What an object lesson it is to observe the swelling, the pain, the ulceration, the offensive odor, as Nature retaliates some years after surgery, plasters, X-ray, radium, or other radioactive materials.

All drugs that are in opposition to normal manifestations of either

health or disease, superimpose an artificial sickness. If such drugs are given to the healthy, they throw that health out of balance. If given to those already sick, there is a fixation of the condition present, so that the sickness becomes a permanent state, and one of destructiveness that may advance slowly or rapidly. True health is fluid in its nature. If that mobility is changed to partial or complete stasis, growth and change are obstructed and deterioration sets in.

Why have polio cases doubled this year over the number reported in 1958? One reason can be that contagion is increased by the very vaccination that is supposed to reduce it. These thousands who now have an artificial disease in their systems lower the tone of health in the whole population.

United States took over the Philippines in 1898. Our troops landed in Manila in August, 1898, and by September 3 smallpox was appearing among them. January 22, 1899, Chief Surgeon Lippincott reported that "The entire command has been vaccinated at least four times since the appearance of the disease."

A few years later, smallpox vaccination was started among the natives and was carried out on a really massive scale. There had been an epidemic in 1902 with nearly fifteen thousand deaths and of twenty thousand deaths in 1903.

During the ten years, 1905 to 1914, some twelve million vaccinations were done, an average of one million, two hundred thousand a year, on a population of six million. And during those years smallpox declined to less than five hundred deaths.

But in 1916 and 1917 cases were increasing. In 1918 there were nearly fifty thousand, with nearly seventeen thousand deaths. In 1919 there were just under one hundred thousand cases, with over forty-seven thousand deaths. The population was then eight million. The total number of vaccinations from 1904-1919, inclusive, were twenty-eight million, eight hundred and fifty thousand. By years, the number varied from one million in 1904 to seven and three-quarter millions in 1919. Only two hundred and fifty thousand less than the overall population of eight million. Who escaped the holocaust? All those figures are from the U. S. Government's report, which I obtained from the Health Service in Washington, D.C.

How many individuals developed smallpox from their own vaccination? How many others were infected with smallpox from contact, not with a smallpox case, but with a vaccinated person?

The atmosphere inside my office is not always serious and solemn. It doesn't take long to exchange a few words of gossip or a little joke. Of course such things are between old friends. And some wholehearted laughter is good for everybody. One person in an adjoining room, overhearing such rambunctious goings-on, told me it didn't sound much like a doctor shop.

And I can make a mistake in sizing up a patient. A little embarrassment results from that kind of blunder. One day a new patient came from another

city. He had an eruption on his head and neck that had recurred every summer for eight years. As usual in such long-standing cases, he had been to various doctors, even to the Research Hospital, Chicago.

I had finished, was just ready to give him a few words of instruction about the medicine, when the waiting room buzzer sounded urgently. A woman with a small girl in her arms was standing there. I asked her if she wished to come in, as I jumped to the conclusion that she was the wife of my new patient. She sat down in a chair a few feet from Mr. Lon, holding the child on her lap.

I proceeded to finish my directions to the patient, and he rose and left the room. But the woman stayed. She was from my own town, though a stranger to me, and she wanted medicine for the little girl. I was just sure that the man would never come back to such a scatter-brained doctor. But he did, and continued throughout the summer. His hives did not return the next year, but he came that August, as he had a little eczema, which had been the basic condition that had caused the serious, long-lasting urticaria.

Nothing makes me happier than improvement in my patients. I assure you that I work always towards bringing that about. Homeopathy is so great and rich that to be able to make use of it is like possessing a fragment of light itself. For light is life, and its value is beyond that of rubies and diamonds.

—*The Layman Speaks, Nov., '59*

MID-DAY DREAM

(Continued from page 37)

Q. (11)—How will you fare if you started Homœopathic practice somewhere in this country.

Ans.—I will start my work from where I left without much difficulty. But our time is up, I to depart and you to wake up from this vivid dream. Aude sapere (4)..... Parkalam (5)..... Prasthanam (6)..... Tumi German Janona (7)..... A fluttering noise made my eyes open and I found Hahnemannian Number of the Hahnemannian Gleanings fallen to the ground. Perhaps a strong current of the North-West wind did it by fluttering off its pages while I was interviewing Hahnemann in the Strange dream.

1. Jaihind—Lit. Victory for India, now used as greeting in India.
2. Tridosh—Sanskrit for three miasms.
3. Ayurveda—Ancient Indian system of medicine.
4. Aude sapere—German for—Be honest to tell the truth.
5. Parkalam—Tamil for—wait and see.
6. Prasthanam—Sanskrit for—exit.
7. Tumi German Janona—Bengali for—you know not German.