

cant synonym given is *CASUAL EVENT*, not 'causal event' as given by Dr. Rice.

Was 'causal event' given for an error of print or an error of vision ?

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## HOMŒOPATHIC REPERTORIES

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Whenever Homœopaths meet for the first time, there are always three burning questions which each of them longs to resolve :

1. How WERE YOU LED TO HOMŒOPATHY ?

*Answer* : Usually because of cures experienced either by my own family or my neighbours or myself.

2. HOW DID YOU LEARN IT ?

*Answer* : With the help of a homœopath or, less often, from books or lessons in Homœopathy.

3. HOW DO YOU DECIDE ON YOUR REMEDY ?

*Answer* :

a. By intuition—a clap of thunder which comes like that—suddenly without any reflection.

b. From memory.

c. By systematic scientific work which can be undertaken.

There is the great problem ; and it is there that the possession of a good repertory and the perfect understanding of its use become for a good homœopath both indispensable and of

outstanding value. In looking through my library I discovered a hundred different repertories, and yet I have not seen them all! I cannot, alas, bring them here for you. Our medical material is so vast that no one can boast of knowing it all.

In Hahnemann's time it was all very fine. The first homœopaths built their edifice on an experimental basis, generally by experiments on themselves. It is easy to understand that they must have been "living repertories" and, thanks to that, were acquainted with innumerable symptoms. There were those who suffered from the persistent nausea and suffocating attacks of asthma produced by *Ipecac*. There were those who felt the burning acidity which sets the teeth on edge from the use of *Robinia*, or who allowed themselves to be beaten with *Lachesis trigonocephalus*, and felt it like a claw tearing at their throats with a suffocating sensation, making them bleed freely from the gums and spit blood. Hahnemann tried out a hundred remedies on himself. All these voluntary subjects had no need of a repertory to remind themselves clearly of the different symptoms.

By 1927 we possessed sixteen hundred remedies of which thirteen hundred were tested on the human body. In 1955 we have two thousand remedies of which fifteen hundred have been tested.

How many homœopaths know these? That is by their symptoms, even by their names; many of them are absolutely unknown. Which of you knows the symptoms of *Linaria vulgaris*—repeated fainting fits and the frequent need to urinate at night; and of *Macuna urens*, that plant from Venezuela which causes such burnings, and is always associated with hæmorrhoids? No one can know everything, and that is why in all honesty one must admit that no conscientious homœopathic doctor can practice Homœopathy in a serious and really scientific way without a repertory.

But what is a repertory? The word comes from the Latin *repertorium* which means an inventory. It is a table, a compendium where the contents are so arranged that they are very easy to find. For us it is an index, a catalogue of the symptoms of the *Materia Medica*.

But don't you often meet colleagues who say, "Oh, if I spend my time in consulting a repertory I never get anywhere. And besides I haven't the time. I can easily see a dozen patients in the time necessary to study one case in the repertory." As a matter of fact there are, according to Boger, homœopathic doctors who have never had anything to do with one—never opened a repertory in all their lives. There are also many others who criticise the repertories after having just glanced through them. But you must realize that those who do not use them, do not know them. Boger said they were like sleepers who must be waked up!

I shall not touch here on the growth of absurd criticism by doctors opposed to the repertory, because these criticisms are too weighted with prejudice. How many of them imagine that a repertory in one tiny volume ought to provide them with an effortless understanding of all the elements necessary for an immediate diagnosis of the appropriate remedy . . . in brief a ready-made decision, each symptom having a sort of label showing without any trouble the right remedy for the patient?

Clotar Müller of Leipzig sets out in the *All. Hom. Zeit.* of 1860 the divergencies which exist between those who want a repertory and those who are averse to it. At that time there were two camps:

1. The so-called purists, ultra *Hahnemannians*, who were clamouring for a *symptomatological repertory* for such and such a symptom, such and such a remedy.

2. The free-thinkers, or "specifists," who wanted a therapeutic hand-book, a *clinical repertory*; for such and such a patient, such and such a remedy.

On the one hand, those who wanted to individualize the cases, and follow the precepts of the *Organon*; on the other hand, those who wished to generalize and find the remedy as in Allopathy, according to clinical indications. And as a rear-guard there were still homœopaths, like Roth of Paris, who considered that it was labor lost to set up a repertory because the *Materia Medica* did not seem to be reliable; in the opinion of a whole group of homœopaths the texts needed checking,

and all that avalanche of symptoms seemed a mere trick of imagination.

We now come to a time when a wind of harsh criticism was directed against Hahnemann's methods; and it was then that the "reproving" was undertaken, first in Vienna, and later in the United States. What was the result? It was spectacular, and amazed honest and impartial doctors because all the revised work showed the exactitude and precision of the experiments made by Hahnemann and his disciples. They could only bow before the facts.

Let us not forget that at the beginning of the nineteenth century the post was not so rapid as it is today. No one knew what was happening in other towns or countries. Publicity did not exist, so to speak. Clotar Müller, himself, in 1848 did not know that other repertories existed when he wrote his famous *Systematic Alphabetical Repertory* of 940 pages.

It has always been said that Hahnemann and his first disciples were entirely opposed to the idea of making a repertory. It is true that the Master of Homœopathy did not even wish reports of clinical cases to be published, so as to prevent lazy people from giving a prescription according to the name of an illness. All those classified lists (or diagnostic Nosology), in which remedies were inserted, were regarded as something absolutely heretical. Hahnemann gives us in the preface to his *Materia Medica* simple reasons for the uselessness of descriptions of clinical cases. Nevertheless he afterwards goes back on this criticism in the Stapf files, and even congratulates Gross and Stapf and other very conscientious disciples on their excellent descriptions of cures; further, he considers that nothing could better illustrate the worth of Homœopathy than a report of a carefully studied and well examined case. Hahnemann said, and repeated, that it is not the bulk of symptoms nor their quantity which matters, but their nature, their rarity, the particular which distinguishes the sick person. These are the things which are really similar, though rare, curious, striking and unusual.

To find the genus from the symptoms—there you have the

whole task of Homœopathy, and it is by that means that he brought about his most magnificent cures.

So there is no question here of mechanical or numerical work, but of the intelligent use of a kind of dictionary of symptoms. The object of every repertory is to allow the doctor to find out as quickly as possible one or more of those remedies which are most similar to the particular patient's group of symptoms. The repertory is therefore a neat arrangement in practical form of the huge mass of our pathogenetic symptoms. It adds nothing, changes nothing, but serves merely as a guide to the maze, let us say to the labyrinth, of *Materia Medica*.

How many homœopaths even in the time of Hahnemann, and still today, think that the Founder had no repertory. *Now, this is untrue*, for I have myself seen the repertory which Hahnemann used, in four huge volumes, bigger than our big Larousse. It consists of 4,239 pages with slits to hold little square papers of which he had cut off the corners so as to slip them into the slits, and be able to change them at need.

In fact in 1829 there were three brothers Rückert. Hahnemann asked Ferdinand, one of his first assistants, to compile and arrange a repertory of all the symptoms (embodied) in chronic illnesses. He wished to make a separate volume of chronic illnesses, but the edition would have cost too much. He had to give it up. But Rückert buckled to the task, and spent many months on this work which Hahnemann himself constantly checked and consulted, when he examined his patients.

Already in 1805, in his famous *Fragmenta de viribus medicamentorum positivis . . .* published in Latin, there was a first part containing the symptoms observed, and a second which is an index—a *repertory*.

In a letter addressed to Rummel in 1829, Hahnemann wrote: "How useful then will be a good alphabetical repertory once it is completed."

But at the time when Müller's repertory appeared, Hahnemann meant to publish, in collaboration with one of his celebrated disciples, the famous Jahr, a great homœopathic lexicon. Jahr was a great worker; he was a Belgian who went through

all his medical studies, but did not take his final examinations. Nevertheless, some homœopaths warned Hahnemann against certain inexactitudes in Jahr's work, although he was a prolific writer all the same. His undecided, difficult and capricious character made Hahnemann abandon the collaboration, but he encouraged him to publish in German his famous *Alphabetical and Systematical Repertory* in two volumes; these contained 1,052 and 1,254 pages respectively, followed by a third repertory on the glands, bones, mucous membranes, ducts, and skin diseases, in 200 pages. And it was Jahr who claimed that a complete repertory with concordances, even at that time, would comprise, according to his calculations 48 volumes! Truly a model of perseverance, but of little practical use!

But were there any repertories before this time? I have, I believe, the joy of possessing one of the first repertories, if not *the* first, by Hartlaub of Leipzig, in 538 pages, published in 1828, when Hahnemann was 73. According to Rapou he was one of the most prolific writers of this period on Homœopathy.

Then in 1830, Weber, 536 pages, in German, *Systematische Darstellung der Antipsorische Arzneimittel*, with a repertory of deteriorations and ameliorations in health, ranging from top to toe of the subject, and ending up with sleep, and then mental symptoms.

The first of Bœnninghausen's, with a preface by Hahnemann appeared in 1832, *A Repertory of the Antipsorics*, with commentaries on the repetition of doses.

Glazov in 1833, *First Alphabetical Pocket Repertory and Nosology*, Leipzig, 165 pages.

Weber-Peschier, in 1833, 376 pages, also prefaced by Hahnemann, *A Repertory of Purely Pathogenetic Effects*, containing all the homœopathic remedies tried out up to that date, translated by Peschier of Geneva, arranged according to Hahnemann's plan, from head to foot, with the symptoms of each remedy in alphabetical order.

Then in 1836, another by Bœnninghausen, *Verwandtschaften Repertorium*, concerning medicamentous relationships.

In 1837, Ruoff, 236 pages, Stuttgart, with a detailed bio-

graphical summary of the source of each remedy ; beside each diagnosis or symptom is placed the remedies and the bibliographical source.

In 1843, Lafitte, one of the first Parisian homœopaths, 975 pages, *A Homœopathic Repertory of Symptomatology*, the first original repertory in French.

In 1845, Ruoff, 250 pages, translated by Okie, *A Repertory of Nosology*, American edition.

In 1847, Bœnninghausen, 500 pages, New York, *Therapeutic Pocket Book*, edited by Hempel.

In 1849, Mure, 367 pages, Rio de Janeiro, *Tents of the Rio de Janeiro School*, with a logarithmic repertory, translated from the German (and the description of a machine for the preparation of remedies—a machine which shakes 300 times at each passage of the material).

In 1851, Bryant, 352 pages, New York, *An Alphabetical Pocket Repertory*.

In 1853, Possart, 700 pages, Cöthen, *A Repertory of Characteristic Homœopathic Remedies*.

In 1854, A. Lippe, 144 pages, U.S.A., *A Repertory of Comparative Materia Medica*.

And now we come to the famous key repertory, the cipher repertory of English homœopaths, in 1859, of 600 pages, which was improved in 1878, in the form of a repertory in four volumes, containing 1030 pages, by Drysdale, Atkins-Dudgeon and Stokes.

At that time in England only four repertories were known:

1. Buck, *Regional Symptomatology and Clinical Dictionary*, containing too few remedies and over-simplified, giving only the polychrests, modalities being left out.
2. Hempel's repertory, complicated, not being in alphabetical order, taken from Jahr's *Symptomen Codex* of 1853.
3. Hull's Jahr, or the Curie repertory.
4. Hahnemann Society Repertory by Drysdale-Dudgeon, a key repertory with the use of symbols. This is the one which gives in most condensed form the maximum number of details and modalities.

Today we possess a quantity of repertories, but we must remember the time when there was not a single repertory, and

when the homœopathic doctor was faced with the immensity of the *Materia Medica*, like a novice beneath the vast, starry sky of a fine summer evening. We realise the difficulties experienced by those who had to find the right remedy. Their task demanded, first, a knowledge as wide as possible of the *Materia Medica* which was no small matter; one has only to take the ten volumes of Allen's *Encyclopaedia*, and give it to a doctor who has just taken the anamnesis of a case, asking him to find the right remedy. After that one understands why Bœnninghausen, and several of his colleagues, had devoted their lives to finding a simpler and speedier method of determining the remedy. It is very interesting to consult the repertories, but much more so, and also more useful, to study them for themselves in the hope of discovering the thought which inspired those who drew them up, and to see how they did it.

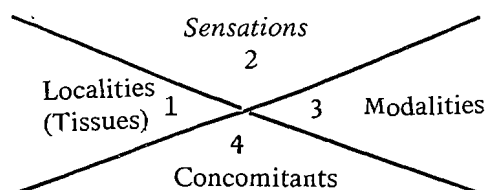
The fundamental idea is, first and foremost, to simplify the search for the appropriate remedy by putting into dictionary form the considerable variety of symptoms in the *Materia Medica*. With the idea of saving both time and space, Bœnninghausen drew up his famous *Therapeutic Pocket Book* which appeared in 1830, after he had, as he tells us, studied the *Materia Medica* for 15 years. It was the consummation of his work, to put so much into as small a volume as possible—"viel in wenig." His second idea was to generalize by dividing the symptoms according to :

- a. Localizations.
- b. Sensations.
- c. Modifications (aggravations and ameliorations).
- d. Concomitants.

under a general heading without particularizing which. He distinguishes them under five values by five different types of print.

He thus recalls the famous plan which Professor Hering of Philadelphia always drew on the board for his pupils at their first lessons on *Materia Medica* :





Bœnninghausen seems to have thought, in the matter of characteristic symptoms, that a thing which was true for a certain locality was so for the whole, and that which was so for the whole held good also for the part. He thought that a medicine which produced a symptom on one part of a limb, for example, belonged to the symptomatology of the whole: the limb itself and not merely to part of it. A rash on the elbow concerned rashes on the whole upper limb, for example. Any medicine having produced a special sensation, no matter where, concerned this sensation in a general way. A burning sensation on the left great toe must belong to burning in general. For example, the heading, Stomach in General, comprises all the remedies capable of affecting the stomach, and one must look under another heading if what relates to the stomach is nausea, dilation, or cancer. Even special symptoms are generalized, and one finds a heading for all burning pains wherever they are. Modifications and localizations of burning pains must be looked for under other headings.

But where the inadequacy of this repertory, notwithstanding its usefulness, shows up, is in comparison with Kent. For example: TEARS: 1. burning, 2. cold, 3. oily, 4. salt. Where can these modifications be found in Bœnninghausen? \* Kent gives full details on pages 267 and 268.

For *Dreams of Spiders* in Bœnninghausen, page 251, *Traûme* gives a whole list of animal dreams but no details. In *Kent*, for sleep-dreams, there are 16 *headings*, besides those for animal dreams in general, without specifying which—page 1244 of spiders; *Cinnb.*, *Crot-c.*

\* BœNNINGHAUSEN: *Therapeutic Pocket Book*. 5th American Edition, edited by T. F. Allen, Boericke & Tafel, Phila., 1931. On p. 32 of this edition the rubric. *Lachrymation*, covers all the remedies causing tears of any description.—Editor, J.A.I.H.

*Dreams of black cats* : In Kent, *Daphne ind.*; none of these details can be found in Bœnninghausen !

Jahr's idea was not merely to save time and space, but to set up a repertory which should be comprehensible by the practitioner. He was obviously a born teacher, for he knew how to lead his students from the unknown to the known in a progressive way. All his students were allopaths, and what they understood best was diagnosis. That is why his repertory *begins with the diagnosis* of different complaints and the remedies which correspond to them, those which are most frequently found applied to a certain well-defined diagnosis. Then he details the symptoms of the diseases in question, with the remedies corresponding to each of these symptoms. Finally, in a third part, he treats at greater length the symptoms of the patient, his sensations and modalities, together with the remedies which go with them.

In his preface he insists particularly on this, saying that even if the remedy has to deal with all the symptoms of the illness, the patient's symptoms are nevertheless more important for finding the remedy (see Jahr *40 Year's Practice*). In a word, he limits the choice of remedies by a first diagnostic heading, (for example diarrhœa, insomnia, cephalitis), *which characterizes the illness*, and he then gives the different modalities *characterizing the patient* which must be investigated. Jahr's idea on the subject of medicine in relation to general symptoms is quite different from Bœnninghausen's. With Jahr it is what relates to the *whole* person. With Bœnninghausen it is what relates to *the same region*.

In our experiments many symptoms are unfortunately indicated without any modality. For example, stomach troubles, fevers, and constipation are given without any other detail which enables them to be characterized as stomach trouble affecting the right side in the morning, or onset of fever between two and three o'clock, or constipation when travelling, or during pregnancy, or with soft stools, for example.

Jahr grouped under one general heading the remedies with no modification, or those having only one.

Against his will, Jahr was persuaded to set up a repertory

for the Germans. This is what he calls the *Handbook*, and at the same time he wrote his repertory in French. But he found that French students used it badly, separating the symptoms into syndromes, and applying the diagnostic labels so as to give them the name of many different illnesses. The French then prescribed *according to the name of the illness* which to them seemed most important, leaving out the other symptoms, to use them once the illness for which they had given the remedy had disappeared. It was a sort of zig-zag procedure.

To avoid the Germans' following such a pernicious practice, he classes the symptoms in his repertory in series of diagnostic groups as numerous as possible, and recommends that the Germans find the remedy applicable to these diagnostic symptoms by seeking, as far as possible, for the modalities of *the patient*.

Poor Jahr! He was treated as a heretic on account of this technique when he was only trying to simplify the task of his students and to make the study of therapeutic Homœopathy easier for them. Many homœopaths translated Jahr's mighty work, but improving it, and checking it most severely. That is why some of their translations are excellent, for example Hempel's above all, and also Hull's.

Thus Hempel translated Jahr's *Symptom Codex* in 1848, with the aid of Quin; there was also a preface by Hering and various celebrated homœopaths like Hull, Cook, Joslin, Jeanes, Neidhard, Williamson and Kitchen. He thought that this might serve as a repertory. In Hempel's repertory, which I do not possess, each symptom is given in the same terms as it was felt and described by the experimenter. If one says, for example, "Gnawing of the stomach," and another "gnawing pains in the stomach," he gives them in two separate places, under these expressions. If one says "Giddiness in raising myself from a sitting position," and another "giddiness in rising from a chair," Hempel, with his great respect for terms, gives each one in its place, without confusing them. He was a man of incredible integrity and honesty.

Now we come to 1874. There have certainly been several local repertories which we shall see later. But this is the time

of the great dictionary with a repertory by Granier of Nimes, his famous *Homæolexicon*, in two volumes.

In 1879 Constantine Lippe published his famous repertory of 322 pages in New York, *Repertory to the More Characteristic Symptoms of the Materia Medica*. C. Lippe, in his preface, tells us that his repertory was inspired by the first American repertory published by Hering of the Faculty of Allentown, in America. But Lippe's arrangement corresponds somewhat to that of Soger's translation of Bœnninghausen's repertory, and this leads us to think that at Allentown they took their stand on Bœnninghausen's work. Lippe's repertory leaves out the big general headings, and most of the remedies are given without distinction as to their modalities, which makes it easy to confuse them, and is not very practical. Nevertheless it was this which inspired the great American, Kent.

Then we have the great repertory of 1331 pages, *The Symptom Register*, a veritable monument, written by T. F. Allen, a summary of the encyclopaedia of Materia Medica in ten volumes written in 1880.

We had to wait till 1896 to have Knerr's repertory which is a summary of the ten volumes of Hering's *Guiding Symptoms*. Knerr's is a big volume of 1232 pages. It is the repertory of the ten volumes of Hering's *Guiding Symptoms*. It is a blessed work, because it follows Hahnemann's scheme already shown in Hering's work, and gives by means of special signs the indications of more or less characteristic symptoms. But, for example, for "the desire for acid" found in the chapter on "stomach, appetite," he follows up one after another all the remedies yielding this desire, then according to their modalities: "desire in intermittent fever, in pneumonia, in tonsillitis, according to the rules, etc....." All that is a sequel which makes it a long and difficult task to look up under certain headings. But there are here things impossible to find anywhere else, for example, temperaments, the nervous system, sensations in general, periodical symptoms, tissues affected constitutions, the different periods of life, and drug relationships.

And well before this publication there appeared in 1881

Hering's own repertory, *Analytical Therapeutics*, extremely rare nowadays, in 360 pages on mental symptoms, children and pregnant women ; a marvelous book which is now priceless.

Since that time, numerous little regional repertories have been published about various illnesses, repertories which are none the less very useful in the hands of an intelligent practitioner.

But it was in 1890 that there appeared once more a big work, *The Repertory of Concordances* by Gentry, in six volumes containing 5500 pages. Gentry's is a concordance repertory ; he also keeps scrupulously to each symptom which has been tested, using the exact words in which it had been reported so that you may find there the sentence with its verbs, nouns and adjectives, each under a different heading. For example "mental terrors," "singing, shouting and dancing in a grotesque manner" are found under seven separate headings. That is why this repertory, the most complicated in the whole word, comprises six volumes. It is very useful for finding queer symptoms, for example, but it is not exactly a pocket repertory !

At last, in 1897, we come to Kent's repertory. His first edition ran to 1349 pages. Five editions have appeared since, and the sixth is now printing : this one comprises 1480 pages. It is, without question, the most intelligently constructed, because it keeps to Hahnemann's idea of characteristic symptoms, and separates them from general symptoms. It sets regional and local symptoms apart from those symptoms which affect the whole person ; for example "headache in the morning only" is distinct from "aggravation of the patient's state in the morning."

Kent always said that a repertory was merely a compilation, which should only be made of those symptoms which are really well-established, and that what one doctor had not been able to do, another could carry on.

His idea is that all pure symptoms should be verified by the clinic. He thought that to recopy the symptoms from already existing repertories would take the time which ought to be used in verifying pathogenetic symptoms ; this is why he confided the mere task of copying to certain conscientious students :

Drs. Powell and Ives did most of it; Dr. Arthur Allen did the eyes; Dr. Gladwin thirst, etc. . . .

He gathered together the notes from all these compilations, and added the fruit of his own observations, plus all the symptoms properly verified in homœopathic literature, thus ending up with an immense manuscript. But he realized that he must find some means of reducing this wealth of material, while retaining the maximum possible amount of information—but precise information, not capable of any ambiguity. That is why he thought that a repertory would be more useful if all the regional and local symptoms with their own modalities were classified in the regional chapter dealing with the parts affected. With this object he went over all his notes from the beginning, and built up an altogether new repertory comprising, according to Hahnemann's plan, first the mental symptoms, then from head to foot the symptoms proper to the various organs of the body, ending up with general symptoms. That is to say he addressed himself to the patient as a whole, meaning to his general state. Whatever was done for him served as his material. He had to find a completely new arrangement, and saw the gigantic task occupying his evenings and his nights, the mornings being taken up by his clinics and classes, and the afternoon by a large number of private patients.

Kent found a totally fresh arrangement, a new classification. He also verified each one of the symptoms compiled by his students from old repertories, and no remedy was included unless it had been found in a really reliable book, beyond the reach of criticism. These were fundamentally the works of Hahnemann, together with certain books by Jahr, Hempel and Hering, as well as T. F. Allen. We can imagine what labour was involved in all this blessed work. Instead of leaving mental symptoms, giddiness and symptoms of the head under the title "Head," as in Bœnninghausen, he divides them into three distinct chapters.

Everything is classified in alphabetical order. In each chapter there are first of all general symptoms, that is to say various reactions relating to the general state of the patient, then comes particular symptoms, that is to say local ones, or

rather the different parts of the body from the anatomical point of view, as for example the head. First come head troubles affecting the whole head without specifying the regions, and all their modalities, then their extension: *the bones of the skull, the brain, the forehead*. As a sub-heading, *above eyes, left, right*, followed by *behind the eyes, between the eyes, in the middle of the forehead, at the root of the nose*. Then come the *back of the head and the occipital protuberance, each side of the occiput, the parietal regions left and right, the sutures, the temples, the vertex*.

Then follow the sensations, for example the various kinds of pains, burnings, tearing pains, gnawing pains, burrowing pains, etc., each one with its modality and localization.

For the head alone the list comprises 127 pages of two columns each. In agreement with Jahr, Kent clearly separates general symptoms from particular ones. Let us take, for example, "pains of the lower limbs" in general. There is first a list of the remedies without special characteristics, affecting all the lower part of the body. Then come the same pains with their various modalities of aggravation and amelioration.

But under "*the lower limbs*," we do not necessarily find remedies for "*the hip in general*," only those affecting "*the hip*" are given there. In the same way those under the heading "*hip*" are not necessarily found again in "*lower limbs*," because they are two distinct things. Evidently if a remedy producing, for example, a burning pain is found in "*hip, thigh, knee, leg, ankle, and foot*," it is to be found again in "*lower limbs—burning pain*." But if the burning pains are only produced in the hip, the calf or the foot, they will only be found under these three localisations. Kent also attached much importance to original terms used in these experiments. Nevertheless, he did from time to time give their synonyms after mature reflection.

The understanding of this repertory obviously demands a certain period of adaptation; but once it is mastered, one can find the required information in a few seconds, and study a case in a few minutes. I would even say that looking things up

in the repertory cannot be reckoned in time, it is copying out remedies which takes the time, and I have taught doctors how to do it when they did not know a single word of English. They set about the method admirably, and now use it with ease.

But there are some queer repertories for simplifying matters, and saving yet more time and space, such as Tyler's with holes, which is like that of Field of New York, set up in 1922 on symptoms likewise verified by Jimenez, de Hernandez with notches (Renard). If one did not quite understand how to use it one would soon block all the holes and this repertory would be quite useless.

One is amazed at this blessed work, and at the amount of patience and vast labour which the setting up of these repertories demanded. Which is the best repertory nowadays? I shall answer as Kent did: "The best one is that which one makes oneself." But Kent's is the most complete and reliable; and I will only add that each repertory has certain advantages, and that to have a great number of them is a blessing.

Every repertory is, of course, liable to error and to criticism. But I will just ask those who are always dissatisfied to check one single heading, likes remedies for "headaches," for example, in the *Materia Medica*, and when they have done that, which will take them hours and days, they will, like me, be infinitely grateful to, and admiring of, those who, by the sweat of their brows, set up a repertory. A repertory is not just an index, it is an extremely useful instrument to know and handle. It is a wonderful thing, a positive brain, whose prodigious riches one must know how to use.

I always have at least two repertories of Kent at hand; one of them on my table, always open, which I consult whenever I see a patient and several times during the interrogation if necessary. The advantages are:

1. It helps considerably in the interrogation and prompts one to ask intelligent questions; for example in a coryza, how would you distinguish between *Ars.* and *Merc. Nux* or *Puls.*, or *Sulph*; all have obstruction of the nose with the cold. The repertory makes it clear at once.



2. It continually teaches us humility, and the constant need to crush and utterly nullify all our prejudices : such as the so-called classic remedies for "burnings" which are *Ars.*, *Phos.*, and *Sulph.* However, there are 32 others of the same degree such as *Apis*, *Canth.*, *Caust.*, *K-bi.*, *Prun.*, *Rhus-t.*, *Zinc.*, without mentioning all those of the second and smallest degrees. Further, the repertory shows you that *Euphr.* always produces external burnings and *Mez.* internal ones, for example. We learn that *Condurango*, well known for its cracks at the corner of the lips, is far from being the only one with this characteristic. We have *Arum-t.*, *Graph.*, *Nit-ac.* and *Sil.* also in the same value ; and 22 other remedies have it in a lower degree.

3. Not only do we realise how dangerous are the selections made by some modern writers when they curtail, according to the author's whim, the precious indications of certain remedies, but the repertory always teaches us more about *Materia Medica* and widens the range of our therapeutic field of action.

4. Further, one learns *the relative importance of various remedies* in connection with the symptoms which they represent. This is done by means of thick type, or italics, or ordinary type used, and it is essential to impress it on the mind, for a patient who shows "a marked desire for salt" will not be given *Thuja*, *Tub.*, or *Cocc.*, which have the "desire for salt," but only in a lesser degree. He will certainly be given *ARG-N.*, *CARB-V.*, *LAC-C.*, *NAT-M.*, *PHOS* or *VERAT.*, which, as you all know, have the desire in the third degree. Obviously the repertory is an inanimate object which we must know how to bring to life by judicious and intelligent use. This is why we must devote as much, if not more, time to study and use of it than to that of the *Materia Medica*.

A repertory is no more mechanical than a dictionary is in the hands of a literary man who writes prose or verse. Instead of taking up your time, it saves, indeed gains, much time for you. You know Charrette's story of the doctor who came to consult him about a giddiness which only came on after he had been reading for a long time ? Well, I have tried that experi-

ment with my students, and shown that the remedy could be found in a few seconds. And how long would you give to *Bænnighausen* ?

Other uses of the repertory are :

1. It simplifies and promotes the determination of the remedy in a given case.

2. It allows the comparison and differentiation to be established between several remedies showing the same indications, according to the degree of importance and the modalities of the various remedies which are in competition. The degree of valuation of the remedy ought always to correspond to the degree of the disease.

3. It promotes the discovery of a remedy which one had not thought of, which now springs suddenly to mind, or a remedy of which one knew nothing, and which would never have been found otherwise. It thus aids the establishment of a synthetic prescription if one is securely founded on the principles of the *Organon*, classifying the symptoms carefully before looking them up, according to their hierarchic order, and taking into proper consideration those symptoms which are either rare, strange, or characteristic.

4. The repertory promotes the understanding of auxiliary remedies, that is to say those of secondary or third rate importance, because in looking for similar remedies according to the rules, one ends up with a little group having unequal values, and one classifies them, taking those with the most typical symptoms. One has thus a group of satellites to consult, and if that chosen does not produce the required result, or an insufficient one, then this table will be very useful for revising the case.

5. The repertory teaches one to become ever more particular as to the accuracy of the anamnesis and the subsequent classification of the symptoms, because the better the case is prepared (just as it is with food) the better it will be digested. That is to say that the simillimum can then be more easily determined, and it is thanks to the repertory that one can separate the symptoms of the patient from those of the illness, also the pathognomonic from the non-pathognomonic ones.

6. Finally, the repertory makes the very dry study of *Materia Medica* extremely interesting, and allows us to reveal more and more medicamentous aspects and features like so many distinct and attractive personalities.

7. The repertory should be taught right at the beginning of homœopathic studies, once the principles have been thoroughly grasped, and the *Organon* and chronic illnesses studied. Thus, the repertory may be learnt at the same time as the never ought to leave one another. They are literally Siamese twins, inseparable for life !

The repertory is only an indicator. It is for you to consult the *Materia Medica* after that, and above all the synthetic ones, in order to see in the exposition of remedies the reappearance of those symptoms you looked for in your patient. There is a whole series of fine shades of meaning which can only be completely appreciated in the repertory ; but this part of the work is exciting and represents the *Art* of it, while the first quest was primarily scientific. The combination of the two will produce the expected result.

I hope I have shown you that the understanding of the repertory, and of repertories in general, is an immense science, which is by no means yet fully completed. Our hearts beat with gratitude to those tireless workers, mostly disinterested, who, in their devotion, sought only the good of their fellows, thus living up to the epitaph of our immortal Hahnemann : NON INUTILIS VIXI.

—*Jourl. of the Am. Inst. of Homœopathy, July, '55*

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